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General invalidation and trauma-specific invalidation as predictors of personality and subclinical psychopathology☆

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ABSTRACT

We examined the hypothesized link of general and trauma-specific invalidation to the development of personality traits and subclinical psychopathology. College students' ($N = 248$) self-reports of childhood sexual abuse, perceived invalidation to disclosure of the abuse, and perceived general invalidation by caregivers were used to predict symptoms of anxiety, depression, post-traumatic stress disorder, and borderline, narcissistic, and psychopathic personalities. Hierarchal regression analyses revealed that childhood sexual abuse and general invalidation independently predicted symptoms of anxiety, depression, PTSD, and borderline personality. General invalidation also independently predicted narcissistic and psychopathic personalities. Among a subset of participants who reported at least one instance of abuse ($N = 91$), perceived invalidation to abuse disclosure independently predicted all measured personality and psychopathology constructs, whereas general invalidation did not. These findings suggest that invalidation may play an important role in the development of personality and subclinical psychopathology.

1. General invalidation and trauma-specific invalidation as predictors of personality and subclinical psychopathology

Linehan (1993) defines invalidation as the negating, ignoring, or trivializing of emotions and thoughts by caregivers and highlighted its etiological role in the development of borderline personality disorder. A growing literature indicates that invalidation may play a more ubiquitous role in the emergence of negative intrapersonal and interpersonal outcomes. General invalidation predicts emotional dysregulation, dissatisfaction and dysfunction in romantic relationships, more negative cognitive appraisal processes, interpersonal sensitivity, aggression, poor active coping, as well as psychopathologies such as anxiety, depression, and post-traumatic stress disorder (PTSD) (Selby, Braitwaite, Joiner, & Fincham, 2008; Ullman & Filipas, 2003; Yap et al., 2008). Indeed, research suggests that invalidation is linked to a host of internalizing (e.g., depression, anxiety, and social avoidance) and externalizing symptoms (e.g., impulsivity, rule breaking, and aggression as seen in those with antisocial personality and psychopathy) (Buckholdt, Parra, & Jobe-Shields, 2014), and impedes the healthy development of attachment to others, the self, and emotions, while also impeding the formation of a healthy personality (Zhang & Zhong, 2013).

Along with illuminating the potential importance of invalidation, the literature also suggests that it may be important to differentiate between (a) specific invalidation, which is invalidation that may be anticipated or incurred upon disclosure of a particularly negative event (Peter-Hagene & Ullman, 2014), and (b) general invalidation, which is pervasive, insidious, and chronic invalidation (Linehan, 1993). Both specific and general invalidation can occur independently or jointly; thus, it may be important to consider their potential link to personality and psychopathy in tandem. We found only one study examining both types of invalidation. Specifically, Hong, Ilardi, & Lishner (2011) revealed that both specific invalidation to childhood sexual abuse and general invalidation predicted both self-reported and clinically-assessed borderline personality symptomatology. The study is limited in that it did not examine whether general invalidation and trauma-specific invalidation predicts personality and psychopathology more broadly.

1.1. The present study

There were two primary goals of the present study. The first goal was to determine whether the findings in regard to trauma-specific invalidation, specifically childhood sexual trauma, and borderline personality reported in Hong et al. (2011) could be successfully replicated. The second goal was to examine whether trauma-specific invalidation (along with general invalidation) could predict a broader range of personality characteristics and subclinical psychopathologies. Of particular interests were personality characteristics and psychopathologies sharing theoretical and empirical overlap with borderline personality given the findings from Hong et al. (2011). Borderline, narcissistic, and psychopathic personalities are referred to as the "vulnerable dark triad" because they share a significant number of interpersonal and

☆ All data were collected at the University of Wisconsin Oshkosh.

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intrapersonal difficulties, such as the propensity to manipulate others and poor affect and behavioral control (Bernard, 2014; Miller, Dir, Gentile, Wilson, Pryor, & Campbell, 2010). According to Linehan's (1993) biosocial theory, pervasive invalidation promotes emotion dysregulation, which ultimately undermines development of a cohesive self-identity and enhances behavioral dyscontrol. Such factors might produce common problems underlying borderline, narcissistic, and psychopathic personalities.

Similarly, research suggests significant symptom overlap between borderline personality and anxiety, depression, and PTSD, as well as evidence that individuals with these disorders are more likely to report early sexual trauma experiences compared to individuals with other disorders (Bohus et al., 2013; Fergusson, McLeod, & Horwood, 2013). Due to the overlap with borderline personality in symptom presentation and early experiences, we sought to clarify the potential etiological role of invalidation in these overlapping disorders. We predicted that general and trauma-specific invalidation would positively predict severity of self-reported anxiety, depression, and PTSD, as well as variability in borderline personality, narcissism, and psychopathy

2. Method

2.1. Participants and procedure

All aspects of the study were approved by the university ethics board and all data were gathered by graduate students. Approximately 2000 introductory psychology students from a medium-sized, Midwestern university completed an early trauma and psychopathology screening assessment. Individuals who endorsed early sexual experience (prior to age 13) or the presence of at least two symptoms on a brief screening measure (e.g., presence of suicide attempts, flashbacks, severe anxiety or depression, antisocial behaviors) were invited to participate in the study. Endorsement of any two symptoms from any disorder of interest qualified individuals to participate in the study. The final sample included 248 participants with a possible CSA experience, at least two mental illness symptoms from the disorders of interest, or both. After the informed consent procedure, participants completed a questionnaire package, received a detailed debriefing by a graduate student trained in crisis management about the purpose of the study, and were given research credit for fulfillment of course requirements. The order of the questionnaires was counterbalanced to control for order effects and fatigue.

3. Materials

3.1. Childhood sexual abuse (CSA)

The Sexual Life Experience Questionnaire (SLEQ; Finkelhor, 1993) was used to assess early sexual experiences because it is comprehensive and provides nonbiased instructions to participants. Participants reported on the most memorable sexual experience, selected the activity from a comprehensive list of sexual acts, and indicated the frequency of the act. Due to lack of agreement about the definition of CSA (Haugaard, 2000), we adopted the state's legal definition of CSA: engaging in sexual acts with a child 13 years old or younger by an individual at least 3 years older than the child (Wisconsin Act 406, 2242–2248 U.S.C. § 948.02, 2008). All participants were categorized as to whether they met the CSA criterion (0 = no CSA experience, 1 = at least one CSA experience). Severity of the CSA was rated along a 5-point scale (1 = request to do something sexual, 2 = kissing or hugging in a sexual way or seeing or showing of sexual body parts, 3 = being sexually fondled or fondling another person's genitals or other sexual organs, 4 = performing or receiving oral sex, and 5 = anal or vaginal intercourse).

3.2. Specific invalidation (SI)

Participants reporting a CSA experience completed seven follow-up items to assess specific invalidation at the time of disclosure (e.g., extent to which they were not listened to, not believed, not supported, and not helped by the person to whom they disclosed, the extent to which they felt blamed and betrayed by the person to whom they disclosed the CSA, and the degree to which they perceived the person accepted them during the disclosure experience). For those who did not disclose, specific invalidation was assessed by asking participants to report on the degree to which they anticipated invalidation if they had disclosed their CSA experience. Items were rated along a 5-point scale (1 = Not at all/Almost not at all; 3 = Somewhat/About half the time; 5 = Completely/Almost completely) and responses were averaged to obtain an index measure of specific invalidation (Cronbach's $\alpha = .942$).

3.3. General invalidation (GI)

The 73-item Parental Acceptance and Rejection Questionnaire (PARQ; Gomez & Rohner, 2011) was used to assess general invalidation because of its inclusion of four subscale indexes of relevance to Linehan's (1993) conceptualization of an invalidating environment: (1) perceived lack of warmth and affection, (2) perceived hostility and aggression, (3) perceived indifference and neglect, and (4) perceived undifferentiated rejection. Each item is rated along a 4-point Likert scale (1 = Almost always true; 2 = Sometimes true; 3 = Rarely true; 4 = Almost never true) and responses were averaged to obtain an index measure of general invalidation (Cronbach's $\alpha = .85$).

3.4. Anxiety and depression

Symptoms of anxiety and depression were measured using the Beck Anxiety Inventory (BAI; Beck & Steer, 2015) and the Beck Depression Inventory-II (BDI-II; Beck, Steer, & Brown, 1996). Each scale consists of 21 self-report items rated along a 4-point scale (0 = The symptom does not occur at all or I do not struggle with the symptom at all; 3 = Severely — It bothers me a lot or I struggle with the symptom a lot) and responses were averaged to obtain index measures of anxiety and depression symptoms (Cronbach's αs were .92 and .91, respectively).[1]

3.5. Post-traumatic stress disorder symptomatology (PTSD)

The PTSD Checklist—Civilian Version (PLC; Weathers, Litz, Huska, & Keane, 1994) was used to measure PTSD because of its high reliability among nonclinical undergraduate samples (Conybeare, Behar, Soloman, Newman, & Borkovec, 2012). It consists of 17 items rated along a 5-point Likert scale (1 = Not at all; 3 = Moderately; 5 = Extremely) and respondents rated the degree to which they experienced intrusive thoughts or emotional avoidance. Responses were averaged to obtain an index measure of PTSD symptoms (Cronbach's $\alpha = .91$).

3.6. Borderline personality

Characteristics of borderline personality were measured using the Personality Assessment Inventory—Borderline Features Scale (PAI-BOR) (Morey, 1991). It consists of 24 self-report items rated along a 4-point Likert scale (1 = False; 4 = Very true). Responses were averaged to obtain an index measure of BPD (Cronbach's $\alpha = .89$).

[1] Some participants failed to respond to all items on one or more personality or psychopathology instruments. If item non-response rate for a given instrument was low (i.e., item non-response rate was less that 15%), then the participant's score was determined by averaging across the items for which responses were given. If item non-response for a given instrument was high (i.e., item non-response rate was higher than 85%), then no score for the participant was computed. This approach to computing personality and psychopathology scores is what accounts for the slight difference in degrees of freedom across several of the reported analyses.