Are there differential relationships between different types of childhood maltreatment and different types of adult personality pathology?

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ABSTRACT

While considerable data support the relationship between childhood trauma and adult personality pathology in general, there is little research investigating the specific relationships between different types of childhood maltreatment and adult personality disorders. The present study tested a model incorporating five a priori hypotheses regarding the association between distinct forms of childhood maltreatment and personality pathology in 231 psychiatric patients using multiple self-report measures (Personality Diagnostic Questionnaire-4th Edition, Child Trauma Questionnaire, Conflict in Tactics Scale Parent-Child Child-Adult, and Multidimensional Neglectful Behavior Scale). Step-wise linear regressions supported three out of five hypotheses, suggesting independent relationships between: physical abuse and antisocial personality disorder traits; emotional abuse and Cluster C personality disorder traits; and maternal neglect and Cluster A personality disorder traits after controlling for co-occurring maltreatment types and personality disorder traits. Results did not support an independent relationship between sexual abuse and borderline personality traits nor between emotional abuse and narcissistic personality disorder traits. Additionally, there were three unexpected findings: physical abuse was independently and positively associated with narcissistic and paranoid traits and negatively associated with Cluster C traits. These findings can help refine our understanding of adult personality pathology and support the future development of clinical tools for survivors of childhood maltreatment.

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1. Introduction

Over the past several decades diverse strains of thought (e.g., attachment theory, cognitive therapy, and relational psychoanalysis) have converged into what might be called the schema theory of personality (Beck and Freeman, 1990; Cloninger et al., 1993; Mitchell, 1988). In this model, a child's experience in early relationships is encoded into personalized representations of self and other, which in turn influence cognition, affect and behavior. These interpersonal representations, or schemas, provide the foundation of both personality and personality pathology. Drawing from this model, we can hypothesize that different forms of personality pathology arise from specific and distinct interpersonal experiences.

Childhood maltreatment, including emotional, physical, sexual abuse and neglect, represents a potent environmental risk factor for personality pathology. A significant amount of research links childhood maltreatment to adverse outcomes in adulthood, including personality pathology (Collishaw et al., 2007; Lobbestael et al., 2010). However, it remains unclear whether specific types of childhood maltreatment predict to specific types of personality pathology. This is significant because the different forms of childhood maltreatment are behaviorally distinct and do not always co-occur, although they frequently do. Likewise there is evidence that different types of maltreatment have distinct psychopathological effects (Lobbestael et al., 2010). The present study aims to refine our understanding of the risk factors for adult personality pathology by investigating the relationship between four types of childhood maltreatment (sexual abuse, emotional abuse, physical abuse, and neglect) and distinct personality disorders (PDs). We believe this a critically important, and to date relatively neglected area of research. Potentially, such knowledge can enhance both prevention and treatment, supporting more targeted interventions with maltreated children as well as personality-disordered adults.

1.1. Maltreatment and psychopathology

Both retrospective and prospective studies show higher rates of psychopathology among adults who have undergone repeated and

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severe childhood abuse (Collishaw et al., 2007; Johnson et al., 2000). More specifically, research has shown personality disorders to be more prevalent among adults who have experienced childhood maltreatment than among those who have not (Lobbestael et al., 2010). This association appears to generalize across multiple types of childhood maltreatment and diverse forms of personality pathology (Tyrka et al., 2009). Furthermore, different forms of childhood maltreatment may have differential effects on personality pathology. In a recent study by Lobbestael et al. (2010), sexual abuse was associated with paranoid, schizoid, borderline, and avoidant traits; physical abuse with antisocial traits; emotional abuse with paranoid, schizotypal, borderline, and Cluster C traits; and emotional neglect with histrionic and borderline traits.

Hence, the literature indicates a strong association between childhood maltreatment and adult personality pathology. However, as noted by Lobbestael et al. (2010), only a few studies have delineated specific relationships between different types of maltreatment and different types of personality pathology, and at present there is no consensus in the literature on the specificity of these possible relationships.

In this vein, we propose a five-part model regarding the associations between specific types of childhood maltreatment and specific types of adult personality pathology. This model, drawn from a combination of available research data, clinical experience, and theoretical conceptualization, provides a comprehensive scheme of specific relationships between the best recognized forms of childhood maltreatment and all but one DSM IV personality disorders. The present paper tests this model with five a priori hypotheses.

1.2. A priori hypotheses

Hypothesis 1. *A history of sexual abuse will be associated with borderline personality disorder (BPD) traits independent of co-occurring maltreatment types and other PD traits.*

Our rationale for Hypothesis 1 rests on the long history of research on the association between sexual abuse and BPD (Laporte et al., 2011; Wingenfeld et al., 2011). BPD has even been conceptualized as a form of complex post-traumatic stress disorder, largely attributable to childhood sexual abuse (Lewis and Grenyer, 2009). For example, Biskin et al. (2011) evaluated a clinical sample of 47 women, 31 with a past diagnosis of BPD and 16 who did not meet BPD criteria. A history of sexual abuse was reported more frequently by subjects with current than remitted BPD and both BPD groups had higher rates than subjects without history of BPD. Additionally, Ogata et al. (1990) found that more BPD than depressed inpatients reported a history of childhood sexual abuse. Nonetheless, many of these studies fail to control for other types of maltreatment or other PDs (e.g., Ogata et al., 1990; Biskin et al., 2011). Thus our first hypothesis will test for a specific relationship between sexual abuse and BPD traits.

Hypothesis 2. *A history of physical abuse will be associated with antisocial personality disorder (ASPD) traits, independent of co-occurring maltreatment types and other PD traits.*

Because physical abuse models the reliance upon violent domination as an interpersonal strategy, we hypothesized physical abuse to be a risk factor for ASPD traits in adulthood. The literature supports such a relationship (Luntz and Widom, 1994; Evren et al., 2006). Lobbestael et al. (2010) found ASPD to be the only correlate of physical abuse in a multivariate study of childhood maltreatment and PDs. Luntz and Widom (1994) found that physically abused and neglected subjects were significantly more likely than the comparison group to meet criteria for ASPD. Likewise, Evren

et al. (2006) found high rates of childhood physical abuse and other types of maltreatment in patients with ASPD. On the other hand, other investigators have failed to replicate these findings (Tyrka et al., 2009; Grilo and Masheb, 2002). Thus our 2nd hypothesis will test for a specific relationship between physical abuse and ASPD traits.

Hypothesis 3. *A history of emotional abuse will be associated with Cluster C personality disorder traits, independent of co-occurring maltreatment types and other PD traits.*

Because emotional abuse entails derogation, humiliation and rejection of the child (Hart and Brassard, 1987) and Cluster C traits incorporate low self-esteem and social anxiety (American Psychiatric Association [APA], 2000), we hypothesized emotional abuse in childhood to be a risk factor for Cluster C traits in adulthood. While derogation and humiliation may occur in the context of other types of abuse (e.g., sexual or physical abuse), we hypothesize that emotional abuse will have a stronger relationship with Cluster C traits as this type of maltreatment is specifically intended to derogate and diminish the victim. Recent literature suggests there may indeed be such an association. Grilo and Masheb (2002) found emotional abuse to correlate with avoidant PD and Cluster C PDs overall after controlling for co-varying types of maltreatment. Additionally, in a large, community-based longitudinal study, verbal abuse was associated with obsessive-compulsive PD after controlling for co-occurring types of maltreatment (Johnson et al., 2001). Nonetheless, in a separate, large, population-based study, emotional abuse was not significantly correlated with dependent, avoidant, obsessive-compulsive, or Cluster C PDs after controlling for other forms of childhood maltreatment (Afifi et al., 2011). Hence our third hypothesis will test the specific relationship between emotional abuse and Cluster C disorder traits. We chose to investigate Cluster C traits instead of the individual disorders of this cluster, i.e., avoidant, dependent and obsessive-compulsive PDs, as the literature shows a relationship between emotional abuse and more than one Cluster C disorder as well as with Cluster C traits overall (Grilo and Masheb, 2002; Johnson et al., 2001). Additionally, we presuppose social anxiety and inhibition to be a common correlate of all disorders in this "anxious" cluster (APA, 2000, 2013).

Hypothesis 4. *A history of emotional abuse will be associated with narcissistic personality disorder traits (NPD), independent of co-occurring maltreatment types and other PD traits.*

As NPD is also characterized by perturbations of self-esteem (Myers and Zeigler-Hill, 2012), we hypothesized emotional abuse to predict to NPD as well. A limited amount of literature specifically evaluates emotional abuse and NPD. Nonetheless, in a study by Hoglund (1997), emotional abuse was found to influence three covert narcissistic features: hypersensitivity, hidden grandiosity and inadequacy. Johnson et al. (2001) found after controlling for multiple covariates, that adolescents who experienced childhood verbal abuse had increased NPD traits. Additionally, Afifi et al. (2011) found emotional abuse to significantly correlate with NPD. However, when evaluating the unique effects of each type of childhood maltreatment on each personality disorder, Lobbestael et al. (2010) found emotional abuse did not significantly associate with NPD.

Hypothesis 5. *A history of neglect will be associated with Cluster A personality disorder traits, independent of co-occurring maltreatment types and other PD traits.*

Cluster A PDs are characterized by impaired interest in and capacity for close relationships (APA, 2000). Therefore we hypothesized childhood neglect to be a risk factor for such