

SUBCLINICAL PSYCHOPATHIC TRAITS AND ROMANTIC ATTACHMENT IN TREATMENT-SEEKING COUPLES

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Subclinical psychopathic personality traits have been associated with multiple indicators of couple distress and romantic attachment insecurities but essentially in community samples. This study examined dyadic associations between primary and secondary psychopathy and attachment anxiety and avoidance, assessed with self-reported measures, in 183 French-Canadian cohabiting partners seeking couple therapy. Two Actor-Partner Interdependence Models were tested: Model 1 considered psychopathic traits as independent variables and Model 2 treated attachment insecurities as independent variables. Analyses revealed that in both partners, secondary psychopathy was associated with attachment anxiety and avoidance (Models 1 and 2), while primary psychopathy was not only associated with attachment anxiety (Model 2; actor associations). Partner effects between primary and secondary psychopathy in men and women's attachment anxiety were also found in both models. These findings complement those reported in community samples and have clinical implications for treatment-seeking couples.

INTRODUCTION

Psychopathic personality traits, which refer to deceitfulness, manipulateness, insensibility, and impulsivity, and romantic attachment insecurities, which describe individuals who strongly avoid being close to others or fear to be abandoned, are two constructs frequently used to understand the development of couple difficulties. Recent studies with individuals from the community have shown that these two constructs are neither independent nor interchangeable (Christian, Sellbom, & Wilkinson, 2017; Mack, Hackney, & Pyle, 2011). However, the interinfluence of psychopathic personality traits and attachment in a marital context is understudied. Savard, Brassard, Lussier, and Sabourin (2015) showed that, in community couples, living with a partner who reports psychopathic traits may prevent both partners from forming a secure bond. Yet we do not know whether these results can be generalized to a clinical sample of maritally distressed couples.

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Considering that maladaptive personality traits, such as psychopathy, as well as attachment insecurities (e.g., Gattis, Berns, Simpson, & Christensen, 2004), are strong predictors of couple problems in either partner, it is particularly important to examine whether primary and secondary psychopathic traits impair romantic attachment and if they are differentially related to attachment insecurities in partners experiencing high levels of relational distress. This knowledge could help clinicians to identify specific therapeutic targets focusing on relational or intrapsychic factors or even on behavioral interventions with distressed couples; it could also help them adjust their expectations and those of their clients in regard to treatment prognosis when working with individuals with psychopathic traits and insecure attachment.

Psychopathy

Contemporary conceptualizations of psychopathy, based on Cleckley's (1941) original work and decades of empirical findings, suggest that psychopathy is a dimensional construct, rather than a taxon (i.e., a discrete condition) and identify two distinct but correlated factors. The first dimension, primary psychopathy, refers mainly to interpersonal and affective difficulties and describes people who have superficial charm, grandiosity, lack of guilt, emotional detachment, and manipulative attitudes. The second dimension, secondary psychopathy, portrays individuals engaged in an impulsive and irresponsible lifestyle, who are incapable of long-term goal planning while also showing a strong propensity to antisociality (Hare, 1991; Levenson, Kiehl, & Fitzpatrick, 1995). The existence of subclinical psychopathic traits in community samples is well documented (e.g., Miller & Lynam, 2015), with prevalence rates of global psychopathy reaching 13–30% (Savard, Sabourin, & Lussier, 2006, 2011; Vachon et al., 2013). In a community sample, Coid, Frestone, and Ullrich (2012) found that primary psychopathy (interpersonal and affective dimensions; 9%) was more prevalent than secondary psychopathy (lifestyle and antisocial features; 3.7%), whereas in criminal samples, secondary psychopathy was generally more prevalent (Fanti, Lordos, Sullivan, & Kosson, 2018).

The inability to feel empathy or to form normal attachment with significant others can be especially damaging in the context of romantic relationships (Weiss, Lavner, & Miller, 2018). Individuals with significant subclinical psychopathic traits more often report low intimacy and short-term relationships (Ali & Chamorro-Premuzic, 2010; Jonason, Valentine, Li, & Harbeson, 2011), extradyadic sexual involvement (e.g., Brewer, Hunt, James, & Abell, 2015; Jones & Weiser, 2014), intimate partner violence (Holtzworth-Munroe & Stuart, 1994; Mager, Bresin, & Verona, 2014; Savard et al., 2011), and sexual coercion (Munoz, Khan, & Cordwell, 2011). Studies also indicate that psychopathy is negatively associated with overall romantic relationship satisfaction and commitment (e.g., Jonason, Li, & Czarna, 2013; Savard et al., 2006; Smith et al., 2014), and frequently leads to separation or divorce (Donnellan, Conger, & Bryant, 2004; Weiss et al., 2018). However, the previous studies were mostly conducted on individuals from community samples and, to our knowledge, there is no study assessing psychopathic traits and attachment in both partners from a treatment-seeking couples' sample.

Romantic Attachment

Romantic attachment refers to affectional bonds formed between two adult romantic partners. The notion is based on Bowlby's (1951) about infants' emotional bonds formed with their primary caregivers (Hazan & Shaver, 1987). Early childhood experiences with the caregiving figure structure long-lasting working models of beliefs and expectations about the self and others in relationships. Difficulties in forming a significant bond with a caregiver can lead to the development of negative perceptions of the self or others and, consequently, to insecure attachment. Contemporary conceptualizations of romantic attachment rely on two theoretical dimensions (Brennan, Clark, & Shaver, 1998): anxiety and avoidance. Because they fear abandonment, the main attachment goal of individuals showing high levels of anxiety is to get their partner, when the latter is perceived as unreliable or unsupportive, to pay more attention to their needs and to provide more protection and support. The hyperactivation of their attachment system manifests itself through a strong need to rely on the partner because of a negative model of self; thus, they show high emotionality, proximity seeking, and emotional dependency (Mikulincer & Shaver, 2016). In contrast, individuals high in avoidance have a negative model of others (including the partner), whom they

see as unreliable, and they view emotional intimacy and proximity as dangerous or forbidden. They deactivate their attachment system, suppressing emotions and thoughts about attachment, and they prefer distance, independence, and compulsive self-reliance in close relationships (Mikulincer & Shaver, 2016).

In the context of adult romantic relationships, attachment anxiety and avoidance robustly predict negative relational outcomes, including relationship and sexual dissatisfaction (Brassard, Péloquin, Dupuy, Wright, & Shaver, 2012; Mondor, McDuff, Lussier, & Wright, 2011; Péloquin, Brassard, Lafontaine, & Shaver, 2014), extradyadic sexual involvement, and intimate partner violence (Oka, Sandberg, Bradford, & Brown, 2014; Tougas, Péloquin, & Mondor, 2016). Many researchers have insisted on the idea that because attachment insecurities are related to both partners' emotions and behaviors, the attachment insecurities of both partners should be studied using a dyadic perspective (Mikulincer & Shaver, 2016).

Romantic Attachment and Psychopathic Traits

Attachment and psychopathy are both developmental variables sharing some common genetic (e.g., Johansson et al., 2012; Raby, Cicchetti, Carlson, Egeland, & Collins, 2013) and environmental determinants (e.g., child physical abuse, lack of parental support, and rejection; Bailey & Shelton, 2014; Frodi, Dernevik, Sepa, Philipson, & Bragesjö, 2001; Jonason, Lyons, & Bethell, 2014; Mikulincer & Shaver, 2016). Additionally, empirical studies on the stability of these two constructs from childhood to adulthood show conflicting results. Attachment is commonly identified as moderating the developmental pathways of psychopathic traits in childhood (see Fowles, 2018, for an overview), while recent findings on genetic contributions to the development of psychopathic traits underline their potential moderating effect on attachment variables (e.g., Johansson et al., 2012; Raby et al., 2013). Consistent problematic patterns of affective and interpersonal behaviors (low empathy, low commitment, interpersonal cynicism) characterize both psychopathy and insecure attachment (Christian et al., 2017). Devaluation of attachment bonds is frequently observed in criminals (Nørbech, Crittenden, & Hartmann, 2013; Schimmenti et al., 2014), who display attachment avoidance two to three times more often than is observed in the general population (Frodi et al., 2001). However, the association between attachment anxiety and psychopathy is less consistent in clinical populations.

In adults' community samples, Mack et al. (2011) revealed a significant positive interaction between attachment anxiety and avoidance in predicting high primary psychopathy scores, while high scores on both attachment dimension scales were independently associated with high levels of secondary psychopathic traits. More recently, Christian et al. (2017) showed that meanness and callousness, which define primary psychopathy, displayed small to large positive correlations with attachment avoidance. They also reported that disinhibition and antisociality, which are two components of secondary psychopathy, were consistently associated with attachment insecurities and, more specifically, with anxious attachment. Finally, Christian et al. underlined that the association between primary psychopathy and avoidance is stronger when anxiety is low, and that the association between secondary psychopathy and anxiety is stronger when avoidance is low. These findings support the hypothesis of a negative interaction between attachment dimensions when studying psychopathy.

Far less is known about the joint effect and pathways of psychopathic traits and attachment in the particular context of romantic relationships. To our knowledge, only one cross-sectional study on a community sample of 140 couples has explored these associations (Savard et al., 2015). Adopting the revisionist perspective of attachment (Lewis, Feiring, & Rosenthal, 2000), which implies that attachment representations tend to be modified continuously as individuals experience different types of attachment, stressful, or traumatic relationships across successive periods of development (as opposed to a theoretical prototype perspective, which supports the stability of attachment across life), they assessed the relation of self-reported psychopathy traits on partner-reported attachment insecurities. They found that in men, primary psychopathy was related to their own attachment insecurities and to their female partner's attachment avoidance. However, these associations were not observed in women. Secondary psychopathy in men and women was significantly associated with their own attachment insecurities. Moreover, men's secondary psychopathy was related to their female partner's attachment avoidance, while women's secondary

psychopathy was related to their male partner's attachment anxiety. These findings suggest gender specific associations for both psychopathic dimensions. They also emphasize the importance of conducting more research on the possible negative consequences of psychopathic traits in couples, especially among couples seeking therapy who can suffer from more distress and have their attachment insecurities impacted differently. Such studies will also shed light on similar or different patterns of impacts of psychopathic traits on romantic attachment in clinical versus community samples. In addition, the present study could inform marital as well as individual therapists about the implications of psychopathic traits mixed with insecure attachment and their consequences on the partner or on individuals in a relationship with a psychopathic spouse.

Objectives

This study aims to examine actor-partner associations between primary and secondary psychopathy, and romantic attachment (anxiety and avoidance) for both men and women in a clinical sample of treatment-seeking couples. Given that data on the stability of adult attachment has displayed a mixed picture (Feeney, 2016; Fraley, Vicary, Brumbaugh, & Roisman, 2011; Pincus, Anagnostou, & Anagnostou, 2013) and highlighted that romantic attachment may change when challenged by adverse life events, such as negative relational experiences (Pincus et al., 2013), psychopathic traits were first treated as the independent variables in the present analyses, in line with the revisionist perspective of attachment. Additionally, the prototype perspective was also considered in a second model.

Considering previous findings (Mack et al., 2011; Savard et al., 2015), we first hypothesized an actor association of primary (H1) psychopathic traits with men's and women's self-reported attachment anxiety and avoidance. Second, given that women who score high on primary psychopathy traits, compared to men, are likely to experience personal distress and psychological aggression (Savard et al., 2011) and consequently withdraw from the relation, we hypothesized a partner association of men's primary psychopathy with attachment avoidance in women (H2). Third, because women's primary psychopathy has not been previously associated with romantic attachment in men (Savard et al., 2015), we explored whether there was any partner association between these variables in a treatment-seeking couples sample (Q1). For secondary psychopathy, we hypothesized an actor association of secondary psychopathic traits with men's and women's self-reported attachment anxiety and avoidance (H3). Finally, we also explored whether secondary psychopathy in men and women would be associated with their partner's attachment dimensions (Q2). In line with the prototype perspective and previous results (Christian et al., 2017; Mack et al., 2011), both attachment insecurities dimensions should predict primary and secondary psychopathy (actor associations), but avoidance should strongly predict primary psychopathy (H4), while anxiety should be more strongly associated with secondary psychopathy (H5) in women and men. Finally, we also explored if attachment insecurities contributed to partner's primary or secondary psychopathic traits (Q3).

METHOD

Participants and Procedure

A sample of 186 Caucasian heterosexual married (47.3%) or cohabiting (52.7%) couples seeking couple therapy in a university psychology clinic agreed to take part in the present study, which received research ethics approval from the ethics committee of (Laval University). Some of these couples were physically separated, divorced, or going through legal separation or divorce but were still seeking treatment to resolve relationship issues (2.2%). During the first therapy session, partners were asked individually to fill out a battery of questionnaires and to return them for the next session. The sociodemographic data of the sample are presented in Table 1 as well as marital and personal distress assessed by the Dyadic Adjustment Scale (Spanier, 1976) and the Psychiatric Symptom Inventory (Ilfeld, 1976). Couples had been together for a minimum of five months and for an average of 14 years ($SD = 19.37$ months); and 70% of them were parents, with an average of 1.86 children ($SD = 0.98$).

Measures

The Self-Reported Psychopathy Scale (LSRP; Levenson et al., 1995; French-Canadian version by Savard, Lussier, & Sabourin, 2014) is a 26-item questionnaire measuring subclinical psychopathic traits. This questionnaire assesses primary and secondary psychopathy on two different subscales using a four-point Likert scale (1 = disagree strongly to 4 = agree strongly). The primary psychopathy scale (16 items) evaluates selfish, uncaring, and manipulative attitudes toward others. The secondary psychopathy scale contains 10 items related to impulsivity and self-defeating lifestyle. Between-gender measurement equivalence for the LSRP has been demonstrated (Savard et al., 2014). In the present study, Cronbach's alpha was .78 and .62 for primary and secondary psychopathy in women, and .77 and .75 respectively for primary and secondary psychopathy in men, results which are comparable to those obtained in previous studies (Brinkley, Schmitt, Smith, & Newman, 2001; Levenson et al., 1995; Savard et al., 2014).

The Experiences in Close Relationships Questionnaire (ECR; Brennan et al., 1998; French-Canadian version by Lafontaine & Lussier, 2003) is a 36-item self-report measure assessing both dimensions of romantic attachment anxiety (18 items) and avoidance (18 items) on a Likert scale (1 = disagree strongly to 7 = agree strongly). Exploratory and confirmatory factor analyses strongly supported the bi-dimensional attachment model (Brennan et al., 1998; Lafontaine &

Table 1
Descriptive Sociodemographic and Clinical Data of the Sample

Variables	Total sample <i>N</i> = 372		Men <i>N</i> = 186		Women <i>N</i> = 186	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Educational	369		186		183	
High school or less	157	42.5	90	48.4	67	36.6
Bachelor degree	122	33.1	51	27.4	71	38.8
Master and doctoral degrees	90	24.4	45	24.2	45	24.6
Occupational Status	370		186		184	
Employed	313	84.6	159	85.5	154	83.7
Others	57	15.4	27	14.5	30	16.3
Income	333		168		165	
< \$25 000	54	16.2	20	11.9	34	20.6
\$25 000 to \$54 999	121	36.3	55	32.7	66	40
\$55 000 to \$84 999	104	31.2	55	32.7	49	29.7
\$85 000	54	16.2	38	22.6	16	9.7
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Age	40.36	10.05	41.85	10.10	38.95	9.79
Marital satisfaction ^a	94.86	16.91	97.47	16.06	92.18	17.38
Personal distress ^b	29.47	17.30	25.33	16.45	33.67	17.17
Primary psychopathy	25.21	5.90	26.56	6.05	23.88	5.44
Secondary psychopathy	18.73	4.39	18.47	4.65	19.00	4.11
Attachment anxiety	3.64	.87	3.40	.97	3.87	1.16
Attachment avoidance	2.63	1.09	2.69	.85	2.57	.87

Note. ^aThe marital satisfaction was assessed with the Dyadic Adjustment Scale (Spanier, 1976); a score of 100 or lower indicated clinical marital distress. In our sample, 57.1% of men and 65.4% for women reported marital distress. ^bPersonal distress was assessed with the Psychiatric Symptoms Inventory (Ilfeld, 1976); a score of 30 or higher indicated a significant personal distress. In our sample, 29.6% of men and 48.9% for women reported personal distress.

Lussier, 2003). Between-gender measurement invariance was demonstrated and internal consistency coefficients for the French version were good (reaching .88 for each dimension; Lafontaine & Lussier, 2003). In the present study, Cronbach's alpha was .87 and .85 respectively for attachment anxiety and avoidance for men, and .91 and .87 for women.

Statistical Analyses

Two Actor-Partner Interdependence Models were estimated (APIM; Kenny, Kashy, & Cook, 2006) to examine the associations between each psychopathy dimension (primary and secondary) and attachment anxiety and avoidance, simultaneously in men and women. The first model considered psychopathy as the independent variable and the second model treated attachment as the independent variable. APIM models treat the couple as a unit and assess the interinfluence that members of a dyad have on each other. The model computes both the actor (e.g., the relation between self-reported psychopathy and self-reported attachment anxiety and avoidance) and partner effects (the relation between one's psychopathy and one's partner-reported attachment anxiety and avoidance). For the sake of parsimony and because the sample size would not have allowed sufficient statistical power, we decided not to include the psychological and conjugal distress variables in the model.

APIM analyses were conducted using *Mplus* (Muthén & Muthén, 2012) and models were tested using a maximum likelihood estimation method based on robust standard errors (MLR estimation). APIM analyses were first conducted to test for within-dyad gender differences (distinguishability) using an omnibus analysis described by Kenny et al. (2006). Dyad members might be considered as distinguishable on the basis of their gender, but structural paths may show otherwise. Consequently, we assessed whether gender moderated the observed actor or partner effects. In this analysis, variances for each variable as well as actor and partner effects were constrained to be equal across genders. A significant Satorra-Bentler scaled chi-square statistic (S-B χ^2) indicated that the dyad should be treated as distinguishable (Kenny et al., 2006). In such a model, means and variances of the predictor variables, along with their covariance, are distinct for each member of the dyad (men and women), as well as the intercepts and residual variances of the outcome variables, the residual covariance, and the actor and the partner effects (Olsen & Kenny, 2006). Four fit indices were computed: the Comparative Fit Index (CFI), the Tucker-Lewis Index (TLI), the Root Mean Square Error of Approximation (RMSEA), and the Standardized Root Mean Square Residuals (SRMR). Satisfactory fits were determined using the following criteria: CFI and TLI > 0.95; and RMSEA and SRMR < 0.08 (Hu & Bentler, 1999; Tomarken & Waller, 2003). We also used Bayesian information criterion (BIC) and the Akaike information criteria (AIC) to compare the two APIM models; the model with the lower BIC and AIC indicated better fit to the data (Burnham & Anderson, 2002). The invariance of these models was tested for relationship status (married vs. cohabiting) and union duration.

RESULTS

Descriptive Analyses

Descriptive data of the sample, along with means and standard deviations for all measures are presented in Table 1. Only primary psychopathy, paired $t(359) = 4.42, p < .001, d = 0.47$, and attachment anxiety, paired $t = 4.21, p < .001, d = 0.43$, scores differed significantly between men and women. Men scored higher on primary psychopathy and women scored higher on attachment anxiety. According to Brinkley et al.'s (2001) cut-off scores, 9.4% of men and 5% of women reported clinically elevated psychopathic traits (i.e., LSRP scores of 58 or above); 20.56% of men and 16.67% of women reported moderate psychopathic traits (i.e., LSRP scores of 49–57).

Actor-Partner Interdependence Model of Primary and Secondary Psychopathy on Attachment dimensions

The first APIM analysis tested a model that attempted to predict both partners' attachment insecurities from each partner's primary and secondary psychopathic traits (Figure 1). The dyad was considered distinguishable because variances for men and women were significantly different, S-B $\chi^2(22) = 125.78, p < .001$. The model fitted the data well (CFI = 1.00; TLI = 1.02;

$\chi^2(7) = 6.37, p = .497$; SRMR = 0.041; RMSEA = 0.000, 90% CI = [0.000, 0.088]). For both men and women, a significant actor association was observed between secondary psychopathy only and self-reported attachment anxiety and avoidance, which supports H3 but not H1. Only one partner effect was found, indicating that primary psychopathy in men was related to women-reported attachment anxiety but not avoidance, which disconfirmed our second hypothesis (H2). Regarding our research questions, only a trend was observed underlying a partner association of secondary psychopathy in men with women's attachment anxiety ($p = .08$). This model explained 5% of women' and 19% of men's attachment avoidance and 19% and 14% of variance of women and men's attachment anxiety.

Actor-Partner Interdependence Model of Attachment dimensions on Primary and Secondary Psychopathy

The second model predicted primary and secondary psychopathic traits from actors' and partners' attachment insecurities, considering dyads as distinguishable because variances were significantly different across genders, S-B $\chi^2(22) = 184.27, p < .001$ (Figure 2). Saturated models were first tested and then retested removing nonsignificant covariances from the model to estimate fit indices. The fit of this model was excellent (CFI = 1.00; TLI = 1.042; $\chi^2(6) = 4.15, p = .657$; SRMR = 0.0026; RMSEA = 0.000, 90% CI = [0.000, 0.077]). For men and women, attachment anxiety was positively associated with self-reported primary and secondary psychopathy but attachment avoidance was only linked to secondary psychopathy (H4 disconfirmed and H5 partially supported). Two partner effects were significant for women in whom attachment anxiety was associated to men's primary and secondary psychopathy (Q3). This model explained, respectively, in women and men 6% and 11% of variance of primary psychopathy and 21% and 27% of variance for secondary psychopathy. A chi-square difference test ($\Delta\chi^2(1) = 2.72, p = .809$) based on log likelihood values and scaling correction factors obtained with the MLR estimator indicated no significant difference between Model 1 (AIC = 6234.943; BIC = 6354.296) and Model 2 (AIC = 6234.733; BIC = 6357.311).

Models Invariance for Relationship Status (Married vs. Cohabiting) and Union Duration

Finally, we tested the invariance of these models as a function of the relationship status only (married vs. cohabiting). Union duration was not significantly associated with attachment anxiety or avoidance (all $ps > .05$); therefore, this variable was not included in the models. For the first model (psychopathy as independent variable), the model with, $\chi^2(47) = 92.33, p < .01$, and without constraints, $\chi^2(38) = 87.50, p < .01$, did not differ significantly for either married or cohabiting couples ($\Delta\chi^2(9) = 4.83, p = .849$). Likewise, for the second model (attachment as independent

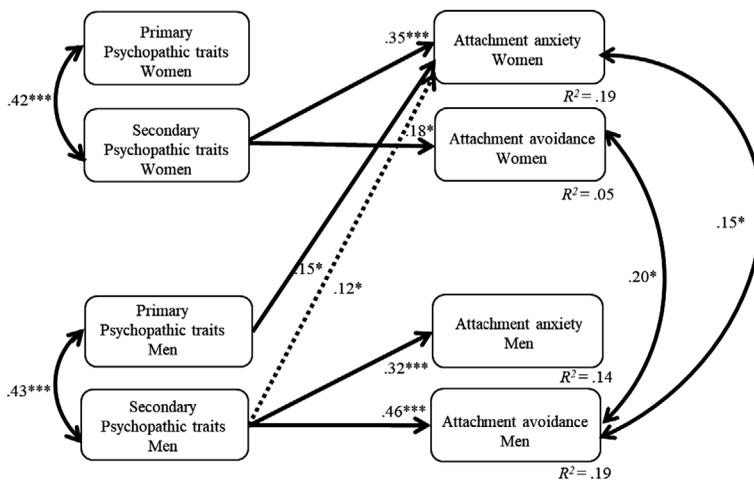


Figure 1. Actor-partner interdependence model of primary and secondary psychopathic traits and attachment anxiety and avoidance. * $p < .05$. *** $p < .001$.

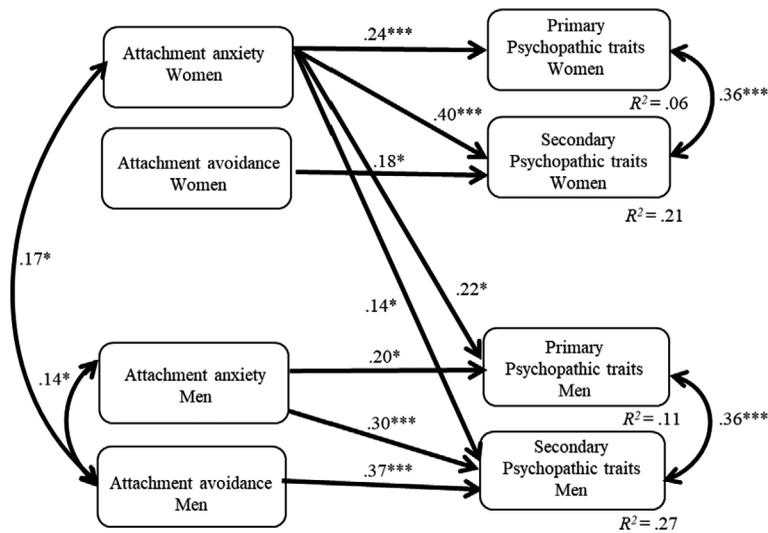


Figure 2. Actor-partner interdependence model of attachment anxiety and avoidance and primary and secondary psychopathic traits. * $p < .05$. *** $p < .001$.

variable), the model with, $\chi^2(48) = 82.86$, $p < .01$, and without constraints, $\chi^2(40) = 77.38$, $p < .01$, did not differ significantly for either married or cohabiting couples ($\Delta\chi^2(8) = 5.48$, $p = .704$).

DISCUSSION

The main purpose of this study was to assess, using a cross-sectional dyadic design, the actor and partner associations between primary and secondary psychopathy traits and attachment insecurities in couples seeking treatment. Two models were tested; first considering psychopathic traits as independent variables (revisionist perspective) and then, treating attachment insecurities as independent variables (prototype perspective). The results replicate previous findings observed with nonclinical couples (Savard et al., 2015) and individuals (Mack et al., 2011; Christian et al., 2017) but also highlight some important distinctions that could deepen our understanding of couples' difficulties and consequently improve interventions with distressed couples. In addition, neither model was superior to the other to offering better fit to the data.

Primary Psychopathic Traits and Romantic Attachment

The first model (psychopathy predicting attachment) indicated no associations between primary psychopathy and attachment anxiety and avoidance (actor effect), either in men or women, whereas in the second model (attachment predicting psychopathy), only attachment anxiety predicted primary psychopathy for both genders. These results partially supported our first hypothesis (H1) and was consistent with previous findings from community samples of individuals and couples (Mack et al., 2011; Savard et al., 2015), but disconfirmed our fourth hypothesis. Contrary to common beliefs, primary psychopathy seems more strongly associated with self-reported attachment anxiety in clinical compared to nonclinical samples, which also displayed intimacy avoidance. High attachment anxiety describes people with anxious-preoccupied attachment style, while simultaneously high attachment anxiety and avoidance in a partner typically suggest a fearful attachment style (Bartholomew & Horowitz, 1991; Brennan et al., 1998). Manipulation, insensibility, and egocentrism could be used as protective strategies to shut off a primitive fear of being abandoned. This result raises the possibility that individuals with psychopathic traits may evidence a set of strong, complex, and integrated defensive mechanisms in interpersonal contexts that can be observed through subclinical psychopathy traits within both clinical and nonclinical samples (Mack et al., 2011; Savard et al., 2015). We can hypothesize that fearful attachment partners,

contrary to anxious-preoccupied ones, are less inclined to consult in psychotherapy. Such a profile would differ from the detached, cold, and predatory psychopathic traits profile observed in forensic samples (Hare, 1991; Meloy, 1992).

This set of defensive strategies related to primary psychopathic traits in interpersonal contexts was observed in individuals from our treatment-seeking sample of couples, but not in women from the general population (Savard et al., 2015). One explanation for this finding is that primary psychopathy, as assessed by the LSRP, refers to general social and sexual strategies adopted mainly by men (Jonason, Li, Webster, & Schmitt, 2009), and that these strategies would only apply to women with extreme manifestations of psychopathy seen in clinical populations (Verona, Bresin, & Patrick, 2013). Subtler behaviors, like manipulative flirting for example, could be used more frequently by women in nonclinical samples, but these behaviors are not captured by the LSRP. Another potential explanation is that the women in Savard et al.'s (2015) sample showed lower levels of attachment insecurities, which could limit the variance in scores.

Individual Primary Psychopathic Traits and Partner's Romantic Attachment

Contrary to what was expected, the first model indicated that primary psychopathy in men was associated with partner's attachment anxiety but not attachment avoidance (H2), whereas in women, primary psychopathy was not linked to men's attachment (Q1; Savard et al., 2015). This suggests that the typical reaction of women paired with men displaying high primary psychopathy is not avoidance, but fears of abandonment and doubting one's lovability. Because primary psychopathy is associated with emotional detachment and social dominance, separation anxiety may prompt the anxious partner to ask for more emotional engagement through the expression of negative emotions and intrusive behaviors. These repeated attempts to reconnect with a detached partner may induce rigid and distressing pursuit-distance couple conflicts that could be addressed in psychotherapy (Mikulincer & Shaver, 2016). As a matter of fact, the second model tended to show this interpersonal interaction where attachment anxiety in women is associated with increased level of primary psychopathic traits in their partner (Q3). As past studies with community couples only revealed the dynamic interplay of primary psychopathy in men and attachment avoidance in women (Savard et al., 2015), the dyadic associations among women's and men's primary psychopathy with their partner's anxious attachment may be specific to treatment-seeking couples or more severely distressed couples. Some couples enter therapy when attachment goals are threatened and when distancing strategies have failed but have not yet resulted in separation or divorce. Individuals with high anxious attachment may show a strong willingness to remain in difficult couple relationships and to seek couple treatment. Incidentally, higher commitment and dependency upon a partner are reasons frequently evoked to maintain a relationship, even when violence occurs (Arriaga, Cappelz, & Daly, 2016). Alternatively, faced with the challenges of chronic emotional detachment, partner anxiety may be expected to increase because attachment needs are not met. In contrast, avoidant partners exposed to their partner's psychopathic traits are probably more tempted to end the relationship than to seek help. These couples would thus be underrepresented in clinical samples.

Secondary Psychopathic Traits and Romantic Attachment

Secondary psychopathy in men and women is also significantly associated with both attachment anxiety and avoidance in the two models tested, supporting our hypothesis (H3 and partially H5). When they evidence higher impulsivity and antisocial traits, irrespective of their clinical status, partners are prone to experience more discomfort in their intimate bond with the romantic attachment figure. This discomfort will be conveyed through the activation of a complex attachment strategy based on increased emotionality and dependency (hyperactivation) but also, simultaneously, on distance-seeking and fears of closeness/intrusiveness (deactivation). This reaction seems also to increase impulsive and antisocial traits in return. The co-occurrence of secondary psychopathic traits and both attachment insecurities dimensions depicts a more general profile of disorganization and dysfunction (fearful avoidant type) that is frequently seen in adults with attachment-related trauma or a history of physical or sexual abuse. These people are more likely to be involved in violent couple relationships and have severe personality disorders (Mikulincer & Shaver, 2016).

Individual Secondary Psychopathic Traits and Partner's Romantic Attachment

Regarding the research questions 2 and 3, no partner effects of secondary psychopathy were found in the first model (except a trend linking men secondary psychopathy to women anxious attachment), while women's anxious attachment was associated with their male partners' higher secondary traits in the second model. This original finding suggests that antisocial tendencies and impulsive behaviors in men may covary with attachment anxiety in the partner. Again, attachment anxiety, expressed through a range of negative feelings (such as suspicious jealousy) and controlling behaviors over the partner (Feeney, 2003, 2016) may explain why partners of impulsive individuals engage in proximity-seeking manoeuvres in order to contain their partner's explosive emotions or deviant tendencies. Another explanation could be that the unpredictability and impulsivity of men with secondary psychopathic traits impair the development of long-term couple projects and a trustworthy and reliable bond. This decrease in common activities and future-oriented projects and the impairment of trust may exacerbate the partner anxiety of those who need to be reassured and feel that the other is committed to the relationship. However, the attempts or strategies used by anxious women seems to increase even more the partner's secondary traits; this is not dissimilar to the pursuit-distance couple conflicts. However, this partner effect was not observed when women showed secondary psychopathy.

Clinical Implications

Romantic attachment proves to be central in understanding and treating distressed couples (Brassard & Johnson, 2016). Systematic screening assessment of attachment should be prioritized in clinical practice, in addition to screening for psychopathic traits, at least to identify more disorganized and dysfunctional individuals with insecure attachment styles. Therapists could thereafter deepen the assessment process for trauma and/or personality disorders to help clarify treatment prognosis and focussing toward specific goals, such as life stability issues, emotion regulation, identity integration, and violent behaviors previous to or during couple therapy.

In comparison to the wealth of studies on attachment theory, there is a lack of research on treatment efficacy for psychopathy, mostly because therapists seem to have a generalized negative prognosis about the treatability of these individuals, with the fear that offering treatment could give them more skills to manipulate others (Seto & Barbaree, 1999). The existing literature, based mainly on offenders' samples, shows that high psychopathic traits are associated with impaired self-control, learning, trust, motivation, and disruptions to the treatment process (Polascheck & Skeem, 2018). Some authors, however, have suggested treating secondary psychopathy traits first to diminish harmful behaviors and because these individuals seem more reliable and motivated (Poythress, Skeem, & Doublas, 2010). Therefore, the reduction of impulsive and antisocial behaviors may be a priority in the first step of couple therapy.

In the context of couple psychotherapy, one of the main stakes would be to establish a working alliance in therapy with these individuals. In line with this specific objective, Emotionally Focused Therapy (EFT; Johnson, 2004) seems an interesting approach because of the emphasis on creating a respectful collaborative alliance. Moreover, one of the main objectives of EFT is to develop empathic concerns about the partner's emotions, with insensitivity considered a central characteristic of psychopathic traits. With well-motivated suffering individuals, the improvement of empathic concerns and abilities could benefit them by diminishing the inadequate behaviors associated with patterns of hyperactivation or deactivation, which could also benefit their partner. However, careful consideration about using EFT with psychopathic individuals should be made; and in severe cases, individual therapy or no treatment could be the treatment of choice, especially when domestic violence previously occurred.

Limitations and Future Research

Some potential limitations need to be addressed. First, the cross-sectional nature of this study does not allow inferring causal relations between psychopathic traits and attachment insecurities. Even if the study considered the revisionist and the prototype perspective of attachment, longitudinal studies are required to truly understand the direction of the relation between those variables and to establish the causal chain of effects by assessing psychopathic traits and attachment over multiple occasions. These studies could examine the long-term impact of these variables on each other, as well

as on relationship quality and stability, and on personal distress. Moreover, the inclusion of psychological and marital distress, as well as traumatic life events and dysfunctional interaction patterns, as potential moderators or mediators should be considered using a large sample of clinical couples.

Second, further research will be needed to determine whether men and women with higher primary psychopathy traits try to reach their attachment goals through specific interpersonal behaviors (i.e., manipulation to obtain reassurance and emotional detachment to induce distance) as compared to men and women with higher secondary psychopathy (i.e., impulsive behaviors, verbal, or psychological aggression; Allison, Bartholomew, Maysless, & Dutton, 2008). But as evidenced by the present study, anxious attachment did not seem to function as a distinctive criterion between primary and secondary psychopathic traits, as proposed by Blackburn (2003) and Frick, Lilienfeld, Ellis, Loney, and Silverthorn (1999). Furthermore, future studies should document the dynamic patterns of interaction in couples where one of the partners shows high primary versus secondary psychopathic traits, taking gender differences into consideration.

Third, our study also excluded couples presenting severe physical violence, which limited the presence of strong psychopathic features in the sample. It is thus not possible to generalize our findings to clinical samples of couples with severe physical violence or strong psychopathic attributes. Fourth, when compared to nonclinical samples, scores on primary psychopathy were significantly lower in this sample. This represents a sampling bias that may be characteristic of individuals seeking therapy. This also could explain the low level of variance explained in the first model. Fifth, Caucasian individuals mainly composed the sample. Despite that it is highly representative of the demographic area where the research took place, further study should take into consideration the ethnicity ratio of their country. Finally, self-assessment measures are limited by informants' honesty and insight. Therefore, the study should be replicated using a cross-informant approach or a clinician judgment method to assess attachment and psychopathic traits (Muris, Merckelbach, Otgaar, & Meijer, 2017). More studies scrutinizing the expression of psychopathy in women may also help identify within-couple gender differences.

CONCLUSION

Notwithstanding the aforementioned limitations, the present study is the first to test the association between psychopathy and attachment in a large sample of treatment-seeking couples. Gender was taken into account using actor-partner analyses to examine potential dyadic dynamics. Moreover, this research adds to the small body of empirical findings showing that psychopathic traits are observed both in community couples and in couples attending couple therapy clinics. These results highlight the clinical relevance of assessing psychopathic traits in partners seeking couple treatment. Distinct patterns of effects for gender emerged for primary and secondary psychopathy and attachment in the present clinical sample. Such findings should also help couple therapists to better understand the consequences, functions, and difficulties associated with psychopathic traits in consulting couples.

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SUPPORTING INFORMATION

Additional Supporting Information may be found in the online version of this article:

Table S1. Pearson Correlations for Men and Women on Psychopathic Personality Traits, Attachment Insecurities, Marital Satisfaction, and Personal Distress