Negative Parenting Practices, Childhood Trauma, and Paranoid Personality Disorder

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Abstract. The negative parenting practice, involving authoritarian, permissive and uninvolved parenting pattern, has harmful effects on children's mental health and personality development. Even worse, childhood trauma damages children's normal formation of personality and elevates the risk of personality disorders. This paper mainly discusses the association between negative parenting practice or childhood trauma and offspring paranoid personality disorder (PPD). According to abundant reviews, there are a number of evidences that support this relationship. First of all, insecure attachment pattern in childhood could shape paranoid trait, and parent-child relationship with low quality is considered as the trigger of paranoid trait. Plus, childhood maltreatment is suggested to contribute to abnormal mental development and personality disorder. Maltreated children showed more symptoms of PPD in adolescence, along with earlier signs of poor peer relations and externalizing problems. Moreover, aversive parental behavior and low parental nurturing are related to elevated risk of PPD during adulthood. Different types of maltreatment have different effects on risk of PPD, among which sexual and emotional abuse are the most influential ones. Generally, more negative influence of maltreatment was observed in black children and girls than in other groups. This review can provide some clues for future studies and practical application. It can provide guidance for family or community programs that aim to prevent or intervene PPD.

Keywords: Paranoid Personality Disorder · Negative Parenting Practice · Maltreatment · Attachment Style

1 Introduction

1.1 Negative Parenting Practice and Childhood Trauma

Family, as a unique unit of social system, plays an essential role in the development of children and adolescents. One of the most important functions that families serve in all societies is to cultivate their young [1]. Children and adolescents acquire their attitudes, beliefs, worldviews, and values, by means of observing, modelling, or directly learning

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from family members, especially parents. Thus, parenting practice significantly influences the formation of personality in children, which reaches the moratorium status or achieves a stable identity around the age of 21 [2]. In addition, Johnson et al. conducted a study to show that, negative parenting practice (or maladaptive parental behavior) is linked to the higher risk of personality disorders in children [3]. The negative parenting practice generally means that parents cannot stay emotionally available and sensitive to their children's needs [4]. In terms of four patterns of parenting styles—authoritative, authoritarian, permissive and uninvolved parenting, the last three were found to be associated with several problematic parental behaviors, including demandingness, control by guilt, more inconsistent and harsh discipline, and few responses to children's negative feelings [1, 2, 5, 6]. For example, the lack of monitoring and psychological control in uninvolved parenting pattern may lead to the risk of becoming selfish and irresponsible adolescents without valuable pursuit in their children. They are more likely to perform antisocial and delinquent behaviors, such as alcohol and drug abuse [7, 8]. Moreover, the over-controlling parenting in authoritarian parental style is one of the main factors for preadolescent anxiety and depression [7]. One of the forms of negative control is psychological control, involving guilt induction, personal attack, and love withdrawal [9]. Barber's study indicated that depression and delinquency were relatively equally predicted by psychological control in the fifth-grade sample. Therefore, negative parenting practice contributes to children's abnormal mental development and elevated risk of personality disorders [10].

The traumatic childhood events include physical abuse, such as beating, kicking, getting enemas, and being imprisoned in a small dark space. They also involve various kinds of sexual practice and forms of psychological trauma, such as constant denigration, humiliation, and forcing the child to watch their siblings being sexually abused [11]. These traumatic childhood experiences have a profound influence over offspring's functioning in different areas [12]. Chronically traumatized children tend to suffer marked changes in states of consciousness, such as amnesia, hypermnesia, dissociation, depersonalization, and derealization [13]. There is also a high rate in children under trauma who suffer from sensorimotor developmental disorders [14]. Furthermore, they are often literally disengaged or detached from their feelings and cannot find any words to describe their internal states [13]. Obviously, this kind of state has negative effects on children, especially on their personality development.

1.2 Previous Study of Paranoid Personality Disorder

It is essential to understand the etiology of PPD. PPD is characterized by paranoia and a pervasive, long-standing suspicion and generalized mistrust of others. According to Haghighatfard, it has a 0.5–2.5% prevalence in the general population with unclear explanation [15]. Kendler studied 2793 young adult Norwegian twins and discovered that over two-thirds of the long-term stability of the common cluster A personality disorder liability can be accounted to genetic influences [16]. Second, at least in male violent offenders, connections between childhood trauma and NOS1AP gene polymorphisms may enhance PPD traits [17]. Complex I deregulations, particularly core and supernumerary subunits, are also associated with the development of PPD [15]. These disruptions have an impact on both brain activity and disorder features.

Personality disorders are influenced by psychological variables as well [18–21]. Cognitive distortions are one of the symptoms of PPD patients. When it comes to perceiving unclear faces, people with paranoid personality traits have more prejudices than normal people [22]. These biases can considerably influence behavioral patterns, and as a result, degrade their functioning. Patients with PPD have lower social functions. According to a previous study, impaired vocational functioning is a crucial part of PPD [23]. There is a controversy over where the border between PPD and schizophrenia-spectrum illness should be drawn. Birkeland investigated the clinical confluence between PPD and other schizophrenia-spectrum illnesses [24]. Even though the patient in this case had clear signs of PPD and still was diagnosed as such, the psychotic symptoms went far beyond the disorder's common concept and diagnostic criteria. As a result, there are two suggestions to help the PPD family. First, Adler's Democratic Parenting Style is a protective factor for people with personality disorders, and it could be useful in promoting parenting programs to people with personality disorders [25]. Second, when children in the family show psychotic symptoms, Mohammadi suggests that because parents with PPD increase the risk of substance use in their children, doctors should consider the personality characteristics of the parents while designing preventive programs for children who use substances [26].

1.3 Current Review

To sum up, parenting practice is vital to the development of children's personality. Negative parenting practices of authoritarian, permissive and uninvolved parenting patterns make a profound adverse impact on children, which contribute to mental problems and personality defect. In addition, childhood trauma can be devastating to a child's psychological development. Previous studies mainly focused on the paranoid trait, which was considered as a factor to measure the degree of psychotic symptoms. Most recent research on PPD focused on etiology (e.g., genetics, brain structure, and psychological factors), comorbidities (i.e., alcohol assumption and heroin dependence), individual impact (i.e., cognitive distortions), and society impacts (i.e., job competence). There is relatively a lack of research that investigated the association between parenting styles and PDD. This review aims to evaluate the effects of negative parenting practice and childhood trauma on PPD. This paper explores the relationship between parenting practice, including attachment style, parent-child relationship, and paranoid trait. Additionally, this paper also reviews the general effect of childhood maltreatment on PPD. More specifically, different forms of childhood maltreatment (i.e., sexual, physical and emotional abuse, emotional and physical neglect) might have different extent of effects on PDD. Moreover, racial differences (e.g., black versus white) and gender differences (i.e., males versus females) and their associations with symptoms of PDD are also evaluated. This review can provide some guidance for the development of prevention and intervention parenting programs for high-risk groups.

2 Parental Practices and Paranoid Trait

2.1 Attachment Style and Paranoid Trait

In 1969, developmental psychologist John Balby proposed the notion of attachment pattern. Modern psychologists believe that early interpersonal experiences shape how we interact with people and how we relate to them. The acquisition patterns of cognition, emotion, and action in interpersonal relationships are influenced by attachment pattern. The attachment pattens are formed at infancy and continue to develop throughout childhood and adolescence. Even in adulthood, human experience continues to shape attachment patterns. Secured attachment patterns and insecure attachment patterns take place, with insecure attachment patterns including preoccupied, dismissive, and fear-avoidant attachment patterns among it. Attachment patterns in childhood (i.e., Secure, Preoccupied, Dismissive, Fear-Avoidant) have been implicated in the development of paranoid traits, particularly insecure attachment patterns. In the research of Mertens et al., childhood emotional abuse, dissociation, attachment patterns, and paranoid traits were tested non-clinically ascertained young adults from university [27]. Overall, the findings point to there is a possible relationship between emotional abuse and paranoia trait. High attachment anxiety (preoccupied and fearful) are also crucial mediators when comparing all kinds of insecure attachment styles. Additionally, the second major finding was that, when factors of insecure attachment styles were considered, dissociation significantly mediated the impacts of emotional abuse on both paranoid trait measures. The findings emphasize the importance of dissociation and attachment insecurity as risk factors for paranoid characteristics, and they show that childhood emotional maltreatment reported by a nonclinical sample can have widespread and long-term implications in adulthood. To sum up, insecure attachment pattern in childhood could play an important role in shaping paranoid trait.

A person's overall subjective sense of personal value and worth is referred to as self-esteem psychologically. Self-esteem is defined by many factors, such as self-confidence, security, identity, sense of belonging and sense of competence. Low self-esteem may indicate paranoia trait, but paranoia would still be portended by insecure attachment, even when self-esteem is controlled. In the study of Sitko et al., the experience sampling method (ESM) was used to investigate twenty clinical participants with a psychosis-spectrum diagnosis and twenty healthy controls with no history of mental illness over the course of six days [28]. The research indicated that the clinical group had significantly higher fluctuations in attachment insecurity, that inflated stress found to predict a subsequent increase in attachment insecurity, and that high attachment insecurity anticipated a subsequent increase in paranoia; nevertheless, once co-occurring symptoms were taken into account, this influence was not seen in hallucinations of auditory. Lastly, despite previous ESM studies demonstrating that low self-esteem predicts paranoia, attachment insecurity continued to predict paranoia even after self-esteem was factored into the equation. Therefore, security attachment is linked to a lower risk of paranoia. This finding implies that therapists should focus efforts on addressing attachment beliefs and working toward establishing a sense of attachment stability in therapy.

2.2 Parent-Child Relationship and Paranoid Trait

Apart from insecure attachment of childhood, the health quality of adolescents' current relationship with their parents and other family member generally impacting the emotional and personality development of people. Parent-Child relationship is also considered could be the trigger of paranoid trait. In Riggio's study, relationships with biological parents, paranoid thinking, loneliness, and social isolation were all self-reported by all participants [29]. With an ethnically diverse sample, this study looked at interconnections between mothers, fathers, and participants separately. According to the data, there seems to be a complicated relationship between paranoid thinking, parental relationships, and youth social outcomes. Firstly, paranoid thinking has been linked to unsatisfied social outcomes such as social exclusion, isolation, and the quality of parental relationships. Secondly, high quality parent-child relationships are linked to lower levels of loneliness, especially when children live with their parents. Thirdly, paranoid thinking is connected with increased social exclusion in adolescent or adults who live away from the family. It indicates that greater reliance on parents and frequent interaction with parents may assist in reducing some of the negative social ramifications of paranoid thinking. Finally, these findings show that paranoid thinking is linked to young adults having low social engagement, when they live outside the family. By fostering relationships with peers, parents' participation and interventions may contribute to a loss of association between paranoid thinking and social seclusion. Siblings may also decrease the connection between paranoid thinking and social isolation in the family.

3 The Impact of Childhood Abuse on PPD

3.1 General Effects of Childhood Maltreatment

As discussed above, childhood maltreatment and trauma could contribute to abnormal mental development and personality disorder for children. Childhood maltreatment also have identified relationship with PPD. In the study of Hock, in the 47-year longitudinal Barbados Nutrition Study, researchers looked at the specific and combined relationships of early malnutrition and childhood maltreatment with personality disorder in mid-adulthood in subjects [30]. As a consequence, early childhood starvation or abuse was associated to adult personality disorders among Barbadians. They discovered that people who were malnourished had higher paranoid, schizoid, avoidant, and dependent PD scores, while people who had experienced more childhood abuse had higher paranoid, schizoid, schizotypal, and avoidant PD ranking. Participants who had both malnourished and abuse had greater PD ratings than those who had neither adversity nor either adversity alone, showing that the two stressors have a compounding impact.

Children with childhood history of maltreatment tend to perform PPD with high symptom levels in adolescence, and show early signs of poor peer relations and externalizing problems. Natsuaki et al. conducted a longitudinal summer camp research program, in which children from 9 to 12 years old were participated at least once [31]. During the summer camp, researchers assessed the child maltreatment with DHS maltreatment records, and using self or peer or counsellor's reports to measure peer relations

and externalizing problems. The OMNI-IV Personality Disorder Inventory was administered when these participants approached their adolescence (mean age = 15.30). They were divided into low, moderate, and high PPD groups according to the PPD symptoms levels. As the results showed, adolescents in moderate, and high PPD groups had more prevent history of child maltreatment. In addition, participants in high PPD group showed a tendency to bully their peers and fight with others. They were less likely to be a leader or cooperate with teammates. The findings indicates that children who present early signs of behavioral disturbances may turn to adolescents with elevated PPD symptoms. It is because, as researchers proposed that, children affected by maltreatment generally can not trust others and feel comfortable with suspicious people. They form a hypervigilant and negative bias when processing others' emotional states and thus bully peers they suspect, which can be regard as a defensive mechanism induced by early childhood maltreatment. This psychological state makes maltreated children find it difficult to cooperate with others and lead a team. Those social behaviors needed the fundamental trust and dependence on other people that they seldom possessed. The skeptical cognitive processing styles was similar to the adult patients with PPD, involving primary symptoms of PPD like being preoccupied with hidden motives of others. When the mistrust perception of maltreated children became rather pervasive, it was probably trans to pathologically paranoid in adolescence.

For further study, researchers found that the association between problematic parental behaviors and PPD is also existed in the adulthood. What's more, the association will not diminish through the entire adulthood. In the study of Johnson et al., 593 families are randomly chosen from two upstate New York counties [32]. Researchers assessed 10 types of parenting behavior with interviews and assessed offspring PD twice at the age of 22 and 33, with Personality Diagnostic Questionnaire and the Structured Clinical Interview for DSM-III-R Personality Disorders. In addition, other variables, including offspring behavioral problems, emotional problems, parental psychiatric disorder, were assessed by a set of interviews and controlled statistically. The results showed both aversive parental behavior and low parental nurturing during the child-rearing years (mean offspring age = 5.5 years) are associated with higher risk of PPD during adulthood. As for the covariates, negative parenting pattern accounted for 35.2% of the association between offspring behavioral or emotional problems and the risk of PD in offspring. It also accounted for 94.9% of the association between parental psychiatric disorder and the risk of PD in offspring during adulthood [33]. These findings suggest that problematic parental behaviors serve not only as the predictor of the risk for PPD during adulthood, but also the mediation of childhood behavioral or emotional problems and parental psychiatric disorders with risk for PPD during adulthood. Another result showed that, the point prevalence of PPD at the mean age of 33 years was sightly higher than the mean age of 22 years [32]. Therefore, the bad influence of negative parenting practice on PPD can be inferred to be far-reaching and difficult to cut down during the whole adulthood.

3.2 The Effects of Different Childhood Maltreatment

Five types of childhood maltreatment, involving sexual, physical and emotional abuse, emotional and physical neglect, affect PPD with varying degrees. Jill et al. evaluated 10

personality disorders by means of SCID II and traumatic events in childhood through interview in a large sample of 409 participants [34]. The relations were assessed by structural equation modelling to identify the significant correlation. As the results showed, PPD was mostly related to sexual abuse and emotional abuse. For one thing, sexual abuse often caused feelings of shame, stigmatization, and mistrust, which is the central defining feature of PPD. For another, childhood emotional abuse, such as frequently being put down and cursing, contributes to deficits of self-efficacy and psychosocial functioning [35]. These deficits may also increasing the distrust of others due to the lack of confidence extending from oneself to others. In short, sexual abuse and emotional abuse are most likely to induce high rate of skeptical personality and lead to PPD among the five forms of childhood maltreatment [34].

3.3 The Effects of Childhood Maltreatment on Different Races and Gender

The Black-White differences and Male-Female differences are salient in the symptoms of PDD, and childhood trauma serves as a mediation to operate. In Iacovino and colleges' longitudinal study, 711 participants aged from 55–64 were 25% Black and 75% White [36]. In addition, males made up 43% of Black participants and 46% of the White sample. Their PPD symptoms were assessed with the help of a combination of PPD scales and structured interviews, while the childhood trauma was measured by the Traumatic Life Events Questionnaire. According to the results, Blacks revealed higher levels of PPD symptoms, as well as the report of significantly more traumatic childhood events than Whites. What's more, males exceeded females on PPD mean scores based on self-report. In another study conducted by Linda et al., the correlation coefficients for abuse parameters with PPD also suggested that these relationships may be somewhat stronger for males than females [37]. Indeed, logistic regression results for PPD confined to male subjects were as strong as for the entire sample. Those findings indicates that, childhood trauma, as an explanatory intervening variable, operated the effect of racial and gender difference on PDD symptoms. Black people and females experience more social injustice and inequality from childhood trauma, which later makes them less likely to trust people. The mistrust can accumulate to form a paranoid personality or even PPD.

4 Conclusion

To sum up, insecure attachment patterns in childhood have a significant impact on the development of paranoid traits in both healthy people and clinical patients. Second, maltreatment, malnutrition, and problematic parenting may increase a child's risk of developing a personality disorder, having trouble participating in peer activities, being less cooperative, initiating conflicts quickly, and lacking leadership skills. Finally, depending on the sorts of childhood maltreatment, racial differences were found in PPD. There is relatively few longitudinal research in paranoid personality disorder. Future study should investigate the impact of negative parenting on the dynamic development of PPD. The association between paranoid personality disorder and parenting style or childhood trauma was discussed in this paper. This review can contribute to prevention and intervention research in PPD, as well as the relevant practices.

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