

Parental overprotection and emotional abuse predict the presence of psychopathic traits in adulthood

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Abstract

Recent findings support an association between childhood maltreatment and the presence of elevated psychopathic traits in adulthood. Using a community sample recruited online (N = 210), we sought to (1) confirm the relationship between childhood traumas and psychopathic traits, and (2) investigate the role of parenting styles in psychopathic traits. Consistent with our predictions, we found an association between all types of childhood traumas and disinhibition. Age and gender moderated the relations between psychopathic traits and childhood maltreatments. Parental rejection and overprotection were positively correlated with the presence of psychopathic traits, while parental emotional warmth was negative correlated. Although our results converge with previous findings, the strength of the correlations observed was not as compelling as in research on undergraduate students. We discuss the numerous interpretations for our findings, and highlight the limitations of research in the field of psychopathy and childhood trauma in the general population.

Keywords

Psychopathy; Childhood maltreatment; Parenting styles; Rejection; Overprotection

1. Introduction

Psychopathy is a multidimensional personality disorder characterized by a lack of empathy, guilt, and behavioral inhibition, combined with high levels of superficial charm, deceitfulness, egoism, and fearlessness (Berg et al., 2013; Hart, Cox, & Hare, 2003). Although psychopathy can be conceptualized through numerous models, a recently developed model, the Triarchic model of psychopathy (Patrick, Fowles, & Krueger, 2009), has shown great promises due to its inclusion of maladaptive and adaptive components, which is a distinction from the vast majority of models, defining psychopathy as a fully maladaptive disorder. The model is divided in three traits dimensions: Meanness, Disinhibition, and Boldness. Meanness refers to a lack of empathy, low socialization and attachment, an absence of guilt, and a general mean attitude towards others. Disinhibition relates to the inability to control one's impulses, which creates the inability to weigh consequences of one's actions. Together, these two traits encompass the maladaptive component of psychopathy. Alternatively, Boldness, which refers to fearlessness, social dominance, stress immunity, and thrill seeking, assesses the adaptive component of psychopathy. Although the Triarchic model of psychopathy, as well as the Psychopathic Personality Inventory (PPI; Lilienfeld & Andrews, 1996) both include an adaptive component, several models, including early conceptualizations prior to the PPI, examine psychopathy from an exclusively maladaptive point of view.

The lack of consensus regarding the personality traits related to psychopathy stems from the debate on genetic versus environmental factors. According to Frick, Bodin, and Barry (2000), several studies found evidences supporting a combination of both biological and environmental factors to be responsible for the development of psychopathic traits in youth. Levenson, Kiehl, and Fitzpatrick (1995) contradicted this theory and proposed arguments in favor of a central role

from social learning rather than biology in psychopathic behaviors. Psychopathy was later described in detail through three distinct components: behavioral, interpersonal, and affective characteristics (Hart & Hare, 1998). Behaviorally, a psychopathic trait should include risk-taking, sensation seeking, and impulsivity. Interpersonally, a psychopathic trait should include grandiosity, egocentricity, manipulation, and arrogance. Affectively, a psychopathic individual is unable to form strong emotional bonds and has shallow emotions.

1.1. Psychopathy, parental behaviors, and early traumatic experiences

Deficiencies in emotional bonding can be observed in children manifesting early psychopathic tendencies. Early exposure to dysfunctional family environments can influence a child's personality and increase the likelihood of developing psychopathic traits (Belsky, Steinberg, & Draper, 1991; Saltaris, 2002). Among other familial dysfunctions, the lack of discipline has been related to an increase of antisocial behaviors in adulthood (Klonsky, Oltmanns, Turkheimer, & Fiedler, 2000; Robins, 1966). The lack of parental discipline could stem from stress levels of the parents themselves. Previous investigations concluded that distressed parents use unstable and unsuccessful parenting methods, which worsens their children's behavioral problems (Fite, Greening, & Stoppelbein, 2008; Patterson, 1988). Further investigations revealed associations between parenting stress and callous and unemotional trait, which is one of the hallmark of psychopathic characteristics (Fite et al., 2008). Moreover, when considering the different parental stress dimensions, the authors concluded that attachment difficulties and role restrictions were also related to psychopathic traits.

In addition to parental stress, lack of parental affection (i.e. emotional neglect), as well as childhood abuse (i.e. emotional, physical, sexual), have been associated with the development of psychopathic personality traits (Bernstein, Stein, & Handelsman, 1998; Lang, Klinteberg, & Alm,

2002; McCord & McCord, 1964; Watts, Donahue, Lilienfeld, & Latzman, 2017). Weiler and Widom (1996) examined psychopathy and violent behaviors in a sample of individuals who reported abuse and/or neglect during their childhood and in a controlled sample. After controlling for demographics and criminal history, victims of childhood abuse psychopathy' scores remained significantly higher than the control group. In addition, both psychopathy score and childhood abuse were predictors of violence. However, as noted by Watts and colleagues (2017) while multiple studies reported a correlation between childhood abuse and psychopathy, the extent to which these findings reflect a causal link remains unclear.

Aside from a relationship between childhood maltreatment and general psychopathy, multiple studies divided their analyses by psychopathic subtypes. For instances, Watts and colleagues (2017) identified a positive relationship between childhood maltreatment and both disinhibition and meanness, and a negative relationship between early trauma and boldness. Similar findings were found in previous research, where disinhibition has been associated with neglect and abuse, while other components of psychopathy were associated with sexual abuse exclusively (Graham, Kimonis, Wasserman, & Kline, 2012).

1.2. Psychopathy and gender

Historically, the vast majority of studies in the field of psychopathy were performed exclusively in male samples, leading to a lack of information regarding gender differences (Cale & Lilienfeld, 2002). Although multiple studies reported significantly higher scores in males than females (Durand, 2016; Durand & Plata, 2017; Hicks et al., 2012; Lee & Salekin, 2010; Lilienfeld & Hess, 2001), an extensive examination by Miller, Watts, and Jones (2011) supported the finding that despite mean-level differences observed across many studies, the manifestation pattern of psychopathy do not vary between gender, albeit a few exceptions (e.g. traits related to

impulsivity and Openness). However, while the gender difference in psychopathy is debatable, numerous studies identified significant differences between genders in childhood abuse reports, whereas some researchers found higher reported trauma in males (Watts et al., 2017) while others found higher reported trauma in females (Láng & Lénárd, 2015).

2. Present study

The present study investigated the effect of early parental behaviors and childhood trauma on psychopathy expressions at a later stage of life. We hypothesized that abusive parental behaviors and early childhood trauma would be significantly positively correlated with disinhibition and meanness, but not with boldness. Additionally, due to the discrepancy within results pertaining to the influence of genders in childhood trauma, we examined the relationship between psychopathy, parental behaviors, and childhood trauma, as well as the moderating effect of gender on the aforementioned variables.

3. Method

3.1 Participants and Procedures

All participants received informed consent and received a debriefing at the end of the study. Two hundred-ten (N = 210) participants were recruited online via social media and websites dedicated to psychological research. There was no missing data for any of the responses. Inclusion criteria to the study were to be over 18 years old and be fluent in English. Examination of potential outliers was done by analyzing the Stem-and-Leaf plot for each scale of each questionnaires used in the present study. We did not identify any outlier, and hence the full dataset was kept for further analyses. Most of the participants were females (N = 155; 74%). Participants reported being located mostly in North America (48%) or Europe (41%). In terms of ethnicity, most

participants reported being Caucasian (80%) or Asian (10%). Almost half the participants reported being currently enrolled as full-time students in a university (44%). In terms of relationship status, most participants reported being single (42%), followed by in a relationship (21%), in a common-law partnership (18%), married (13%) or other (6%). Participants age ranged from 18 to 75 years old, with a mean age of 28.4 (SD = 11.22).

3.2 *Materials*

Triarchic Psychopathy Measure (TriPM; Patrick, 2010). The TriPM is a self-reported questionnaire containing 58 items assessing psychopathic traits. Items are rated on a 4-point Likert scale from 1 (*True*) to 4 (*False*). The instrument was designed to assess psychopathic traits using the Triarchic model of psychopathy, and provides a total score alongside three subscale scores: Disinhibition, Meanness, and Boldness. Cronbach α s ranged between .84 and .89 for the TriPM total score and the three subscales.

Short-EMBU (s-EMBU; Arrindell et al., 1999). The s-EMBU is a 23-item questionnaire, derived from the original 81-item version, and is used for assessing the perceived parental rearing behavior on a 4-point Likert scale. Participants responded to the questionnaire twice, once in relation to their father's behavior and once in relation to their mother's behavior. The s-EMBU is divided in three factors, namely Rejection, Overprotection, and Emotional Warmth. The short version of the questionnaire was subsequently validated internationally, providing a reliable alternative to its extended version (Arrindell et al., 1999; Arrindell et al., 2001). In the present study, Cronbach α s ranged between .88 and .94 for the three subscale for the mother and between .86 and .91 for the father.

Childhood Trauma Questionnaire (CTQ; Bernstein et al., 1994). The CTQ is a 28-item self-report instrument assessing childhood maltreatment. The measure is divided into 5 subscales,

namely Emotional abuse, Physical abuse, Sexual abuse, Emotional neglect, and Physical neglect.

Previous studies established adequate internal consistency reliability on all subscales (Watts et al., 2017). Cronbach α s ranged between .78 and .96 for the CTQ total score and the five subscales.

4. Results

As shown in Table 1, ANOVAs revealed several significant gender differences in psychopathic traits and childhood trauma. Males reported higher global psychopathic traits and higher levels of meanness. Females reported more emotional and sexual abuse during childhood.

Table 1
Gender differences on the measured variables; results of ANOVAs.

	Males (n = 55)		Females (n = 155)		F	p
	M	SD	M	SD		
TriPM total	119.70	22.20	111.60	17.57	7.484	.007
TriPM disinhibition	39.00	10.33	37.95	8.94	0.510	.476
TriPM meanness	35.49	11.38	30.81	8.55	10.117	.002
TriPM boldness	45.21	9.99	42.83	10.80	2.056	.153
CTQ Emotional abuse	10.83	5.39	13.32	6.22	6.964	.009
CTQ Physical abuse	6.96	2.55	7.49	3.91	0.885	.348
CTQ Sexual abuse	5.69	2.70	7.45	4.93	6.363	.012
CTQ Emotional neglect	13.76	6.03	13.54	5.38	0.061	.805
CTQ Physical neglect	7.49	2.74	8.00	7.87	0.875	.351
EMBU-M rejection	12.07	5.07	13.16	5.93	1.485	.224
EMBU-M over-protection	22.09	6.11	21.30	7.23	0.512	.475
EMBU-M emotional warmth	16.30	5.34	16.69	5.65	0.196	.658
EMBU-F rejection	11.71	4.40	12.08	4.99	0.243	.623
EMBU-F over-protection	17.27	6.01	17.58	6.41	0.101	.751
EMBU-F emotional warmth	14.11	4.74	14.03	5.37	0.009	.925

Note. EMBU-M = EMBU-Mother; EMBU-F = EMBU-Father.

In order to test the association between psychopathic traits, childhood trauma and parenting style, we performed a Pearson correlation among all variables (Table 2). General psychopathic traits

were not correlated with childhood trauma, but positively correlated with over protection from both parents and negatively correlated with emotional warmth from the father. Subscale examination of the TriPM identified additional results. Disinhibition correlated positively with all forms of abuses and neglects in childhood, as well as with rejection from both parents and over protection from the mother, but correlated negatively with emotional warmth from the father. Meanness correlated positively with emotional neglect in childhood, alongside over protection from the mother and rejection from the father, but correlated negatively with emotional warmth from the father. Boldness was negatively correlated with emotional abuse and emotional neglect, and positively correlated with emotional warmth from the mother.

Table 2

Results of Pearson's correlation for TriPM, CTQ, and EMBU

	TriPM total	TriPM disinhibition	TriPM meanness	TriPM boldness
TriPM total				
TriPM disinhibition	.59			
TriPM meanness	.81	.42		
TriPM boldness	.56	-.19	.20	
CTQ Emotional abuse	.09	.31	.11	-.22
CTQ Physical abuse	.09	.23	.03	-.07
CTQ Sexual abuse	.10	.17	.02	.02
CTQ Emotional neglect	.08	.16	.17	-.15
CTQ Physical neglect	.06	.20	.04	-.10
EMBU-M rejection	.08	.22	.08	-.13
EMBU-M over-protection	.16	.17	.14	.02
EMBU-M emotional warmth	-.05	-.12	-.13	.14
EMBU-F rejection	.11	.21	.14	-.12
EMBU-F over-protection	.14	.12	.13	.03
EMBU-F emotional warmth	-.16	-.15	-.20	.02

Note. Bold indicates $p < .01$, italic indicates $p < .05$

Due to the gender differences observed in psychopathic traits and childhood trauma, we

performed additional analyses through multiple linear regressions to control for the effects of age and gender (Table 3). Results show that for general psychopathic traits, gender, over protection of the mother, and emotional warmth of the father are the only significant predictor. Scale by scale examination show that age and emotional abuse are predictors of disinhibition, age, gender, and emotional warmth of the father are predictor of meanness, and only emotional abuse is a predictor of Boldness ($\beta = -0.215$, $t = -3.174$, $p = .002$, $R^2 = .046$).

Table 3

Results of multiple linear regressions for TriPM, CTQ, and EMBU

	TriPM total			TriPM disinhibition			TriPM meanness		
	B	t	p	B	t	p	B	t	p
Age	-0.105	-1.559	.121	-0.149	-2.286	.023	-0.204	-3.110	.002
Gender (female)	-0.180	-2.695	.008	-0.111	-1.679	.095	-0.217	-3.339	.001
CTQ Emotional abuse	0.011	0.138	.890	0.319	4.889	.000	0.065	0.867	.387
CTQ Physical abuse	0.041	0.582	.561	0.086	1.075	.283	0.010	0.143	.887
CTQ Sexual abuse	0.125	1.830	.069	0.097	1.427	.155	0.037	0.557	.578
CTQ Emotional neglect	-0.046	-0.567	.571	-0.097	-1.062	.290	0.092	1.190	.235
CTQ Physical neglect	0.012	0.169	.866	-0.003	-0.039	.969	-0.041	-0.580	.563
EMBU-M rejection	-0.004	-0.048	.962	0.023	0.246	.806	0.070	1.036	.301
EMBU-M protection	0.142	2.113	.036	0.071	1.041	.299	0.100	1.526	.129
EMBU-M warmth	0.041	0.569	.570	0.067	0.834	.405	-0.092	-1.330	.185
EMBU-F rejection	0.033	0.396	.693	0.022	0.254	.800	0.047	0.581	.562
EMBU-F protection	0.096	1.363	.174	0.026	0.383	.702	0.108	1.660	.099
EMBU-F warmth	-0.148	-2.213	.028	-0.030	-0.405	.686	-0.225	-3.433	.001
R square	.080			.121			.127		

Note. EMBU-M protection = EMBU-M over protection; EMBU-M warmth = EMBU-M emotional warmth; EMBU-F protection = EMBU-F over protection; EMBU-F warmth = EMBU-F emotional warmth

5. Discussion

The results partially confirmed our hypothesis. Psychopathic traits were associated with childhood traumas and parenting styles. While all types of childhood traumas were linked with disinhibition, no relationship was found between early traumas and general psychopathic traits.

Furthermore, negative (rejection and over protection) and positive (emotional warmth) parenting styles for both parents were associated with various subscales of the TriPM. These results partially support findings from Watts and colleagues (2017). Indeed, when focusing on undergraduate students, the aforementioned authors found multiple correlations between all CTQ scales and psychopathic traits to a stronger degree than in the present study, with most correlations being moderate. It is possible that the age of the sample weakened the association between psychopathic traits and childhood traumas. In their study, Watts and colleagues' (2017) participants mean age was 20.71 (SD = 4.65) as opposed to 28.4 (SD = 11.22) in the present study. Considering that being of lower age was significantly predicting higher disinhibition and meanness, investigating the relationship between psychopathy and childhood traumas in younger samples might provide better results due to higher levels of psychopathy in the sample. This possibility is further corroborated by the results obtained from Poythress, Skeem, and Lilienfeld (2006) who found significant, but also weak, correlations in a sample with a mean age of 30.5 (SD = 6.2).

Alongside childhood traumas, parenting styles have shown various associations with psychopathic traits in adulthood. Our results show that rejection and over protection of the mother or the father are positively correlated with maladaptive psychopathic traits (meanness and disinhibition). Additionally, emotional warmth from the father is negatively associated with meanness and disinhibition, while emotional warmth from the mother is positively associated with boldness. These results corroborate past studies identifying a relationship between parental rejection, emotional warmth, and psychopathy (Fodor, 1973; Marshall & Cooke, 1999). Interestingly, past studies investigating the relationship between over-protection and psychopathy identified a negative relationship between the two constructs (Gao, Raine, Chan, Venables, &

Mednick, 2013). The aforementioned results conflict with other research supporting a relationship between higher overprotection and depression (Avagianou & Zafiropoulou, 2008) or with sexual delinquency (Bogaerts, Vervaeke, & Goethals, 2000). It is possible that extremely low or high parental overprotection increase the probabilities of developing psychopathic traits later on in life, while moderate levels of overprotection is not a significant predictor.

5.1 Limitations

The current study expand on the results obtained by Watts and colleagues (2017) by replicating the findings from the CTQ in a general population, and by providing additional information regarding the role of parental styles. Our results must however be considered under several limitations. First, our community sample is significantly older than general undergraduate samples, such as the one used by Watts and colleagues (2017). It is possible that restricting our recruitment to a younger age range might have provided us with correlations as strong as those obtained by Watts and colleagues (2017). Second, the present study used self-reported questionnaire through a web-based platform. While this method provides anonymity to all participants, participants might tend to minimize certain traits or past events, rendering it difficult to establish the real relationship between psychopathic traits, childhood traumas, and parental style. Third, the normative nature of the sample might have been problematic. For the CTQ, the mean of sexual and physical abuse, alongside physical neglect, was between 5 (Never true) and 10 (Rarely true). The overwhelming majority of individuals unaffected by childhood adversities might lower the power of the results. Future studies should consider investigating the relationship between psychopathic traits, childhood traumas and parenting styles in population at risk, such as clinical population diagnosed with childhood traumas.

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