




Modeling Dark Personality Traits Based on Childhood Traumas with the Mediation of Guilt, Anxiety, and Depression

Zeinab. Jahangir Kalestan¹, Afshin. Salahian^{2*}, Bita. Nasrollahi³

¹ PhD Student, Department of Psychology, Science and Research Branch, Islamic Azad University, Tehran, Iran

² Assistant Professor, Department of Psychology, Payame Noor University, Tehran, Iran

³ Assistant Professor, Department of Psychology, Science and Research Branch, Islamic Azad University, Tehran, Iran

* Corresponding author email address: Salahian2020@gmail.com

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Objective: Dark personality traits, which have been the focus of empirical and research attention in the last decade, include narcissism, antisocial behavior, and Machiavellianism. The aim of the current research was to model dark personality traits based on childhood traumas with the mediation of guilt, anxiety, and depression.

Methods and Materials: The present study was correlational and utilized structural equation modeling due to its objectives. The study population consisted of university students in 2021. Based on Cochran's formula, 382 individuals were selected via convenience sampling and responded to questionnaires. The Johnson and Webster (2010) Dark Personality Traits questionnaire, the Lovibond and Lovibond (1995) Anxiety and Depression scales, the Mosher (2008) Guilt Inventory, and the Bernstein et al. (1994) Childhood Trauma questionnaire were used in this research. Data were analyzed using Pearson's correlation coefficient and structural equation modeling. SPSS 22 and AMOS 18 software were utilized for data analysis.

Findings: The modeling results indicated that guilt did not play a mediating role in the relationship between childhood traumas and dark personality traits ($p = .39$), whereas childhood traumas had a significant indirect relationship with dark personality traits through anxiety and depression ($p = .05$).

Conclusion: Given the findings, it is concluded that dark personality traits are a consequence of childhood traumas, where anxiety and depression play a significant role in this process. Therefore, it is necessary to implement intervention strategies to prevent dark personality traits in students who have experienced childhood traumas.

Keywords: Dark Personality Traits, Childhood Traumas, Guilt, Anxiety, Depression.

1. Introduction

The dark triad of personality, recognized for its impact in individual and social arenas, has garnered considerable interest from researchers. The first component of the dark triad, narcissism, is characterized by exaggerated feelings of grandiosity, pride, self-absorption, and entitlement. Narcissism interferes with various aspects of interpersonal functioning, as others are often repelled by the narcissistic individual's exploitative tendencies, egocentrism, and grandiosity (Kowalski et al., 2018). Antisocial behavior, considered the most dangerous trait within the dark triad, is defined by impulsivity, thrill-seeking, callousness, brazenness, and interpersonal aggression (Brewer et al., 2023). The third component, Machiavellianism, named after the views of Niccolò Machiavelli, reflects an extremely selfish orientation where individuals are willing to use deceit, manipulation, and exploitation to achieve their goals (Sadeghkhani et al., 2023).

Although there are significant similarities between the components of the dark triad, it is important to acknowledge the differences between them. One divergence relates to the fact that Machiavellianism and antisocial behavior are considered darker and more unpleasant personality traits compared to narcissism (Chabrol et al., 2009; Rauthmann & Kolar, 2013; Rauthmann & Will, 2011). This assertion is supported by research indicating that antisocial behavior and Machiavellianism are associated with outcomes such as a lack of moral concerns (Buckels et al., 2013). Another key difference lies in their distinct relationships with aggressive behavior and its origins; thus, given the broad and varied links of the dark triad traits with other constructs, there may be more than three dark personality traits. Pinker has recently introduced a milder form of this phenomenon termed "soft harassment" or "everyday harassment," which often manifests as non-sexual bullying, is common among individuals in different societies, and appears to be naturally distributed statistically (Pinker, 1999). Bullies seek opportunities to engage in daily cruel or harassing activities. Unlike antisocial individuals who disregard others in their interpersonal relationships, bullies may harm others in pursuit of their selfish goals (Izdebska, 2015; Zeigler-Hill & Marcus, 2016). However, what emerges from these traits is that they create significant harm in relationships. Childhood traumas have been proposed in the theoretical background as one of the causes in this context.

One of the fundamental and influential factors in the onset of mental disorders is childhood traumas. Childhood traumas are categorized into various types, the most significant of which include physical, emotional, sexual abuse, and physical neglect (Hughes et al., 2020). Physical abuse is the intentional infliction of injuries or physical harm to a child under 18 by an adult, posing a risk of death, injury, limb loss, or health. Emotional abuse occurs when a child is made to feel worthless, flawed, hated, unwanted, and dangerous, and their value is solely dependent on meeting the expectations and needs of others. Sexual abuse of a child involves a sexual relationship between a child and an adult or two children, where one is significantly older or uses force or coercion. Physical neglect refers to omissive acts where a child is deprived of necessities such as security, nutrition, clothing, shelter, medical care, etc., failing to meet their basic needs (Ahmadboukani et al., 2022; Warren et al., 2022). Child maltreatment is a widespread international issue with varying outcomes. The term "child abuse" is a general term used to describe all forms of child abuse, neglect, physical abuse, sexual abuse, inattention, emotional abuse, and recently family violence (Bücker et al., 2012). A study by Griffin and Amodeo showed that one in every 43 American children is subjected to physical abuse, especially neglected by parents in the first week of life. Approximately 500 American children in each age group have been victims of their parents' improper behaviors (Griffin & Amodeo, 2010).

Therefore, mistreatment includes both the commission of specific behaviors, such as emotional abuse, and the omission of certain actions, such as neglect, leading to emotions like anxiety and depression (Peng et al., 2021). It has been shown that childhood traumas are significantly related to emotional symptoms (depression, anxiety, despair, loneliness), cognitive, dissociative, interpersonal, and the severity of all symptoms of borderline personality disorder (Gewirtz-Meydan & Lahav, 2020). Thus, considering the fundamental role of childhood traumas in the onset of mental and emotional disorders such as guilt, anxiety, and depression; the present research aimed at modeling the prediction of dark personality traits based on childhood traumas, with the mediation of guilt, anxiety, and depression.

2. Methods and Materials

2.1. Study Design and Participants

The current research was correlational, and structural equation modeling (SEM) was also utilized according to the

objectives. The population of this study included students of the University of Science and Research in the academic year 2020-2021. Based on Cochran's formula and the population size, a sample of 382 individuals was selected. Due to the COVID-19 pandemic, participants were selected via accessible and online methods through student channels and groups (considering entry criteria) and responded to the questionnaires. In total, 403 individuals responded to the questionnaires, and after checking the completed questionnaires and responses, 383 participants had complete responses. The inclusion criteria for this study included being at least eighteen years old and having no history of psychiatric medication use, while incomplete questionnaire responses and withdrawal from participation were considered exclusion criteria. Participants were assured that their participation was voluntary and without any cost, and they could learn about the research results if they wished.

2.2. Measures

2.2.1. Dark Personality Traits

Johnson and Webster (2010) developed a short version to assess dark personality traits, which contains 12 items. Respondents are asked to rate the extent to which each item matches their situation on a seven-point scale (strongly disagree=1 to strongly agree=7). Each of the three dark personality traits is assessed with four items. The results of four studies by the scale's creators showed that this scale has high and acceptable validity and reliability. The original authors reported a test-retest reliability coefficient for the overall scale and the subscales in the range of .76 to .87. In Iran, Yousefi and Piri examined the psychometric properties of this scale, indicating good construct validity of the scale in the Iranian sample (Yousefi & Piri, 2016). The test-retest reliability coefficient for the questionnaire was .75 for the overall scale, .79 for narcissism, .80 for Machiavellianism, and .66 for psychopathy. Cronbach's alpha was used to assess the internal consistency of the questionnaire, which was .77 for narcissism, .72 for Machiavellianism, .68 for psychopathy, and .76 for the overall scale. To evaluate the convergent validity of the questionnaire, the 16-item narcissistic personality questionnaire, the short version of the Minnesota Multiphasic Personality Inventory for psychopathy, and the Mach-5 questionnaire were used, indicating high convergent validity (Jonason & Webster, 2010; Yousefi & Piri, 2016). In the current study, Cronbach's alpha for the questionnaire was calculated as .87.

2.2.2. Guilt

This questionnaire, designed by Mosher, includes 50 questions aimed at assessing guilt feelings and is rated on a six-point scale (strongly agree to strongly disagree). The construct validity of the questionnaire was confirmed in Mosher's study (2008), and a reliability of .84 using Cronbach's alpha was reported. In the present study, Cronbach's alpha for the questionnaire was calculated as .89.

2.2.3. Anxiety and Depression

The Depression, Anxiety, and Stress Scale, prepared by Lovibond and Lovibond in 1995, was used to assess anxiety. This scale's important application is measuring the severity of the main symptoms of depression, anxiety, and stress. The scale has two forms, with the original form consisting of 42 statements evaluating each psychological construct (depression, anxiety, and stress) through 14 different statements. Studies conducted by Lovibond and Lovibond (1995) showed that the test-retest reliability for the stress subscale was .81, for the anxiety subscale .79, and for the depression subscale .71. The scale's validity coefficients correlated with Beck's anxiety and depression questionnaires were .81 and .74, respectively. The anxiety subscale includes 14 questions, with the final score for each obtained through the sum of the scores of the related questions, rated from zero (never) to three (always). In the current study, Cronbach's alpha for the questionnaire was calculated as .91 (Kazemi Rezaei et al., 2023; Lovibond & Lovibond, 1995).

2.2.4. Childhood Trauma

This questionnaire was designed by Bernstein and colleagues in 1994, with the second version of 53 items presented in 1995, and the final version of 28 items arranged in 1998. Items are responded to on a five-point Likert scale from never to always, assessing five subscales: physical abuse, emotional abuse, emotional neglect, physical neglect, and sexual abuse. The questionnaire's reliability was reported in the range of .94-.79 using test-retest and Cronbach's alpha methods (Roy, 2011). In the present study, Cronbach's alpha for the questionnaire was calculated as .88.

2.3. Data analysis

This study used descriptive statistics to categorize the individual characteristics of the participants for calculating frequency, percentage, mean, and standard deviation. Inferential statistical methods were also employed. The

Kolmogorov-Smirnov test was used to assess the normality of the data, and Pearson's correlation coefficient and structural equation modeling were utilized. SPSS 22 and AMOS 22 software were used for data analysis.

largest portion of the sample with 62.40%, while undergraduate students made up the smallest portion with 16.97%. Additionally, the average age of the sample was 32.56 with a standard deviation of 7.11.

3. Findings and Results

According to the results, the majority of the study sample were females. Also, master's degree students constituted the

Table 1

Descriptive Statistics of Research Variables

Variable	Subscale	Mean	Standard Deviation	Skewness	Kurtosis
Childhood Traumas	Physical Abuse	2.14	2.54	0.43	0.65
	Emotional Abuse	1.32	1.32	0.76	1.04
	Emotional Neglect	2.76	2.67	-1.11	0.49
	Physical Neglect	2.75	4.41	0.32	0.07
	Sexual Abuse	1.05	1.42	0.87	0.04
Dark Personality	Narcissism	5.60	1.11	-0.01	-0.33
	Machiavellianism	4.96	1.70	0.23	0.88
	Psychopathy	3.27	0.39	0.64	0.09
Anxiety		23.22	3.67	0.65	0.78
Guilt		125.43	8.75	1.12	-0.77
Depression		20.18	2.11	0.31	1.12

Table 2 presents the correlations between the subscales of childhood traumas and dark personality traits. According to the results, the greatest relationship existed between the emotional abuse subscale and the psychopathy traits; the least significant relationship was between narcissism and physical neglect. According to the results, a significant

relationship only existed between the narcissism subscale and guilt feelings, with no significant relationships among other variables. There was no significant relationship between the psychopathy subscale and anxiety, but significant relationships existed among other variables.

Table 2

Correlation Between Research Variables

Variable / Subscale	1	2	3	4	5	6	7	8	9	10	11
Childhood Traumas											
1. Physical Abuse	-										
2. Emotional Abuse	0.32**	-									
3. Emotional Neglect	0.24*	0.64**	-								
4. Physical Neglect	0.44**	0.33**	0.15*	-							
5. Sexual Abuse	0.55**	0.21*	0.108	0.41**	-						
Dark Personality											
6. Narcissism	0.54**	0.48**	0.09	0.11*	0.065	-					
7. Machiavellianism	0.52**	0.42**	0.05	0.087	0.49**	0.27*	-				
8. Psychopathy	0.63**	0.72**	0.042	0.079	0.41**	0.35**	0.66**	-			
9. Anxiety	0.33**	0.38**	0.41**	0.29**	0.37**	0.15*	0.27*	0.10	-		
10. Depression	0.35**	0.40**	0.44**	0.36**	0.30**	0.23*	0.25*	0.21*	0.17*	-	
11. Guilt	0.29**	0.34**	0.38**	0.32**	0.31**	-0.14*	-0.08	-0.07	0.13	0.20*	-

*p<0.05; **p<0.01

Results in Table 3 indicate that, except for the paths from guilt feelings to dark personality traits and from childhood traumas to dark personality traits, all other paths were

significant. After examining the fit indices, guilt feelings did not mediate the relationship between childhood traumas and dark personality traits (p = .39). According to the results,

childhood traumas had a significant indirect relationship with dark personality traits through anxiety ($p < .05$). According to the results, the hypothesis that childhood traumas, through depression, have a significant indirect

relationship with dark personality traits was supported ($p < .05$). Figure 1 displays the fitted structural equation model along with the standardized path coefficients.

Table 3

Direct Path Coefficients of Research Variables

Path	Coefficient	S.E.	C.R.	P
Childhood Traumas ---> Anxiety	0.38	0.09	4.22	0.018
Childhood Traumas ---> Depression	0.32	0.159	2.02	0.039
Childhood Traumas ---> Guilt	0.49	0.035	12.56	0.0001
Anxiety ---> Dark Personality Traits	0.49	0.11	4.45	0.013
Depression ---> Dark Personality Traits	0.51	0.12	4.251	0.016
Guilt ---> Dark Personality Traits	-0.0001	0.002	0.05	0.943
Childhood Traumas ---> Dark Personality Traits	0.107	0.142	0.751	0.453

Figure 1

Final Model with Standard Coefficients

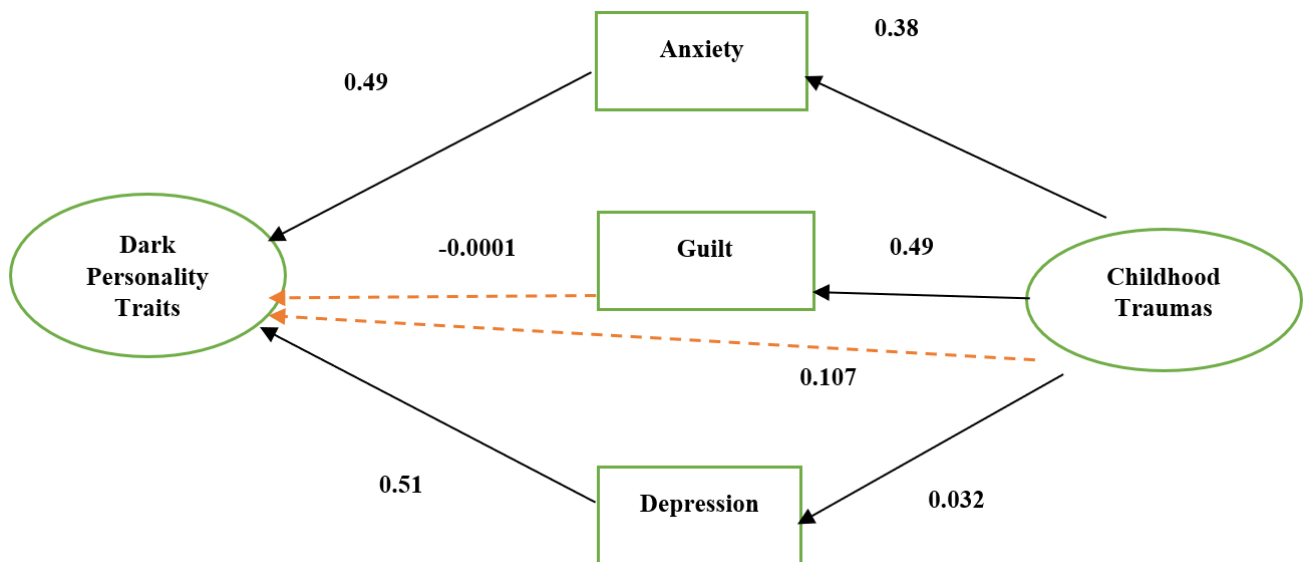


Table 4

Model Fit Indices

Model	CMIN	DF	CMIN/DF	P	CFI	RMSEA	GFI	NFI	IFI
Hypothesized	123.195	60	2.05	0.001	0.92	0.024	0.912	0.922	0.954

Table 4 shows the fit indices of the final model. According to the results and considering the acceptable threshold for the indices, the measurement model exhibited satisfactory fit.

4. Discussion and Conclusion

The aim of the present research was to model dark personality traits based on childhood traumas with the mediation of guilt, anxiety, and depression. The results indicated that, except for the paths from guilt feelings to dark personality traits and from childhood traumas to dark personality traits, all other paths were significant. This means that dark personality traits are a consequence of childhood traumas, in which the role of anxiety and

depression in this process was significant, emphasizing the need for early preventive interventions to address social, familial, and individual consequences.

This finding is consistent with the results of Steele et al. (2020) that examined these relationships. Their results showed that personality injury symptoms were associated with higher stress and less competence in parenting roles. Furthermore, lesser well-being was correlated with more significant childhood trauma and insecure attachment (Steele et al., 2020). The previous results showed that emotional maltreatment, lack of parental love, and physical and non-physical abuse affect mental health, aligning with the findings of the present research. Individuals with dark personality traits have a fragile self-esteem and might be preoccupied with how well they perform, often seeking admiration and praise through significant deceit. Generally, these individuals lack empathy, struggle to recognize others' desires, mental experiences, and feelings, and their interpersonal relationships are typically impaired due to problems arising from entitlement, the need for admiration, and indifference to others' sensitivities. Vulnerability in self-esteem makes individuals with dark traits highly sensitive to harm from criticism or failure, feeling humiliated, degraded, hollow, and void, often leading to their social withdrawal (Bücker et al., 2012; Gewirtz-Meydan & Lahav, 2020; Peng et al., 2021; Roy, 2011; Steele et al., 2020).

Childhood traumas prevent the development of healthy emotional regulation capabilities. The interplay between biological predispositions and invalidating childhood environments leads to deficits in acquiring the necessary skills for regulating emotional experiences and to emotional instability, cognitive, behaviors, and dysfunctional interpersonal relationships (Peng et al., 2021; Steele et al., 2020). According to the current study's results and in line with the findings of the aforementioned researchers, it seems that this emotional deficit in interpersonal relationships plays a significant role and sets the stage for the emergence of dark personality traits in individuals. Individuals with dark personality traits may feel that they are understood only by exceptional people or those from a higher social class, believing they should only associate with them (Kowalski et al., 2018). They are very selective in forming friendships and even sexual relationships, with recent research indicating that sexual relationships play a significant role in most theories of narcissism (Klein et al., 2020). When individuals fear confronting their emotional reality and facing their flaws, they try to punish and judge others when their emotions awaken, fearing projection from their strict

conscience derived from the humiliation of their feelings. Individuals who constantly blame and lecture others without reason are actually projecting their strict conscience onto them (Peng et al., 2021; Pinker, 1999).

Anxiety is generally an overwhelming expectation, representing something that might occur in extensive and often unnamed distress. This condition, emerging as a current feeling and experience like any emotional disturbance on a psychological and physical level, might also be related to an objective anxiety-inducing threat. Freud believes that anxiety is the starting point, guilt is the second feeling experienced, and finally, shame marks the end of the path (Monaghan et al., 2016). Low mood and depression would be secondary consequences of this path. It seems that the sequence of this process has facilitated the formation of dark traits. According to psychodynamic theory, negative mood is a reaction to "loss" or lack. The first stage of this reaction is introjection, during which the individual returns to the oral stage of development to integrate the identity of the lost one with their own. Childhood traumas create losses that pressure individuals into the aforementioned process. Introjection allows individuals to direct all feelings they have for the lost loved one towards themselves. Since such losses revert individuals to the oral stage of development, psychoanalysis believes that mood serves a practical (functional) purpose: to return individuals to a phase of life where they were dependent on others (parents). They have the opportunity to become dependent on their relationships with others during the negative mood phase, to benefit from the support this affords (Monaghan et al., 2016; Peng et al., 2021).

5. Limitations & Suggestions

Given the COVID-19 pandemic, the research sample was selected via accessible and online methods through student channels and groups (considering entry criteria), caution should be exercised in generalizing the results. Longitudinal studies should be conducted to investigate the developmental trajectory of internalizing and externalizing disorders in children who have experienced trauma. The role of environmental and familial variables in determining disorders resulting from childhood traumas should be identified. The relationship between anxiety and guilt in predicting dark personality traits in longitudinal studies should be examined. The prevalence of childhood traumas in children and the prevention of secondary outcomes should

be determined. Considering the key role of childhood traumas in dark personality traits, counseling centers and clinics nationwide are advised to use screening methods for early detection of childhood traumas. Given the mediating role of anxiety and depression in dark personality traits, diagnostic and treatment centers are recommended to use screening methods for early detection of anxious children and those with depressive symptoms. It is suggested that treatment centers use psychotherapy and early therapeutic and family interventions to reduce the effects of childhood traumas. It is also recommended that treatment centers use psychotherapy and early therapeutic and family interventions to reduce symptoms of depression and anxiety in children.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors contributed equally.

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