Tell Me a Story: Uncovering the Relational Roots of Psychopathy Through Narrative and Attachment

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Be Wise, Be Brave, Be Tricky
Neil Gaiman

Chapter 1: Introduction

Opening Context and Rationale

Framing the problem

Psychopathy

While psychopathy is not a clinical diagnosis that is recognized by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), it is widely regarded as a severe personality construct characterized by interpersonal manipulation, emotional detachment, lack of empathy, and chronic antisocial behaviors (Cleckley, 1941; Hare, 1991; Salekin, 2002). As one of the most researched constructs in forensic psychology, psychopathy has been conceptualized as both a clinical condition and a societal concern, given its disproportionate contribution to criminal behavior and interpersonal harm (Reidy et al., 2015; Anderson & Kiehl, 2014).

The modern understanding and assessment of psychopathy are heavily influenced by Cleckley's (1941) classification of distinct traits that frequently co-occur in individuals with intact cognitive faculties, such as general intelligence and memory. Although Cleckley's work shaped the contemporary conceptualization of psychopathy, the term itself was already prevalent in psychiatric discourse before his time. Over two centuries ago, the psychiatrist Philippe Pinel (1806) described this condition as *manie sans délire* ("madness without delirium") (Anderson & Kiehl, 2014). Since then, our understanding and definition of psychopathy have advanced significantly in both complexity and precision. For instance, Hare's Psychopathy Checklist (PCL), now in its revised form (PCL-R), has become the most widely utilized and validated assessment tool for measuring psychopathy in institutionalized populations, including forensic and clinical settings (Hare, 1993). This tool provides a structured method for evaluating the affective, interpersonal, and behavioral characteristics of psychopathy, offering a reliable framework that builds on Cleckley's original conceptualization while addressing the practical needs of contemporary research and practice.

Psychopathic traits are not confined to clinical or forensic populations but can also be observed in the general population. Research indicates that approximately 1–2% of individuals in the general population exhibit elevated levels of psychopathic traits, comparable to those typically seen in forensic samples (Coid et al., 2009; Sethi et al., 2018). These traits include affective and interpersonal characteristics such as callousness, manipulativeness, superficial charm, and a lack of empathy, as well as behavioral tendencies like impulsivity and antisocial conduct. While such individuals may not engage in criminal activities or meet diagnostic criteria for psychopathy, they often manifest these traits in socially acceptable or less overtly harmful ways. For example, psychopathic traits in community samples have been associated with unethical workplace behavior, exploitative interpersonal relationships, and reduced emotional sensitivity (Hare, 1996; Boddy, 2010). This continuum of psychopathy underscores the

importance of studying psychopathic traits in nonclinical populations to understand their prevalence, variation, and impact across different social and occupational contexts. Such research also highlights the utility of dimensional models for conceptualizing psychopathy as existing on a spectrum rather than being confined to extreme cases in forensic settings.

A cornerstone of modern psychopathy research is the two-factor model, which delineates the disorder into two broad dimensions: primary psychopathy and secondary psychopathy (Karpman, 1941; Levenson et al., 1995; Heinzen et al., 2011). Primary psychopathy encompasses the core affective and interpersonal traits of the disorder, such as emotional detachment, callousness, superficial charm, and manipulativeness (what may be considered genetics) (Karpman,1941). These individuals are often emotionally "cold" and exhibit low anxiety, which allows them to engage in calculated behaviors without remorse or guilt (Karpaman, 1941; Blair, 2005). In contrast, secondary psychopathy is characterized by impulsivity, aggression, emotional instability, and greater susceptibility to environmental influences, such as trauma or childhood adversity (Karpman 1941; Skeem et al., 2007; Frick et al., 2013). Secondary psychopathy overlaps with other externalizing disorders, such as borderline personality disorder, due to its emphasis on emotional dysregulation and reactivity (Bonfá-Araujo & Schermer, 2024). Together, these dimensions highlight the heterogeneity within psychopathy, demonstrating that not all individuals with psychopathic traits fit the same clinical profile.

Drawing definitive conclusions about psychological outcomes based on a strict nature-versus-nurture dichotomy has long been tempting. However, the field has advanced considerably, recognizing that psychological outcomes are rarely determined solely by genetics or environmental factors. Instead, these elements interact in complex and dynamic ways, each contributing significantly to developmental trajectories. Psychopathy is a construct that is often applied to adult populations because the label is mainly associated with antisocial deviance. In particular, psychopathy serves as a significant predictor of recidivism, especially violent reoffending, after release from prison (Hart et al., 1988; Porter et al., 2001). Research shows that individuals with psychopathy are approximately three times more likely to re-offend within one year of release compared to non-psychopaths and are four times more likely to commit violent offenses during that time (Hemphill et al., 1998). Longitudinal studies reinforce this trend: 77% of psychopaths commit a violent offense within 10 years of release, compared to only 40% of the general sample in follow-up assessments (Harris et al., 1991; Porter et al., 2009). While psychopathy is most commonly studied in adults, evidence suggests that adult psychopathic traits often stem from conduct problems and behavioral disturbances exhibited earlier in life (Saltaris, 2002; Forth & Burke, 1998). Childhood adversity, including physical neglect and maltreatment, is a significant contributing factor to the development of psychopathic traits in adulthood (Marshall & Cooke, 1999).

Environmental adversities, such as exposure to abuse, neglect, and poverty, exacerbate these developmental vulnerabilities. For example, Kimonis et al. (2008) found that maltreatment during early childhood significantly increased the risk of CU traits, particularly in boys, by

impairing emotional recognition and reducing sensitivity to social cues. Furthermore, deficits in caregiving may undermine the development of neural systems involved in empathy and emotion regulation, such as the amygdala and prefrontal cortex, which are consistently implicated in psychopathy (Blair, 2005). Disruptions in early attachment relationships and failures in emotional regulation during childhood are also considered critical precursors to psychopathy (Saltaris, 2002; Pasalich et al., 2012). According to Bowlby's (1969) attachment theory, secure attachment develops when caregivers are responsive and consistent, fostering trust, emotional security, and self-worth. By contrast, insecure attachment styles—avoidant, anxious, or disorganized—result from neglectful, inconsistent, or abusive caregiving, leading to emotional dysregulation and maladaptive relational patterns (Mikulincer & Shaver, 2012).

The Importance of Integrating Psychological Theories and Diagnostic Tools

Traditional models of psychopathy have focused on observable behaviors like aggression and criminality (Anderson & Kiehl, 2014; Brinkley et al., 2001). However, recent research emphasizes the importance of understanding underlying psychological processes and neurobiological mechanisms driving these behaviors. Psychopathy is characterized by deficient emotional responses, lack of empathy, and poor behavioral controls (Anderson & Kiehl, 2014; Cleckley, 1941; Hare, 1991; Salekin, 2002). Researchers are now exploring the complex interactions between cognitive and affective processes in psychopathy (Baskin-Sommers & Newman, 2012). Various models have been proposed to explain psychopathy, including frontal lobe dysfunction, response set modulation, fear dysfunction, and violence inhibition mechanism hypotheses (Blair, 2005; Anderson & Kiehl, 2014). Increasingly, researchers are recognizing the value of exploring internal mechanisms, such as attachment patterns, internal object representations, and maladaptive schemas, to provide a more nuanced understanding of psychopathy (Saltaris, 2002; Mikulincer & Shaver, 2012).

Integrating psychological theories offers a multidimensional framework for understanding psychopathy. Attachment theory emphasizes the role of early relational experiences in shaping emotional regulation and interpersonal functioning (Bowlby, 1969). Object relations theory focuses on the internalized self-other representations that influence relational behaviors, such as the tendency to view others as exploitable or untrustworthy (Kernberg, 1984). Schema theory adds a cognitive dimension, exploring how maladaptive schemas rooted in childhood experiences distort beliefs, emotions, and behaviors in adulthood (Young et al., 2003). Together, these theories provide a comprehensive lens through which to examine the developmental, relational, and cognitive underpinnings of psychopathy.

Diagnostic tools that align with these theoretical frameworks are crucial for bridging research and clinical practice. Projective measures, such as the Thematic Apperception Test (TAT), are particularly well-suited for examining unconscious processes and internalized representations. Unlike structured questionnaires, which rely on explicit self-reports, projective tests elicit narratives that reflect implicit beliefs, emotions, and relational dynamics (Murray, 1943). These tests are rooted in psychoanalytic theory and are believed to reveal deep aspects of an individual's psyche (Miller, 2015; Matiash & Lunov, 2023). The TAT, in particular, relies on

narrative interpretation and the concept of projection to uncover unconscious content (Miller, 2015; Murray, 1943).

While projective techniques like the TAT have been praised for their ability to provide nuanced and individualized insights, they have also faced criticism regarding their scientific rigor. Concerns about validity, reliability, and inter-rater agreement have been prominent in the literature (Lilienfeld et al., 2000; Matiash & Lunov, 2023). However, advancements in standardized scoring systems, such as the Social Cognition and Object Relations Scale-Global (SCORS-G), have addressed many of these limitations. SCORS-G offers a reliable and systematic framework for analyzing TAT narratives, focusing on dimensions such as the complexity of interpersonal representations, emotional investment, and the realism of self-other perceptions (Stein et al., 2010).

In psychopathy research, the TAT and SCORS-G have been extensively employed to explore developmental pathways and relational dynamics. For example, individuals with psychopathic traits often produce TAT narratives that lack emotional depth, depict distorted perceptions of relationships, or emphasize themes of control and dominance (Bram, 2013). These narrative features align with the affective and interpersonal deficits associated with psychopathy, such as emotional detachment and manipulativeness (Hare, 2003). Moreover, TAT narratives can provide insights into attachment disruptions, maladaptive schemas, and object relations, which are all central to understanding the developmental origins of psychopathy (Pasalich et al., 2012). Despite ongoing debates about their psychometric properties, projective techniques like the TAT remain valuable tools for psychological research and clinical practice. By tapping into unconscious processes and internalized representations, the TAT offers a unique perspective on personality, one that is difficult to achieve through other methods.

Why Attachment Matters

Broad Overview of Attachment Theory

Attachment theory, first introduced by John Bowlby (1969, 1970), is a foundational framework for understanding how early caregiving relationships shape emotional development, self-concept, and interpersonal functioning. The attachment behavioral system involves the development of a relationship between an infant and their caregiver, typically the mother. During times of stress, the infant engages in attachment behaviors such as crying, signaling, or crawling to seek the attention of the caregiver. In response, the caregiver provides comfort, protection, and serves as a secure base, allowing the child to explore their environment with a sense of safety (Ainsworth & Bowlby, 1991). These early interactions and caregiving experiences are internalized and encoded into mental representations known as internal working models (IWMs) (Bowlby 1969, 1970). These IWMs guide the child's expectations of relationships and influence their emotional and social development. Essentially, they function as a mental blueprint, influencing how individuals perceive and navigate relationships, regulate their emotions, and respond to stress across their lifespan.

Further building upon the foundational work of Bowlby, Mary Ainsworth significantly advanced attachment theory through her empirical research and the development of the Strange Situation Procedure. Ainsworth's studies provided crucial insights into the different styles of attachment—secure, avoidant, ambivalent (anxious-resistant), and later disorganized—by observing how infants respond to brief separations and reunions with their caregivers (Ainsworth et al., 1978). Infants classified as part of the secure attachment group displayed a balance between exploration and reliance on their caregiver. They actively explored their surroundings when the caregiver was present, using them as a secure base, but sought comfort and reassurance during moments of distress, such as upon reunion after separation. These infants demonstrated confidence in the caregiver's availability and responsiveness, which supported their ability to regulate emotions and engage in healthy exploration. In contrast, infants in the avoidant attachment group appeared indifferent toward the caregiver, often avoiding contact or ignoring them upon reunion. Despite outwardly appearing self-reliant, these infants were believed to suppress emotional expression as a strategy to cope with inconsistent or emotionally unavailable caregiving. Infants with ambivalent (anxious-resistant) attachment exhibited high levels of distress during separation but displayed conflicting behaviors upon reunion, such as clinging to the caregiver while simultaneously resisting comfort. This pattern reflected uncertainty about the caregiver's reliability, often resulting from inconsistent caregiving. Later, researchers such as Main and Solomon (1990) identified disorganized attachment as a fourth category, characterized by contradictory and disoriented behaviors, such as freezing or fearfulness toward the caregiver. Disorganized attachment often develops in the context of caregiving that is not only inconsistent but also frightening or abusive, leading to profound confusion and difficulty in forming coherent strategies for seeking comfort.

Ainsworth's findings not only validated Bowlby's theoretical claims but also demonstrated how the quality of caregiving influences attachment outcomes. For instance, consistent and responsive caregiving fosters secure attachment, while neglectful, inconsistent, or intrusive caregiving contributes to the development of insecure attachment styles. Ainsworth's work also highlighted the long-term implications of these attachment styles, particularly in shaping emotional regulation, interpersonal relationships, and mental health throughout the individual's life. By refining and operationalizing Bowlby's ideas, Ainsworth's contributions provided the empirical backbone for modern attachment research and its applications in both developmental psychology and clinical practice.

The consequences of attachment disruptions are far-reaching and have profound implications for emotional, social, and psychological development (Bogaerts et al., 2009; Timmerman & Emmelkamp, 2005; Mikulincer & Shaver, 2012). Research consistently demonstrates that insecure attachment styles interfere with the development of key capacities such as empathy, trust, and emotional regulation—critical factors that are notably impaired in individuals with psychopathy (Pasalich et al., 2012). Secure attachment is essential for fostering healthy interpersonal relationships and the ability to understand and respond to others' emotions. Research indicates that individuals with secure attachment styles are more likely to develop

capabilities in exploring interpersonal relationships (Oladiti, 2017). Insecure attachment, however, disrupts these processes, leaving individuals ill-equipped to navigate emotional challenges or establish trust in others. Children raised in caregiving environments marked by emotional neglect, inconsistency, or abuse are particularly vulnerable to these disruptions. Such environments fail to provide the stable, responsive relationships needed for healthy emotional development, often leading to maladaptive defense mechanisms. For instance, children exposed to neglect or rejection may develop emotional detachment as a coping strategy, suppressing their emotional needs to avoid further pain or disappointment (Gruhn & Compas, 2020). Similarly, children in unpredictable or chaotic caregiving situations may adopt manipulativeness as a strategy to gain control over relationships and their environment. While these defenses may serve as temporary adaptive strategies in adverse conditions, they can evolve into long-term relational patterns that are central to psychopathy.

Research suggests that early attachment disruptions and childhood maltreatment can significantly impact the neurobiological systems associated with psychopathy. Studies have shown that individuals with psychopathy exhibit dysfunction in brain regions crucial for emotional processing and decision-making, particularly the amygdala and ventromedial prefrontal cortex (vmPFC) (Blair, 2008; Gao et al., 2009; Raine, 2013). These neural abnormalities are linked to deficits in stimulus-reinforcement associations, emotional expression processing, and reinforcement expectancies (Blair, 2008). Early adverse experiences may alter the neurobiology of the stress response, potentially shaping brain regions that mediate stress and emotion (Daversa, 2010). This can lead to a blunted stress response and contribute to the affective deficits observed in psychopathy. The disorder is characterized by emotional deficits, reduced empathy, and an increased risk for antisocial behavior, which may have neurodevelopmental origins (Blair, 2013; Gao et al., 2009).

Attachment disruptions in childhood not only hinder the development of empathy, trust, and emotional regulation but also lay the foundation for the emotional detachment, interpersonal manipulation, and relational instability characteristic of psychopathy. By understanding the role of attachment in psychopathy's developmental pathways, researchers and clinicians can better identify early risk factors and design interventions to address these vulnerabilities before they solidify into long-term maladaptive traits.

Fraley's Dynamic Model of Attachment

While Bowlby's original theory emphasized the enduring impact of early caregiving experiences, modern attachment research has expanded to include the dynamic and context-dependent nature of attachment styles. Fraley et al. (2000) proposed a two-dimensional model of attachment that conceptualizes attachment styles along two continuous axes: attachment anxiety and attachment avoidance, known as the Experiences in Close Relationships–Revised. Unlike categorical approaches, which classify individuals into fixed styles (secure, avoidant, or anxious), Fraley's model allows for a more nuanced understanding of individual differences in attachment.

The first dimension, attachment avoidance, is characterized by discomfort with intimacy, distrust of others, and a preference for emotional independence. Avoidant individuals often suppress their emotions and devalue the importance of relationships as a defense mechanism to protect themselves from potential rejection or vulnerability (Fraley et al., 2000; Mikulincer & Shaver, 2017). Longitudinal research indicates that avoidant attachment patterns persist across adulthood, resulting in less satisfying relationships and consistent behavioral characteristics such as interpersonal distance and defensiveness (Klohnen & Bera, 1998). This style is rooted in IWMs that portray others as unreliable or intrusive, reinforcing their reliance on self-sufficiency. Behaviorally, avoidant individuals may appear emotionally distant, reluctant to seek support, and dismissive of others' emotional needs, particularly in close relationships (Bartholomew & Horowitz, 1991).

The second dimension, attachment anxiety, reflects an intense fear of abandonment, hypervigilance to relational threats, and challenges in emotional regulation. Individuals with high attachment anxiety often seek excessive reassurance and display clingy or dependent behaviors due to their heightened sensitivity to perceived rejection (Mikulincer & Shaver, 2007). Their need for constant closeness and affirmation can lead them to become preoccupied with relationship dynamics, interpreting even minor signs of disconnection as evidence of impending rejection or abandonment. Their IWMs of others are ambivalent, viewing people as both desirable for closeness and unreliable, creating a push-pull dynamic in relationships, where they may oscillate between seeking closeness and distancing themselves out of fear of vulnerability or emotional pain. Emotionally, anxiously attached individuals frequently experience worry, jealousy, and preoccupation with the stability of their relationships, leading to heightened relational conflict (Fraley et al., 2000; Collins & Read, 1990).

A key feature of Fraley's model is its recognition that attachment styles are not fixed or static but rather dynamic and capable of change. Early caregiving relationships establish a foundation for attachment, but new relational experiences or significant life events can shift attachment orientations. For example, a securely attached individual may develop anxious tendencies after a traumatic relationship, such as experiencing infidelity or parental divorce. Conversely, an individual with an insecure attachment style may become more secure in a stable, supportive partnership (Fraley et al., 2000; Mikulincer & Shaver, 2017). These changes highlight the adaptability of IWMs, which can be reshaped by new relational contexts. This dynamic framework also allows for variability in attachment behaviors across different relationships. An individual may exhibit avoidant tendencies in one relationship while demonstrating anxious behaviors in another, depending on the specific dynamics and level of perceived threat in each context (Fraley et al., 2000). This flexibility underscores the importance of examining attachment styles as relationally and situationally dependent rather than as rigid personality traits. Fraley's model also accommodates variability in attachment behaviors across different relationships. Attachment behaviors are not uniform across all interpersonal interactions, meaning that individuals may exhibit different attachment tendencies depending on the relational context (Fraley & Roisman, 2018). For example, an individual with avoidant attachment may

show avoidant behaviors in one relationship but may demonstrate more anxious behaviors in another, particularly if the dynamics of the relationship trigger feelings of insecurity or fear of abandonment. This variability is influenced by the specific relational dynamics and the level of perceived threat in each relationship. An avoidant individual may feel more secure in a relationship with a non-threatening partner, but experience greater anxiety if their partner exhibits behaviors that trigger feelings of rejection or unpredictability (Fraley et al., 2000; Simpson et al., 2007; Morrison & Schrodt, 2016). This underscores the importance of viewing attachment styles as relationally dependent, with attachment behaviors shifting in response to changes in the partner's behavior or the emotional climate of the relationship

Fraley's dimensional approach provides valuable insights into the role of attachment in personality development, particularly in relation to psychopathy. Attachment avoidance has been closely associated with traits of primary psychopathy, such as emotional detachment, manipulativeness, and a lack of empathy (Conradi et al., 2015; Kyranides et al., 2023). Avoidant individuals prioritize emotional independence and often suppress emotional needs, fostering interpersonal coldness and a transactional view of relationships (van der Zouwen et al., 2018). On the other hand, attachment anxiety is more commonly linked to secondary psychopathy, which is characterized by emotional instability, impulsivity, and heightened reactivity (Conradi et al., 2015). Anxiously attached individuals often struggle with emotional regulation, exhibiting volatile and aggressive behaviors when faced with relational stress or perceived rejection. These behaviors are consistent with the emotional dysregulation and impulsivity characteristic of secondary psychopathy (Saltaris, 2002). Their heightened sensitivity to relational threats can lead to intense emotional outbursts and difficulty maintaining stable, healthy relationships, contributing to the interpersonal chaos seen in individuals with secondary psychopathy.

Research further highlights how early attachment disruptions contribute to these patterns. Neglectful caregiving may foster high avoidance, leading to detachment and distrust, while inconsistent or emotionally chaotic caregiving environments may result in high anxiety, amplifying emotional volatility (Mikulincer & Shaver, 2017). These attachment dimensions provide a framework for understanding how relational experiences influence the emotional and behavioral traits associated with psychopathy. Fraley's dynamic model of attachment advances our understanding of attachment as a fluid, multidimensional construct. By moving beyond rigid categories to a more flexible framework, this model captures the complexities of attachment-related behaviors, emotions, and interpersonal dynamics. It underscores the interplay between early caregiving experiences and ongoing relational contexts, providing a robust framework for exploring personality development and psychopathology. This approach is particularly valuable for examining traits like emotional detachment, impulsivity, and relational instability, offering key insights into the developmental pathways of psychopathy and other personality constructs.

Attachment's Role in Psychopathy Development

Attachment theory offers a powerful lens through which to understand the developmental origins of psychopathy, Rooted in early caregiving environments, attachment relationships plays a central role in shaping affect regulation, empathy, and interpersonal functioning, which are all domains that are disrupted in psychopathy (Sroufe, 2005; Slavković 2020; Siegal, 2012). Secure attachment, formed through consistent, sensitive caregiving, supports the development of internal IWMs that promote relational trust, emotional stability, and social competence. In contrast, disruptions in early attachment relationships, especially those involving neglect, inconsistency, or unresponsiveness, can undermine these developmental processes and contribute to enduring vulnerabilities.

Neurodevelopmental research underscores the foundational role of attachment in early brain development. The right hemisphere of the brain, which is dominant in infancy and early childhood, is deeply involved in emotion regulation, nonverbal communication, and social bonding (Siegel, 2012; Schore, 2000). It mediates the infant's capacity to perceive and respond to caregivers' emotional states, a process essential for establishing secure attachment and internalizing affective regulation strategies (Schore, 2003). When these early interactions are disrupted, the child may develop compensatory patterns of emotional suppression or hyperactivation that persist into adulthood. Distinct attachment styles have been shown to correspond with specific psychopathic traits. Individuals with avoidant attachment, who downregulate attachment needs, suppress emotional expression, and exhibit discomfort with intimacy, demonstrate greater prefrontal and anterior cingulate activation when exposed to negative social stimuli. This pattern suggests a reliance on cognitive control over emotional processing, indicative of inefficient or effortful emotional regulation (Gillath et al., 2005; Vrtička et al., 2012). These traits align closely with the interpersonal coldness, superficial charm, and emotional detachment associated with primary psychopathy, which is characterized by low empathy, shallow affect, and manipulativeness (van der Zouwen et al., 2018; Mayer et al., 2019). Avoidantly attached individuals may maintain relational distance as a defensive strategy, mirroring the calculated interpersonal style often observed in primary psychopathy (Papagathonikou, 2020). Conversely, secondary psychopathy, defined by emotional volatility, impulsivity, and reactive aggression, is more strongly associated with anxious attachment. Anxiously attached individuals are preoccupied with fears of abandonment, experience heightened emotional arousal, and struggle with self-regulation in close relationships (Unrau & Morry, 2017; Mayer et al., 2019). This hyperactivation of the attachment system often results in exaggerated emotional responses, unstable relationships, and difficulty managing distress, behavioral patterns that mirror the affective instability and impulsivity of secondary psychopathy. Neuroimaging studies support this connection, showing that anxiously attached individuals exhibit heightened amygdala activity in response to threatening or ambiguous social cues, reflecting increased sensitivity to interpersonal stress (Vrtička et al., 2012).

Importantly, while insecure attachment is not inherently pathological, it significantly increases the risk for psychological maladjustment when combined with temperamental

vulnerability or environmental adversity. These early attachment-based disruptions can impair core processes, such as emotional regulation, social cognition, and the capacity for empathy, that are foundational to healthy personality development. Over time, such impairments may contribute to maladaptive relational strategies, affective dysregulation, and a diminished capacity for moral reasoning—characteristics that lie at the heart of psychopathy (Siegel, 2012; Mikulincer & Shaver, 2016).

In summary, understanding the developmental pathways that link attachment insecurity to psychopathic traits enhances our grasp of psychopathy not merely as a fixed personality disorder, but as the outcome of early relational failures that shape neural, emotional, and interpersonal functioning. This attachment-based perspective provides a foundation for conceptualizing psychopathy as a multifaceted, developmentally rooted phenomenon—one shaped by disruptions in caregiving and emotional attunement, and one that may follow distinct trajectories depending on the nature of the attachment disturbance. In the next section, this developmental framework will be further explored through its connection to emerging dimensional models of personality pathology, particularly the Alternative Model for Personality Disorders (AMPD), which expands upon how affective, interpersonal, and self-related impairments evolve from these early vulnerabilities.

Personality Disorders and Their Assessments

Shifting Perspectives on Personality Disorders

Limitations of Traditional Personality Models

The understanding and classification of personality disorders have undergone significant changes over the past decades. Traditional models of disorders are conceptualized through categorical frameworks, such as those outlined in the DSM-5. Rigid diagnostic criteria categorize disorders in the DSM, however, this approach has faced some criticism for its inability to capture the complexity and variability of personality disorders (Skodol et al., 2011). One major limitation of the categorical model is its reliance on an arbitrary threshold to determine diagnoses. The threshold approach allows individuals with varying symptom presentations to receive the same diagnosis or no diagnosis at all (Skodol et al., 2011). Moreover, the categorical framework tends to overlook the dimensional nature of personality traits, which range from adaptive to maladaptive. Traits such as impulsivity, emotional instability, or antagonism are not unique to a single personality disorder but can manifest across multiple conditions at varying levels of severity. For instance, impulsivity is a feature of both borderline personality disorder (BPD) and antisocial personality disorder (ASPD), while emotional detachment may be seen in both schizoid and psychopathic personality types. This overlap between disorders further complicates accurate diagnosis and fails to capture the developmental and environmental factors that influence personality pathology (Krueger et al., 2011). Furthermore, categorical models fail to incorporate relational contexts and developmental

trajectories underlying personality disorders. Early attachment experiences and social interactions play a role in shaping feelings and behavior.

In response to these limitations, the Alternative Model for Personality Disorders (AMPD) was introduced in the DSM-5 Section III as a dimensional framework for understanding and diagnosing personality disorders. The AMPD offers a more nuanced and flexible approach by emphasizing core impairments in personality functioning and assessing personality pathology through maladaptive trait domains (Krueger et al., 2011).

The Alternative Model for Personality Disorders (AMPD)

The Alternative Model for Personality Disorder (AMPD) represents a shift in the conceptualization of personality disorders by integrating dimensional trait assessment with a focus on impairments in core aspects of personality functioning. The model reflects the growing consensus that personality pathology exists on a spectrum and is rooted in disruptions to basic psychological processes, such as identity formation, emotional regulation, and social functioning (Skodol et al., 2011; Krueger et al., 2011). The AMPD emphasizes core impairments in self and interpersonal functioning as the foundation of personality disorders (Pincus et al., 2020). This model consists of two components: Criterion A, which assesses the level of personality functioning, and Criterion B, which evaluates maladaptive personality traits (Widiger & McCabe, 2020).

Criterion A evaluates the severity of impairments in personality functioning across two domains: self-functioning and interpersonal functioning (Pincus et al., 2020. This model distinguishes the severity of personality pathology from other forms of psychopathology and integrates personality structure and processes (Pincus et al., 2020). The Level of Personality Functioning Scale (LPFS) represents Criterion A, evaluates self and interpersonal impairments along a single severity continuum (Morey et al., 2022). Criterion B evaluates maladaptive personality traits, which are grouped into five broad domains, each representing a dimension of pathological personality functioning. Within each domain, there are 25 specific trait facets (Krueger et al., 2011). The integration of Criterion A and Criterion B provides a multifaceted understanding of personality disorders, recognizing that both the severity of core impairments and the specific maladaptive traits contribute to the individual's overall pathology. Additionally, the AMPD framework highlights the developmental and environmental contexts that contribute to personality pathology. It recognizes that early relational experiences, such as insecure attachment or trauma, play a critical role in shaping impairments in identity, empathy, and interpersonal functioning.

Connecting Attachment and Personality Disorders

Attachment as a Predictor of Personality Disorder

Attachment theory provides an essential framework for understanding the early relational and emotional experiences that shape personality development. These early experiences form

IWMs of self and others, which guide individuals' expectations, behaviors, and emotional responses in relationships throughout their lives. When these early attachment experiences are disrupted, due to neglect, inconsistency, or trauma, they can lead to insecure attachment styles that serve as precursors to personality pathology (Levy et al., 2015).

Research increasingly supports the role of attachment insecurity in predicting variation across the different domains seen in AMPD (Hengartner et al., 2015). For example, avoidant attachment is consistently associated with antagonism and detachment (Mikulincer & Shaver, 2016; Wright et al., 2012). Avoidantly attached individuals tend to minimize emotional needs and suppress affective expression, which can manifest as aloofness, interpersonal exploitation, and a lack of empathy—hallmarks of detachment and antagonism within the AMPD framework (Bartholomew & Horowitz, 1991). In contrast, anxious attachment, which involves fear of abandonment, hypervigilance to relational threats, and heightened emotional reactivity, is strongly predictive of traits of the negative affectivity and disinhibition domains (Mikulincer & Shaver, 2016; Malouff et al., 2009). Individuals with high attachment anxiety are more likely to experience mood instability, impulsivity, and low frustration tolerance—traits that increase vulnerability to mood disorders and borderline personality features (Levy et al., 2005; Meyer et al., 2001). These individuals often employ hyperactivating strategies that amplify distress and undermine effective coping, contributing to erratic interpersonal functioning and poor emotional control (Shaver & Mikulincer, 2007; Cassidy & Shaver, 2016).

Of particular importance is disorganized attachment, a style that arises in early caregiving contexts marked by fear, trauma, or the caregiver's simultaneous role as both a source of comfort and threat. Disorganized attachment lacks a consistent strategy for seeking safety and managing emotional distress and has been identified as a powerful predictor of severe psychopathology in later life (Lyons-Ruth & Jacobvitz, 2008; Carlson et al., 2009). Children with disorganized attachment are more likely to develop fragmented self-representations, affective dysregulation, and maladaptive relational schemas, which increase the likelihood of borderline and antisocial personality traits in adolescence and adulthood (Fonagy & Luyten, 2009; Allen, 2018). This attachment style is particularly associated with high levels of emotional instability, impulsivity, interpersonal chaos, and identity diffusion—features that map onto multiple AMPD domains and reflect profound dysfunction in both self and interpersonal realms (Hopwood et al., 2012). Empirical studies confirm these links. For instance, Bender et al. (2011) found that insecure attachment styles accounted for significant variance in personality disorder symptoms across a large clinical sample. Similarly, Meyer et al. (2001) reported that individuals with insecure and unresolved attachment histories displayed elevated scores in all major dimensions of personality pathology, especially those involving emotional dysregulation and interpersonal antagonism.

Psychopathy's Place in Personality Pathology

Although psychopathy is not formally recognized as a personality disorder within DSM-5's Section II categorical framework, its characteristics are well-captured by the AMPD trait dimensions. The two-factor model of psychopathy—distinguishing between primary

psychopathy (affective-interpersonal traits) and secondary psychopathy (impulsive-behavioral traits)—maps closely onto AMPD constructs (Patrick et al., 2009).

Primary psychopathy, marked by superficial charm, lack of empathy, manipulativeness, and shallow affect, aligns with the antagonism and detachment domains. These individuals often present with inflated self-appraisal, reduced capacity for guilt or remorse, and exploitative interpersonal behaviors, which are traits that correspond with impairments in both empathy and intimacy, as outlined in the AMPD's interpersonal functioning criteria (Krueger et al., 2011; Sellbom & Phillips, 2012). Moreover, primary psychopathy shares conceptual overlap with avoidant and dismissing attachment styles, as both involve emotional deactivation, defensive distancing, and affective constriction (Papagathonikou, 2020; van der Zouwen et al., 2018). Secondary psychopathy, on the other hand, is characterized by emotional instability, impulsivity, reactive aggression, and poor behavioral control—traits that closely resemble the disinhibition and negative affectivity domains in the AMPD (Krueger et al., 2011). Individuals high in secondary psychopathy often have histories of trauma, inconsistent caregiving, and unresolved attachment issues, leading to high emotional reactivity and difficulties in maintaining stable relationships (Skeem et al., 2003; Unrau & Morry, 2017). These individuals frequently display behaviors consistent with anxious or disorganized attachment, including erratic interpersonal behavior, dependence mixed with mistrust, and dysregulated affective states.

Multiple studies have confirmed the correspondence between psychopathy and AMPD trait profiles. For example, Anderson et al. (2021) found that primary psychopathy was positively associated with antagonism and detachment, while secondary psychopathy was strongly linked to disinhibition and negative affectivity. Similarly, Gore and Widiger (2013) reported that psychopathy-related traits could be reliably captured using the AMPD's trait dimensions, reinforcing the model's utility in capturing the heterogeneity of psychopathic profiles. When viewed through the lens of attachment theory, this integration becomes even more compelling. The emotional detachment and manipulativeness of primary psychopathy reflect the relational distancing strategies of avoidant attachment, while the volatility and impulsivity of secondary psychopathy mirror the dysregulated patterns of anxious and disorganized attachment. This convergence across developmental theory and personality models underscores the importance of early relational environments in shaping psychopathic traits and highlights the potential of attachment-informed frameworks for understanding and addressing personality pathology.

Projective Testing and Its Application to Attachment

Overview of Projective Testing

Definition and Theoretical Basis

Projective testing is a psychological assessment approach rooted in psychodynamic theories, which posits that individuals project their unconscious thoughts, emotions, and relational patterns onto ambiguous stimuli (Eby, 2021). By analyzing these projections, clinicians

and researchers can gain insight into the individual's implicit cognitive processes, internal conflicts, and personality structure, which might not be accessible through structured or self-report assessments.

The origins of projective testing can be traced back to Freudian psychoanalysis, specifically the concepts of projection, unconscious drives, and defense mechanisms (Auerbach, 1999). Freud's early work suggested that unconscious material influences behavior, shaping emotional responses and interpersonal interactions (Eagle, 2013). Ego psychology, a later development within psychoanalysis, further emphasized how individuals regulate their impulses and adapt to their social environment, laying the groundwork for projective methodologies. Common projective techniques include the Rorschach Inkblot Test, Thematic Apperception Test (TAT), and drawing tests (Eby, 2021). Despite their long standing use, projective methods have been subject to controversy and debate. Critics argue that these assessments lack empirical validity, as scoring systems and interpretations can be highly subjective (Lilienfeld et al., 2000). However, supporters state that projective techniques provide rich, qualitative data that can uncover deeper psychological material not easily captured by structured tests (Eby, 2021). In particular, projective assessments are valuable in clinical and therapeutic settings, where understanding unconscious conflicts, attachment patterns, and defense mechanisms is crucial for treatment planning (Goodman, 2014).

Furthermore, projective assessments are used internationally, including in South Africa, for both adults and children (Bain et al., 2013). In many non-Western cultures, verbal expression of psychological distress may be discouraged or stigmatized, making projective techniques particularly useful for eliciting nonverbal emotional material (Bain et al., 2013). However, concerns about cross-cultural validity remain a significant issue. Cultural differences in symbolism, storytelling, and interpretation of images can influence responses, requiring socio-cultural awareness among mental health practitioners when analyzing results (Bain et al., 2013). Additionally, the psychodynamic perspective on information behavior suggests that unconscious processes play a significant role in decision-making and cognitive functioning (Albright, 2011). This idea extends beyond traditional clinical applications, highlighting how projection-based mechanisms influence behavior in fields such as education, business, and forensic psychology. By understanding the subconscious influences on thought processes, researchers and clinicians can better assess how individuals navigate uncertainty, perceive risk, and regulate emotions in various contexts.

Projective Testing and Attachment

Projective testing occupies a distinctive space in psychological assessment due to its ability to access unconscious or poorly integrated aspects of personality functioning, particularly those rooted in early relational experiences. The central assumption behind projective techniques is that when individuals are confronted with ambiguous stimuli such as an inkblot or an emotionally charged image, they are compelled to project their internal states, unresolved conflicts, and relational patterns onto the material (Murstein, 1961; Exner, 1993; Cramer, 2000).

These projections are understood not as random responses but as meaningful reflections of an individual's internal world, shaped by past experiences, defense mechanisms, and unconscious representations of the self and others (Eagle, 2013; Westen, 1991). In the context of attachment theory, projective methods offer a uniquely powerful means of assessing IWMs (Bowlby, 1969). IWMs are often unconscious or only partially conscious, particularly when they are shaped by early neglect, trauma, or inconsistent caregiving. Traditional self-report measures may fail to access these deeper relational schemas, particularly in individuals who engage in defensive avoidance or who lack insight into their interpersonal patterns (Mikulincer & Shaver, 2007; Slade & Aber, 1992). In contrast, the TAT or early narrative interviews elicit emotionally and relationally meaningful access to latent attachment-related themes (Bram, 2013; Cramer, 2000). The TAT presents individuals with emotionally evocative but ambiguous social scenes and invites them to construct a story with a beginning, middle, and end. These stories, both in what is said and how it is said, offer a window into the individual's core relational beliefs, fears, defenses, and fantasies (Westen, 1991; Stein & Slavin-Mulford, 2017).

Research has shown that securely attached individuals tend to generate coherent, emotionally balanced narratives that reflect themes of trust, emotional balanced narratives that reflect themes of trust, emotional regulations, and agency in relationships (Slade & Aber, 1992; Hesse, 2008). By contrast, avoidantly attached individuals may create emotionally disengaged stories, often omitting references to intimacy or distress, while anxiously attached individuals often focus on rejection, abandonment, or unresolved distress, sometimes displaying disorganized or chaotic storylines (George & West, 2001; Cramer & Kelly, 2010). The theoretical and empirical foundations of this approach are supported by studies that validate the use of projective assessments to capture attachment dimensions and styles. For instance, Western (1995) and Hesse (2008) demonstrated that narrative coherence, emotional tone, and character relationships in TAT responses are strongly predictive of attachment classifications derived from structured interviews. Similarly, George and West (2011) argued that projective methods such as the TAT activate the attachment system by requiring the participants to interpret and respond to relational ambiguity, thus eliciting core relational scripts shaped by early caregiving. These findings align with the psychodynamic view of attachment, which emphasizes the role of unconscious processes, defensive structures, and internal representations in shaping interpersonal behavior (Fonagy & Target, 2003; Blatt, 2004). From this perspective, projective tasks offer not only diagnostic insight but also clinical utility, helping clinicians understand patients' relational defenses, developmental ruptures, and underlying affective conflicts. They are particularly valuable in working with populations that may have difficulty verbalizing emotional experience, such as individuals with trauma histories, personality disorders, or disorganized attachment patterns (Cramer, 2004).

Nevertheless, projective assessments remain controversial in psychological science. A common criticism centers on their subjectivity and psychometric limitations. Critics argue that the interpretation of projective responses is too dependent on clinician judgment, which may introduce bias or reduce interrater reliability (Lilienfeld et al., 2000). Moreover, questions have

been raised about the validity of projective tests, particularly whether they provide incremental validity above and beyond structured assessments (Groth-Marnat & Wright, 2016). These concerns have been especially pronounced in forensic and research settings, where standardization and empirical rigor are critical.

Thematic Apperception Test

Purpose and Structure

Purpose and Structure

The Thematic Apperception Test (TAT) is a projective psychological assessment tool designed to explore an individual's internal world through the analysis of narrative responses. Developed by Henry A. Murray and Christina D. Morgan in the early 1940s, the TAT was intended to assess underlying drives, conflicts, and emotions that shape personality, especially those outside conscious awareness (Murray, 1943; Morgan & Murray, 1935). Drawing on psychoanalytic theory and particularly the concepts of projection and unconscious motivation, the TAT invites participants to create stories about ambiguous, emotionally charged images—usually depicting interpersonal situations or emotionally salient scenes. These narratives are believed to reflect the individual's inner world, including latent fears, relational schemas, wishes, and conflicts (Cramer, 2004; Westen, 1991). Unlike structured assessments or self-report questionnaires, the TAT does not constrain participants to a fixed set of responses. Instead, it allows for spontaneous and emotionally rich storytelling, which can illuminate how individuals perceive interpersonal situations, resolve conflict, and construct identity. This open-ended, qualitative nature gives the TAT a unique place within psychological assessment, particularly in psychodynamic, attachment-based, and developmental frameworks (Bram, 2013; Groth-Marnat & Wright, 2016).

The TAT has been applied extensively in clinical, forensic, and developmental contexts. In therapeutic settings, it provides insight into clients' internal object representations, attachment styles, emotional investment in relationships, and identity integration (Cramer, 2000; Bornstein, 2007). In forensic assessments, it offers valuable information on empathy deficits, aggression management, and interpersonal schemata in individuals with antisocial or psychopathic traits (Weiner & Greene, 2017). In developmental psychology, the TAT has been used to explore the formation and continuity of IWMs of attachment from adolescence through adulthood (Slade & Aber, 1992; George & West, 2001). Importantly, TAT narratives frequently contain attachment-related content such as caregiving, abandonment, dependency, trust, betrayal, and reconciliation (Buchheim et al., 2006). As such, the TAT has become a valuable research and clinical tool in the assessment of attachment organization, particularly in populations where insight into relational dynamics is limited or where defensive processes obscure self-report data (Cramer & Kelly, 2010; George & West, 2011).

Coding for TAT Narratives

General Scoring Approaches

Historically, interpretations of the TAT narratives were primarily idiographic; they focused on unique, case-by-case analysis of story content and were often grounded in classical psychoanalytic theory (Cramer, 1996). Clinicians interpreted responses using broad constructs such as defense mechanisms, unconscious conflicts, and psychosexual development, drawing heavily on Freudian and object relations frameworks (Cramer, 2004; Eagle, 2013). Analysts would examine recurring symbols, emotional tone, and thematic patterns, often looking for latent content that might reflect unresolved trauma, repressed desires, or problematic internalized figures (Murray, 1943; Morgan & Murray, 1935). This approach allowed for deep, qualitative insight into the personality structure and inner world of the individual, making the TAT a staple in psychodynamic assessment for decades. However, by the 20th century, the scientific rigor of projective techniques came under intense scrutiny. Critics, particularly those who aligned with cognitive-behavioral and empirical traditions, challenge the subjectivity and the lack of standardization in projective interpretations, citing low inter-rater reliability, questionable validity, and limited predictive utility (Lilienfeld et al., 2000). Without a consistent coding system or established psychometric norms, TAT interpretations were seen as prone to bias and difficult to replicate across clinicians or settings. This critique was especially pertinent in forensic and research contexts, where objectivity and reliability are paramount (Groth‐Marnat & Wright, 2016).

In response to these concerns, researchers and clinicians began to develop systematic, theory-informed scoring systems that would retain the depth and nuance of psychometrics while also meeting the demands of empirical validation. Modern scoring approaches moved beyond free-form interpretation to focus on observable, codable features within the narrative structure, such as narrative coherence, character development, affective tone, interpersonal complexity, and resolution of conflict (Westen, 1991; Fowler et al., 2014). These dimensions were found to reflect stable aspects of personality organization, including emotional maturity, attachment orientation, and the integrity of internal working models. Importantly, they also offered quantifiable indicators that could be reliably rated and compared across individuals and populations. Among these emerging systems, the Social Cognition and Object Relations Scale–Global Rating Method (SCORS-G) quickly gained prominence for its integration of psychodynamic theory and empirical rigor.

The Social Cognition and Object Relation Scale–Global Rating Method (SCORS-G)

Developed by Drew Westen (1991) and later refined by Stein and Slavin-Mulford (2017), the SCORS-G codifies key aspects of social-emotional functioning, including how individuals perceive and relate to others, how they manage emotions in relationships, and how they construct a coherent sense of self. Its emphasis on developmentally grounded and clinically relevant constructs made it particularly useful in assessing individuals with personality disorders, attachment disturbances, or histories of early relational trauma (Hilsenroth et al., 2005; Stein & Slavin-Mulford, 2018). SCORS-G arose from the need to bridge the gap between the depth of psychodynamic insights and the empirical rigor demanded by contemporary psychological assessment. While traditional interpretations of the Thematic Apperception Test (TAT) relied heavily on clinical intuition and psychoanalytic reasoning, SCORS-G offers a systematic and

psychometrically validated approach to coding narrative material. The scale assesses eight core dimensions that are believed to reflect key developmental capacities and markers of psychological health or dysfunction (Westen, 1991; Stein & Siefert, 2018; Stein & Slavin-Mulford, 2017). These dimensions are:

1. Complex of Representation of People: This dimension captures the degree of psychological differentiation, nuance, and integration in how individuals portray others. High scores suggest an ability to see people in multifaceted, realistic ways, while low scores often reflect dichotomous or simplistic representations—a hallmark of immature or maladaptive personality organization (Stein & Slavin-Mulford, 2017).
2. Emotional Investment in Relationships: This scale assesses the individual's capacity for emotional connection and the degree to which they value and seek meaningful interpersonal bonds. Deficits here may point to avoidant or dismissive attachment styles, as well as interpersonal detachment associated with narcissistic or psychopathic traits (Stein & Slavin-Mulford, 2017).
3. Affect Tone of Relationships: This reflects the emotional climate of the relationships described in narratives, ranging from warmth and empathy to hostility, detachment, or coldness. Consistently negative or indifferent tones can suggest unresolved relational trauma or defensive emotional numbing (Stein & Slavin-Mulford, 2017)
4. Understanding of Social Causality: This evaluates the individual's insight into how actions affect others and their grasp of social dynamics. Higher scores indicate an ability to infer motives and consequences, which is essential for empathy and moral reasoning (Stein & Slavin-Mulford, 2017). Impairments in this domain are often seen in individuals with antisocial tendencies or disorganized attachment.
5. Experience and Management of Aggressive Impulses: This scale explores how anger and aggression are handled in relationships. Maladaptive responses, such as impulsive acting out, denial of anger, or sadistic tendencies, can reflect difficulties with emotional regulation or a lack of prosocial control over hostile drives (Stein & Slavin-Mulford, 2017).
6. Capacity for Emotional Investment in Moral Standards and Ideals: This dimension evaluates the degree to which individuals value morality, conscience, and ethical standards. It overlaps with concepts of superego development and is highly relevant in distinguishing psychopathic traits, where low emotional investment in moral ideals is common (Stein & Slavin-Mulford, 2017).
7. Self-Esteem Regulation and Quality of Internal Experience: This measures the individual's ability to maintain stable self-worth and emotional equilibrium. Fluctuations or fragmentation in this area are often seen in borderline or narcissistic personality presentations, reflecting fragile or compensatory self-systems (Stein & Slavin-Mulford, 2017).
8. Identity and Coherence of Self: This assesses the structural integrity of the self-concept across narratives. Higher scores indicate a consistent, integrated sense of identity, while

lower scores may suggest diffusion or contradiction, often associated with disorganized attachment or severe personality dysfunction (Stein & Slavin-Mulford, 2017).

Each SCORS-G dimension is rated on a 7-point scale, with higher scores reflecting more adaptive and psychologically integrated functioning. Importantly, the SCORS-G does not aim to diagnose specific personality disorders but rather to reveal patterns of functioning that may underlie or contribute to psychopathology (Stein & Slavin-Mulford, 2017). This approach allows clinicians and researchers to access the richness of projective material without sacrificing methodological rigor.

Moreover, the SCORS-G has demonstrated strong interrater reliability and construct validity across diverse populations, including both clinical and non-clinical groups (Bram & Gabbard, 2001; Fowler et al., 2014). Its use in empirical studies has consistently shown that lower SCORS-G scores are associated with externalizing behaviors, emotional dysregulation, and insecure attachment patterns, while higher scores correspond with greater interpersonal functioning and psychological resilience (Westen, 1991; Stein & Slavin-Mulford, 2017). The scale has shown convergent validity with measures of personality pathology, affective dysregulation, therapeutic alliance, and attachment classifications (Hilsenroth et al., 2005). In the context of attachment research, SCORS-G dimensions closely map the core features of attachment security and insecurity. For instance, securely attached individuals typically show narratives that are coherent, emotionally engaged, and reflective of realistic self-other models. In contrast, those with anxious or avoidant attachment tend to present narratives characterized by relational ambivalence, distorted self-other perceptions, and difficulty with emotional integration (Slade & Aber, 1992; Cramer, 2004). Importantly, SCORS-G also supports normative comparisons, making it possible to evaluate the degree of deviation from typical interpersonal functioning. This has critical implications for distinguishing between normative relational stress and pathological object relations, particularly in cases where psychopathy or severe attachment disturbances are suspected (Westen, 1991; Stein & Slavin-Mulford, 2017). Thus, the SCORS-G serves as a valuable tool for operationalizing and quantifying IWMs of attachment.

Relevance of SCORS-G to Attachment and Psychopathy

The SCORS-G is uniquely positioned to bridge the conceptual gap between attachment theory and personality pathology, including psychopathy. Each of the eight SCORS dimensions corresponds to capacities that are known to be influenced by early attachment experiences. For instance, securely attached individuals typically demonstrate high scores on emotional investment, complexity of representations, and moral internalization. Their narratives reveal empathic relationships, coherent identities, and realistic self-other perceptions (George & West, 2001; Slade & Aber, 1992; Stein & Slavin-Mulford, 2017). By contrast, insecure attachment patterns such as avoidant and disorganized styles are associated with low SCROS-G scores. Avoidant individuals often exhibit narratives characterized by emotional distancing, relational disengagement, and flattened affect tone (Cramer & Kelly, 2010). Disorganized individuals may produce chaotic, fragmented stories marked by unresolved aggression, identity confusion, and distorted self-other boundaries (Lyons-Ruth et al., 2008). These patterns are especially pertinent in the study of psychopathy, which involves profound disruptions in emotional

connection, empathy, and self-regulation. Primary psychopathy, typified by manipulativeness, shallow affect, and interpersonal coldness, aligns with low scores on emotional investment, moral standards, and affect tone, indicative of blunted empathy and utilitarian relational strategies (Sellbom & Phillips, 2012). Secondary psychopathy, characterized by impulsivity, emotional volatility, and aggression, maps onto low scores in aggression management, self-coherence, and social causality (Patrick et al., 2009; Blonigen et al., 2006).

SCORS-G coding thus provides a quantifiable link between attachment-related IWMs and the psychological features of psychopathy, offering insights into how disrupted attachment pathways manifest in affective and interpersonal dysfunction. As a result, it serves not only as a diagnostic lens but also as a tool for understanding the developmental origins and structural dimensions of psychopathic traits within the broader context of personality and attachment.

Objective and Research Questions

The intersection of attachment theory, internal object representation, and personality pathology presents a compelling framework for understanding the developmental roots of psychopathology. While substantial research has explored psychopathy as a constellation of interpersonal, affective, and behavioral traits, comparatively less attention has been given to how early relational schemas, internalized through attachment experiences, contribute to its etiology, particularly in non-clinical populations (Cleckley, 1941; Hare, 2003). The present study seeks to bridge this gap by examining how adult psychopathic traits correlate with early relational templates and internal representations, as portrayed in projective narrative responses. Drawing upon the theoretical underpinnings of Bowlby's internal working models (IWMs) and object relations theory (Kernberg, 1984), this study employs the Thematic Apperception Test (TAT) in conjunction with the Social Cognition and Object Relations Scale–Global Rating Method (SCORS-G) to analyze participants' narrative depictions of interpersonal dynamics. The SCORS-G allows for the nuanced assessment of relational schemas, affect regulation, moral reasoning, and identity development, constructs deeply shaped by early attachment experiences and highly relevant to the characterization of psychopathic traits (Westen, 1991; Stein & Slavin-Mulford, 2017). Furthermore, psychopathy is increasingly understood as a heterogeneous construct, with two relatively distinct subtypes—primary and secondary psychopathy—showing divergent profiles in affect regulation, interpersonal functioning, and trauma histories (Skeem et al., 2007; Hicks et al., 2004). These profiles mirror insecure attachment patterns: avoidant attachment maps onto the cold interpersonal stance of primary psychopathy, while disorganized and anxious attachment align more closely with the volatility and dysregulation of secondary psychopathy (Lyons-Ruth et al., 2012; Fraley et al., 2000).

Given this theoretical backdrop, the current study investigates how attachment styles (measured by the ECR-R), internalized object relations (measured through SCORS-G coding of TAT narratives), and self-reported psychopathy (measured by the LSRP) interrelate in a college student sample. Using projective measures in tandem with self-report tools enables a

multimethod approach that can reveal both conscious and unconscious relational patterns. The TAT, in particular, is uniquely suited for exploring affect-laden material that may not be accessible through introspection or direct questioning, especially in populations high in defensiveness or impression management (Cramer, 2004; Lilienfeld et al., 2000). Thus, the present study is guided by the following central research questions:

1. How do attachment styles, internal object representation, and early maladaptive schemas portrayed in TAT narratives correlate with the presence of psychopathic traits?

   This question addresses whether individual differences in attachment-related relational schemas (as indexed by ECR-R and SCORS-G dimensions) are meaningfully associated with psychopathy scores on the LSRP. It is hypothesized that insecure attachment styles, particularly avoidant, will correlate with lower SCORS-G scores and higher psychopathy scores, consistent with findings from prior research (Cramer & Kelly, 2010; Blonigen et al., 2006; Lyons-Ruth et al., 2012).

2. What patterns of social cognition and object relations (via SCORS-G) are associated with psychopathic traits?

   This question seeks to identify specific SCORS-G dimensions that differentiate individuals with higher levels of primary and secondary psychopathy. For instance, it is expected that individuals high in primary psychopathy will show diminished emotional investment in relationships and moral standards, along with low affective quality and realism in their representations of others, indicators of shallow affect and relational detachment (Sellbom & Phillips, 2012; Anderson et al., 2014). Conversely, those with higher secondary psychopathy scores are predicted to show impairments in the regulation of aggression, coherence of self, and understanding of social causality, reflecting poor impulse control and identity diffusion (Patrick et al., 2009; Fowler et al., 2014).

3. How do attachment disruptions contribute to differences between primary and secondary psychopathy?

   This question examines whether specific attachment dimensions, namely attachment anxiety and avoidance, differentiate psychopathy subtypes. Prior studies suggest that individuals with high attachment avoidance may align with the emotional detachment and interpersonal manipulation seen in primary psychopathy, while those with high attachment anxiety may be more prone to the impulsivity and emotional instability characteristic of secondary psychopathy (Fraley et al., 2000; Shaver & Mikulincer, 2007). The TAT and SCORS-G offer a way to assess these dynamics beyond self-report, capturing how such internal schemas are enacted in narrative form.

Ultimately, this study aims to illuminate the developmental pathways that link early attachment and representational processes with adult personality functioning, particularly the manifestations of psychopathy. By integrating psychodynamic, attachment-based, and

personality frameworks through both narrative and quantitative methods, the present research contributes to a more integrative understanding of how relational trauma and defensive organization give rise to maladaptive personality traits.

Chapter 2: Methods

Participants

Participants were undergraduate students from a small liberal arts college in upstate New York between the ages of 19-22. Participants were recruited through the college's undergraduate research pool, with those enrolled in introductory psychology courses receiving one hour of research credit in exchange for their participation. Additionally, recruitment was conducted via flyers, and participants who enrolled through this method were compensated with $5 for their involvement. The sample comprised students pursuing a range of academic disciplines, including psychology, mathematics, economics, biology, neuroscience, and English. The mean age of the sample (n = 26) was 20.42 years (SD = 1.18), with 16 participants identifying as female and 10 identifying as male.

Research Assistants

Two research assistants, undergraduate psychology students receiving academic credit, were trained as research assistants (RAs). The RAs completed SCORS-G training with the principal investigator and the faculty mentor. Before scoring each TAT response, the RAs practiced scoring to ensure reliable scoring. RAs received a transcribed copy of the TAT response and scored each story independently.

Measures

Thematic Apperception Test

This protocol used TAT cards 1, 2, 3BM, 4, 13B, and 14 (in that order). In previous research, these cards have been widely used (Siefert et al., 2016; Cogan et al., 2001; Maher et al., 2014; Alvarado, 1994).

Social Cognition and Object Relations - Global Rating Method

The SCORS-G is a scale that consists of eight categories: complexity of representation of people, affective quality of representations, emotional investment in relationships, emotional investment in values and moral standards, understanding of social causality, experience and management of aggressive impulses, self-esteem, and identity and coherence of self. These are scored on a scale of one to seven based on the TAT response, where lower scores indicate pathological responses and higher scores indicate a more developmentally mature, healthier response (Stein et al., 2010; Stein & Slavin-Mulford, 2017).

Experiences in Close Relationships-Revised

The ECR-R is a 36-item self-report measure developed by Fraley and colleagues (2000) to assess individual differences in adult attachment. The scale evaluates two primary dimensions of attachment: attachment anxiety, which reflects fear of abandonment and excessive concern about relationships, and attachment avoidance, which reflects discomfort with intimacy and dependence on others. Participants respond to items using a Likert scale, typically ranging from 1 (strongly disagree) to 7 (strongly agree), with higher scores indicating greater levels of attachment insecurity. The ECR-R has demonstrated strong psychometric properties, including high internal consistency and construct validity across diverse populations (Fraley et al., 2000). In the present study, the ECR-R was used to assess participants' attachment patterns, providing insight into their relational tendencies and emotional regulation strategies.

Levenson Self-Report Psychopathy Scale

The LSRP is a 26-item self-report measure developed by Levenson and colleagues (1995) to assess psychopathic traits in non-clinical populations. The scale is designed to capture two distinct dimensions of psychopathy: primary psychopathy (16 items), characterized by affective and interpersonal deficits such as manipulativeness, lack of empathy, and callousness (α=.82; i.e., "For me, what's right is whatever I can get away with"); and secondary psychopathy (10 items), associated with impulsivity, poor behavioral control, and antisocial tendencies (α=.65; i.e., "I quickly lose interest in tasks I start") (Levenson et al., 1995). Participants respond to each item using a Likert scale, typically ranging from 1 (strongly disagree) to 4 (strongly agree), with higher scores indicating greater psychopathic traits. The LSRP has been widely used in research due to its strong reliability and validity in measuring psychopathy in community and non-clinical samples (Levenson et al., 1995; Christian & Sellbom, 2015). In the present study, the LSRP was administered to assess psychopathic tendencies among participants, providing a measure of both interpersonal-affective and impulsive-antisocial features.

Procedure

Participants first completed the storytelling-based Thematic Apperception Test (TAT) interview with the principal investigator. Each participant was presented with a series of TAT cards individually and instructed as follows:

"This is a test of imagination. I am going to show you a series of cards depicting various scenes, and I would like you to create a story for each one. Describe what led up to the events shown in the picture, explain what is happening in the moment, explore what the characters might be feeling and thinking, and conclude with an outcome. Your story should have a clear beginning, middle, and end. Please verbalize your thoughts as they come to mind. Spend approximately five minutes on each story. Do you have any questions before we begin?"

Participants' responses were recorded using an audio recording device to ensure accuracy in data collection. The principal investigator followed the standardized procedures outlined in the

TAT manual and provided prompts when necessary, particularly if participants omitted key narrative elements essential for analysis (Murray, 1943). Following the completion of the TAT interview, participants were escorted to an adjacent room, where they were asked to complete the Experiences in Close Relationships–Revised (ECR-R) and the Levenson Self-Report Psychopathy Scale (LSRP). These measures were administered in a quiet, controlled setting to minimize potential distractions and ensure the reliability of responses.

Before the commencement of the study and again upon its completion, participants were reassured that all data would be handled with strict confidentiality. They were informed that their audio recordings would be transcribed using HIPAA-compliant transcription software and subsequently deleted to ensure the protection of their privacy. Upon completion of the questionnaire measures, participants underwent a thorough debriefing in which they were provided with information regarding the study's purpose and procedures. Additionally, they were reminded that their data would be securely stored and maintained in accordance with ethical research guidelines to uphold participant confidentiality.

Chapter 3: Results

Descriptive Statistics

Descriptive analyses were conducted to examine the distribution, central tendencies, and internal reliability of the primary study variables: attachment dimensions, psychopathic traits, and SCORS-G narrative-based indices. The sample consisted of 26 undergraduate participants ranging in age from 18 to 22 years (M = 20.08, *SD* = 1.17). The majority of participants identified as female (*n* = 16), and the academic years represented spanned from 2025 to 2028.

Attachment dimensions were measured using the Experiences in Close Relationships scale (ECR), which includes subscales for attachment anxiety (ECR-Anx) and attachment avoidance (ECR-Av). The mean ECR-Anx score was 3.32 (*SD* = 0.99), with scores ranging from 1.06 to 5.00 and a median of 3.50. The distribution exhibited a slight negative skew (skewness = –0.44) and moderate internal consistency (α = .89). ECR-Av scores were somewhat lower overall, with a mean of 2.57 (*SD* = 1.09), a range of 1.06 to 5.11, and a median of 2.17. This variable demonstrated a slight positive skew (skewness = 0.54) and high internal consistency (α = .95).

Psychopathic traits were assessed using the Levenson Self-Report Psychopathy Scale (LSRP), which yields scores on primary psychopathy (LSRP-Pr), secondary psychopathy (LSRP-Sc), and a combined total score (LSRP-Tot). The LSRP-Tot had a mean of 53.12 (*SD* = 10.05), with scores ranging from 34 to 71. Primary psychopathy scores averaged 31.38 (*SD* = 8.22; range: 17–50), while secondary psychopathy scores were lower on average (M = 21.73, SD = 5.13; range: 12–32). Internal consistencies for the psychopathy scales ranged from acceptable to strong (LSRP-Pr: α = .82; LSRP-Sc: α = .65; LSRP-Tot: α = .77).

Table 1: Descriptive Statistics for Key Variables

Variable	Mean	Median	SD	Range
Age (years)	20.08		1.17	18 – 22
ECR-Avoidance	2.57	2.17	1.09	1.06 – 5.11
ECR-Anxiety	3.32	3.50	0.99	1.06 – 5.00
LSRP Total	53.12	53.00	10.05	34 – 71
LSRP Primary	31.38	29.50	8.22	17 – 50
LSRP Secondary	21.73	22.00	5.13	12 – 32

Table 1: Descriptives Table: This table presents the mean, median, standard deviation (SD), and range for participant age, attachment dimensions, and psychopathy scores. Attachment was measured using the Experiences in Close Relationships–Revised (ECR-R) scale, with

separate scores for avoidance and anxiety. Psychopathic traits were assessed using the Levenson Self-Report Psychopathy Scale (LSRP), reported as total, primary, and secondary subscale scores. Values reflect a non-clinical undergraduate sample (N = 26).

Group Comparisons by Psychopathy Levels

To investigate whether attachment dimensions differed based on levels of psychopathic traits, a series of independent samples t-tests were conducted. Participants were divided into high and low psychopathy groups based on a median split of LSRP-Pr and LSRP-Sc scores (**Figure 1**). No significant differences were found in attachment dimensions between participants with high and low primary psychopathy scores. Specifically, avoidant attachment scores did not differ significantly between the two groups, $t(24) = 1.01$, $p = .32$. The high primary psychopathy group had a mean avoidance score of 2.79, compared to 2.35 in the low group. The 95% confidence interval for the difference in means ranged from –0.45 to 1.31, indicating no evidence of a meaningful difference. Similarly, anxious attachment scores were identical across high and low primary psychopathy groups (both $M = 3.32$), resulting in a non-significant t-test, $t(24) < 0.001$, $p = 1.00$. The 95% confidence interval ranged from –0.82 to 0.82, confirming the absence of any difference.

Analyses for secondary psychopathy revealed a similar pattern (**Figure 2**). No statistically significant difference was found for anxious attachment between the high (M = 3.50) and low (M = 3.09) groups, $t(24) = 1.06$, $p = .30$. For avoidant attachment, a trend-level difference emerged: participants in the high secondary psychopathy group reported higher avoidance scores (M = 2.86) than those in the low group (M = 2.17), but this difference did not reach statistical significance, $t(24) = 1.66$, $p = .11$. While not conclusive, the effect may warrant further investigation in larger samples.

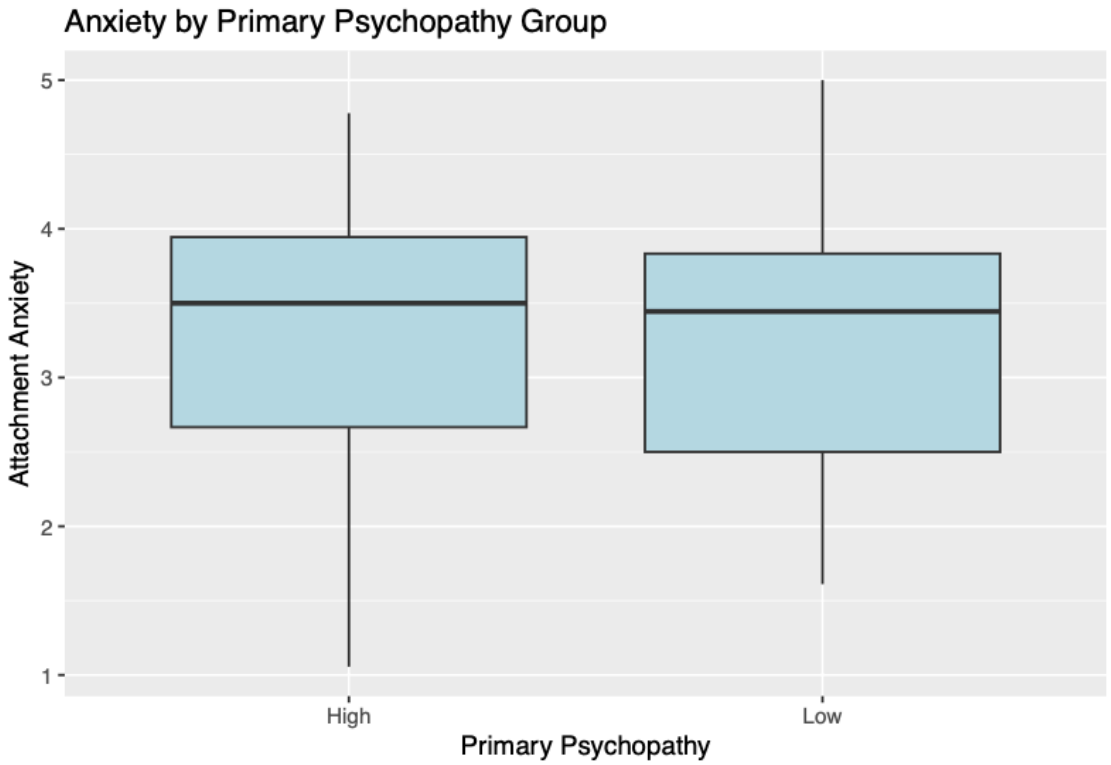

Figure 1: Attachment anxiety scores by high and low primary and secondary psychopathy groups. No significant differences were observed in anxious attachment scores between high and low primary psychopathy groups ($t(24) < 0.001$, $p = 1.00$, M = 3.32 in both groups), nor between secondary psychopathy groups ($t(24) = 1.06$, $p = .30$, M = 3.50 vs. 3.09). Error bars represent the standard error of the mean.

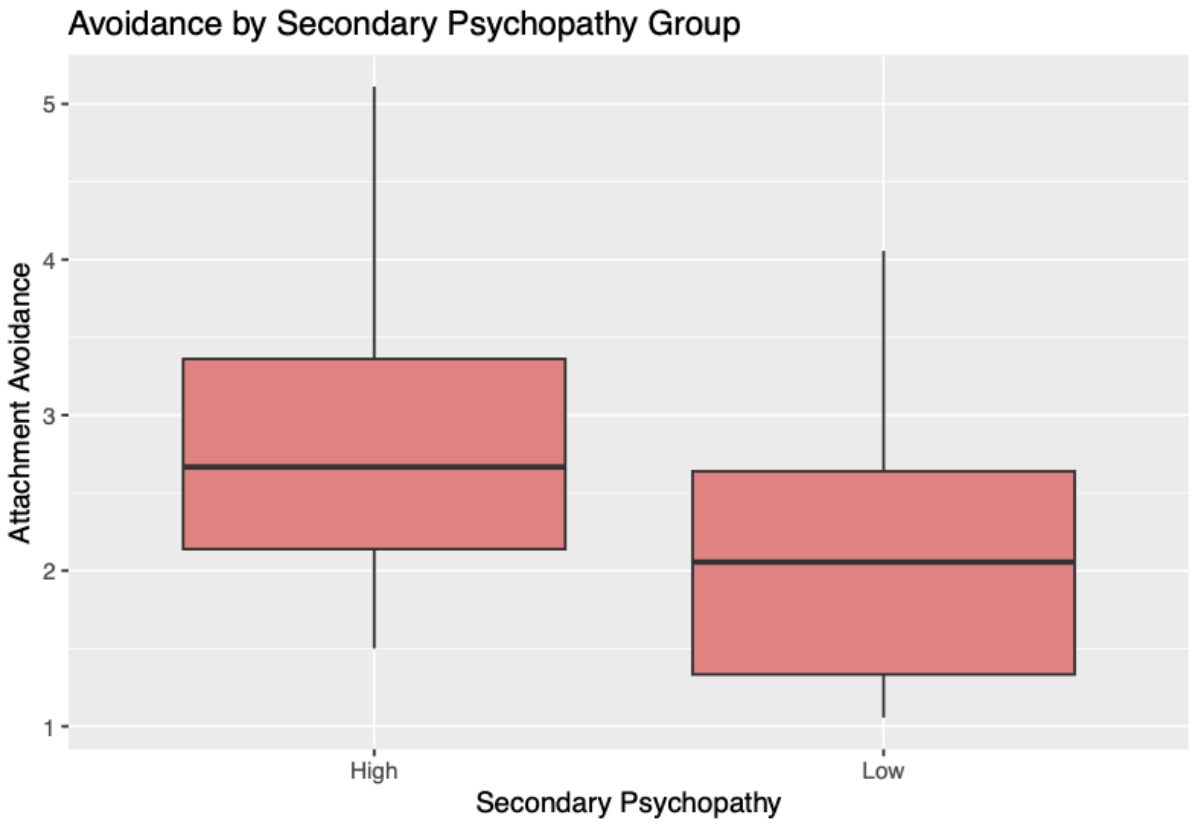

Figure 2: **Attachment avoidance scores by high and low primary and secondary psychopathy groups.** Avoidant attachment did not significantly differ between high and low primary psychopathy groups ($t(24) = 1.01$, $p = .32$, M = 2.79 vs. 2.35). However, a non-significant trend was observed for higher avoidance in the high secondary psychopathy group compared to the low group ($t(24) = 1.66$, $p = .11$, M = 2.86 vs. 2.17). Error bars represent the standard error of the mean.

SCORS-G Ratings

Each TAT narrative was rated across the eight SCORS-G dimensions. Interrater reliability was acceptable across all dimensions (ICC range = .73–.85). Means and standard deviations are reported in **Table 2.**

As shown in **Figure 3**, the majority of ratings clustered along the diagonal line of perfect agreement (the dashed line), indicating a generally strong degree of concordance between the two coders. Ratings were distributed primarily within the mid-range of the SCORS-G 7-point scale, with most values falling between 3 and 5, a pattern consistent with non-clinical samples. There was no evident systematic bias across coders, and discrepancies were relatively minor. Although some dispersion around the diagonal line was observed, especially in ratings at the lower and upper ends of the scale, there were no substantial or consistent deviations suggesting rater drift. Importantly, no single SCORS-G scale appeared to have markedly worse agreement than others, as indicated by the uniform color distribution across the scatter plot. This pattern suggests that the scoring procedure was reliably applied across coders, supporting the credibility of the SCORS-G ratings used in subsequent analyses.

Table 2: Descriptive Statistics for SCORS-G Dimensions

SCORS-G Dimension	M	SD
Complexity of Representations	3.6	0.8
Affect-Tone of Relationships	3.9	0.9
Capacity for Emotional Investment	3.5	0.7
Understanding of Social Causality	3.8	0.6
Experience and Management of Aggressive Impulses	3.2	0.9
Self-Esteem	3.4	1.0
Identity and Coherence of Self	3.6	0.8
Moral Standards	3.3	0.7

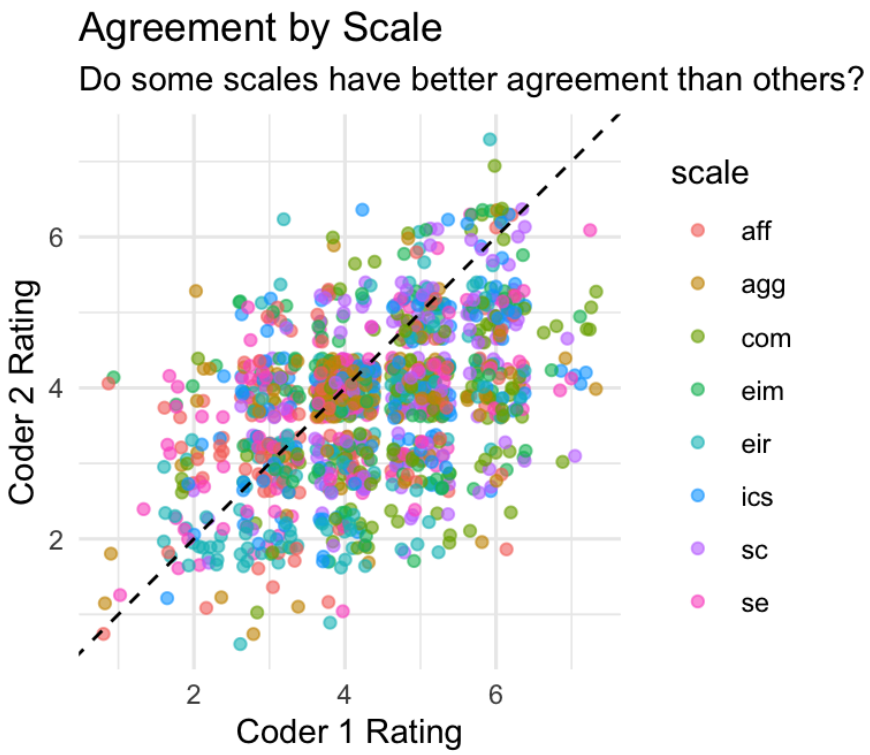

Figure 3: Scatter Plot of Coder 1 vs. Coder 2 ratings across SCORS-G dimensions. Each point represents a single card-scale rating. The dashed line indicates perfect agreement (x = y).

Correlation Analysis

SCORS-G and Psychopathy

To examine whether narrative-based representations of self and others related to psychopathic traits, Pearson product-moment correlations were computed between SCORS-G domain scores and total LSRP psychopathy scores. No statistically significant associations were found (**Table 2**). Aggression/Impulse Control (AGG) was uncorrelated with LSRP-Tot, $r(23) = –.05$, $p = .81$, 95% CI [–.44, .35]. Emotional Investment in Moral Standards (EIM) was weakly and non-significantly positively correlated with total psychopathy, $r(23) = .14$, $p = .51$, while Emotional Investment in Relationships (EIR) showed a slightly stronger but still non-significant positive correlation, $r(23) = .23$, $p = .27$.

As shown in **Table 3**, none of the correlations between SCORS-G dimensions and primary psychopathy were statistically significant. Correlation coefficients ranged from $r = –.11$ to $r = .22$, all with p-values well above the conventional significance threshold of .05. The strongest association observed was a small positive correlation between Emotional Investment in Relationships (eir) and primary psychopathy ($r = .22$, $p = .293$), suggesting a weak and non-significant trend. Other variables, such as Affect Tone of Relationships (aff) and Understanding of Social Causality (sc), also showed weak, non-significant positive correlations.

Negative correlations were observed with Aggression/Impulse Control (agg) and Self-Esteem (se), though these were also minimal and not statistically significant.

Similarly, none of the SCORS-G dimensions were significantly correlated with secondary psychopathy (**Table 4**). Correlations ranged from $r = –.10$ to $r = .12$, indicating near-zero to small effect sizes across the board. The direction of effects varied, with a few dimensions (e.g., Complexity, Affect Tone) showing weak positive trends, and others, such as Self-Esteem and Aggression Management, showing weak negative trends. However, all results were far from statistical significance ($p > .57$ for all).

Table 3: Summary of Correlation of SCORS-G and Psychopathy Total

SCORS-G Dimension	r	p-value	Interpretation
AGG (Aggression/Impulse Control)	−0.051	0.807	Very weak negative correlation, **not significant**
EIM (Emotional Investment in Morals)	+0.137	0.514	Weak positive correlation, **not significant**
EIR (Emotional Investment in Relationships)	+0.230	0.269	Small positive correlation, **not significant**
COM (Complexity of Representations)	+0.123	0.560	Weak positive correlation, **not significant**
AFF (Affect Tone of Relationships)	+0.185	0.376	Weak positive correlation, **not significant**
SC (Social Causality Understanding)	+0.158	0.451	Weak positive correlation, **not significant**
SE (Self-Esteem)	−0.101	0.630	Weak negative correlation, **not significant**
ICS (Identity Coherence of Self)	+0.040	0.851	Very weak correlation, **not significant**

Table 2: Pearson Correlations Between SCORS-G Dimensions and Total Psychopathy Scores (LSRP Total). This table displays Pearson correlation coefficients (r) and associated p-values for the relationship between SCORS-G dimensions and total psychopathy scores as measured by the Levenson Self-Report Psychopathy Scale (LSRP). While some SCORS-G dimensions (e.g., emotional investment in relationships, affect tone) showed small positive associations with psychopathy, none of the correlations reached statistical significance ($p > .05$). Results suggest limited overlap between narrative-based social-cognitive functioning and self-reported psychopathic traits in this sample.

Table 4: Summary of Correlation between SCORS-G and Primary Psychopathy

SCORS-G Dimension	r	t	df	*p*-value	95% Confidence Interval

AGG (Aggression/Impulse Control)	–0.108	–0.52	23	.606	[–0.483, 0.300]
EIM (Emotional Investment in Morals)	0.139	0.67	23	.507	[–0.271, 0.507]
EIR (Emotional Investment in Relationships)	0.219	1.08	23	.293	[–0.193, 0.565]
COM (Complexity of Representations)	0.076	0.36	23	.719	[–0.329, 0.457]
AFF (Affect Tone of Relationships)	0.152	0.74	23	.470	[–0.259, 0.516]
SC (Social Causality Understanding)	0.148	0.72	23	.479	[–0.262, 0.513]
SE (Self-Esteem)	–0.062	–0.30	23	.768	[–0.446, 0.341]
ICS (Identity Coherence of Self)	0.035	0.17	23	.870	[–0.366, 0.424]

Table 4: Pearson Correlations Between SCORS-G Dimensions and LSRP Primary Psychopathy Subscales. This table presents the bivariate correlations between each of the eight SCORS-G dimensions and primary psychopathy scores on the Levenson Self-Report Psychopathy Scale (LSRP). For each pairing, Pearson's *r*, associated *t*-statistics, degrees of freedom (*df*), *p*-values, and 95% confidence intervals are reported. Across all SCORS-G domains, no statistically significant associations emerged with either psychopathy subtype (*ps* > .05). These findings suggest minimal overlap between projective narrative-based indicators of social-cognitive maturity and self-reported psychopathic traits in this undergraduate sample.

Table 5: Correlations Between SCORS-G and Secondary Psychopathy

SCORS-G Dimension	r	t	df	*p*-value	95% Confidence Interval
AGG (Aggression/Impulse Control)	0.075	0.36	23	.722	[–0.330, 0.457]
EIM (Emotional Investment in Morals)	0.044	0.21	23	.834	[–0.357, 0.432]
EIR (Emotional Investment in Relationships)	0.098	0.47	23	.640	[–0.309, 0.475]

COM (Complexity of Representations)	0.119	0.57	23	.572	[–0.290, 0.491]
AFF (Affect Tone of Relationships)	0.119	0.57	23	.571	[–0.290, 0.491]
SC (Social Causality Understanding)	0.071	0.34	23	.737	[–0.334, 0.453]
SE (Self-Esteem)	–0.099	–0.48	23	.639	[–0.475, 0.308]
ICS (Identity Coherence of Self)	0.022	0.11	23	.916	[–0.376, 0.414]

Table 5: Pearson Correlations Between SCORS-G Dimensions and LSRP Secondary Psychopathy Subscales. This table presents the bivariate correlations between each of the eight SCORS-G dimensions and secondary psychopathy scores on the Levenson Self-Report Psychopathy Scale (LSRP). For each pairing, Pearson's *r*, associated *t*-statistics, degrees of freedom (*df*), *p*-values, and 95% confidence intervals are reported. Across all SCORS-G domains, no statistically significant associations emerged with either psychopathy subtype (*ps* > .05). These findings suggest minimal overlap between projective narrative-based indicators of social-cognitive maturity and self-reported psychopathic traits in this undergraduate sample.

Attachment and SCORS-G

Exploratory correlations were also conducted to examine the relationship between attachment dimensions and SCORS-G variables. Several statistically significant and theoretically consistent relationships emerged (**Tables 5 and 6**).

Higher attachment anxiety was significantly associated with lower Emotional Investment in Moral Standards (EIM), $r(23) = –.45$, $p = .023$, lower Self-Efficacy (SE), $r(23) = –.62$, $p = .001$, and reduced Internal Consistency of Self (ICS), $r(23) = –.50$, $p = .011$. These findings indicate that individuals reporting high anxiety in relationships were more likely to generate narratives reflecting diminished moral concern, poorer self-agency, and less coherent self-concepts. Attachment avoidance showed a comparable pattern. Avoidant attachment was negatively associated with EIM, $r(23) = –.49$, $p = .012$, SE, $r(23) = –.54$, $p = .005$, and ICS, $r(23) = –.54$, $p = .006$. Thus, individuals who reported greater discomfort with intimacy and closeness tended to produce TAT narratives reflecting weaker internal standards, diminished self-efficacy, and lower self-coherence.

Other SCORS-G dimensions, including Aggression (AGG), Emotional Investment in Relationships (EIR), and Complexity of Representations (COM), were not significantly correlated with either attachment dimension (*ps* > .20), though the correlation between ECR-Avoidance and Self-Concept (SC) approached significance ($r = –.39$, $p = .053$).

Table 6: Correlations between ECR-R Attachment Anxiety and SCORS-G Dimensions

SCORS-G Dimension	*r*	*p*-value	95% CI	Interpretation

Emotional Investment in Relationships (eir)	–0.002	.992	[–0.397, 0.393]	No relationship at all
Aggression Management (agg)	–0.121	.563	[–0.493, 0.287]	Very weak negative, no relationship
Moral Standards (eim)	–0.454	**.023**	[–0.720, –0.072]	Moderate negative, **significant**
Complexity (com)	–0.007	.975	[–0.401, 0.390]	No relationship
Affect Tone (aff)	–0.309	.133	[–0.628, 0.098]	Moderate negative trend
Social Causality (sc)	–0.059	.781	[–0.443, 0.344]	Weak, not significant
Self-Esteem Regulation (se)	–0.616	**.001**	[–0.813, –0.292]	Strong negative, **significant**
Identity Coherence (ics)	–0.501	**.011**	[–0.748, –0.132]	Moderate to strong, **significant**

Table 6: Pearson Correlations Between SCORS-G Dimensions and Attachment Anxiety (ECR-R Anxiety Subscale). This table summarizes the Pearson correlation coefficients (*r*) between SCORS-G dimensions and attachment anxiety scores as measured by the ECR-R. Statistically significant results ($p < .05$) are bolded. Higher attachment anxiety was significantly associated with lower scores on Emotional Investment in Moral Standards ($r = –.45$), Self-Esteem Regulation ($r = –.62$), and Identity and Coherence of Self ($r = –.50$), indicating that individuals with higher anxiety tended to show less integrated and emotionally grounded internal object representations. Other SCORS-G domains did not show significant relationships with attachment anxiety. Confidence intervals (95% CI) are provided to indicate the precision of each estimate.

Table 7: Correlations between ECR-R Attachment Avoidance and SCORS-G

SCORS-G Dimension	*r*	*p*-value	95% CI	Interpretation
Emotional Investment in Relationships (eir)	–.248	.232	[–.586, .163]	Weak, not significant
Aggression Management (agg)	–.274	.185	[–.604, .136]	Weak/moderate trend
Moral Standards (eim)	–.493	**.012**	[–.743, –.122]	Moderate negative, significant
Complexity (com)	–.144	.493	[–.510, .266]	Not significant

Affect Tone (aff)	–.199	.341	[–.551, .213]	Not significant
Social Causality (sc)	–.391	.053	[–.681, .004]	Moderate, borderline significant
Self-Esteem Regulation (se)	–.541	**.005**	[–.772, –.186]	Strong negative, **significant**
Identity Coherence (ics)	–.535	**.006**	[–.768, –.178]	Strong negative, **significant**

Table 7: Pearson Correlations Between SCORS-G Dimensions and Attachment Avoidance (ECR-R Avoidance Subscale). This table reports the Pearson correlation coefficients (r) between SCORS-G dimensions and attachment avoidance scores as measured by the ECR-R. Statistically significant results ($p < .05$) are bolded. Higher levels of attachment avoidance were significantly associated with lower scores in Emotional Investment in Moral Standards ($r = –.49$, $p = .012$), Self-Esteem Regulation ($r = –.54$, $p = .005$), and Identity and Coherence of Self ($r = –.54$, $p = .006$), indicating that avoidantly attached individuals tend to exhibit more fragmented, disengaged, and emotionally distant internal representations in their TAT narratives. A moderate, borderline-significant relationship was also observed with Social Causality ($r = –.39$, $p = .053$). Other SCORS-G domains did not show statistically significant associations. Confidence intervals (95% CI) are included to indicate the precision of each correlation estimate.

Correlation Matrix of Attachment, Psychopathy, and SCORS-G Dimensions

Figure 4 presents a correlation matrix summarizing the relationships among attachment styles (ECR-R), psychopathy traits (LSRP), and internal object representations (SCORS-G). Strong, negative associations were found between both attachment anxiety and avoidance and several SCORS-G dimensions, particularly emotional investment in moral standards, self-esteem regulation, and identity coherence, suggesting that insecure attachment is linked to impaired social-cognitive representations in narrative assessments. In contrast, psychopathy scores showed weak and inconsistent correlations with SCORS-G dimensions, indicating minimal overlap between self-reported psychopathic traits and narrative-based measures of relational functioning. Strong intercorrelations among SCORS-G scales (e.g., between emotional investment, self-esteem, and identity coherence) further validate their conceptual cohesion.

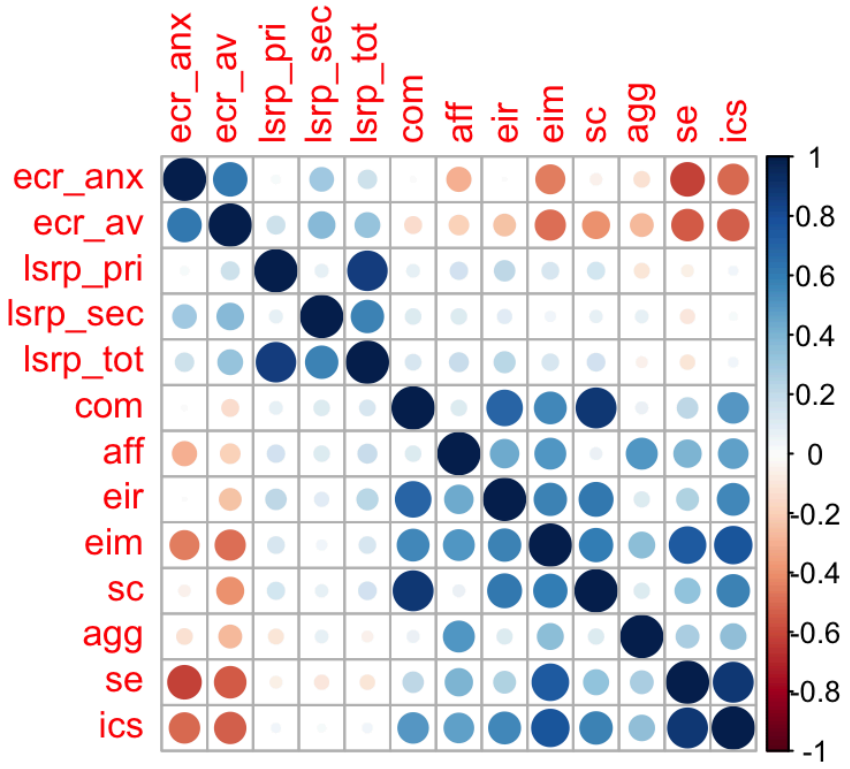

Figure 4: Correlation matrix displaying Pearson's correlations among attachment dimensions (ECR-R), psychopathy traits (LSRP), and SCORS-G object relations variables.

Blue circles indicate positive correlations, while red circles indicate negative correlations. The size and intensity of each circle reflect the strength of the correlation (range: –1 to +1). Notable negative correlations are observed between attachment insecurity (both anxiety and avoidance) and SCORS-G dimensions such as emotional investment in moral standards (eim), self-esteem regulation (se), and identity coherence (ics), suggesting that insecure attachment is associated with impaired internal object representations. Psychopathy dimensions show weak correlations with SCORS-G scores, indicating limited overlap between self-reported psychopathic traits and narrative-based interpersonal functioning.

Chapter 4: Discussion

This study set out to examine the relationship between attachment styles and psychopathic traits within a non-clinical undergraduate sample, using a multi-method approach that included both self-report measures and projective narrative analysis. The research was grounded in a theoretical framework drawn from attachment theory, psychopathy literature, and dimensional models of personality pathology. Specifically, the study employed the Experiences in Close Relationships–Revised (ECR-R) scale to assess attachment anxiety and avoidance, the Levenson Self-Report Psychopathy Scale (LSRP) to capture both primary and secondary psychopathic traits, and the Thematic Apperception Test (TAT), scored using the Social Cognition and Object Relations Scale–Global (SCORS-G), to evaluate participants' internal representations of self and others. Contrary to the initial hypotheses, the findings did not yield statistically significant associations between attachment styles and psychopathic traits, nor between psychopathy scores and SCORS-G narrative indicators. Despite the lack of significance, several noteworthy trends emerged, particularly in the associations between attachment insecurity and deficits in narrative themes related to self-esteem, identity coherence, and moral investment. These findings warrant further consideration, particularly in relation to methodological limitations, the characteristics of the sample, and the evolving nature of personality assessment in psychological research.

The descriptive statistics for the sample suggest a population with generally moderate levels of attachment insecurity and psychopathic traits. Attachment anxiety ($M = 3.32$, $SD = 0.99$) was somewhat more prevalent than attachment avoidance ($M = 2.57$, $SD = 1.09$), suggesting a relational profile oriented towards fear of abandonment and hypersensitivity to rejection rather than disengagement from intimacy. Psychopathy scores fell within the mid-range for non-clinical populations, with primary psychopathy ($M = 21.73$, $SD = 5.13$). These descriptive data are consistent with other undergraduate samples, where mild to moderate elevation in interpersonal manipulation, impulsivity, or emotional detachment can occur without meeting clinical threshold (Benning et al., 2003; Mahmut et al., 2007). The hypothesis that participants with higher levels of psychopathy would also report greater attachment insecurity was not supported by the inferential analysis. Independent samples T-test revealed no significant differences in either attachment anxiety or avoidance when participants were divided into high and low psychopathy groups based on median splits. Specifically, avoidant attachment scores did not differ significantly between high and low primary psychopathy groups, $t(24) = 1.01$, $p = 0.32$, and anxious attachment scores were identical between groups ($M = 3.32$), $t(24) < 0.001$, $p = 1.00$. Secondary psychopathy showed a similar pattern, with a non-significant trend towards higher avoidant attachment ($M = 2.86$) in the high psychopathy group compared to the low group ($M = 2.17$), but differences did not yield statistically significant $t(24) = 1.66$, $p = 0.11$. The lack of group differences, despite there being a direction trend, may be attributed to restricted variability in psychopathy scores and insufficient statistical power.

More revealing were the correlation analyses examining associations between attachment dimensions and SCORS-G narrative variables. Here, several significant findings emerged. Attachment anxiety was significantly negatively correlated with Emotional Investment in Moral Standards ($r = –.45$, $p = .023$), Self-Esteem ($r = –.62$, $p = .001$), and Identity Coherence ($r = –.50$, $p = .011$). Likewise, attachment avoidance showed significant negative correlations with these same SCORS-G domains: Moral Investment ($r = –.49$, $p = .012$), Self-Esteem ($r = –.54$, $p = .005$), and Identity Coherence ($r = –.54$, $p = .006$). These results support prior research showing that insecure attachment is associated with compromised self-functioning, reduced affective investment in social and moral relationships, and diminished self-coherence (Mikulincer & Shaver, 2007). Importantly, these associations emerged from narratives participants generated in response to ambiguous social stimuli, suggesting that attachment-related dynamics may be more detectable in implicit representational content than in self-report data alone. Conversely, none of the SCORS-G dimensions showed significant associations with psychopathy scores. Correlations between both primary and secondary psychopathy and all eight SCORS-G scales ranged from –.11 to .23, with all p-values well above .05. For example, the correlation between primary psychopathy and Emotional Investment in Relationships was positive but weak and non-significant ($r = .22$, $p = .29$). These null results challenge expectations based on previous studies that have linked psychopathy, particularly secondary psychopathy, to disturbances in social cognition, moral judgment, and object relations (Blair, 2005; Cale & Lilienfeld, 2002; Brody & Rosenfeld, 2002). One possible explanation is that SCORS-G dimensions, which were designed to assess the maturity of self and object representations, may be more sensitive to IWM shaped by attachment experiences than to the more behaviorally oriented features of psychopathy as measured by the LSRP. In addition, the LSRP itself, while widely used, may inadequately capture the affective and interpersonal deficits central to psychopathy, particularly in non-clinical samples where antisocial behavior is less prevalent and socially adaptive features of psychopathy are more dominant (Hall & Benning, 2006).

These findings align with a growing body of evidence suggesting that insecure attachment is a developmental precursor to broad forms of personality dysfunction, including but not limited to psychopathy. For example, studies have shown that individuals with disorganized or avoidant attachment styles often display impaired moral reasoning, weak empathic capacity, and underdeveloped self-coherence—traits that overlap with psychopathy but are not exclusive to it (George & West, 2001; Frick & Viding, 2009). The SCORS-G's capacity to detect these deficits highlights the value of projective narrative methods in psychological assessment. Unlike self-report inventories, which rely on introspection and may be influenced by conscious self-presentation strategies, projective tasks elicit spontaneous cognitive-affective schemas, providing a more ecologically valid window into the individual's internal world (Westen, 1991; Cramer, 2011). At the same time, the absence of significant associations between psychopathy and either attachment styles or SCORS-G ratings in this sample raises questions about the conditions under which these constructs are most meaningfully linked. Research with clinical

and forensic populations has consistently found that psychopathic traits are associated with early trauma, emotional neglect, and attachment failure (Skeem et al., 2003; Gao & Raine, 2010; Kimonis et al., 2006). However, in high-functioning college students, psychopathy may manifest in subtler, more adaptive ways. The concept of the "successful psychopath", individuals who exhibit psychopathic traits but achieve success in academic, occupational, or social domains, suggests that these traits may not always co-occur with attachment dysfunction or narrative pathology in detectable ways (Benning et al., 2005; Hall & Benning, 2006).

The null findings, while initially disappointing, are nonetheless informative. The absence of statistically significant correlations between psychopathy and attachment styles in this study may reflect the constraints imposed by the sample characteristics. The participants were drawn from a small liberal arts college and consisted exclusively of undergraduate students aged 18 to 22. As a relatively homogenous and high-functioning group, it is likely that the range of psychopathic traits and attachment disturbances within this population was too narrow to capture meaningful associations. This is a well-documented challenge in personality research involving non-clinical samples. Several studies have highlighted that while traits like callousness or emotional detachment may be present in subclinical forms among college students, they often do not manifest with the intensity or dysfunction characteristic of clinical or forensic populations (Mahmut et al., 2008; Benning et al., 2005; Medina et al., 2016). Neurophysiological research indicates reduced emotional processing in individuals with higher psychopathic traits, particularly for less arousing stimuli (Medina et al., 2016). The Inventory of Callous-Unemotional Traits (ICU) has shown promise as a measure of these traits in college students, correlating with existing psychopathy measures and predicting antisocial tendencies and low empathy (Kimonis et al., 2012). However, the limited range of psychopathic traits in homogeneous college samples may hinder the detection of meaningful associations, a common challenge in personality research with non-clinical populations. As a result, the low variability in psychopathy scores may have reduced the statistical power needed to detect associations, particularly given the already small sample size of twenty-six participants.

Additionally, the sample size was small and composed entirely of undergraduate students at a single liberal arts college, minimizing generalizability and statistical power. The restricted range of both attachment and psychopathy scores likely attenuated the strength of correlations. In addition, the SCORS-G was scored by trained undergraduate raters, who, despite achieving acceptable interrater reliability, may lack the clinical expertise required to detect more subtle indicators of pathology. The cross-sectional design precludes any conclusions about causality or developmental trajectories. While self-report measures like the ECR-R and LSRP are well-validated and widely used in research, they are inherently limited in their ability to assess unconscious or defensive psychological processes. They also require the participant's ability and willingness to introspect accurately about their relational tendencies, a process that may be particularly problematic in individuals with psychopathic traits. This is especially pertinent in studies of psychopathy, where individuals with elevated traits may be motivated, consciously or unconsciously, to present themselves in a socially desirable or misleading light. Paulhus and

Williams (2002) have shown that individuals high in the so-called "Dark Triad" traits, including psychopathy, tend to engage in impression management and self-enhancement when completing self-report inventories. This response bias can significantly obscure the relationship between reported traits and actual psychological functioning. Additionally, individuals with primary psychopathic traits, who are characterized by low anxiety, shallow affect, and manipulativeness, may possess limited insight into their own emotional states, further compromising the reliability of self-reported attachment anxiety or avoidance (Hare & Neumann, 2007).

In contrast to the null results regarding psychopathy, several significant and theoretically consistent associations were observed between attachment insecurity and SCORS-G narrative dimensions. Specifically, both attachment anxiety and avoidance were negatively correlated with SCORS-G ratings of emotional investment in moral standards, self-efficacy, and coherence of self. These findings support the hypothesis that insecure attachment, particularly when measured in terms of internalized representations accessed through narrative methods, is linked to disruptions in moral reasoning, affective regulation, and identity formation. This is consistent with the extensive literature suggesting that early attachment disruptions impair the development of stable IWMs, which serve as the foundation for affective regulation, empathy, and interpersonal trust (Bowlby, 1988; Mikulincer & Shaver, 2007). The SCORS-G, designed to assess the complexity and quality of these internal representations, appears to be particularly sensitive to attachment-related disturbances. Prior studies using similar methods have demonstrated that individuals with insecure or disorganized attachment styles tend to produce narratives characterized by emotional detachment, aggression, and disorganized themes (George & West, 2001; Cramer & Kelly, 2010). The present findings further validate the SCORS-G's capacity to detect these attachment-related themes, even when self-report measures do not.

The fact that attachment insecurity, rather than psychopathy, was associated with narrative-level impairments suggests several important possibilities. One interpretation is that attachment and psychopathy, though theoretically linked, may differ in their cognitive and emotional accessibility. Attachment styles are often semi-conscious but can be activated and expressed through narrative, particularly in the presence of ambiguous relational stimuli like those presented in the TAT. Psychopathy, particularly in its primary form, may involve a more pervasive absence of emotional depth that does not necessarily disrupt narrative coherence in a non-clinical sample. Alternatively, it is possible that the SCORS-G, while designed to assess self and object representations, is more closely aligned with attachment-related constructs than with the core features of psychopathy. This aligns with findings from Westen (1991), who argued that projective narrative methods are particularly well-suited for capturing relational schemas, affect regulation, and self-other boundaries, dimensions that are central to attachment theory but only indirectly related to psychopathy. It is also worth noting that many existing studies that do find strong associations between psychopathy and attachment rely on clinical or forensic populations, where psychopathic traits are more severe and more consistently associated with early trauma or attachment failure. For instance, Skeem et al. (2003) found that secondary psychopathy, which is associated with emotional dysregulation and impulsivity, was strongly linked to histories of

abuse and insecure attachment. Similarly, studies by Gao and Raine (2010) and Kimonis et al. (2006) have identified significant correlations between callous-unemotional traits and disorganized or avoidant attachment styles in at-risk youth and offender samples. The present study, by contrast, likely captured individuals at the lower end of the psychopathy spectrum, whose traits may be better understood as "adaptive" or "successful" psychopathy (Hall & Benning, 2006). These individuals may function well in academic settings, maintain social relationships, and engage in strategic impression management, thereby masking traits that might otherwise disrupt interpersonal narratives.

In light of the findings, the study also contributes to the ongoing discussion about the integration of attachment theory with dimensional models of personality pathology, such as the Alternative Model for Personality Disorders (AMPD) introduced in DSM-5 Section III (APA, 2013). According to the AMPD, personality disorders are conceptualized as impairments in self and interpersonal functioning, evaluated through both Criterion A (level of personality functioning) and Criterion B (maladaptive trait dimensions). Psychopathy, while not formally classified as a distinct personality disorder in the DSM-5, aligns closely with the AMPD traits of antagonism, detachment, and disinhibition (Anderson et al., 2021; Widiger & Crego, 2019). At the same time, insecure attachment styles, particularly those characterized by avoidance and disorganization, have been shown to predict impairments in identity, empathy, intimacy, and emotional regulation (Levy et al., 2015; Mikulincer & Shaver, 2016). The present study's findings, particularly the links between attachment insecurity and SCORS-G indicators of impaired self-functioning, support the AMPD's emphasis on the developmental and relational origins of personality pathology. Future research that explicitly maps attachment styles onto AMPD trait dimensions could offer valuable insight into the shared etiological mechanisms underlying psychopathy and other personality disorders.

Given the limitations of the current study, several avenues for future research are warranted. First, future studies should employ larger and more diverse samples. Increasing sample size would enhance statistical power and allow for more nuanced analyses, such as testing for interaction effects or exploring mediating variables, such as trauma history, emotion regulation, or cognitive empathy. Second, it would be beneficial to include participants from clinical forensic populations, as well as occupational groups such as corporate executives, medical professionals, and individuals in high-stakes financial sectors, where the base rates of psychopathy and attachment pathology are higher and more varied. Third, future work should adopt a multi-method design that includes not only self-report and narrative methods, but also physiological measures (heart rate variability, skin conductance), behavioral tasks (moral dilemma tasks, facial affect recognition), and clinician-administered diagnostic interviews. These approaches would provide a richer, more ecologically valid understanding of how psychopathy and attachment function in real-world settings. Finally, longitudinal designs would be invaluable in tracing the developmental pathways from early attachment experiences to the emergence of psychopathic traits, especially in populations exposed to adversity or inconsistent caregiving.

In conclusion, although the present study did not find significant associations between psychopathic traits and attachment insecurity in a non-clinical college sample, it provides preliminary connections between attachment and the integrity of self and relational representations as expressed in narrative form. These findings underscore the complex interplay between relational development and personality functioning and highlight the value of projective methods in capturing aspects of psychological life that are difficult to access through self-report alone. By integrating narrative analysis with dimensional and developmental models of personality, this study lays the groundwork for future inquiries into the subtle mechanisms by which attachment influences the expression of psychopathic and other maladaptive personality traits.

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