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The Impact of Psychopathy on the Family

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Abstract

Psychopathy is the amalgamation of personality disorder traits associated with criminal and other antisocial behavior. Although current theory postulates that psychopathic individuals do not form lasting bonds with others, this chapter provides ample evidence that psychopathic individuals are highly social and maintain ties over years. Psychopathic individuals have relationships with friends, co-workers, relatives, siblings, parents, romantic partners, and children. These relationships serve their social and material needs. This chapter presents all available studies to date on the friendship, filial, sibling, partnering, and parenting behavior of psychopathic individuals. The impact of psychopathic individuals on organizational and family functioning is also addressed.

Keywords: antisocial personality disorder, psychopathy, coercive control, intimate partner violence, child abuse, intergenerational transmission, parenting

1. Introduction: psychopathy a family problem

The belief that psychopathic individuals do not form lasting bonds with others [1], arguments over nomenclature¹ and lack of research outside of forensic settings have hindered study of psychopathy and the family. Although the connection between psychopathy and crime perpetration is well-documented, rate of victimization of friends and relatives is unknown [2, 3]. Intrafamilial physical, sexual, psychological, and financial abuse is the subject of epidemiologic investigations; however, the connection between familial victimization

¹The term psychopathy is used in this chapter to refer to a disorder that is dimensional. This chapter does not distinguish between ASPD, psychopathy and pathological narcissism beyond discussing the differential impact of PCL-R Factors 1 and 2 symptoms on family members and friends. Lay people most often use the terms “sociopath” or “narcissist” to refer to a person with psychopathy. So-called “narcissists” described by lay people victimize others and manifest the interpersonal behaviors and affective deficits of psychopathy; they may lack a criminal record and closely correspond to the “successful psychopaths” described in the research literature.

and symptoms of psychopathy in perpetrators is not established. If psychopathy is indeed the *Unified Theory of Crime* [4], risk for family and friend victimization likely increases linearly or perhaps exponentially with symptoms of the disorder. Two recent handbooks regarding psychopathy and law have chapters outlining family psychopathy and its legal consequences, but little data are presented in them [5, 6]. None of the most authoritative edited academic books regarding psychopathy published between 2001 and 2015 contains any discussion on the impact of psychopathic individuals on their family members and friends [7–11]. In this chapter, case vignettes and a comprehensive overview of available quantitative and qualitative studies are presented to motivate and provide a framework for further investigation.

Cleckley mentioned the plight of numerous family members in 15 case studies he presented in *The Mask of Sanity* (Table 1) [12]. Although Cleckley’s writing is over 60 years old, descriptions of psychopathic individuals’ relationships have not changed. One recent edited book [13] details the initial evaluation of “Frank” an individual with psychopathic traits. Like Cleckley, the evaluating clinician obtained history from family members when Frank himself was not forthcoming with information. The psychosocial history described Frank’s victimization of family members including his younger brother, maternal aunt, maternal grandparents, two cousins, pets, lifelong friend, and wife. Frank’s case illustrates the extent to which community clinicians rely on family members when evaluating and treating individuals with psychopathy [14]. The impact of psychopathic individuals on family members is thus well known to clinicians who have heard numerous detailed accounts of victimization during history taking. Clinicians are also aware of psychopathy when there is a co-occurring substance use disorder. Co-occurring substance use disorders, gambling, and “sex addiction” place additional stress on the family, above and beyond that caused by psychopathy.

The plight of family members of psychopathic individuals (a predominant theme in 14/15 cases reported in Cleckley’s <i>Mask of Sanity</i>)	
Family relationship	Hardship endured
Parents	Regarding “Walter’s” father, “His grief and shame seemed almost, but not quite too much for him” Regarding “Roberta,” “such conduct of course suggests she might have been deliberately trying to hurt her parents” “Stanley’s” mother is quoted, “...and it’s just killing us, all the things he does”
Siblings	“Jack’s” story, “In time he became an all but unbearable burden on the other members of his family (4 siblings)”
Spouses	Spouses are described in 9 cases, suffering desertion, financial abuse, infidelity and assault (2 cases)
Children	Children are only mentioned in two cases and no details are given regarding parenting behavior

Table 1. Family members in 14/15 cases detailed in Cleckley’s *Mask of Sanity*.

Although epidemiologic data are lacking, it is possible to estimate the scope of the problem of family psychopathy using data from “Frank” and the United States Census as a model. The prevalence of antisocial personality disorder (ASPD) is about 4% of the adult population [15] and severe psychopathy may be 0.06% [16]; there are 219,726,708 adults between 18 and 65 years in the USA [17]. Hence, there are an estimated 8.8 million individuals with ASPD including 1.3 million with severe psychopathy. If Frank is typical of those with moderate psychopathy and each person with ASPD adversely affects eight close others, then the public health problem of psychopathy may impact 70.4 million Americans or nearly a third of the adult population. Given the familial nature of personality and related disorders, many impacted individuals also have their own psychiatric morbidity, and many families are coping with more than one psychopathic individual [18].

2. Psychopathic sons/daughters: coercion starts early

To coerce means to compel or force another to comply. Coercive behavior reflects reactance and a motive to dominate others; it is a tool for obtaining control over resources and other people [19, 20]. Patterson identified “coercive family interactions” that occur in the families of children and teens with the externalizing disorders that are precursors to adult psychopathy. He hypothesized that children learn coercion tactics early in life because such tactics are an effective strategy for the procurement of reinforcers. Strong dominance motivation facilitates learning of coercive tactics because dominant individuals are sensitive to reward [19]. Coercion is associated with negative emotions—trait anger and irritability (these often accompany trait dominance motivation [19]). According to Patterson, “It is the patterned irritable exchanges between the problem child, his mother, and his siblings that define the ‘basic training’ for coercion” [21]. Patterson brilliantly observed that not only is the problem child trained in coercion during these family interactions, but also parents are trained to submit to the child who uses coercive tactics: the externalizing child asks for something; parent refuses, child then escalates his/her demands until the parent submits. The difference between normative and problem children is that the former are not excessively driven to dominate their parents and problem children are not hampered in their demands by the presence of empathy [22]. Because problem children are deficient in (or dissociate from) emotional empathy, they are not concerned that their behavior distresses their parents.

Children’s coercive behavior and lack of rewarding child-parent interaction has negative effects on parents’ attributions and behavior [23]. Parents of problem children are more likely to view the motives of their children as malevolent. Negative parenting behavior results from the impact of the child’s externalizing disorder on the parent; it is not necessarily the sole cause of the problem child’s behavior. Because problem children emotionally drain their parents, they are robbed of the opportunity to learn enjoyment of affection and empathy in their relationships with them. Studies of the causes of psychopathy reveal that genes contribute about half of the risk; the rest of the risk primarily comes from a child’s unique environment [24]. Therefore, the dysfunctional relationships between problem children and their parents are likely to be important to developmental continuity of disorder. Treatment of externalizing

children involves helping parents break the cycle of coercion and negativity, and cultivate affectionate interactions [25, 26].

While some parents of children with externalizing disorders also have psychopathic traits, many do not. These unaffected parents suffer a great deal trying to meet the needs of their disordered children who age to maturity but often are not independent (**Table 1**). Parents continue to give care and may be subjected to parasitism and abuse [12, 14]. In my work, I have interviewed many mothers and fathers who partnered and had children with psychopathic men and women. I discovered that when the children from these relationships develop psychopathy, it becomes impossible for these parents to escape the victimization experience that began with their psychopathic partner. In middle adulthood, they find that the life-energy expended parenting was spent on a child who now preys on others and is unable to assume adult roles. The golden years many dreamt of living, with grandchildren and mature relationships with adult sons and daughters are fraught with loneliness and stress.

3. Psychopathic siblings

Most children in Western countries have at least one sibling, therefore most psychopathic individuals have a sibling [27, 28]. Sibling abuse is the most common form of domestic abuse [29], and sibling sexual abuse is the most common form of familial sexual abuse [30]. Sibling violence reflects risk for violent behavior generally and hence may point to psychopathic traits [31]. Sibling assault leading to injury is linked to psychopathy [31]. Despite these statistics, the impact of children with externalizing disorders on their siblings and the extent to which sibling abuse is associated with morbidity in either perpetrators or victims is not well documented. Patterson [32], and his group described two ways older siblings increase risk for antisocial behavior in younger siblings. First, externalizing children train their siblings in coercion. This training results from both imitation of coercive interactions with parents and from direct practice in coercive behavior during sibling conflict. Second, externalizing siblings recruit their younger brothers and sisters into antisocial activities (**Table 2**) [33].

One study directly examined dyadic interactions between antisocial teens and a same sex sibling, friend, and romantic partner during problem-solving tasks. Negative dyadic interactions included: (a) negative verbal statements (e.g., disapproval) and (b) nonverbal behavior (e.g., negative facial expressions); (c) verbal attacks (e.g., name calling); (d) coercive and ambiguous coercive behavior (e.g., threatening directives that express a demand); (e) requests and ambiguous requests; (f) commands and ambiguous commands (e.g., directives); and (g) physical aggression (e.g., shoving) [34]. These interactions occurred at a relatively high rate, and interestingly, although the teens treated siblings and romantic partners coercively, they were less aggressive toward their friends. The researchers observed a high rate of talking about antisocial activities with siblings. Antisocial talk predicted persistence of antisocial behavior into adulthood. Such verbal exchanges reflect the assumption of an antisocial identity that may be imparted to younger siblings. Dominance relations in adolescent romantic relationships resemble familial relationships more than they do friendships—evidence that schemas of coercion learned in early family interactions are directly transferred to schemas regarding sexual partnerships (see Section 5).

My stepfather sexually molested me when I was eight. My sister who was nine, was also molested; I know because I saw him go to her. We never talked about what happened. When she was 20, I asked her and she denied it then admitted it happened to her when I said I saw him. My father was shot and killed when we were very young. He used drugs and had a bad temper, so someone shot him. My sister was always wild when we were growing up. We fought a lot and there wasn't much affection in my family.

My sister has been sexually promiscuous since her teen years. I never had any friends because if she would find out that I had a friend, she would have sex with that friend's boyfriend. My mother would say I had to stick up for my sister. But, my sister has sex with nearly every man she knows. When she sees a married couple, she wants what they have, so she sleeps with the husband. When he leaves his wife to be with her, she grows tired and drops him. My sister has been with all kinds of men, black, white and Hispanic. She becomes whatever that man is. When she's with a black, she acts black. She's white when she's with a white guy.

I don't think my sister ever uses protection when she has sex, look she had a baby a year ago. I don't know how she can do this to herself...all those men. According to a friend of mine, the men in the town even talk about my sister. They have all had sex with her and think she's good. I left home when I was 16 because my sister convinced me that my mother didn't want me. She often told me that my mother didn't like me. My sister told me a lot of things my mother didn't really say. My sister has two children that I worry about, especially her son who is seven. She switches men every few months, each time there is a new guy she says to her son, "This is your father." Then when she gets tired of the guy, she gets rid of him and her son never sees the man again. She left her son's father when he was in jail. Her son's father has 8 kids and he only cares for two of them. My nephew has problems and my sister just ignores him. She is into her baby now. The baby girl is one. I don't think she knows who the baby's father is. My sister spends all her money on the men in her life, while her children go without clothes and doctor visits. She never pays any of her bills. She has furniture from a rental place she never paid then moved away with the furniture. She doesn't feel she should have to pay any of her bills. She has a job. She keeps it because she lies to her boss and makes her feel sorry for her. She tells everyone that she is a single mother and that she has no family. She is a single mother, but we want to help her. My sister is not sorry for any of the bad things she has done. Instead, she lies to cover things up. It seems she believes her own lies. I can't believe how much my sister lies. She doesn't tell the truth about anything.

My sister is beautiful and very nice. I keep thinking she is a good person, then when I think about the way she treats my nephew, I get mad. She says she doesn't want him, but she won't give him to us. She wants to be in control. I keep thinking that my sister acts this way because she was molested. My mother says she has always been wild and difficult. Even when my father was alive, she was oppositional. I remember she did everything he told her not to do. Although my sister does not steal from my mother, she takes advantage of her. If my mother has a boyfriend, my sister will call him behind my mother's back, and ask him for favors, even if he and my mom aren't that close. Although my sister doesn't admit to having any problems, she blames my mother for everything. My mother never showed us any affection.

Table 2. "Mary" describes life with her sister. This written account was provided by a woman who wanted her story shared to help others. The account is hers and illustrates the familial nature of psychopathy and the plight of those exposed to psychopathy in multiple family members; details were altered to further conceal "Mary's" identity.

4. Psychopathic friends

"An insincere and evil friend is more to be feared than a wild beast; a wild beast may wound your body, but an evil friend will wound your mind."—Buddha

In this discussion, the terms "friend" and "companion" are synonymous such that a friend is a preferred, familiar companion. In my role as professor of psychology and psychopathy researcher, I have been approached by members of the public, students, and staff who have shared their stories of friendship with psychopathic individuals. I am impressed by the level of lasting distress caused by abuse from psychopathic friends. It is not unexpected that psychopathic individuals maintain familial ties that serve their material needs; it is contrary to current theory that many also actively cultivate friendships. Current theory should be amended to account for sociability in psychopathic individuals. Studies by Kosson demonstrate that psychopathy is negatively associated with schizoid personality or a preference for solitary activities [35]. That psychopathic individuals report companions is further evidence for the

idea that they do not prefer to be alone. Although psychopathic individuals may lack “affection,” there is some reward connected to the company of others. If psychopathy produced an indifference to companionship, theory would predict that psychopathic individuals would be loners and that they would be less likely than other offenders to join gangs. The social nature of psychopathy is evidenced by the positive association between gang membership and psychopathy and between gang leadership and the interpersonal features of psychopathy [36, 37]. The interpersonal features of psychopathy are also positively associated with social bonds in prison [38]. If psychopathic individuals are truly devoid of affection, these observations challenge the notion that affection and caring are necessary determinants of human social ties.

4.1. What motivates psychopathic individuals to cultivate friendships?

There are three sources of information regarding psychopathy and friendship: forensic studies, surveys of the general population, and anecdotal accounts. Forensic studies support the social nature of psychopathy indicating that it is associated with co-offending as opposed to solo-offending [39]. Accordingly, psychopathy does not reduce the likelihood of gang membership and gang membership appears to causally relate to callous-unemotional traits [36, 37]. Forensic studies demonstrate the interactive nature of friendship and personality traits. Psychopathy may predispose to the choice of antisocial friends and gang membership and in turn, these associations strengthen the stability of psychopathic personality traits [36]. In college students, DSM 5, Section 111 personality traits associated with ASPD including antagonism, correlate with attempts to be close to others and warm as opposed to cold dominant behavior (as reported by friends) [40]. There is also no negative association between psychopathy and the need to belong in young adults [41]. Community studies of psychopathy in adolescents demonstrate that youth high in psychopathic traits are “as likely as others to have important peers in their lives,” though these friendships may have less temporal stability [42]. Adolescents tend to associate with friends who have similar levels of psychopathy and friends engage in antisocial behavior (including substance abuse) together [39]. Psychopathy is associated with more reciprocated relationships in male adolescents, and does not affect levels of perceived support in relationships. As with adolescents, adults associate with others who have similar levels of psychopathy [43]. In contrast to forensic settings, psychopathy in college settings may not be associated with leadership [44]. Psychopathy is moderately associated with self-reports of not helping friends [31].

In summary, although psychopathy may cause friendships to have less temporal stability, psychopathic individuals seek out companionship and engage in their preferred activities with others. Researchers have labeled such relationships “shallow” and “lacking in depth” because psychopathy is associated with low closeness and reduced helping [31]. That psychopathic individuals cultivate friends to meet their material and companionship needs, receive admiration and attention, and to dominate others is supported by anecdotal accounts [2, 45]. Clinicians and researchers should work to better understand the nature of social reinforcement for psychopathic individuals. Informed application (or deprivation) of social reinforcement has the potential to enhance individual, group, and family therapy for psychopathic adolescents and adults.

4.2. How are friends and friendship affected by psychopathy?

“Friendship does not mean the same thing to them. They’ll use the word love a lot, but they really don’t know what love means. They’ve never properly experienced it” [46]—Adrian Raine, Ph. D.

Individuals with psychopathy seek relationships to meet material and companionship needs. They then abuse and often fail to help others. This dynamic creates difficulties for friends with low levels of psychopathic traits (who have different relationship expectations). I find that such friends are distressed and perplexed by abuse, betrayals, and lack of reciprocity (also noted in [6]). Friends are often very reluctant to sever ties with psychopathic individuals even those who have abused them. This reluctance reflects both effective manipulation on the part of the psychopathic friend and the presence of a social bond. I could not find any research regarding whether psychopathic individuals leave relationships on their own accord or whether relationships are terminated by abused friends. There is also no systematic data available regarding the time and energy psychopathic individuals invest in maintaining their friendships. Anecdotal data from spouses verify that even highly psychopathic individuals do invest energy into friendships [47].

4.3. How is a social network affected by the level of psychopathy in its individual members?

Psychopathic individuals impact their friendship networks in addition to impacting individual friends. There is too little information regarding psychopathic traits and gangs to make definitive statements about the way individual psychopathy impacts the organization of the gang collective. Decker and Curry state that members murder their “brothers” and that gang murders are often related to intra- as opposed to intergang rivalry. They also suggest that gangs are not well organized [48]. Murder of associates and lack of organization could result from psychopathy in gang members. Poor organization could result from the impaired executive function in members related to the lifestyle facet of psychopathy [49]. Non-criminal organizations are also impacted by members’ psychopathy. In corporations, psychopathy is associated with passive leadership [50] and employee dissatisfaction with supervision [51]. Anecdotal evidence suggests that psychopathy is related to corporate crime and organizational dysfunction [52]. The impact of psychopathy on family organization is discussed below. In the family, facets of PCL-R psychopathy have differential effects on functional dynamics.

5. Psychopathy and romantic partnerships

Sexual promiscuity and multiple short-term marital relationships are part of the definition of psychopathy [53, 54]. Psychopathy is associated with a ludic love style and self-reports of uncommitted sex (Table 3) [55]. These symptoms convey the impression that psychopathic individuals easily navigate from one relationship to the next without much investment. Lack of investment and ease of relationship mobility would be consistent with the view that psychopathy is associated with a lack of social bonds. Unfortunately for victims and theories

Studies of Psychopathy and Romantic Relationships			
N	Definition of psychopathic traits	Study Findings	Study Publication year [Reference]
431 (Individuals)	LSRP	Psychopathy associated with low well-being and ill-being. Psychopathy associated with relationship quality measures. Relationship quality measures mediated link between psychopathy and well (ill)-being. Effects stronger for women	2010 [18]
297 (Individuals)	LSRP	Primary psychopathy was positively associated with latent relationship factor. Secondary psychopathy was negatively associated with life satisfaction and intimacy. Psychopathy and sociosexual orientation equally related to commitment	2016 [59]
45 (Couples)	SRP-II	Psychopathy associated with assortative mating and decreased relationship satisfaction in dating couples	2014 [68]
140 (Couples)	LSRP	In men, primary and secondary psychopathy associated with own attachment anxiety and avoidance and partner's attachment anxiety and attachment avoidance Psychopathic traits in women correlated with own and partner's attachment anxiety and avoidance. Assortative mating was for primary psychopathic traits	2015 [69]
140 (Couples)	LSRP	Neuroticism linked to global, primary and secondary psychopathy. Perpetration of psychological aggression linked to global, primary and secondary psychopathy Relationship satisfaction negatively related to secondary psychopathy Assortative mating: primary > global > secondary psychopathic traits	2011 [70]
152 (Couples)	LSRP	Dyadic adjustment related to global and secondary psychopathy in men. Relationship distress at Time 1 associated with increases in men's psychopathy scores a year later (Time 2)	2006 [71]
1805 (Couples)	DSM III-R	Adult antisocial behavior and CD linked to negative dyadic adjustment; effect not fully explained by low constraint	2010 [72]
1255 (Couples)	DSM III-R	Adult antisocial behavior associated with lower cohesion, satisfaction, consensus on important issues and affective expression	2013 [73]
1408 (Couples)	DSM III-R	Assortative mating for CD. History of CD linked to marital discord and decreased family adaptability	2000 [74]
1477 (Couples)	SCL-90 Hostility Subscale, Self-reported behavior	Antisocial behavior moderately associated with relationship conflict	2012 [75]
112 (Couples)	DSM III-R	Men's ASPD predicted physical abuse, partner negative psychological adjustment and reduced marital satisfaction	1999, 2003 [76, 77]

Table 3. Relationship variables, marital adjustment and psychopathic personality traits in available studies to date.

of psychopathy, the behavior of many psychopathic individuals does not comport with this view. A survey of self-help message boards and clinical experience indicates that far more people are distressed by ongoing victimization and psychopathic individuals' refusal to sever ties than by psychopathic partner abandonment [45]. Stalking by psychopathic former partners is also reported [56]. Psychopathic individuals may become vindictive when threatened with abandonment even when they have been unfaithful [6, 57]. If vindictiveness, stalking, and/or refusal to sever ties is connected to a specific variant of psychopathy (perhaps secondary psychopathy), then the relative prevalence of this variant should be determined.

5.1. Do psychopathic individuals cultivate and remain in long-term romantic relationships?

One study of 1805 long-term married couples (average relationship length 19.6 years) found 49 (3%) women and 283 (16%) men reported three or more symptoms of APSD. Anecdotal reports also indicate that psychopathic individuals cultivate long-term romantic partnerships although infidelity is common [45, 47, 58]. Psychopathic individuals often con prospective partners by making misrepresentations regarding core aspects of their lives and identities. They then move the relationship along quickly, seeking early cohabitation and commitment [6, 45, 47, 58]. Partners meet in a variety of settings including through friends, work, place of worship, or school [58]. Passion is high early in the relationship when psychopathic individuals are noted to give material gifts and expressions of love and affection [58, 59]. Contrary to prevailing theory, partners report that even highly psychopathic individuals appear affectionate, especially in the beginning [47]. The beginning phase of the relationship can last several years depending on the circumstance and during this time, abuse is uncommon and the relationship may be harmonious [47]. In retrospect, partners can identify reasons why they were treated well in the beginning. Many say they were used as "cover" and that the psychopathic individual was trying to impress others or appear normal [45, 47, 58]. Others realize the motivation was parasitism. Pregnancy and childbirth are often the turning point where relationships become abusive. Boredom, infidelity, and escalation of substance use or gambling may also trigger partner abuse [60].

5.2. Is there a specific type of person who partners with a highly psychopathic individual?

There is evidence for assortative mating for psychopathic characteristics (see **Tables 3, 6–8**) [61–63]. Assortative mating may contribute significantly to intergenerational transmission [64]. Partner's personality type may be influenced by ACOA status as children of alcoholics may also tend to pair with psychopathic alcoholic individuals [65]. To test the hypothesis that women who partnered with psychopathic men might be temperamentally similar to their partners, the Temperament and Character Inventory was administered to a group of 35 women who were seeking support recovering from abusive relationships with psychopathic men. Narratives regarding the relationship were also collected from the women [58]. In common with psychopathic men, many women in the group had elevated Novelty Seeking scores. This elevation was due to Exploratory Excitability and not Impulsiveness, Extravagance or Disorderliness. In narrative accounts, many described being exhausted by the energy level of

and chaos caused by their former partner. It may be that a certain need for excitement and tolerance for chaos is required by those who remain in a relationship with a highly psychopathic person. As one woman said, "It was the best and worst all rolled into one. I've never loved so much and in the same breath I've never hurt so much. Despite all his horrible qualities, he's still the most exciting person I've ever known (p. 86)." The women also had elevated scores in Reward Dependence, Cooperativeness, and Self-Determination, traits that would tend to facilitate a person remaining in (but also recovering from) an abusive relationship. In this and two other surveys of people seeking to recover from abusive relationships, participants identified their own vulnerabilities, including losses just prior to meeting the psychopathic partner and a history of child abuse or prior sexual assault [45].

5.3. Does psychopathy impact marital quality and relationship satisfaction?

There is little doubt that many psychopathic individuals are highly abusive of partners (see below). Partners who are not subjected to high levels of abuse are often distressed by sexual infidelity and financial concerns. In long-term partnerships, psychopathy is associated with marital dissatisfaction [18]. The Cambridge Study in Delinquent Development examined relationship satisfaction and durability longitudinally in men, some with high PCL-SV scores and criminal involvement. In this study, psychopathy was negatively associated with relationship satisfaction and this was attributable to high scores in the affective facet [66]. However, at age 48, most men were cohabitating with a female partner (82%) and endorsed (88%) "gets on well with female partner." These responses were not significantly associated with either criminality or psychopathy [67].

Twelve studies reveal a consistent negative influence of psychopathy on relationship quality (Table 3) [18, 59, 68–77]. Psychopathy is associated with reduced relationship satisfaction in both dating and cohabitating couples [59, 68]. Studies using the LSRP have found that secondary psychopathy impacts relationship quality more than primary psychopathy. The association between secondary psychopathy and decreased dyadic adjustment is not surprising, given high neuroticism and low conscientiousness in secondary psychopathy [71, 78] and the association between these and poor dyadic adjustment [71, 79]. Primary psychopathy is less robustly associated with low relationship satisfaction. In one study, primary psychopathy predicted a latent factor composed of passion, intimacy, and commitment [59]. Perhaps, individuals high in primary psychopathy are more adept at manipulating partners and using relationships for instrumental purposes [80]. The negative impact of psychopathy on well-being is mediated in part through poor quality of intimate relationships [68]. Turmoil in intimate relationships also predicts increases in self-reported psychopathy over time [71]. Poor parental dyadic adjustment also leads to increases in externalizing symptoms in children [18, 73–76, 81].

5.4. Is psychopathy associated with partner abuse?

Psychopathy underlies community violence including violence toward partners and friends [82]. DSM III-R links ASPD to "spouse or child beating" [54, p. 342]. Psychopathy is associated with intimate partner violence perpetration [83, 84] and intimate partner terrorism [85]. In intimate partner terrorism, all forms of abuse serve the purpose of coercive control of partners

[86–88]. Psychopathic men and women’s use of coercive control with partners is an extension of coercive familial behaviors learned during childhood and adolescence [34]. Learning of coercion occurs through both practice and modeling as witnessing domestic violence is a risk factor for the development of psychopathy [89]. Although some link coercive control to patriarchy [86], case histories of perpetrators suggest psychopathy [86, 90] and women perpetrate coercive control [87, 88]. It is likely that psychopathic personality traits associated with Factor 1 predispose to coercive control and also increase susceptibility to messages regarding patriarchy [91].

The extent to which psychopathy considered dimensionally is responsible for the public health problem of intimate partner violence has not been established. Certainly, the degree of psychopathy that increases risk for violence is far below that required for a categorical diagnosis [52]. In one study, abuse of partners was associated with psychopathy and this association was mediated by low Big Five Agreeableness [92]. Partners of psychopathic individuals endorse all forms of abuse including physical, sexual, psychological, emotional, social, financial, and legal [45]. The repercussions of financial abuse for victims have not been systematically investigated. Anecdotally, financial abuse causes poverty in middle age for people who otherwise would have been financially secure [42]. Interestingly, some highly psychopathic individuals contribute financially to their families [47]. Legal abuse occurs through the criminal court when psychopathic individuals recruit unwitting partners into their crimes and through civil court when partners attempt separation [6, 47]. Some psychopathic individuals are skilled at using the family courts to punish former partners [6, 93]. Social abuse occurs when psychopathic individuals spread rumors (a behavior victims have dubbed “the sociopath’s smear campaign” [94]) or behave in ways that damage their partner’s standing with others.

5.5. Couple therapy in the context of psychopathy

Couples present for couple therapy for reasons that “involve relational matters, such as emotional disengagement and waning commitment, power struggles, problem-solving and communication difficulties, jealousy and extramarital involvements, value and role conflicts, sexual dissatisfaction, and abuse and violence [95]” —all factors expected to be prevalent in the context of psychopathy. Given the association between psychopathy and relationship distress, this disorder is likely common in community couple therapy practice. Current guidelines stipulate that couple therapy not be offered to couples where: (1) the perpetrator of abuse lacks remorse, and does not take full responsibility for the abuse; (2) the perpetrator of abuse has a personality disorder; (3) the victim expresses fear; or (4) there is an ongoing threat of violence [96, 97]. Given that therapists are known not to adequately screen for these contraindications to couple therapy [98, 99], it is reasonable to hypothesize that many couples where these conditions are present do participate in couple therapy.

There are no published studies of couple therapy in the context of psychopathy or ASPD. In a preliminary study [60], 281 people (255 women, 26 men, all heterosexual) reporting relationships with a psychopathic partner (as assessed through DSM 5, Section III symptoms) answered an online survey regarding their experiences in couple therapy.

All participants reported psychological abuse and most reported multiple other forms of abuse including physical, financial, and sexual. Although open-ended survey responses describing relationship and partner characteristics clearly pointed to the presence of psychopathy, disorder was identified by a minority of therapists even when abuse was severe. Sixty-two percent of therapists appeared to participants to lack knowledge of psychopathy. Some therapists were reported to have learned about psychopathy only after interacting with the participant's partner. The combination of DSM 5, Section III Antagonism and Disinhibition symptoms, and therapist knowledge explained 60% of the variance in therapist identification of partner disorder. Therapist detection of partner symptoms was associated with the perceived helpfulness of treatment. One woman stated, "For the first time, someone wasn't manipulated by him to the point of thinking he was the victim instead of me. She called him on his 'red herrings' and got him back on track when he tried to talk about other things to pass the time." Participant responses indicated that couple therapists attempted the same communication exercises with them that are recommended for non-personality disordered couples (Table 4). Abused partners feel invalidated during these exercises that may also place them in danger [100]. Therapists who helped participants understand the nature of their partner's emotional deficits and manipulative behavior were judged most helpful. Only 11% of relationships continued; some therapists assisted participants in exiting the relationship. The responses of survey participants point to a gap in the literature that should be filled by more systematic investigation of community couple therapy practices.

5.6. Individual therapy for recovering partners of psychopathic individuals

At present, there are no evidence-supported interventions for partners or former partners of psychopathic individuals. A survey of 301 people, who had received individual psychotherapy for issues related to a long-term relationship with a psychopathic individual was conducted to determine interventions found most helpful and unhelpful by victims [101]. Also of interest was whether therapists were judged knowledgeable regarding the construct of psychopathy and the problem of psychopathy and the family. A minority of therapists were reported to have knowledge of psychopathy and its impact on the family. Participants reported invalidating responses, unhelpful, and harmful therapy when therapists lacked

Partner descriptions of communication exercises used in couple therapy
<i>We were coached in active listener techniques, seeing the others point of view, using "I" statements and other non-aggressive communication strategies. The result was that my partner got better at communicating in a way that was manipulative, and he got better at making me feel guilty when I expressed the fact that I felt manipulated.</i>
<i>He wanted to soften me up and that was extremely unsafe to me. Using "I feel" was dangerous since husband would use those against me later. We had already been taught this communication years before but husband would never use the tools. Instead of listening to me, counselor would say "well done, you two!" like this was a major breakthrough. HUH? I often would confront him and ask why he was taking husband at face value (since he's a lying manipulator) He would come back with "well, how am I supposed to take him?" Well, maybe like an abuser???</i>

Table 4. Example of open-ended response from two participants who described communication exercises used in couple therapy where partner had psychopathic personality traits.

knowledge of psychopathy. In open-ended and Likert responses, participants stated that understanding their former partner's personality disorder helped them make meaning of their experiences. Effective meaning making reduced self-blame and assisted in overcoming the distorted cognitions imparted to them by their abuser. Traditional approaches to family violence that attribute abuse to patriarchy as opposed to personality disorder may not be well suited for family members of psychopathic individuals. Such approaches do not assist with meaning making and risk of re-victimization related to pairing with another psychopathic individual. Furthermore, men victims of psychopathic partners require therapeutic assistance and do not fit the traditional model of domestic violence [88]. Former partners who share children with a psychopathic parent may not be able to cease having contact with their abuser. They need help learning effective strategies for dealing with the psychopathic co-parent (unfortunately, there are no data on effective strategies to provide them). These parents also need extensive support to provide the kind of nurturing parenting that will mitigate genetic risk for psychopathy [102].

6. Psychopathic parents

Parenting behavior and the family environment caused by psychopathic traits are important in the intergenerational transmission of psychopathy [103]. When I was trained in psychiatry, neglectful parenting behavior was part of the definition of ASPD in DSM III-R (**Table 4**) [54]. We were taught that people with ASPD neglect and abandon their children. In response to my presentations at scientific meetings, colleagues have opined that “psychopaths² [sic] are disinterested in parenting.” Several years ago, I sat in family court observing a custody case regarding a father I knew to be highly psychopathic. The father paid a psychologist to testify on his behalf to rebut the neutral forensic evaluator who had diagnosed psychopathy. The paid expert testified that since this father wanted a relationship with his children, he could not be “a psychopath.” The court transcript quotes the psychologist, “Robert Hare in his book says that psychopaths have no use for, or interest in children³... This man wants a relationship with his children and that is not typical for a psychopath.” This belief may be firmly ingrained in mental health professionals and may be the reason why parenting in relation to psychopathy is understudied. As with romantic partners, the problem of psychopathy and parenting is not abandonment [105]. It is psychopathic parents' motivation to maintain ties with children who they neglect, abuse, and expose to antisocial activities.

6.1. Studies of parenting behavior in people with psychopathic traits

A comprehensive list of studies of paternal [103, 105–115], maternal [116–122], and parental [73, 75, 93, 123–126] behavior in relation to psychopathic traits is provided in **Tables 6–8**. There

²It is not within ethical guidelines to refer to a person by their diagnosis. The use of particular cut points for diagnosis of categorical psychopathy has not been adequately justified.

³Dr. Hare (with whom I shared this story) did not say this in *Without Conscience* [104], nor does he endorse the statement of this psychologist. *Without Conscience* (p. 63) clearly states that psychopathic parents often claim to love their children, even when they neglect and abuse them.

is one large-scale study of parenting and psychopathic traits [123]. Dimensional Psychopathy correlates with reduced closeness, parenting stress, and unhappiness with the parenting role (Table 6). The three parenting studies that examined the correlation between paternal and maternal psychopathic traits found small to moderate correlations [107, 110, 126]. Psychopathy in fathers is associated with abandonment and IPV perpetration, especially in the context of maternal psychopathic features [110, 125, 126]. Outcome for children is worse when antisocial fathers maintain contact [105, 107, 110, 111, 127]. Psychopathic traits are associated with coercive, hostile and neglectful fathering, and low warmth. Paternal psychopathy impacts the structure of children’s lives due to poor marital quality, unstable housing, a chaotic home environment, and poverty [103]. Maternal psychopathy is associated with lower age at first birth [109, 125]. Regardless of age, psychopathic mothers may be abusive and neglectful, and show inappropriately low levels of monitoring and inconsistent discipline; their mothering tends to be hostile, coercive, and shaming with low levels of warmth (Tables 5 and 6). Outcome for children is related to the home environment and parenting practices of psychopathic mothers [117, 119, 120]. There are no studies examining whether there is a dose-effect of exposure to psychopathic mothers as there is with psychopathic fathers with respect to negative outcome.

Anecdotal reports and qualitative studies provide first-hand accounts of the human suffering caused by parental psychopathy [6, 93]. Children and adults describe a confusing combination of loving and abusive experiences; this mix of experiences and the trauma associated with parental psychopathy produces disorganized attachment and dissociation of parental object representations [64, 83]. Children (who often carry genetic risk [105]) may develop internalizing and/or externalizing disorders. Psychopathic parents may select both favorites and targets for abuse from among the children of the family [93]. Favorites are overindulged and provided lax supervision, while targets are subjected to shaming and other abuse [93]. Psychopathic parents may enjoy inducing fear in their children and they may maintain poor sexual boundaries [93]. Psychoticism, defined as unusual beliefs and experiences, eccentricity, and perceptual dysregulation (DSM 5, Section III) is apparent in descriptions of parents provided by adult offspring and former partners [45, 47, 58, 93]; psychoticism manifests in the psychopathic individuals’ distorted worldview. The family takes on “cult-like” characteristics when psychopathic individuals demand that family members endorse their distorted views and unusual beliefs [93].

Parenting behavior diagnostic of antisocial personality disorder (ASPD)
(4) repeatedly fails to honor financial obligations, as indicated by defaulting on debts or failing to provide child support or support other dependents on a regular basis.
(8) if a parent or guardian, lacks ability to function as a responsible parent, as indicated by one or more of the following:
(a) malnutrition of child
(b) child’s illness resulting from lack of minimal hygiene
(c) failure to obtain medical care for a seriously ill child
(d) child’s dependence on neighbors or nonresident relatives for food or shelter
(e) failure to arrange for a caretaker of a young child when parent is away from home
(f) repeated squandering, on personal items, of money required for household necessities

Table 5. Parenting behavior in DSM III-R criteria for antisocial personality disorder.

Studies of Psychopathy and Fathering			
N	Definition of psychopathic traits	Study Findings	Study Publication year [Reference]
478	PCL-SV	Paternal psychopathy linked to unstable employment, unstable housing and substance abuse, and psychopathy in offspring	2015 [103]
34 ASPD+/SD+	SCID II; DSM III-R ASPD	Children of ASPD+/SD+ fathers had higher externalizing and internalizing psychopathology and association with deviant peers than both ASPD-/SD+ and ASPD-/SD-.	2002 [106]
161	SCID II; DSM IV ASPD	ASPD associated with paternal abandonment. ASPD in mother and father correlated.	2001 [107]
20	PSCAN; Partner report	Children exposed to IPV; father abused children by lying to them, ignoring them, failing to provide for them, bullying and terrifying them, breaking promises to them, and destroying their toys	2005 [108]
1116	DSM IV ASPD	"When fathers engaged in high levels of antisocial behavior, the more time they lived with their children, the more conduct problems their children had"	2003 [105]
980	DSM IV CD	CD was associated with earlier age at first birth, IPV, negative parenting practices and DBDs in children	2006 [109]
1626	DSM III-R	Mother and father ASB correlated. Mother ASB negatively correlated with father residence. Father ASB correlated with non-residence. Child behavior problems increased with amount of time with father. "As the length of time that the father was present in the home increased, so too did the strength of the relationship between father and child antisocial behavior"	2008 [110]
230	MMPI-TRI <i>Agreeableness</i> subscale from the NEO-Five factor inventory	Child behavior problems were associated with more time spent with antisocial fathers. Coercive fathering was predicted by antisocial personality features in fathers	2010 [111]
261	ASB	ASB was associated with harsh discipline and low warmth. ASB associated with internalizing and externalizing symptoms that increased with the amount of contact between father and child	2011 [112]
543	ASB	Father-child contact mediates intergenerational continuity of ASB, effect mediated by dysfunctional parenting	2009 [113]
96	Antisocial behavior	Antisocial fathers with alcohol use disorders, family shows less engagement during interactions	2000 [128]
145	PDQ-4 ASPD	Paternal ASPD and Borderline PD traits were correlated; ASPD traits correlated with psychological and physical aggression and predicted children's overall psychosocial impairment and externalizing problems	2014 [13]
8	IPV perpetration	Qualitative study of children's lived experience. Children observed to dissociate. Had difficulty integrating conflicting observations of and feelings toward father. Children felt "trapped in conflict" and responsible for father's "influence"	2015 [14]
66	IPV perpetration	Greater contact with father, more externalizing problems and more exposure to IPV	2016 [15]

Table 6. Parenting behavior and child outcomes for psychopathic fathers.

An examination of the complete quantitative and qualitative literature reveals consistent patterns in the relations between children’s experiences and the construct of parental psychopathy (**Figure 1**). Although most quantitative studies assessed primarily traits related to PCL-R Factor 2, there is sufficient evidence to conclude that Factor 1 traits also impact parenting and determine children’s experience. Pathological lying and the other interpersonal manifestations of psychopathy link to severe emotional and psychological abuse [93]. Invalidation and “gas-lighting” cause children to doubt their own perceptions of reality. Parental alienation (parental attempts to distance the child from a loving co-parent) may be one manifestation of “gas-lighting” [6]. Affective deficits and dominance needs cause parents to enjoy frightening and shaming children. Parents’ affective deficits produce guilt and confusion and impair trust [6, 93]. Lifestyle deficits cause unstable residence, neglect, and poverty [103] (see **Tables 6–8**). Early behavioral problems and juvenile delinquency may be markers for increased genetic risk in children. Criminal behavior and poor behavioral controls cause modeling of antisocial behavior, coercive control and physical abuse. The sexual symptoms of psychopathy cause exposure to multiple (perhaps psychopathic) stepparents, exposure to sexually inappropriate material, and sexual abuse [93].

6.2. Assessment of children and custody recommendations

The clinical literature and the family courts may refer to couples where there is an abusive psychopathic parent and a victimized partner as “high conflict” [75, 128, 129]. Child victims



Figure 1. The relationship between parental psychopathy and children’s lived experience. Symptoms of psychopathy are in the center of the circle, Factor 1 [Interpersonal (INT), Affective (AFF)] symptoms are on the left; Factor 2 [Lifestyle (LIFE), Antisocial (ANT)] are on the right, sexual symptoms are on top. Children’s lived experience is portrayed in Kristen ITC font in the outer circle adjacent to associated facets. Fear and shame are central to the experience of having a psychopathic parent.

Studies of Psychopathy and Mothering			
N	Definition of psychopathic traits	Study Findings	Study Publication Year [Reference]
141	MMPI-2 ASP Scale	Pd scale of MMPI had poor predictive validity with respect to parenting measures. ASP scale antisocial mothers less understanding, more abusive, used shame, and coercion	2014 [123]
1116	DSM IV ASPD	ASPD mothers' home environment poor; chaotic; reduced happiness, reduced stimulation, parenting stress; ASPD mothers had less positive parenting less warmth and more negativity. Child neglect present in 16.2% ASPD only and 33.9% ASPD/Depression	2012 [124]
88	PPI-R; PDQ-4	ASPD symptoms linked to poor monitoring, inconsistent discipline, decreased involvement, boys' CU, impulsive and narcissistic traits	2012 [125]
83	LSRP	Primary and secondary psychopathy associated with parenting dysfunction and child conduct problems	2013 [129]
201	C-DIS-IV (DSM IV)	Maternal ASPD associated with IPV exposure and child DBDs. Maternal ASPD not associated with parenting indices, impact of dysfunctional parenting mediated by IPV exposure and child temperament	2010 [126]
299	Adult Self Report (ASR)	Maternal ASB associated with depression, hostile parenting, and child DBDs	2012 [75]
126	Family Informant Schedule and Criteria (FISC)	Maternal ASB associated with poor monitoring; maternal CD associated with decreased punishment; other parenting variables not associated with either ASB or CD	2013 [93]

Table 7. Parenting behavior and child outcomes for psychopathic mothers.

are conceptualized as being caught up in “parental conflict” rather than in a situation where one parent has the burden of protecting them from abuse [130]. Such terminology conveys the impression that the non-psychopathic victimized co-parent is partly responsible for the family pathology. Although psychopathy in mothers and fathers is correlated, correlations are modest. Professionals involved with the family should therefore assess psychopathy dimensions in both partners using all available data. Evaluators should carefully consider the credibility of information they are given. If psychopathic traits are suspected, evaluators should document the presence of symptoms from all four facets of psychopathy and consider the differential impact of these on the child (**Figure 1**). The presence of mood, anxiety, and substance use disorders in parents should be assessed. Domestic violence including all forms of partner and child abuse should be documented. Clinicians should attempt to classify the family according to whether psychopathy is significant in one or both parents and as to whether abuse is primarily unidirectional. There are sufficient data (**Tables 6–8**) to recommend that if there is a relatively healthy parent, contact with the psychopathic parent should be limited. For further discussion of custody evaluations, see Refs. [5] and [6].

Relatively healthy parents should be referred for treatment of problems associated with any trauma they may have suffered. They should also be counseled regarding the detrimental impact disordered stepparents might have on children. The risk for revictimization by another psychopathic partner should be discussed. There are no data as to the frequency with which

Studies of Psychopathy and Parenting			
N	Definition of psychopathic traits	Study Findings	Study Publication year [Reference]
15,701	Big 5 facets associated with psychopathy	Reduced happiness with the parenting role; reduced closeness; increased stress from children; overwhelmed with role	2014 [123]
145	IPDE-S	ASPD symptoms associated with lower quality responsiveness by mothers and child attempts to engage parent in social interaction. NPD symptoms associated with controlling parenting in both mothers and fathers	2012 [124]
99 mothers 72 fathers	ASB, arrest records and self-report	3-generation study, mother and father ASB correlated; father ASB negatively correlated with contact with child; ASB in mother correlated with younger age of first birth	2012 [125]
1255	DSM-III-R ASPD	Antisocial parents had significantly lower levels of cohesion and satisfaction, lower consensus on important issues, and a lower overall marital quality. Antisocial mothers and fathers dysfunctional parenting; fathers less involved	2013 [128]
489	DSM IV ASPD	ASB in mother and father correlated. ASB correlated with adversity for children, parental neglect, and exposure to violence	2010 [126]
1477	Antisocial behavior	Antisocial mothers and fathers more hostile parenting, these related to child ASB	2012 [75]
9	PCL-R, DSM 5	Qualitative study; psychopathic parents can be granted custody; psychopathy associated with abuse, neglect, exposure to multiple antisocial adults, chaotic home environment, unstable residence, poverty; children report: fear, confusion, shame, and anger; some given false information regarding their identity; children also report positive family experiences and feelings of love and loyalty toward psychopathic parent; family resembles a "cult"	2013 [93]

Table 8. Parenting behavior and child outcomes for psychopathic fathers and mothers.

children are forced to spend time with or are placed by the courts in the custody of abusive psychopathic parents. My clinical experience and anecdotal evidence suggest this may be a serious problem in all Western democracies [93]. Professionals can assist children who have been victimized by recommending to the court that they be given truthful information as they can tolerate it (to counteract pathological lying and gas-lighting). Children may do better if the relatively healthy parent is coached as to how to provide them with direct truthful answers to questions [128] (although some localities have laws that prohibit parents from answering children's questions truthfully [93]). Professionals should be aware of the possibility that if there is a marital separation, children may be jeopardized by a court decision to grant unsupervised parenting time to a psychopathic parent. Circumstances may dictate that a co-parent remain in an abusive relationship to protect (a) young child(ren).

7. Family involvement in the treatment of psychopathy

Studies of families, relationship quality, conflict, and psychopathy show that marital problems and parent child problems worsen symptoms of psychopathy in mothers, fathers, sons, and daughters (Tables 3 and 6–8). Families may thus get caught in a positive feedback loop of worsening relations and psychopathic features. If therapy could reduce conflict and enhance relationship quality, symptoms of psychopathy in family members would likely decline. Evidence supported family therapy for adult psychopathy has not been developed though family therapies for adolescents with externalizing disorders do exist [131]. Studies of family therapy for youth with externalizing disorders should assess parental psychopathy to assess its impact on treatment effectiveness. Psychopathy is known to be a poor prognostic indicator for batterer intervention [132].

Anecdotal reports note that some family members assist psychopathic individuals in evading arrest and capture and others hold them accountable [47, 93]. Forensic experts report that marriage reduces criminal recidivism in psychopathic individuals [133]. In the case of “Frank” mentioned in the Introduction, the treating clinician stated, “Frank’s wife has indicated that she is invested in Frank’s recovery and remains connected to him. Her willingness to support his recovery should be explored. The possibility of a pharmacologic intervention may encourage her to remain supportive, *given her forgiving nature* (p. 190, emphasis added).” There are no studies that assess the relative societal benefit of spousal support in preventing recidivism in the context of detriments to the health and well-being of the marriage partner or children. I did study one case of a wife and mother who endured years of abuse at the hands of her psychopathic husband to protect her daughter and other women from rape. Her relief came only when her husband was convicted and jailed with her assistance [47, 134]. I could not locate a discussion of the ethical issues raised when clinicians encourage spouses and other family members to remain connected to psychopathic individuals.

8. Summary

Psychopathy is clearly a familial disorder and a disorder of the family. Dysfunctional family relationships both worsen and are worsened by psychopathy. The long-standing belief that psychopathic individuals do not form lasting bonds with others has hindered therapeutic progress. While the nature of social reward for highly psychopathic individuals is yet to be determined, they do not prefer to be solitary. Forensic and community studies reveal that most psychopathic individuals maintain social ties over years and that these ties serve their psychological and material needs. Taken in its entirety, the psychopathy literature suggests that dominance reward [19] from both social power and material resource control [20] motivates sociability for highly psychopathic individuals. Couple and family therapy for psychopathy should be studied in the context of disorder severity. Also needed are evidence supported therapies for recovering adult sons and daughters and former partners of psychopathic persons.

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