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Subclinical psychopathic traits and romantic attachment in community couples: A dyadic approach



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ABSTRACT

The purpose of this study is to investigate the dyadic associations between subclinical primary and secondary psychopathic traits and romantic attachment dimensions (avoidance and anxiety) in a sample of 140 couples from the community. Both partners completed self-report measures of psychopathic traits and romantic attachment. Actor–partner interdependence model analyses showed an actor effect of primary psychopathic traits on attachment anxiety and avoidance, but only for men. Results also showed an actor effect of secondary psychopathic traits on attachment anxiety and avoidance for women and men. A partner effect was observed between secondary psychopathic traits in women and their male partners' attachment anxiety. Partner effects of primary and secondary psychopathic traits in men on their female partners' attachment avoidance were also found. Findings shed new light on theoretical and clinical implications of psychopathic traits within romantic relationships using a dyadic approach.

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1. Introduction

The attachment process is a fundamental concept in the development of intrapersonal characteristics, such as personality, as well as in the construction of significant relationships, such as romantic relationships. Specific personality characteristics are also known to be associated with the initiation, development, and maintenance of significant relationships (Masarik et al., 2013). Attachment insecurity and maladaptive levels of specific personality traits are viewed as contributing to the emergence and regulation of negative interpersonal behaviors which either disrupt the union formation process or impose a lower bound to expected dyadic adjustment (Donnellan, Conger, & Bryant, 2004; Kurdek, 2000). Of particular interest here is psychopathy, a constellation of personality traits which are thought to prompt repeated relational crises and to severely hamper the evolution of couple relationships (Savard, Sabourin, & Lussier, 2006, 2011). Initially, psychopathy can lead to an exacerbation of one's own negative attitudes and

behaviors, but can also permanently damage the partner's trust, self-esteem and other variables associated with representations of self and others, such as attachment (Babiak & Hare, 2006).

1.1. Romantic attachment

Attachment is a concept introduced by Bowlby (1951) based on the belief that children's incapacity to form significant bonds with their parents at a young age can mediate the development of lasting, implicit, interpersonal working models about the nature of the self and others (Hazan & Shaver, 1987) and potentially lead to psychological, relational, and behavioral problems in adulthood, especially in romantic relationships. Bartholomew and Horowitz (1991), Brennan, Clark, and Shaver (1998) have conceptualized adult attachment using two independent but interrelated dimensions of attachment insecurity. Attachment anxiety, the first dimension, describes people with high emotional instability and dependency toward others in close relationships, with worries about being rejected which they try to soothe by behaving intrusively in order to obtain more commitment from an intimate partner. The second dimension, attachment-related avoidance, describes people who systematically withdraw from situations involving emotional intimacy and dependency in close relationships. These people are well-known to be highly self-reliant, and minimize or even deny their own attachment needs. Low levels

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of both attachment anxiety and avoidance are indicative of attachment security. Hazan and Shaver (1987) were the first to introduce the idea that people also create attachment bonds with their romantic partner in adulthood and rely on them as primary attachment figures; the attachment style developed with the primary attachment figures in youth is thus thought to shift to the romantic partner.

The core assumption about attachment representations is that they are relatively stable over time. However, controversial conclusions emerge from studies assessing the stability of attachment from infancy to adulthood. Some psychologists have put forth a theoretical prototype perspective, which refers to a classical view assuming that early representations of attachment are retained across development and continue to shape adaptation. This position has been corroborated by results from longitudinal studies (e.g. Fraley, Vicary, Brumbaugh, & Roisman, 2011; Waters, Merrick, Treboux, Crowell, & Albersheim, 2000). However, other studies have shown less stability in the attachment process when focusing on intervals of more than 5 years (Pinquart, Feubner, & Ahnertb, 2013). These findings support the revisionist perspective of attachment (Lewis, Feiring, & Rosenthal, 2000), which implies that attachment representations tend to be modified continuously as individuals leave different types of attachment relationships across successive periods of development (see Carlson, Sroufe, & Egeland, 2004). As it is the case in childhood, trauma and relational crises in adulthood may disturb initial attachment representations. Thus, stressful factors, personal variables but also romantic partner attitudes and behaviors might influence one's attachment representations.

1.2. Psychopathy

Chronic emotional detachment and the inability to form and maintain strong relational bonds are central features of the classical description of psychopathy as well as insecure attachment representations. Historically, psychopathy refers to two distinct but interrelated facets (Brinkley, Newman, Widiger, & Lynam, 2004). The first dimension, primary psychopathy, consists of emotional–interpersonal tendencies emphasizing narcissism and social dominance (grandiosity, shallowness, manipulateness, lack of remorse, low anxiety, etc.), whereas the second dimension, secondary psychopathy, mostly pertains to social deviance (antisocial behaviors, impulsiveness, irresponsibility, etc.). These two dimensions are consistent with dual process models of psychopathy, which recently received empirical support (Schulreich, Pfabigan, Derntl, & Sailer, 2013). The dual process model implies that each dimension (Trait Fearlessness and Externalizing Vulnerability) possesses its own etiology, and distinguishes criminal from non-criminal psychopaths. However, recent models of psychopathy are based on three (Disinhibition, Boldness, and Meanness; Patrick, Fowles, & Krueger, 2009) or four (Interpersonal, Affective, Lifestyle, and Antisocial features; Babiak, Neumann, & Hare, 2010; Hare & Neumann, 2008) dimensions. Finally, another growing field of research considers psychopathy as a constellation of dimensional personality traits, included in a variety of structural models of personality (dimensions, superfactors; Lynam & Derfinko, 2006). This conceptualization may be used to discriminate pathological from normal personality traits, and criminal from non-criminal psychopathy (Widiger & Clark, 2000). The lack of consensus in the literature regarding the conceptualization of psychopathy requires a parsimonious approach. A recent study provides evidence that the Levenson Self-Reported Psychopathy Scale (the instrument used in this study), is best interpreted within a two-factor model (Salekin, Chen, Sellbom, Lester, & MacDougall, 2014). One thing is certain, the relational outcomes of psychopathy are not restricted to acute or chronic criminal offenders; rather,

they are well distributed in various segments of the general population. However, little is known about prevalence rates of subclinical psychopathic traits in the general population. It has been reported that 13 to 30% of people in community samples show significantly more psychopathic traits than average, and that these rates tend to decrease as people get older (Savard et al., 2006, 2011; Vachon et al., 2013).

1.3. Attachment and psychopathy

Attachment insecurity and psychopathy are commonly associated to a certain extent, because they seem to share common genetic and environmental explanations. The serotonin transporter-linked polymorphic region (5-HTTLPR) and the oxytocin receptor (OXTR) have been considered risk factors for the development of psychopathy or moderators of continuity and change in the attachment process (e.g. Johansson et al., 2012; Raby, Cicchetti, Carlson, Egeland, & Collins, 2013; Viding & McCrory, 2012), which may partially explain the variability in attachment stability over long periods of time (Fraley et al., 2011; Lewis et al., 2000; Waters, Weinfield, & Hamilton, 2000). Parental rejection or privation, neglect and abuse may be associated with an inability to create a significant bond with parents early in life and which may disrupt the child's relationship with the caregiver and generate attachment insecurity and psychological and behavioral problems similar to psychopathy (Hare, 1993; Meloy, 2001).

The association between attachment and psychopathy has been supported from an individual perspective among forensic patients (Frodi, Dernevik, Sepa, Philipson, & Bragesjö, 2001; Levinson & Fonagy, 2004; Meloy & Gacono, 2003), male batterers (Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2000; Waltz, Babcock, Jacobson, & Gottman, 2000), and in non-clinical samples (Mack, Hackney, & Pyle, 2011). In short, the prevalence of insecure attachment, especially avoidance, is two to three times higher in criminal samples than in the general population (Frodi et al., 2001; Levinson & Fonagy, 2004; Mickelson, Kessler, & Shaver, 1997) and highly prevalent in generally violent-antisocial male batterers (Holtzworth-Munroe et al., 2000; Waltz et al., 2000). Still, the cross-sectional dyadic impact of attachment and psychopathy on the partner's variables has yet to be assessed. The association between anxious attachment representations and psychopathy is less consistent. Some researchers report that psychopaths are fundamentally nonanxious (Cleckley, 1976). Others confer a central role to attachment anxiety and anxiety symptoms in the differential diagnosis of primary and secondary psychopathy (Blackburn, 2003; Frick, Lilienfeld, Ellis, Loney, & Silverthorn, 1999). According to this hypothesis, primary psychopathy would be negatively related to anxiety whereas for secondary psychopathy this association would be positive. However, few studies have investigated the relationship between attachment anxiety and psychopathy in clinical samples.

In non-clinical populations, a recent study assessing attachment and psychopathic traits in a sample of 209 college students obtained results which contradicted those obtained with inmate populations. Mack et al. (2011) showed that people with high scores on the attachment anxiety dimension scored higher on the primary psychopathy scale. This association was strongest when avoidance was also high, producing a significant interaction between attachment anxiety and avoidance. For secondary psychopathy, high scores on both attachment anxiety and avoidance scales were associated with high levels of secondary psychopathic traits. No significant interaction between attachment anxiety and avoidance was observed. Overall, the association between psychopathy and attachment in clinical and nonclinical populations remains obscure.

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