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Investigating the Relationship and Tendency of Individuals with Psychopathic Traits to Prescriptive Intergenerational-Tension Ageism

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Abstract

The associations between psychopathic traits and its dimensions and intergenerational-tension ageism and its dimensions were examined. The participants in the research were 835 people from Iran, of whom 388 were male (46.5%) and 447 were female (53.5%). The age range of the participants was from 17 to 66 years, with an average of 30.40 and a standard deviation of 9.59. We used two questionnaires: the 29-item Self-Report Psychopathy Short Form (SRP-SF) and the prescriptive intergenerational-tension ageism scale (SIC). The results showed that there was significant relationship between psychopathic traits and its dimensions with prescriptive intergenerational-tension ageism and its dimensions. This relationship was almost the same between men and women. The results of multiple regression showed that psychopathy and its dimensions predicted intergenerational tension and its dimensions. According to the results of this study, it can be said that people with more psychopathic traits and characteristics view the elderly through a competitive and hostile lens to achieve their own interests. This issue can play an important role in the emergence of ageism and intergenerational tension among people with more psychopathic traits. Using its results, we can further examine the role of personality factors, especially in people with psychopathic traits, in ageism and use them to help the elderly. The results of this type of research can be of great help to the elderly, who are actually considered spiritual assets of society.

Keywords: elderly; psychopathy; personality; intergenerational-tension; ageism

Introduction

Psychopathy:

Psychopathy is often described as a complex set of dimensions that make it very difficult to diagnose and define the disorder [1], and there is no single definition of this disorder1. Psychopathy is defined by a complex set of personality and behavioral traits, including callousness, irresponsibility, impulsivity, and antisocial behavior [2,3]. Psychopathy is made up of emotional, interpersonal, and behavioral traits [4]. Psychopathy has long been associated with aggression, and aggression has been considered one of the most consistent and core features of the disorder [5]. Characteristics of these individuals include incomplete emotional experience, an arrogant and deceptive interpersonal communication style, and behaviors that are characterized by impulsivity and irresponsibility [2]. The most important traits in psychopaths are

superficial charm, inability to love, self-centeredness, a sense of innocence, lack of remorse and shame, lack of insight, and failure to learn from [6]. Psychopathy is a controversial topic among clinicians and researchers, with psychiatrists placing an overemphasis on criminal behavior, but non-criminal psychopaths may be just as exploitative, deceptive, and irresponsible [6-8]. Psychopathy has a long and significant history in clinical and forensic psychology and is a personality construct associated with a cold personality and antisocial behavior. This construct has recently received attention in non-clinical fields as well [9-11]. There has been extensive research on psychopathy [12]. It is estimated that 1% of the general [13,14] and between 10 and 15% of the criminal population [14] have psychopathic traits. Various models have been proposed to better understand the construct of psychopathy, which use different factor structures to measure psychopathy [15]. The four-facet model is one of

these models, in which personality traits (including interpersonal and emotional personality traits) are contrasted with behavioral traits (including deviant lifestyles and antisocial behaviors). Despite current debates about the structure of psychopathy [16], an important development is the application of structural models of personality to understanding psychopathy [17]. The structure of psychopathy was originally defined by Hare [13,14] as a four-factor model, which is also known as facets [13]. These factors include F1) interpersonal factors, which include traits of charm, egotism, lying, and manipulation. F2) Emotional factor, which includes traits of lack of remorse, superficial affection, callousness, and failure to accept responsibility. F3) Lifestyle factors, which include need for stimulation, parasitic lifestyle, lack of realistic goals, impulsivity, and irresponsibility. And finally, F4) antisocial factor, which includes poor behavioral controls, early behavioral problems, juvenile delinquency, parole revocation, and criminal adaptive traits [13,14]. Therefore, the debate about which traits play a central role in the structure of psychopathy continues [16,18].

Ageism:

According to the World Health Organization, the world's population is aging faster than ever before. The number of people over 60 is expected to double worldwide between 2015 and 2050 [19]. The elderly were often considered a social problem throughout the 20th century [20,21]. The emphasis of those who discriminate against the elderly is on the costs of maintaining health and the worn-out and unhealthy bodies of the elderly [20,21]. According to Butler, ageism is defined as a form of social and interpersonal discrimination accompanied by stereotypes based on age [22,23]. Ageism has become a socially accepted form of discrimination and generally harms the elderly and worsens their quality of life [24]. Negative age-based attitudes deprive older people of opportunities and negatively impact their health [25]. Ageism is also a strong predictor of poor mental health [26,27]. According to a World Health Organization study of 83,000 people in 57 countries, the results showed that 60% of the elderly do not receive the necessary respect [24,28]. Ageism increases the risk of death. It slows down the recovery from illness and increases mental health problems [29,30]. In a study conducted in 45 countries, the results showed that in 95.5% of cases, ageism led to negative mental health outcomes [31]. In particular, the results showed that ageism was associated with lifetime depression, anxiety, suicidal ideation, and post-traumatic stress [31]. Ageism is a subtle and complex phenomenon that puts everyone at risk if people live long enough [32]. In fact, age-based prejudice potentially targets people of all ages. It takes many forms, each with subtle differences, but empirical research has focused primarily on attitudes toward the elderly [33]. An important and influential factor that plays a significant role in creating ageism is intergenerational competition. Younger people often perceive older people who have power and status and have somehow occupied the place of young people as a great threat to consume resources and an obstacle to young people achieving their goals and plans. This can lead to intergenerational tension and conflict [33]. Especially in the context of population aging, which causes older people to be perceived as consumers of a large portion of social resources and as burdens on their families and society, intergenerational conflicts can even intensify [34]. Studies have shown that negative stereotypes about the elderly lead to discrimination [35] with an aging population, scarce resources, and a social age structure that is almost certainly changing in some way from the status quo, the situation ahead poses a risk of bias and intergenerational tension, particularly from younger generations who may shoulder the burden of caring for a growing older population [3]. There is an inherent unpleasant fact in changing age dynamics: most of the elderly will inevitably increase social influence and consumption of resources, and the older population may increase traditional youth activities [32]. However, journalists, experts, and other speculators may exaggerate the competition between generations and illustrate the elderly as rich but expensive people [36]. Numerous evidence also shows areas for intergenerational pessimism: threat of resources, benevolent prejudices, prescription stereotypes, and age advances [32]. But issues such as increasing life expectancy, delayed retirement, and economic realities indicate that the elderly are not going away quietly [37-39]. The recent perspective on ageism that emphasizes the elderly's use of social resources refers to imposed or prescriptive beliefs and is based on should [40]. According to this view, if older people do not step aside in time and hand over their resources, they can become a burden on the ambitious younger generation. The growing elderly population necessitates a greater focus on aging and intergenerational relationships. One issue of increasing importance is ageism and its risks to older people [32]. Age bias, despite the importance of age in interpersonal judgments, has not been widely studied [32].

Overview and Predictions

Considering the characteristics of psychopathy (which, as mentioned, are often stressful and accompanied by aggression and impaired interpersonal communication, lack of empathy, and lack of understanding of the status of individuals), it is necessary to examine the relationship between psychopathy and intergenerational tensions and ageism. The results of this study can have valuable achievements for improving the situation of the elderly, whose population is increasing day by day. The aim of the present study was to investigate whether psychopathic traits and its dimensions, which include interpersonal, affective, lifestyle, and antisocial, were associated to prescriptive intergenerational-tension ageism and its dimensions its (consumption, succession, and identity).

We formulated the following hypotheses for the present study:

Hypothesis 1:

We expected that the significant associations between psychopathic traits and prescriptive intergenerational-tension ageism and its dimensions.

Hypothesis 2:

We expected that the significant associations between interpersonal manipulation and prescriptive intergenerational-tension ageism and its dimensions.

Hypothesis 3:

We expected that the significant associations between affective callousness and prescriptive intergenerational-tension ageism and its dimensions.

Hypothesis 4:

We expected that the significant associations between erratic lifestyle and prescriptive intergenerational-tension ageism and its dimensions.

Hypothesis 5:

We expected that the significant associations between antisociality and its dimensions and prescriptive intergenerational-tension ageism and its dimensions.

Methods

Participants and Procedure

The participants in the research were 835 people from Iran, of whom 388 were male (46.5%) and 447 were female (53.5%). The age range of the participants was from 17 to 66 years, with an average of 30.40 and a standard deviation of 9.59. In women, the age range is between (17 to 66) with a mean of 31.41 and a standard deviation of 9.66. In men, the age range is between (18 to 64) with a mean of 29.20 and a standard deviation of 9.35. The research design used is the correlation research method with a cross-sectional approach. The data collection method was done online and through social media. The method of work was as follows: participants were contacted, and the objectives of the research were explained to them. After expressing their consent, a link to the questions designed in Google Forms software was sent to them, and the participants answered the test questions. We used three online self-report questionnaires, which were carefully translated from the original English version under the supervision of linguists. The statistical method used in this study was the Pearson correlation test. Data were analyzed using SPSS 27 software.

Measures

Measures Assessment of Psychopathic Traits

Psychopathic traits were assessed using the 29-item Self-Report Psychopathy Short Form [41,42]. a self-report measure of psychopathy derived from and shown to correlate highly with the Psychopathy Checklist Revised [42,43]. The items are grouped into four dimensions of psychopathy: affective callousness (e.g., "I never feel guilty over hurting others"), interpersonal manipulation (e.g., "I think I can beat a lie detector"), antisociality (e.g., "I have tried to hit someone with a vehicle"), and erratic lifestyle (e.g., "I've often done dangerous things just for the thrill of it44. Participants rated these items based on the extent to which they thought the statements reflected their own beliefs using a 5-point Likert-type scale (1 = disagree strongly to 5 = agree strongly). Each factor of the SRP-SF showed high internal consistency in the current study (interpersonal, α = .95; affective, α = .92; lifestyle, α = .87; antisocial, α = .88; total scores, α = .98), similar to previous studies of the SRP-SF41,45. In the present research, Cronbach's alphas for the subscales (categories) are as follows: the affective callousness subscale was (7 items; α = .73); the interpersonal manipulation subscale was (7 items; α = .71); the erratic lifestyle subscale was (7 items; α = .77); the antisociality subscale was (7 items; α = .89); and the total Psychopathic Traits Scale was (29 items; α = .91).

Prescriptive intergenerational-tension ageism scale (SIC)

The SIC contains 20 items and three subscales: Succession, Identity, and Consumption. Although prior scales focus mainly on what older people allegedly "are" (descriptive stereotypes), the current analysis centers on the role of more controlling, "should"-based, prescriptive beliefs. This approach proposes three prescriptive dimensions that younger generations are particularly likely to endorse: [1] active succession of enviable positions and influence, [2] age-appropriate, symbolic identity maintenance, and [3] minimizing passive shared-resource consumption. The Succession subscale contains eight items; an example item from this scale is, "It is unfair that older people get to vote on issues that will impact younger people much more." The Identity subscale contains five items; an example from this scale is, "Older people shouldn't even try to act cool." The Consumption subscale contains seven items; an example from this scale is, "Older people shouldn't be so miserly with their money if

their younger relatives need it." All the items on the SIC are measured on a 6-point scale, where 1 = strongly disagree and 6 = strongly agree. Items on the scale are averaged to give an overall score of prescriptive stereotype endorsement. North and Fiske [46] found that the SIC prescriptive ageism scale had strong reliability (.91) as well as strong divergent and convergent validity. In addition, they found that the SIC significantly predicted ratings of warmth and competence for violating targets. In this investigation, the SIC scale also achieved high internal consistency (α = .93) [46]. In the present research, Cronbach's alphas for the subscales (categories) are as follows: the succession subscale was (8 items; α = .71); the identity subscale was (5 items; α = .83); the consumption subscale was (7 items; α = .54); and the total prescriptive intergenerational-tension ageism scale was (20 items; α = .77).

Results

Descriptive statistics and zero-order correlations

The descriptive statistics and zero-order correlations are presented in Table 1.

As shown in the M-column (Table 1), the mean "intergenerational-tension ageism" is (M = 61.99, SD = 11.36). Also, the means of the subscale's "consumption" (M = 20.66, SD = 4.82), "succession" (M = 30.32, SD = 6.02), and "identity" (M = 11.01, SD = 4.98) are given. Moreover, the mean of men's "intergenerational-tension ageism" was (M = 64.42, SD = 11.19). Also, the means of the subscales for men " Consumption" (M = 21.37, SD = 4.98), "Succession" (M = 31.06, SD = 6.25), and "Identity" (M = 11.99, SD = 5.16) are given. The mean for women for "intergenerational-tension ageism" was (M = 59.87, SD = 11.10). Also, the means of the subscales for men "consumption" (M = 20.04, SD = 4.60), "succession" (M = 29.68, SD = 5.73), and "identity" (M = 10.15, SD = 4.65) are given. As the results show, the mean scores of intergenerational tensions in women were lower than the mean scores of men in both the total test score and the subscales. According to these results, intergenerational tension towards the elderly is less among women than among men. The correlations between interpersonal manipulation and consumption (0.27), succession (0.26), identity (0.31), and prescriptive intergenerational-tension ageism (0.39) were positive and significant. In the women, the correlations between interpersonal manipulation and consumption (0.22), succession (0.18), identity (0.30), and prescriptive intergenerational-tension ageism (0.31) were positive and significant. In the men, the correlations between interpersonal manipulation and consumption (0.29), succession (0.31), identity (0.25), and prescriptive intergenerational-tension ageism (0.42) were positive and significant. The correlations between affective callousness and consumption (0.34), succession (0.21), identity (0.43), and prescriptive intergenerational-tension ageism (0.44) were positive and significant. In the women, the correlations between affective callousness and consumption (0.32), succession (0.21), identity (0.42), and prescriptive intergenerational-tension ageism (0.42) were positive and significant. In the men, the correlations between affective callousness and consumption (0.32), succession (0.16), identity (0.39), and prescriptive intergenerational-tension ageism (0.41) were positive and significant. The correlations between erratic lifestyle and consumption (0.31), succession (0.12), identity (0.43), and prescriptive intergenerational-tension ageism (0.39) were positive and significant. In the women, the correlations between erratic lifestyle and consumption (0.30), succession (0.13), identity (0.40), and prescriptive intergenerational-tension ageism (0.36) were positive and significant. In the men, the correlations between erratic

lifestyle and consumption (0.28), identity (0.43), and prescriptive intergenerational-tension ageism (0.36) were positive and significant. But the correlation between erratic lifestyle and succession (0.07) was not significant. The correlations between antisociality and consumption (0.27), identity (0.52), and prescriptive intergenerational-tension ageism (0.30) were positive and significant. But the correlation between antisociality and succession (-0.08) was negative and significant. In the women, the correlations between antisociality with consumption (0.30), identity (0.53), and prescriptive intergenerational-tension ageism (0.35) were positive and significant. But the correlation between antisociality and succession (0.00) was not significant. In the men, the correlations between antisociality with consumption (0.22), identity (0.49), and prescriptive intergenerational-tension ageism (0.22) were positive and

significant. But the correlation between antisociality and succession (-0.19) was negative and significant. The correlations between psychopathic traits and consumption (0.35), succession (0.14), identity (0.50), and prescriptive intergenerational-tension ageism (0.44) were positive and significant. In the women, the correlations between psychopathic traits and consumption (0.33), succession (0.15), identity (0.48), and prescriptive intergenerational-tension ageism (0.41) were positive and significant. In the men, the correlations between psychopathic traits and consumption (0.33), identity (0.48), and prescriptive intergenerational-tension ageism (0.41) were positive and significant. But the correlation between psychopathic traits and succession (0.08) was not significant.

		G	M	Sd	1	2	3	4	5	6	7	8
1	Consumption	T	20.66	4.82								
		M	21.37	4.98								
		W	20.04	4.60								
2	Succession	T	30.32	6.02	.35**							
		M	31.06	6.25	.32**							
		W	29.68	5.73	.37**							
3	Identity	T	11.01	4.98	.38**	.10**						
		M	11.99	5.16	.29**	.01						
		W	10.15	4.65	.45**	.17**						
4	Prescriptive intergenerational-tension ageism	T	61.99	11.36	.78**	.72**	.65**					
		M	64.42	11.19	.75**	.70**	.59**					
		W	59.87	11.10	.79**	.74**	.69**					
5	Interpersonal manipulation	T	16.29	4.59	.27**	.26**	.31**	.39**				
		M	17.56	4.23	.29**	.31**	.25**	.42**				
		W	15.18	4.62	.22**	.18**	.30**	.31**				
6	Affective callousness	T	14.62	4.10	.34**	.21**	.43**	.44**	.69**			
		M	15.95	4.64	.32**	.16**	.39**	.41**	.66**			
		W	13.47	5.02	.32**	.21**	.42**	.42**	.68**			
7	Erratic lifestyle	T	14.42	5.02	.31**	.12**	.43**	.39**	.67**	.76**		
		M	15.51	4.86	.28**	.07	.43**	.36**	.64**	.74**		
		W	13.48	4.96	.30**	.13**	.40**	.36**	.67**	.76**		
8	Antisociality	T	11.38	5.61	.27**	-.08*	.52**	.30**	.42**	.66**	.70**	
		M	12.9	5.77	.22**	-.19**	.49**	.22**	.34**	.60**	.66**	
		W	10.75	5.40	.30**	.00	.53**	.35**	.47**	.71**	.73**	
9	Psychopathy	T	56.71	17.40	.35**	.14**	.50**	.44**	.80**	.90**	.91**	.83**
		M	61.11	16.37	.33**	.08	.48**	.41**	.76**	.89**	.91**	.81**
		W	52.89	17.37	.33**	.15**	.48**	.41**	.80**	.91**	.91**	.85**

Note: *p < .05; **p < .01. T = Total (men and women, N= 835), M= men,N= 388 W= women, N= 447

Table 1: Intercorrelations and descriptive statistics of study variables

In order to explain and predict prescriptive intergenerational-tension ageism and its dimensions as an outcome variable, a multiple regression model was used on psychopathy and its dimensions as a predictor variable. Multiple linear regression was performed to examine the variance of prescriptive intergenerational-tension ageism scores and its dimensions. The total psychopathy score and its dimensions as predictor variables, with the total score of prescriptive intergenerational-tension ageism and its dimensions as outcome variables, were entered into the model separately using the Enter method (given that we had 4 outcome variables [which included the total score of prescriptive intergenerational-

tension ageism and its 3 dimensions], each of them was entered into the model separately with the total psychopathy score and its 4 dimensions as predictor variables). The software assumed the antisocial predictor variable as (Excluded variable) and did not include it in the regression model and calculated the other variables. For this reason, in (Table 2), 3 psychopathy dimensions are listed as predictor variables. According to Table 2, regarding the relationship between the total psychopathy score and its dimensions with the total score of prescriptive intergenerational-tension ageism, the model is able to explain 21.1 variance of the outcome variable (adjusted R² square = 20.7), which significantly predicts the

outcome variable. (p=0.000, F=(4,830)=55.349). Also, interpersonal manipulation was associated with the total score of prescriptive intergenerational-tension ageism (p=0.007, t=2.698, β=0.353). Affective callousness was also associated with the total score of prescriptive intergenerational-tension ageism (p=0.000, t=3.650, β=0.654). The other two variables, erratic lifestyle and total psychopathy score, did not significantly contribute to the variance of the total score of prescriptive intergenerational-tension ageism. According to Table 2, regarding the relationship between the total psychopathy score and its dimensions with identity, the model is able to explain 28.4 variance of the outcome variable (adjusted R² square = 28.1), which significantly predicts the outcome variable (p = 0.000, F = 4, 830 = 82.496). Also, interpersonal manipulation was associated with identity. (p=0.000, t=-5.743, β=-.313). Affective callousness was associated with identity. (p=0.000, t=-3.595, β=-.269). Erratic lifestyle was associated with identity. (p=0.000, t=-3.832, β=-.301). Total psychopathy score was associated with identity.

(p=0.000, t=9. 161, β=0.357). According to Table 2, regarding the relationship between psychopathy and its dimensions and succession, the model is able to explain 14.4 variance of the outcome variable (adjusted R² square = 14.8), which significantly predicts the outcome variable (p=0.000, F=(4,830)= 36.019). Also, interpersonal manipulation was associated with succession. (p=0.000, t=9.169, β=0.659). Affective callousness was also associated with succession. (p=0.000, t=8.000, β=0.789). Erratic lifestyle was associated with succession. (p=0.000, t=4.217, β=0.437). The total psychopathy score was associated with succession. (p=0.000, t=-7.977, β=-.410) According to Table 2, regarding the relationship between psychopathy and its dimensions and consumption, the model is able to explain 12.4 variance of the outcome variable (adjusted R² square = 11.9), which significantly predicts the outcome variable. (p=0.000, F= (4,830)= 29.292). None of the variables contributed significantly to the variance of consumption.

Predictor variable	R² square	Adjusted R² square	F	p	Constant value	β	t	p
prescriptive intergenerational-tension ageism								
	.211	.207	55.349	0.000	44.327			
Interpersonal manipulation						0.353	2.698	0.007
Affective callousness						0.654	3.650	0.000
Erratic lifestyle						0.144	0.764	0.445
Psychopathy						0.005	0.051	0.959
Identity								
	0.284	0.281	82.496	0.000	4.112			
Interpersonal manipulation						-.313	-5.743	0.000
Affective callousness						-.269	-.3.595	0.000
Erratic lifestyle						-.301	-3.832	0.000
Psychopathy						0.357	9.161	0.000
Succession								
	0.148	0.144	36.019	0.000	25.021			
Interpersonal manipulation						0.659	9.169	0.000
Affective callousness						0.789	8.000	0.000
Erratic lifestyle						0.437	4.217	0.000
Psychopathy						-.410	-7.977	0.000
Consumption								
	0.124	0.119	29.292	0.000	15.194			
Interpersonal manipulation						0.007	0.114	0.909
Affective callousness						0.134	1.678	0.094
Erratic lifestyle						0.008	0.097	0.922
Psychopathy						0.058	1.379	0.168

Table 2: Multiple linear regression analysis of prescriptive intergenerational-tension ageism scores and its dimensions

Discussion

We found support for the prediction (Hypothesis 1) that the significant associations between psychopathic traits and prescriptive intergenerational-tension ageism and its dimensions. Multiple regression results showed that total psychopathy as a predictor variable predicts identity and succession. According to personality psychologists, certain characteristics can make people prone to prejudice, discrimination, and aggressive behavior toward others [47]. For example, in a study by Mohammad Beigi and Saberi, there was a relationship between narcissistic personality traits and attitudes toward aging [48]. Psychopathy is a good predictor of aggression; this could also help prevent violence [49]. Hostility, as the cognitive component of aggression, is characterized by having a negative view of others [50]. According to social information processing theory, individuals are influenced by personal biases and beliefs when interpreting social cues. This leads to varied and flawed interpretations of ambiguous situations, sometimes leading to hostile attributions [51]. Therefore, it can be said that people who have more psychopathic characteristics, according to the theory of social information processing, make flawed interpretations of situations under the influence of personal biases and beliefs, which sometimes lead to hostile attributions. These hostile attributions can create prejudiced behaviors and ultimately more ageism against the

elderly. unfair allocation of resources leads to retaliatory punishments, and the extent to which this occurs depends on the degree of anger that the punisher feels towards the other person [51]. Therefore, according to the theory of intergenerational tension [32,46]. We can say that younger people (especially those with more psychopathic tendencies) are in competition with older people because they feel they have fewer resources and benefits. They also perceive more threat, feel more frustration, and feel that resources are divided unfairly among them. Therefore, they choose anger because expressing anger is a communication way to transmit information [52,53]. And people use anger to dissuade others from their current behavior [53]. Therefore, these feelings and beliefs cause the formation of anger and, as a result, negative stereotypes, prejudice, ageism, and even intergenerational tension in people towards the elderly. According to all these views and considering the characteristics of psychopaths mentioned, it can be said that people with higher psychopathic traits have a greater desire to do things that lead to greater ageism. We found support for the prediction (Hypothesis 2) that the significant associations between interpersonal manipulation and prescriptive intergenerational-tension ageism and its dimensions. Multiple regression results showed that interpersonal manipulation as a predictor variable predicts prescriptive intergenerational-tension ageism, identity and succession. Given that one of the main factors in psychopathy is the interpersonal dimension and factor, people with higher psychopathy have more problems in this dimension, in accordance with the research [2]. Which says that psychopathy is characterized by an arrogant and deceptive interpersonal communication style and behaviors that are accompanied by impulsivity and irresponsibility. For this reason, they are more likely to resort to behaviors that lead to harassment of the elderly and bias against them. We found support for the prediction (Hypothesis 3) that the significant associations between affective callousness and prescriptive intergenerational-tension ageism and its dimensions. Multiple regression results showed that affective callousness as a predictor variable predicts identity, succession and total score of prescriptive intergenerational-tension ageism. One of the most prominent characteristics of psychopaths is emotional and interpersonal deficits, for example [54]. It can be said that emotional problems, especially interpersonal problems, have led to the formation of cognitive biases and even stereotypes in the minds of psychopaths, since stereotypes are resistant to change [55]. And intergroup contact is a strategy for promoting and improving the stereotypes that individuals have towards other groups [56]. Therefore, it can be said that younger people with psychopathic traits do not communicate well with other groups, such as the elderly, to improve the stereotypes they have and engage in ageist behaviors and choose sexism. In support of this [57], believes that ageism is perpetuated by social segregation in such a way that children, young and middle-aged adults, and older adults are transferred to school, the workforce, and retirement or nursing homes for care, respectively, and there are restrictions on communication between groups. We found support for the prediction (Hypothesis 4) that the significant associations between erratic lifestyle and prescriptive intergenerational-tension ageism and its dimensions. Multiple regression results showed that erratic lifestyle as a predictor variable predicts identity and succession. In explaining the results of the research, it can be said that attitudes and hypotheses about health and aging are strongly rooted in social cognitions. A fixed and normative assumption is that with increasing age, physical and cognitive decline becomes inevitable. Physical and cognitive problems increase with increasing age [58]. On the other hand, considering the prejudices and attitudes that psychopaths have, it can be said that these cognitions are intensified under the influence of psychopathic characteristics. According to Golub & Langer [58], this hypothesis can lead to a "self-fulfilling prophecy of decline." Therefore, individuals with higher psychopathic traits, influenced by biased social cognitions, tend to engage in ageism and greater intergenerational tension with the elderly, as if they are somehow influenced by a self-fulfilling prophecy of decline pattern. We found support for the prediction (Hypothesis 5) that the significant associations between antisociality and its dimensions and prescriptive intergenerational-tension ageism and its dimensions. According to life history theory, it is assumed that people with higher psychopathy choose a fast-paced life strategy in their lives. Important characteristics of these people include early sexual relations, choosing a partner or spouse for a short period, risk-taking, sexual deviance, violence, delinquency, and aggression [59,60]. This contrasts with the slower-paced life strategy, which attributes personality traits such as honesty-humility (avoiding exploitation of others) in which resources are spent on producing fewer children in later stages of development, greater parental care, risk aversion, and greater physical and psychosocial health [61]. Therefore, in explaining the results of this study, it can be said that choosing this lifestyle by people with psychopathic characteristics means quickly achieving their desires, which in some cases, considering that some resources are at the disposal of the elderly, leads to tension, conflict, and anger between them and the elderly and intergenerational tension. In fact, it can be said that most of the anger, violence, and antisocial behaviors between younger people and the elderly, according to this theory and considering the characteristics of psychopathic people, are about obtaining the resources and status of the elderly and envying them.

Conclusion

The results of this research showed that there was a relationship between psychopathic traits and its dimensions (interpersonal manipulation, affective callousness, erratic lifestyle, and antisociality) and prescriptive intergenerational-tension ageism and its dimensions (consumption, succession, and identity). These connections and correlations between men and women were almost the same and did not make much difference. The results of multiple regression showed that psychopathy and its dimensions in some cases predicted intergenerational tension and its dimensions. According to the results of this study, it can be said that people who have more psychopathic traits and characteristics are likely to be influenced by these traits and characteristics and view the elderly through a competitive and hostile lens. This issue could play an important role in the emergence of ageism and intergenerational tension among young people with more psychopathic traits. The literature of this research and its results can be used in order to have a new look at ageism and factors related to it. Using its results, we can address the role of personality factors, especially regarding people with psychopathic characteristics, in ageism more than before, and we can use them to help the elderly. The results of this type of research can be of great help to the elderly, who are actually considered the spiritual capital of society. This study has limitations that include the following: The focus of this study was on the factors of personality and prescriptive intergenerational-tension ageism, and it is important that other issues related to intergenerational tension (such as cultural, social, and economic factors, etc.) should be examined more carefully in future studies. Another limitation of this research was that, due to the logical design of this research, it was not possible to investigate causality between variables. Future studies may provide a better understanding of the relationships

between these variables using experimental manipulations or holistic approaches. A limitation of this study was that we focused exclusively on data that were collected on self-report questionnaires and that participants may have responded blindly. This topic can affect the results of the research.

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