

Investigating the Role of Empathy and Emotional Intelligence on Attitudes Towards Coercive Control

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Abstract

Coercive control has come to the forefront of intimate partner violence research since updated changes within legislation has made the offence easier to define and understand. Attitudes towards intimate partner violence have been linked as being one of the most prominent predictors in the perpetration of intimate partner violence however, research fails to examine the relationship between attitudes and coercive control specifically. Previous research focuses on factors influencing attitudes concerning intimate partner violence including gender, age, economic and education status, and although important, there is a lack of research in the area of psychological variables and their impact on attitudes towards relationship behaviours. In order to investigate the role of psychological variables, this study examined which variables are the strongest predictors in attitudes towards healthy relationships, which for the purposes of this study refers to the extent to which participants hold attitudes in agreement and/or disagreement with coercive controlling behaviours. As well as demographics, the variables in question are emotional intelligence, cognitive and affective empathy, egocentricity, and interpersonal manipulation. Participants were a self-selected sample from the general public (N=301) and were required to complete the Psychopathic Personality Traits Scale (PPTS), The Trait Emotional Intelligence Questionnaire (TEIQue-SF), and The Attitudes Towards Healthy Relationship Scale (ATHRS). Results were analysed using independent t -tests and multiple regressions whereby all variants of psychopathy were associated with unhealthier relationship attitudes, as well as the demographic variables of ethnicity and education. Additionally, men were more psychopathic on all variants in comparison to women. Emotional Intelligence was found to be an insignificant factor in predicting ATHRS. This study provides novel contributions to the literature due to the development of the ATHRS as a new measurement tool when investigating coercive control and demonstrates potential practical implications. Limitations of the current study and future research recommendations are discussed within the subsequent chapters.

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Introduction

Intimate love is a concept which is extensively sought after by many (Spitzberg and Cupach, 2007) whereby the intimacy element of love encompasses emotional attachment with feelings of kind-heartedness and understanding (Regan, 2003). Usually, there are six important stages within interpersonal relationships which consist of contact, participation, intimacy, deterioration, repair, and termination (DeVito et al., 2008). As humans, relationships with others are fundamental features within our lives, creating feelings of pleasure when successful but resulting in distress when issues emerge and this makes it increasingly valuable to recognise how they begin, function, flourish and sometimes fail (Miller and Perlman, 2009). Intimacy between partners intensifies when people consider their partners to be considerate, courteous, grateful, and receptive to their needs (Reiss, 2014). This provides evidence that intimacy and loving relationships are often underpinned by characteristics that are typically regarded as *healthy* interpersonal qualities. Moreover, life contentment is firmly linked with positive, intimate relationships (Arrindell et al., 2001) whereby prosperous relationships are categorised by passion and commitment (Sternberg, 1998), recognising that if these traits are absent, poor intimate relationship virtues may emerge.

However, ideal, and desired *healthy* qualities, versus what is actually reflected within reality are often contrasting; meaning they are frequently missing from a percentage of intimate relationships. Throughout this thesis, the extent to which a range of psychological constructs and demographic factors are associated with participant attitudes towards healthy (or unhealthy) relationships will be explored. Unhealthy and problematic behaviours within intimate and familial relationships can adapt and develop into what are increasingly recognised as *psychological abuse* resulting in a range of consequences upon an individual's mental health (Thornton et al., 2023). For example, problematic behaviours such as gaslighting, manipulation and name-calling subtly become more prevalent, and progressively build in regularity and intensity to become acts of control (Lawrence et al., 2012; Lilley et al., 2023). As one of the most profound types of psychological abuse which abusive intimate partners engage in throughout England and Wales today (Brennan & Myhill, 2022), coercive control is of particular interest and important within this thesis. Attitudes towards healthy relationships, in the context of this study, is examining attitudes towards the acceptance of coercive control. Specifically, relationship attitudes conceptualised as 'healthy' in the current study, are those which do not endorse or promote the view that it is acceptable to exert different forms of control against intimate partners.

There has been an increasing interest and awareness of the problem that is coercive control within intimate relationships over recent years. For example, in 2015 a new criminal offence for

'coercive and controlling behaviour' was established within England and Wales. The decision to develop this domestic violence legislation into a distinct piece of the law came after substantial criticism was directed towards previous legal definitions of partner violence, often accused of being too limited in scope and failing to encapsulate coercive and controlling behaviour as criminal conduct in its own right (Stark & Hester, 2019; Kirkman et al., In Review). In fact, evidence suggests many emotionally abused women were left with limited legal safeguards and criminal justice options if coercive controlling partners stopped short of physical violence (Stark & Hester, 2019). The Home Office (2015) set out a new *working definition* to outline coercive control whereby *coercion* included psychological, physical, sexual, financial, and emotional abuse and the definition of coercive or *controlling behaviours* were defined as:

"Controlling behaviour: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour".

"Coercive behaviour: a continuing act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim".

(Home Office, 2015:3)

Furthermore, the conduct of behaviour must occur recurrently whereby the repetition of behaviour must have severe consequences for the victim and the behaviour shown by the perpetrator must be such that they are aware of its serious implications on the victim (Home Office, 2015b). Severe consequences must include a substantial adverse effect on one's usual day-to-day activities which can include examples such as physical or mental health deterioration, a change to work patterns, a change in the way an individual socialises, or a change in household routine (Crown Prosecution Service, 2017). Specifically, suffering psychological abuse and coercive control can lead to numerous side effects for victims such as post-traumatic stress disorders (Campbell, 2002; Woodfield et al., 2019; 2022), depression (Hegarty et al., 2004), social dysfunction and suicide attempts (Coker et al., 2002).

Statistics from police records on coercive control reported 33,954 offences recorded in March 2021, demonstrating an alarming upsurge from 24,856 in March 2020 (Office for National Statistics, 2021). Despite a huge increase within these figures, most victims of gender-based crime such as sexual violence, domestic abuse, and coercive control rarely report incidents to the police (see Stewart et al., 2023), so these statistics are likely to be a huge underrepresentation of the true figures (Fernandez-

Fontelo et al., 2019). The underreporting of gender-based violence has been referred to as the iceberg of domestic violence (Lindsay et al., 2023) whereby the majority of cases are not visible to the police and the public due to reasons such as fear, stigma, and cultural beliefs (Gracia, 2004). Additionally, analysis of victim reports suggest common forms of coercive controlling behaviours were as follows: tracking and monitoring social media usage, financial abuse, and supervising behaviours (Barlow et al., 2018). The Crown Prosecution Service (2017) provide specific examples, such as depriving the victim of access to support services, enforcing rules which humiliate the victim, threatening to hurt the victim or depriving the victim of their basic needs. An issue when dealing with these coercive controlling behaviours is that in isolation these may not be deemed as abuse, but when co-occurring and used excessively in order to control the lives of intimate partners, they equate to serious forms of abusive behaviour. Prior to the 2015 legislation and still today it has proven difficult for the police to gather evidence, the Crown Prosecution Service (CPS) to bring charges and courts/jurors to render convictions (Willmott 2017, Willmott & Oostinga, 2017). For example, despite the huge upsurge in coercive control offences, those being charged has in-fact decreased whereby evidential difficulties have been cited as the main barrier (Lagdon et al, 2022). This poses large concern whereby if the police and prosecution services are proving difficulty in evidencing coercive control, victims will therefore feel unable to report such experiences (Crossman & Hardesty, 2018).

As discussed within the following chapter, studies suggest that part of the problem which surrounds intimate partner violence and specifically, coercive controlling perpetration, are the unhealthy relational attitudes which underpin it. By gaining a better understanding of the range of views that members of the public hold towards coercive controlling behaviours within relationships, and the extent to which they endorse healthy/unhealthy relationships (including factors which predict these attitudes) then efforts can be made to understand where these problematic attitudes come from, how they might be addressed through education and thus who are most likely to endorse these views and require healthy relationship training.

Coercive control Perpetration

Intimate partner violence (IPV) is a large global issue which causes severe impacts to the mental and physical health of its victims (Cooper & Smith, 2011). IPV is understood to be an attempt to maintain power and control within intimate relationships, introducing the concept of coercive controlling behaviours (Shepard & Pence, 1999). Coercive control dates back throughout history due to an emphasis placed on power within abusive relationships by feminist scholars (Smith, 1989). In previous decades, non-physical abuse such as emotional mistreatment was recognised as a damaging tactic in order to manipulate women and, although coercion can incorporate acts of assault, it is predominantly

non-physical. However, the establishment of coercive control without the appearance of physical violence did not appear within legislation until much later meaning the sole experience of psychological abuse did not make a substantial case legally. After the awareness and recognition over the severity of coercive controlling behaviours, the United Kingdom introduced legislation which legitimised the offence of coercive control within intimate relationships without the need for physical abuse (Lagdon et al., 2023).

Coercive control is a fundamental sub-type of psychological abuse which can be defined as ‘an act or a pattern of acts of assaults, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten the victim’ (Women’s Aid, 2022), whereby behaviours ‘attempt to or have the effect of directing or constraining a spouse’s actions, thoughts or emotions’ (Ehrensaft et al., 1999:21). Coercive control is often pre-planned and strategic where coercive controlling perpetrators use private familiarity of the victim’s weaknesses to control them with each method being distinctive to the specific victim. For example, research conducted by Stark (2007) studied survivors of IPV in the United States of America and found that tactics including financial constraints, manipulation and making threats were often used to isolate victims from their partners and thereby making them easier to control. In conjunction with this, coercive control is built upon foundations of *negative reinforcement* whereby Dutton, Goodman & Schmidt (2005) used mixed methods to conduct surveys and interviews on 757 adults from Washington DC and Boston to investigate coercion within intimate relationships and found that those likely to use coercion against their partner were in favour of using aversive stimulus’ as a way of asserting authority and power. Furthermore, *dominance* is a key aspect within coercive control which is maintained through the uses of threats and intimidation (Beck et al., 2009) and can be seen to be influenced by discrepancies in gender role expectations.

When looking at coercive control perpetration, there is contrasting evidence from scholars regarding whether males or females are more likely to execute coercive controlling behaviours, and this could be due to the fact that the extent of violent acts alone cannot sufficiently embody violence in intimate relationships (Yoshihama, 2000) and, as previously mentioned, acts committed in isolation may not equate to any form of coercion but the repetition of these acts do account for severe forms of abuse. However, the majority of research focuses on males as the prominent perpetrators of coercive control within intimate partner violence. Origins from men’s use of coercive controlling behaviour has been linked to gender stereotypes and traditional masculinity whereby IPV is connected to values that situate men as protectors and authority figures. For example, Heward-Belle (2017) conducted interviews on coercively controlling males and found that they used tactics in order to manipulate their female partners into believing they were inadequate mothers to their children to increase their partners vulnerability and gain dominance within their relationships.

Coercive control affects all elements within a victim's life, incorporating daily activities, their uses of financial properties, interactions with family and friends and professional choices (Davis et al., 2012). In a survey conducted by Coker et al (2000) which analysed the consequences of coercive control on its victims found a direct effect on health with regards to physical injury with an additional indirect effect on the expansion of future health conditions such as asthma, heart diseases and arthritis. Moreover, future survey research by Coker et al (2002) found further consequences of coercive control which included severe mental health conditions such as high functioning anxiety, depression, post-traumatic stress disorders and suicidal behaviours in victims who have been subjected to coercive control and intimate partner violence. Similarly, survey results from the Demographic Health Survey of women in Pakistan (2012-13) found that women who have been victim to forms of coercive control are more likely to suffer mental illnesses and sleep disorders.

Attitudes towards coercive control

When looking generically at attitudes towards healthy, intimate relationships, romantic love is expressed as a promise of commitment whereby people devote extensive periods of time to each other, and 'leaps of faith' are essential in enduring long-term relationships which are powered by resilient emotional connections (Fletcher & Kerr, 2010:627). Humans are regarded as social creatures whereby social norms are ingrained in a significant capability to demonstrate love and compassion, to create attachment relationships with others, and to exhibit acts of selflessness and humanity. Studies examining attitudes towards healthy relationships have found that people welcome individuals who aim for relationship success and exhibit behaviours such as remembering dates, being trustworthy and reliable, and protecting promises (Jackson et al., 2010). These behaviours denote that people take inclinations towards conscientious personalities, adhering to the fact that healthy behavioural traits within partners is desirable. However, a moderately low number of individuals deviate profoundly from these standards and the formation of unhealthy relationship traits, such as coercive control, may emerge (Hare and Hart, 1993). Research evidence suggests that those who don't demonstrate these typically beneficial behaviours within intimate connections are more inclined to suffer unhealthy relationship strains that involve higher conflict levels, psychologically abusive traits, and negative impacts upon victims.

Previously, research has tended to focus on the behaviours of coercive controlling partners, their reasoning behind why they do it, as well as the broad experiences of victims of intimate partner violence who have some experiences of psychological abuse and coercive controlling behaviour. Research has also displayed a link between coercive controlling behaviours and problematic or

unhealthy attitudes towards the use of coercive control within intimate relationships. Intimate partner violence (IPV), specifically coercive control, is a severe global issue (Ali & Naylor, 2013) whereby attitudes towards IPV have been found to be one of the most prominent predictors in its onset (Gage and Hutchinson, 2006). In a study conducted by Johnson & Das (2009), authors carried out a survey interested in relationship attitudes on 2780 Bangladeshi men whereby results demonstrated that those who held attitudes in support of unhealthy relationship behaviours were four times as likely to report violence against their partners, proving the link between unhealthy relationship attitudes and the manifestation of IPV. In support of these findings, a survey conducted by Straus (2004) which examined dating violence found that the higher the number of individuals who agreed with violence in an intimate relationship positively correlated with the number of individuals who had actually displayed violence within an intimate relationship, demonstrating a direct correlation between attitudes in favour of IPV and the onset of violent behaviour. Leen et al (2013) further found that influences and attitudes are the two most prominent predictors which reinforce a substantial rate of intimate partner violence and coercive controlling behaviour and therefore demonstrating a bi-directional association.

Previously there has been an inadequate emphasis on the role of attitudes within the transmission process of coercive control perpetration (Eriksson & Mazerolle, 2014) however, due to a recent research change in the focus towards attitudes and coercive controlling behaviour, attitudes regarding the tolerance of coercive control have now become more of a fundamental focus. (Jewkes, Flood & Lang, 2015). Nevertheless, insufficient studies have empirically assessed attitudes within their own right. Evidently, due to research demonstrating attitudes as one of the most prominent predictors of IPV, research must aim to understand the triggers, influences, and underpinnings of these attitudes in order to establish which individuals are at most risk of perpetrating IPV. Gaining knowledge regarding which factors most commonly enforce influences on attitudes towards IPV will enable the establishment of prevention tactics and educational programmes in order to target and deter the formation of unhealthy relationship attitudes, and therefore the onset of potential IPV behaviours.

Emotional intelligence and coercive control

IPV is a largely distressing psychological experience for victims whereby the following research has found that personality characteristics may be valid predictors in an individual's attitudes towards healthy and/or unhealthy relationships. The interest in studying personality characteristics, specifically emotional intelligence, developed from the requirement to recognise why some individuals preserve psychological welfare better than others.

When looking at emotional intelligence research independently, studies have found that having low levels of emotional intelligence is correlated with traits such as a lack of empathy and the inability to express emotion. For example, in a study conducted by Schutte et al (1998), researchers surveyed 346 university students within the United States of America and found that low levels of emotional intelligence were linked to characteristics such as egocentricity, depression, and the inability to regulate emotions which shows an overlap between qualities found in coercive control and/or IPV perpetrators, recognising the importance of studying emotional intelligence within the current thesis as a way of exploring how psychological traits may predict the acceptance of coercive controlling behaviours.

Research conducted by Bar-On (1997:3) developed the definition of emotional intelligence which is referred to as 'an array of non-cognitive capabilities, competencies, and skills that influence one's ability to succeed in coping with environmental demands and pressures.' Additionally, from this, Bar-On's Emotional Quotient Inventory (EQ-I; Bar-On, 1997) self-report measure was developed which measures an individual's emotional intelligence score from the subsections of emotional self-awareness, assertiveness, empathy, interpersonal relationships, stress tolerance, and impulse control. Results from the EQ-I found that a low-scoring individual will exhibit negative relationship behaviours, showing a direct link between emotional discrepancies and IPV behaviours. Other more recent studies have however failed to evidence a link between emotional intelligence and attitudes towards gendered-violence (see Ioannides & Willmott, 2023).

When researching the specific link between emotional intelligence and coercive control perpetration, and directly linking to Bar-On's EQ-I, Brackett (2005) found that couples who produce lower scores on emotional intelligence tests report greater conflict within intimate relationships and specifically, men who exhibit attitudes in favour of more controlling behaviours and tendencies within intimate relationships are found to have lower levels of emotional intelligence when compared to men who hold healthier relationship attitudes (Winters et al, 2004). Supporting this conclusion, Gardner and Qualter's (2010) research recognises that associations of anger, hostility, and physical aggression link to numerous measures of emotional intelligence. Rosenbaum and O'Leary (1981) found that abusive and controlling partners show traits such as submissiveness which leads them to display a lack of skills and confidence when communicating their needs and therefore, the uses of unhealthy behavioural concepts such as intimidation and aggression emerge in order to secure what they desire (Fank, 1997).

Although there is a lack of research regarding the link between emotional intelligence and attitudes towards unhealthy relationship behaviour, research indicates that proven low levels of emotional intelligence do indicate a higher inclination to display coercively controlling behaviour. As

discussed previously, and in light of research showing a close relationship between attitudes in favour of coercive controlling behaviours and the actual manifestation of them, it is evident that current research must examine the extent to which the public hold low emotional intelligence levels in order to predict an individual's outlook on unhealthy relationship attitudes, and potentially the future onset of intimate partner violence, providing the rationale for the current thesis.

Empathy and relationship attitudes

Several different emotional intelligence components, such as empathy, should also be considered as judges of people's controlling predispositions towards their partners. Although there is an overlap between components of empathy and emotional intelligence, empathy is its own distinct characteristic which is one of the four psychopathy variants (Boduszek et al., 2017; 2018; 2019) alongside interpersonal manipulation and egocentricity in question within the current thesis. Empathy has been defined as 'understanding others' emotions by relating them to one's own experiences' (Tett and colleagues., 2005:860) whereby research has encompassed two distinct, yet interrelated theories of empathy: cognitive and affective. Cognitive empathy refers to the capacity to take another person's viewpoint and to represent others' mental states where similarities have been drawn to the hypothesis of *theory of mind* (Premack and Woodruff, 1978). In comparison, affective empathy relates to perceiving someone's emotional response when witnessing another's emotional circumstances (Eisenberg and Miller, 1987).

Previous research on attitudes towards healthy relationships has found that individuals aspire to attain relationships where qualities such as understanding, commitment and compassion are present. These qualities can be referred to as falling under the bracket of *empathic accuracy*, indicating that the concept of empathy is an important factor within an *ideal* relationship. Empathetic accuracy is judged by an individual's capacity to interpret and recognise his or her partner's affective and cognitive states correctly (Thomas & Fletcher, 1997). The empathic accuracy methodology was introduced by Ickes & Colleagues (2001) whereby an interaction with two individuals takes place, followed by each participant independently recording what emotions they experienced during the interaction, as well as recording what they recognised the other participants thoughts and feelings to be. Empathic accuracy is then measured by the level of resemblance between each participant's results.

Further research conducted using the empathic accuracy methodology found that controlling husbands are more likely to misinterpret their partners behaviours and have difficulty in differentiating between their partners emotions (Holtzworth-Munroe & Smutzler, 1996), indicating that the origins of coercive controlling behaviour may be derived from a lack of empathy towards

victims of IPV (Debowska et al., 2019). Furthermore, Clements (2007) conducted a survey on 71 heterosexual couples from the United States and found that controlling husbands were unable to correctly interpret their female partners feelings in comparison to non-controlling husbands who were much more accurate in understanding their partners emotions. Clements (2007) concluded that the inability to interpret thoughts and feelings within an intimate relationship is termed *weakened empathic accuracy* which is commonly associated with coercive controlling perpetrators. Similarly, individuals who display coercive control within relationships typically suffer emotional discrepancies comprising of a lack of remorse and scarce emotional expression (Umberson et al., 2003).

Evidently, previous research which specifically examines the link between weakened empathy and coercive control provides a direct link between the two however, literature fails to examine how attitudes themselves may predict the onset of coercive control. We can hypothesise that a weakened empathic system will produce attitudes in favour of unhealthy relationship qualities due to literature recognising a link between unhealthy relationship attitudes and the onset of coercive behaviour. Therefore, it seems fair to assume that individuals who are known to have weakened empathic accuracy and a history of coercive control perpetration, would additionally hold attitudes which support coercive controlling behaviours. However, as literature has failed to directly examine this, the rationale for the current thesis aims to assess the accuracy within this hypothesis. Additionally, no previous research has specifically explored the link between cognitive and affective empathy separately in relation to attitudes towards the use of coercive controlling behaviours in intimate relationships, again displaying the importance and rationale for the current study.

Egocentricity and relationship attitudes

Egocentricity is a personality trait that refers to a self-centred and self-absorbed focus on one's needs, desires, and interests whereby an individual of highly egocentric nature has an inflated sense of oneself, a high demand of superiority and entitlement, excessive pride and arrogance, a requirement for approval from others, and a lack of empathy (Raskin & Terry, 1988). Alongside these egocentric traits, sufferers tend to also undergo large emotional detachment and remoteness from others. In direct links with empathy, egocentric individuals have a compromised empathic ability and struggle to identify the boundaries and feelings of others (Gunderson and Ronningstam, 2001). Similarly to those who suffer with narcissistic personality disorder (NPD), individuals with high levels of egocentricity display a lot of the same attributes and therefore there is a conceptual overlap between the two characteristics. Hare and Hart (1993) found that individuals who are inclined to display unhealthy relationship attitudes within intimate partner relationships have an overwhelming struggle to express

loyalty to close relatives and partners and instead engage in behaviour that seems predominantly executed by self-benefiting, egocentric intentions. Additionally, findings indicate that those with views in favour of egocentric qualities, or those who express them personally, agree with taking advantage of others and instigate damage purely in the hope of self-regard, recognising an initial correspondence between coercive control and egocentric qualities, determining the hypothesis for the current study whereby high egocentricity scores will infer unhealthier relationship attitudes.

There is evidence to suggest that individuals who are highly egocentric may be more inclined to endorse attitudes which accept unhealthy relationship behaviour within intimate relationships. Qualities such as a heightened sense of entitlement can suggest an individual may be more likely to engage in controlling behaviours in comparison to individuals with a lack of egocentric qualities. Additionally, the inability to display empathy within egocentric individuals recognises how there may be a lack of understanding regarding the consequences of coercive controlling behaviours against intimate partners. For example, research has found that unhealthy relationship attitudes (and the onset of IPV) can have an acceleration on one's egocentricity levels. A survey conducted by Pereira et al (2020) found that engaging with unhealthier relational attitudes and perpetrating coercive controlling behaviours develops an individual's egocentricity levels whereby their needs of dominance are satisfied, making perpetrators increasingly self-centred which provides a direct correlation between coercive control attitudes, perpetration, and egocentricity levels. Additionally, research conducted by Kanemasa et al (2022) develops these findings whereby researchers conducted an online survey of 3021 Japanese males and 3161 Japanese females, finding that high levels of egocentricity displayed unhealthier relationship attitudes and a higher risk of future IPV perpetration. Specifically, they found that participants who displayed higher egocentricity levels were more likely to threaten, criticise, and restrict their partners time and lifestyle.

Evidently, research fails to replicate studies of Kanemasa et al (2022) within the United Kingdom and therefore, my study provides an important and unique rationale in order to examine how egocentricity levels affects attitudes towards coercive controlling behaviour, specifically within the United Kingdom. Research demonstrates that there is a contextual overlap between traits of egocentricity and coercive control, and therefore, I hypothesise that similar findings will correspond to the previous study conducted by Kanemasa et al (2022) whereby high egocentricity levels will demonstrate unhealthier relationship attitudes.

Interpersonal manipulation and relationship attitudes

In the context of unhealthy relationship attitudes, egocentricity is often accompanied by manipulation tactics when looking at coercive controlling behaviours. Manipulation can be defined as the resources in which individuals purposely effect, modify, or shape those particular environments, which, considering this investigation, is interpersonal relationships (Buss 1987). *Emotional manipulation*, which is important for the context of this research, is a tool used to influence one's intimate companion as a way of reaching self-favourable ambitions (Ferguson et al., 2007). Buss (1987) further identified six manipulation strategies which are commonly used in unhealthy relationships. These include charm, silent treatment, coercion, reason, regression, and debasement, which, like egocentricity, are all used for self-benefitting purposes with negative outcomes for the victim. In support of the 'charm' tactic, research conducted by Safe Lives (2019) found that 96% of those who have fallen victim to manipulation by their partner said that they were once charming and affectionate. Interpersonal manipulation involves initial stages of persistent communication and praises which are targeted to allure the victim, gradually numbing them to recognise manipulative behaviour (Safe Lives 2019).

Research investigating interpersonal manipulation recognises how engaging within manipulation tactics and having negative attitudes towards or engaging with unhealthy relationship behaviours mutually reinforce each other. For example, research conducted by Sabol et al (2020) found that survey results provided evidence that those engaging with interpersonal manipulation within their intimate relationships were more likely to have views that align with unhealthy relationship behaviours, and additionally, those who agree with unhealthy relationship behaviours were more likely to expand their uses of manipulation tactics due to gaining a satisfaction out of causing their victims to feel inferior. Additionally, Sabol et al (2020) further found that interpersonal manipulation tactics predicted a greater level of acceptance towards committing coercive controlling behaviours within the future. Similarly, Buss (1987) found that individuals who use manipulation tactics such as coercion and silent treatment were more likely to endorse behaviours such as coercive control within intimate relationships, showing a direct correlation between engaging with interpersonal manipulation and sharing healthier relationship attitudes. Furthermore, in a study conducted by Carton and Egan (2017), researchers conducted a survey of 105 females and 23 males with either Black, Asian, or Hispanic heritage, all of whom were in an intimate relationship of at least a year, whereby results demonstrated a clear and distinct link between manipulation and intimidation with the acceptance of unhealthy relationship attitudes. However, contrasting research by Mchoskey et al (1998) previously found no link between manipulative behaviours and the acceptance of unhealthy relationship behaviours in intimate relationships.

Due to contradictory research regarding the relationship between interpersonal manipulation and the endorsement of coercive controlling behaviours, it is necessary to continue to examine the validity behind the correlation of variables. Additionally, due to existing literature focusing on particular sub-groups of the population, necessary research is needed to encompass a wider cross section of the population in order to generate representative results.

Demographics and relationship attitudes

Research has found that factors such as education, gender, and ethnicity may account for variations within attitudes towards psychological abuse, specifically coercive controlling behaviours (Dalal et al 2012).

Ethnicity and relationship attitudes

Research has demonstrated how different levels of acceptance towards unhealthy relationship attitudes differ depending on ethnicity. For example, Rani and Bonu (2009) found that rates of approving unhealthy behaviours in Kazakhstan amounted to 26%, in comparison to Turkey where findings demonstrate 56%, reflecting that ethnic origin alters views towards intimate relationship behaviours. Alarming, rates in Uganda recognise that 70% of men held attitudes in favour of unhealthy behaviours (Koenig et al., 2003), and a further 85% of Ethiopians held similar views (Deyessa et al., 2010), recognising how literature has exposed the rate of tolerance in developing, poorer countries is higher in judgement to western, developed countries. When looking at the variables of manipulation and coercion independently, it has been suggested that black males demonstrate what is referred to as *the cool pose* whereby Majors and Billson (1992) invented the term to explain how some African American males exhibit themselves to portray their masculine characters. As black males are regarded as a diminished group, *the cool pose* is used as a tool to proclaim power and uphold dignity, and it has been suggested that individuals exerting this tool tend to demonstrate traits such as stiffness and manipulation within relationships as a way of fighting against social and economic obstacles that denounce black men. (Majors and Billson 1992). Although this theory is specific to African American cultures, Campbell (2007) suggests that white individuals are often swayed by, and act in accord with, the norms of African American culture and have demonstrated examples of *the cool pose* within their own intimate relationships, demonstrating the effect of cross-cultural influences.

Current literature suggests that ethnicity is a strong predictor in the formation of attitudes towards relationships whereby individuals from emerging countries typically hold unhealthier attitudes which endorse coercive controlling behaviour in comparison to those from developed, western countries. However, existing literature fails to examine the effect of diverse ethnic origins in areas such as the United Kingdom and the link between relationship attitudes. Therefore, the rationale for the current study aims to investigate the correlation between diverse participant pools and ethnicities on an individual's attitudes towards healthy relationship behaviour.

Education and relationship attitudes

Research has suggested that education levels are a valid predictor in an individual's attitudes towards unhealthy relationship behaviours. Existing literature has found that having a higher level of education status reduces the risk of the acceptance of behaviours such as coercive control (Waltermaurer et al 2013). For example, in a study conducted by Dalal et al (2012), researchers carried out a survey across males in India, Bangladesh, and Nepal on and found that 50% of males with no education held attitudes that justified unhealthy behaviours within intimate relationships. Additionally, in a survey directed by Uthman and Colleagues (2009), findings indicated that those with only primary education were more inclined to agree with unhealthy behaviours in comparison to those with secondary or higher education.

Research investigating gender and education found that women with lower levels of education were more likely to hold attitudes that endorse unhealthy relationship behaviour. For example, in a study conducted by Antai & Antai (2008), researchers conducted a survey using a random sample of 3911 Nigerian females with low education status whereby results indicated a higher acceptance of unhealthy relationship behaviour and IPV attitudes in comparison to females with higher education levels. Additionally, due to studies predominantly being focused in poorer, developing countries females are typically exposed to lower levels of education in comparison to their male counterparts demonstrating a correlation between gender, education, and cross-cultural influence. For example, globally, literacy rates for women are substantially lower than men whereby 78% of males in Nigeria had a profound literacy level in comparison to only 68% of their female equivalents (Olayanju et al., 2013). Similarly, education research within Morocco demonstrated an extreme gender disparity whereby 65.7% of men are guaranteed an education in comparison to only 39.6% of females. However, females that do engage with a higher level of educational attainment indicate lower levels of IPV acceptance (Conroy et al., 2023; Olayanju et al., 2013), evidencing education disparity between

genders is a significant causation of attitudes towards unhealthy relationship behaviour in comparison to gender disparities themselves. As mentioned, the education disparity between genders is a result of international economical differences, demonstrating an interrelation between education and ethnicity as predictors in attitudes towards unhealthy relationship behaviour and coercive control.

Overall, education appears evident to be a decisive factor which affects attitudes towards relationship behaviour, coercive control and IPV. Research has indicated that individuals who are exposed to higher education levels are less likely to endorse unhealthy relationship behaviour. However, literature has failed to examine education levels and the correlation between attitudes towards relationship behaviour within the United Kingdom meaning research in this particular area is sparse which therefore provides the rationale for the current investigation.

Gender differences in psychopathy

Psychopathy, as discussed, is a personality disorder which has emerged as a significant predictor of IPV perpetration (Cunha et al., 2018) and is characterised by a lack of empathy, high egocentric beliefs, and behaviours inclusive of manipulation tactics. Cleckley (1941) proposed the first conceptualisation whereby he characterised psychopathy into sixteen traits including: superficial charm, lack of remorse and poverty in affective reactions.

While there is no consensus on whether there are significant gender differences in psychopathy, some studies suggest there may be some differences between males and females. For example, research conducted by Hare (2003) suggests that psychopathy levels within females is said to be 10-15%, demonstrating much lower levels than in males whereby levels are suggested to be at 25-30%, representing an initial suggestion that men are more psychopathic than women. Additionally, men with psychopathic traits engage in a disproportionate amount of IPV perpetration whereby they are 1.6 times more likely to commit IPV in comparison to their non-psychopathic counterparts (Swogger et al., 2007). When looking at the specific behaviours within psychopathy, although men are suggested to score higher on all variants, men and women are suspected to display their levels of psychopathy differently. For example, in survey research conducted by Hamburger et al (1996) findings demonstrated that men's behaviour was commonly associated with antisocial means such as violence, a lack of remorse, and aggression, whereas females' behaviour was characterised by histrionic features such as attention seeking, emotional manipulation, and provocative behaviours. Additionally, traits such as callousness, deficient emotional expression, and poor empathy (Umberson et al, 2003)

are common in all psychopathic individuals, irrespective of gender, fitting with previously explained literature regarding empathy and emotional intelligence.

It is however important to note that research on gender differences within psychopathy is limited and inconclusive, and further research is needed to fully understand these differences.

Gender differences in relationship attitudes

Coercive control research suggests there may be gender differences in the acceptance and endorsement of attitudes towards coercive controlling behaviours. Research commonly suggests that males, as well as producing higher psychopathy levels than women, have a higher rate of acceptance towards coercive controlling behaviours when directly contrasted to women (Logan & Weizmann-Henelius, 2012). Additionally, a higher endorsement of coercive controlling behaviours could be explained by social consensus and norms. Research suggests that *The Social Role Theory* could account for higher rates of attitudes in favour of coercive control due to the social expectations that males should assert dominance in contrast to women who are suggested to be submissive (Wood & Eagly, 2012). Similarly, research conducted by Tang et al (2002a) surveyed the general public in China where results demonstrated higher rates of acceptance towards coercive control in males due to traditional gender beliefs within Chinese societies that subject women as subordinate individuals who are highly susceptible to violence by their male partners. Additionally, a study conducted by Flood and Pease (2009) found that gender asymmetry was a significant factor within attitudes towards coercive control whereby men were more likely to hold beliefs that were in support of coercive control and broadly, IPV perpetration. Overall, research suggests that males have higher rates of attitudes which endorse unhealthy relationship attitudes in comparison to women due to masculine identities and patriarchal beliefs whereby Haj-Yahia and Uysal (2008) concluded that patriarchal ideology was a strong predictor in the acceptance of coercive controlling behaviours. Comparingly, research focusing on egalitarian gender attitudes recognised that the endorsement of healthier relationship attitudes was more prominent, offering the conclusion that individuals who welcome gender equality endorse the acceptance of healthier relationship behaviours within intimate relationships in comparison to individuals who validate patriarchy (Flood and Pease, 2009).

Research demonstrates that gender differences do provide a significant contribution to predicting attitudes towards relationship behaviour however, it seems evident that gender differences may be supplemented by social norms dependent on ethnicity and social consensus recognising how multiple

variables influence overall relationship attitudes. It is important to research how variables, such as gender, predict attitudes towards coercive controlling behaviour independently, acknowledging the rationale behind the current study.

Study aims and rationale

The current study aims to build upon limitations within existing literature surrounding factors influencing attitudes towards healthy relationships and the onset of intimate partner violence. Previous literature has indicated associations between demographic and psychological variables with the acceptance of attitudes towards coercive control and the commencement of coercive controlling behaviours however, research has failed to examine these associations within the United Kingdom and therefore, previous studies are unrepresentative and demonstrate a lack of generalisability as there is an absence of cross-cultural context. Additionally, previous research fails to address the impact of psychological and/or demographic variables on attitudes towards healthy relationships specifically, therefore the rationale for the current thesis is making unique contributions to the literature. Additionally, the purpose of the current study was to develop a new attitude towards healthy relationship scale in order to assess the links between emotional intelligence, empathy, egocentricity, interpersonal manipulation, and demographic variables on relationship attitudes. Overall, the main research aim within this thesis was to investigate the role of participant demographic and psychological variables on attitudes towards healthy relationships within the United Kingdom.

My specific objectives are:

1. To examine whether levels of emotional intelligence have any relationship with participant attitudes towards healthy relationships.
2. To examine whether psychopathy traits including empathy, interpersonal manipulation and egocentric tendencies have any direct relationship upon attitudes towards healthy relationships.
3. To examine whether demographic variables of participants such as age, gender, ethnicity, and education status have any link in predicting attitudes towards healthy relationships.

Methodology

Sample and sampling procedure

301 participants were recruited using a non-probability convenience sample from the general public within the United Kingdom. Potential participants were targeted through the means of social media advertisement, direct online communications, and survey marketing websites such as *survey circle*. Participants who engaged with the survey had to meet a minimum criterion of being 18 years or over and hold British citizenship. Self-selecting participants who did not meet these criteria were excused from taking part in the study. In total, 745 individuals responded to the survey however, of these, 444 participants either did not meet the criteria for the study and were therefore discharged, abandoned the survey before completion, or withdrew their response.

The final sample of 301 participants were aged between 18 and 76 ($M = 32.89$, $SD = 13.55$) and were predominantly female (82.70%). A large percentage of the sample reported their ethnicity as Caucasian (83.70%), whilst the remaining 16.3% identified as BAME. Additionally, as education levels were measured, the majority of participants were below university educated (65.10%), whilst the remaining 34.90% had attained a university degree. According to Tabachnick and Fidell's (2014) sample size formula ($N > 50 + 8M = 108$), the necessary sample for the current investigation was met ($N = 301$).

Scale Development

Due to limited research regarding attitudes towards healthy relationships, existing scales and/or measures do not adequately capture the question in focus and therefore the ATHRS (attitudes towards healthy relationship scale) was created to provide a reliable and accurate measure for the current research question. The ATHRS provides the opportunity to explore new research avenues, helping provide valid contributions to the field of coercive control and aids to advance knowledge and understanding in this area of study.

In designing the ATHRS as a measure of participants' attitudes towards healthy relationships, we sought to integrate features from the Modern Adolescent Dating Violence Attitude Scale (MADVA). The MADVA is a tool which includes statement-based questions intended to assess attitudes towards

variants of adolescent dating violence and abuse. The scale consists of 48 items which is divided into six subscales and scored on a five-point Likert scale whereby 1= strongly disagree and 5= strongly agree.

Within the design of the ATHRS a deductive and inductive method was used upon development whereby some items were derived from existing scales, for example the MADVA (Barter et al., 2018) and others were innovative. Questions included within the ATHRS focused directly upon the MADVA scale however, as our focus for investigation is interested in *healthy* relationships, items included within the ATHRS were re-framed positively, focusing on healthy elements within intimate relationships, contrasting with the MADVA scale whereby questions are framed to focus on the IPV component within each item. Positive reframing of the MADVA scale in the creation of the ATHRS was conducted for the purposes of avoiding priming participants that they are engaging within an investigation focusing on coercive control in the hopes of avoiding socially desirable answers. Additionally, when designing the ATHRS, supplementary advice and guidance was delivered by a professional within psychometric measurement tool development, therefore providing the approval of questions and the assurance of content validity.

Measures

Attitudes Towards Healthy Relationship Scale (ATHRS)

The ATHRS is a 12-item self-report measure designed to assess attitudes towards healthy relationships. The ATHRS comprised of items whereby responses were recorded on a seven-point Likert scale with 1 representing completely disagree and 7 representing completely agree. Items include questions such as 'saying hurtful things to make your partner feel bad is not acceptable in a healthy relationship' (item 6), and 'it is not healthy for one person to have complete control over their partners' finances' (item 8). All items within the ATHRS, although framed positively, refer to traits such as control, behaviour restriction, criticism, and manipulation and therefore, participants who produce low scores on the ATHRS indicate having attitudes which endorse unhealthy relationship qualities, specifically coercive controlling behaviours. The reverse is therefore true for participants who produce high scores on the ATHRS whereby the endorsement of acceptance to healthy relationship qualities is evident.

Trait Emotional intelligence scale questionnaire (TEIQue-SF)

The TEIQue-SF (Petrides and Furnham, 2006) was used to examine participants' emotional intelligence levels. The scale consists of 30 items taken in pairs from each of the 15 facets of the full form. Items include statements such as 'expressing my emotions is a problem for me' (item 1), and 'I often find it difficult to show affection to those close to me' (item 16). The TEIQue-SF originated from the complete form of the TEIQue, which covers 15 distinct aspects. Responses are measured on a seven-point Likert scale ranging from 1 (completely disagree) to 7 (completely agree). Low scores on the trait emotional intelligence questionnaire indicate low scores of emotional intelligence within participants. Cronbach's alpha values for both samples (long and short form) were .88 and .87 for global trait EI, .86 and .86 for Well Being, .67 and .77 for Self-Control, .69 and .68 for Emotionality, and .73 and .72 for Sociability.

Psychopathic personality trait scale (PPTS)

The PPTS (Boduszek et al., 2018; 2022) was used within this current study to evaluate the four variants of psychopathy which are referred to as: affective responsiveness (AR), cognitive responsiveness (CR), interpersonal manipulation (IPM), egocentricity (EGO). The PPTS is a personality-based, self-report twenty-eight-point scale which was created in order to assess psychopathic traits in forensic and non-forensic populations. Within the PPTS, each subscale contains seven items consisting of statements such as 'it doesn't really bother me to see somebody in pain' (item 7, affective responsiveness), 'I don't take into account the other person's feelings before I do or say something, even if they may be affected by my behaviour' (item 9, cognitive responsiveness), 'I would lie to someone if this gets me what I want' (item 20, interpersonal manipulation) and 'I don't try to understand another person's opinion if I don't agree with it' (item 23, egocentricity). Items are independently responded to on a five-point Likert scale where 1 = 'strongly agree', and 5 = 'strongly disagree'. Scores from the PPTS range from 7 to 35 whereby higher scores indicate high levels of egocentricity and interpersonal manipulation, and increased levels in a lack of affective and cognitive empathy. Cronbach's alpha for the PPTS subscales is as follows: affective responsiveness = .86, cognitive responsiveness = .76, interpersonal manipulation = .84, and egocentricity = .69, representing good internal reliability for all psychopathy variables.

Demographics

To record demographic information, participants were required to respond to open-ended questions for the variables of age, gender, and ethnicity, for example 'please enter your age in years in the box below.' Responses to Ethnicity were documented as White/Caucasian and Black-Asian Minority Ethnic ethnicity (commonly shortened to BAME) as a result of low participation rates from non-Caucasian

individuals in order to allow for comparison between sub-groups. BAME is used in order to represent individuals whose ethnic group is of Black Caribbean, African or South-East Asian descent. Information regarding gender and ethnicity were binary coded as the following: male (0), female (1), Caucasian (0), BAME (1), above university educated (0), currently studying for a university degree (1) and below university degree (2). To record information on education levels, participants were required to select an option that best suited their situation, for example 'below a university degree', 'currently studying for a university degree', or 'above a university degree'.

Study procedure

In an attempt to improve previous methodological limitations within existing literature surrounding attitudes towards relationship behaviours, the present study sought to understand influences on attitudes in a way that exhibits greater ecological validity. A cross-sectional design was adopted for the purpose of the current study whereby a survey was developed to collect self-report data from the general public with the purpose of seeking a better understanding of how attitudes towards healthy relationships may be influenced by a range of psychological predictor variables. Participants began by completing the section of questions within the online survey that focuses on demographics. Respondents were asked to provide information on their age, gender, ethnicity, and levels of education. Subsequently, participants moved on to complete the psychological sections of the questionnaire where they were asked to respond to attitudinal questions from the TEIQue-SF, PPTS, and the ATHRS. This process took participants between 25 and 30 minutes to complete. Data collection commenced on the 15/12/2022 and was finalised on the 03/02/2023. After the data had been gathered, all survey responses were then assigned from Qualtrics into an SPSS datafile granting the survey analysis to begin. Ethical considerations were ensured throughout and will be discussed within the subsequent section.

Ethical procedure

Acquiring ethical approval prior to undertaking research and preserving great ethical standards during a research project is fundamental to good research governance (Lupton and Williams, 2004). As discussed by Smith et al (2009), ethics are a crucial element of any research project; there are guidelines in which all investigators must adhere to in order to preserve contributors' moral and legal justices. For a research investigation to be deemed ethical, the dignity, entitlements, protection, and well-being of all contributors must be the prime objective (Lupton and Williams, 2004).

Though no ethical apprehensions were prophesied, prior to the commencement of the research project an ethical clearance checklist, proposed by Loughborough Universities ethics approval subcommittee, was undertaken. Ethical committees' priorities are to guarantee that ethical principles are met as well as ensuring the interests and welfare of researchers (Lupton and Williams, 2004). Prior to participants completing the online survey, each partaker was provided with a participant information sheet which explained the aims of the study and included the contact details of the researcher and supervisor if participants had any queries. All participants were informed that their contribution would remain entirely anonymous, and they had the right to withdraw at any stage within the investigation. Participants were also provided with an informed consent sheet to re-notify them of the purposes and instructions of the study in which they were about to partake in and also grant their anonymity and right to withdraw at any time within the investigation without the need for reason. The informed consent sheet requires participants to sign and agree to statements to ensure they are fully aware of the purposes of the study and approve their involvement. As expressed by Miller and Bell (2002), it is crucial that those participating have a strong knowledge of what they are consenting to and when their participation will commence and close. Additionally, on completion of the online survey, all participants were provided with a debrief sheet which discusses their legal rights, provides free and impartial support service information to contributors should they have been affected by anything discussed within the online questionnaire, and re-informs participants of the researchers and supervisors contact details should they want to get in contact regarding the research.

Analytical procedure

This research project measured the dependent variable of healthy relationships and how they are influenced by the independent variables: emotional intelligence, empathy, interpersonal manipulation, egocentricity, and demographics. In order to conduct the analysis of these variables, statistical procedures were conducted using the SPSS software. Regularities and descriptive statistics were displayed, whereby means and standard deviations are examined for all of the continuous variables. Additionally, frequencies were distributed for categorical variables. Independent t-tests samples were used to investigate the differences within the group which were then followed by multiple linear regressions.

Findings

Descriptive Statistics

Descriptive statistics comprising of the means (M) and standard deviations (SD) for the four PPTS subscales, the AHRS and participant age are presented within Table 1. Additionally, the number and percentages of participants from each group of categorical variables are displayed within the frequency distribution of Table 2.

Descriptive statistics indicate that the sample was relatively young with an average age of 32.89 ($SD = 13.55$). Females accounted for the majority of the sample (82.7%) as did Caucasian participants (83.7%) with a smaller proportion (16.3%) of BAME participants. Additionally, most participants (65.1%) indicated a level of education below a university degree with around one third (34.9%) reporting degree level qualification.

TABLE 1: Descriptive statistics for all continuous study variables, (N = 301).

Variables	<i>M</i>	<i>SD</i>	Observed Min	Observed Max
AGE	32.89	13.55	18.00	76.00
ATHRS	53.11	6.97	20.00	60.00
AR	11.03	4.65	7.00	30.00
CR	14.80	3.65	7.00	31.00
IPM	16.46	5.71	7.00	33.00
EGO	14.48	4.53	7.00	28.00
EI	115.55	14.40	52.00	168.00

Note: ATHRS, Attitudes Towards Healthy Relationships Scale; AR, Affective Responsiveness; CR, Cognitive Responsiveness; IPM, Interpersonal Manipulation; EGO, Egocentricity. EI, Emotional Intelligence.

TABLE 2: Frequency distribution of nominal data (N=301).

Variable	Category	<i>N</i>	%
Gender	Male	52	17.30%
	Female	249	82.70%
Ethnicity	BAME	49	16.30%
	Caucasian	252	83.70%

Education status	Below university educated	196	65.10%
	Above university educated	105	34.90%

Note: BAME, Black- Asian Minority Ethnic ethnicity.

Gender differences in psychopathic personality traits and healthy relationship attitudes

To examine the differences between males and females in ATHRS scores for all psychological variables, *independent t-tests* were carried out and displayed in Table 3. Results show that for affective responsiveness, males ($M= 14.58 / SD= 6.29$) produced significantly higher ATHRS scores than females ($M= 10.29 / SD= 3.85$), demonstrating that men have higher levels in a *lack of* affective responsiveness when compared to women. According to Cohen’s (1998) effect size estimator, the effect size was moderately large $t(59.25) = -4.730, p= 0.00 < 0.05, d = 0.82$. For Interpersonal manipulation, results similarly show that male participants displayed significantly higher scores ($M= 19.90 / SD= 7.13$) in comparison to their female counterparts ($M= 15.74 / SD= 5.09$). The difference in scores between males and females also displayed a medium to large effect size $t(62.34) = -4.002, p= 0.00 < 0.05, d= 0.67$. Egocentricity results also demonstrate a significantly higher score in male participants ($M= 16.71 / SD= 4.99$) compared with female participants ($M= 14.01 / SD= 4.29$) where scores display a medium to large effect size $t(299) = -4.01, p= 0.00 < 0.05, d= 0.58$. Furthermore, cognitive responsiveness additionally shows that males ($M= 16.52 / SD = 4.71$) display significantly higher ATHRS in comparison to females ($M = 14.44 / SD = 3.28$) with scores demonstrating a medium effect size $t(61.71) = -3.02, p = 0.004 < 0.05, d= 0.51$.

TABLE 3: Group differences in ATHRS, AR, CR, IPM and EGO between male and female participants.

Scale	Group	<i>M</i>	<i>SD</i>	<i>t</i>	Cohen’s <i>d</i>
ATHRS	Males	50.42	9.29	2.41*	0.41
	Females	53.67	6.26		
AR	Males	14.58	6.29	-4.73***	0.82
	Females	10.29	3.86		
CR	Males	16.52	4.71	-3.03**	0.51
	Females	14.44	3.28		
IPM	Males	19.90	7.13	-4.00***	0.67
	Females	15.74	5.10		

EGO	Males	16.71	5.00	-4.01***	0.58
	Females	14.01	4.29		

Note: ATHRS = Attitudes Towards Healthy Relationship Score, AR= Affective Responsiveness, CR = Rognitive Responsiveness, IPM = Interpersonal Manipulation, EGO = Egocentricity.
Cohen’s d: 0.2 = small effect size; 0.5 = moderate effect size; 0.8 = large effect size (Cohen, 1998)
p < .05. **p < .005. *p < .001.*

Correlation between all study variables

Table 4 displays the correlation between ATHRS total scores and the seven predictor variables (binary ethnicity, binary education, EI, AR, CR, IPM and EGO). Correlation results indicate a statistically significant small negative correlation between all psychopathy traits and attitudes towards healthy relationships demonstrating that lower scores represent more problematic attitudes. The strongest correlations were between ATHRS and EGO ($r = .40, p < .001$), ATHRS and IPM ($r = -.30, p < .001$), ATHRS and AR ($r = -.47, p < .001$), and ATHRS and CR ($r = -.41, p < .001$).

Table 4. Correlations between ATHRS, binary ethnicity, binary education, EI (emotional intelligence), AR, CR, IPM and EGO.

Variables	ATHRS	ETHNICITY	EDUCATION	EI	AR	CR	IPM	EGO
ATHRS	1							
ETHNICITY	0.30***	1						
EDUCATION	0.11*	0.00	1					
EI	-0.04	-0.04	-0.04***	1				
AR	-0.47***	-0.23***	0.13	0.16**	1			
CR	-0.41***	-0.12*	0.11	0.10*	0.49***	1		
IPM	-0.30***	-0.15**	-0.03	0.33***	0.47***	0.19***	1	
EGO	-0.40***	-0.32***	0.04	0.18***	0.61***	0.50***	0.54***	1

Note: ATHRS = Attitudes Towards Healthy Relationship Score; AR = Affective Responsiveness; CR: Cognitive Responsiveness; IPM = Interpersonal Manipulation; EGO = Egocentricity
* $p < .05$. ** $p < .005$. *** $p < .001$.

Association between psychosocial traits and healthy relationship attitudes

A multiple linear regression was conducted for the purposes of exploring the extent to which seven predictor variables such as: binary ethnicity, binary education, emotional intelligence, affective responsiveness, cognitive responsiveness, interpersonal manipulation, and egocentricity were able to explain variance in the outcome variables: attitudes towards healthy relationship scores. All predictor variables were entered simultaneously into the model. Preliminary analyses were conducted to ensure no violations of the assumptions of sample size, normality, linearity, multicollinearity, and homoscedasticity and all assumptions were met. As mentioned within the methodology section within this thesis, Tabachnick and Fidell's (2014) sample size formula ($N > 50 + 8m = 108$) suggests that the necessary sample for the current study was met ($n = 301$).

Since no *a priori* hypotheses had been made to determine the order of entry of the predictor variables, a direct method was used for the multiple linear regression analysis. The three independent variables explained 33% of variance in attitudes towards healthy relationship behaviours $F(7, 293) = 20.25, p < .001$.

In the final model four out of seven predictor variables were statistically significant, with affective responsiveness recording the highest beta value ($\beta = 0.26, p < 0.00$), cognitive responsiveness recording another high beta value of ($\beta = -0.24, p < 0.00$), binary ethnicity ($\beta = 0.19, p < 0.00$), and binary education ($\beta = 0.11, p < 0.05$). Results demonstrate that the two predictor variables of emotional intelligence (EI) and interpersonal manipulation (IPM) are not statistically significant in providing unique contributions that predict attitudes towards relationship behaviour. Although, IPM was approaching significance ($0.60 > 0.05$).

TABLE 5: Multiple regression of the relationship between predictor variables (binary ethnicity, binary education, EI, AR, CR, IPM, EGO) on attitudes towards healthy relationships.

	<i>R</i> ²	<i>β</i>	<i>B</i>	<i>SE</i>	<i>CI 95% (B)</i>
Model	.33				
Binary ethnicity		0.19***	3.54	0.96	1.66/5.43
Binary education		0.11**	1.62	0.70	0.24/3.00
EI		0.08	0.04	0.03	-0.01/0.09
AR		-0.26***	-0.39	0.10	-0.59/-0.20
CR		-0.24***	-0.46	0.11	-0.68/-0.24
IPM		-0.12*	-0.014	0.08	-0.29/0.01
EGO		-0.13	-0.02	0.11	-0.24/0.20

Note: statistical significance **p* < 0.05, ***p* < 0.01, ****p* < 0.001

Discussion

The predominant aim within the current thesis was to investigate the impact of the psychological variable's emotional intelligence, cognitive and affective empathy, egocentricity, and interpersonal manipulation on attitudes towards healthy relationship behaviours. A secondary aim was to examine whether demographics additionally bear any influence on relationship attitudes. Our sample aimed to generate research from all adult populations, genders, ethnicities, and education status' through the uses of quantitative online survey methods. This chapter will outline the investigation's main findings, strengths, and limitations as well as research implications and future research recommendations. Although limitations are considered, the results from this research do indicate practical implications for the field of relationship behaviour and a contribution to the literature is evident.

Considering the study aim of demographics and their influence upon relationship attitudes, findings distinguish that overall, males produce lower scores on the ATHRS which indicates the acceptance of unhealthier attitudes towards relationship behaviours in comparison to women. When analysing the impact of gender, psychopathy traits and attitudes towards healthy relationships, it is largely apparent from the data set that men are more psychopathic on all variants (AR, CR, EGO and IPM) when compared to women. The displayed data recognises that there are statistically significant differences whereby men are demonstrating higher psychopathy levels when looking at attitudes towards healthy relationships. Men exhibit high scores when tested on egocentricity, interpersonal manipulation and a lack of cognitive and affective empathy explaining the conclusion of the development of unhealthy relationship attitudes whereby results indicate that the four variants of psychopathy are all strong predictors in the formation of unhealthy relationship attitudes. In contrast, the reverse is true for women whereby low scores in a lack of cognitive and affective empathy, interpersonal manipulation, and egocentricity are apparent within the data and therefore healthy relationship attitudes are inferred, correlating with the data findings. These findings thereby offer support for the proposition

that men are likely to exert attitudes that are in support of coercive controlling behaviours and potentially offer the suggestion that men are more inclined to use coercive controlling behaviours within their intimate relationships. Additionally, the current findings provide support for literature displayed within existing research whereby overall, males typically hold attitudes which endorse coercive controlling behaviour in comparison to females who are found to most commonly reject the acceptance of unhealthy relationship behaviours (Logan and Weizmann-Henelius., 2012). Moreover, findings also replicate existing research whereby high levels of psychopathy endorse healthier behaviours towards coercive controlling behaviour. Furthermore, this finding provides solidarity with a breadth of previous research that finds men as more psychopathic individuals when compared to women (Hare 2003), with a higher rate of acceptance to and prevalence of coercive controlling behaviours. Both higher psychopathy levels and a higher endorsement of the acceptance of coercive controlling behaviours found in males aligns with exiting research. For example, *the social role theory* (Wood and Eagly, 2012) and patriarchal beliefs (Haj-Yahia and Uysal, 2008) could account for these gender differences due to traditional masculine expectations of dominance and power whereby women are subjected as subordinate individuals, fitting with the earlier reference by Stark (2007) who suggests that men's logic for unhealthy relationship behaviours such as coercion develops from a need to assert control after masculine identity challenges.

As well as results demonstrating a correlation between psychopathy variants and gender as significant predictors in the formation of unhealthy relationship attitudes, current findings evidence a direct relationship between each variant of psychopathy independently as a valid predictor in the endorsement of coercive controlling behaviour. Participants who produced higher scores in egocentricity, interpersonal manipulation, and a lack of cognitive and affective empathy, irrespective of gender, were more likely to produce lower scores in attitudes towards healthy relationships, signifying a direct relationship between psychopathy variables and the endorsement of coercive controlling behaviours. The current findings and research within existing literature both represent a significant link between psychopathy and attitudes towards relationship behaviour whereby the consistency within research produces external validity surrounding the examination of psychological variables and their impact on coercive control. Evidently, it stands to reason that a lack of empathy (Clements, 2007), a predisposition to manipulate partners (Carton & Egan, 2017), and the tendency to prioritise one's own thoughts over those of an intimate partner (Kanemasa et al., 2022) have large effect in the outcome of attaining attitudes towards unhealthy relationship behaviours.

Participant ethnicity was also found to be a significant predictor of unhealthy relationship attitudes whereby participants who self-reported their ethnicity as BAME were more likely to express attitudes in support of coercive controlling behaviours in comparison to those that self-reported their ethnicity as White/Caucasian. This data finding correlates with existing research whereby *the cool pose* is used to explain why males from BAME backgrounds demonstrate psychopathy and coercive control within relationships to assert authority and sustain dignity due to black males being considered a marginalised group. The application of this means exhibits traits such as manipulation as a way of combatting obstacles that depreciate black men (Majors and Billson., 1992). Additionally, findings from the Office for National Statistics (2019) found that proportions of domestic abuse within BAME communities were significantly greater when directly contrasted with their white equivalents, demonstrating a link between ethnicity and relationship behaviour and as earlier noted, Straus (2004) found a close connection between an individual's attitudes and the physical expression of their actions, validating the literature which finds higher domestic violence rates in BAME individuals. The consistency in research whereby ethnicity is found to be a strong predictor in coercive controlling behaviours and intimate partner violence seems to suggest that this is a robust conclusion within IPV research. However, due to the sparse nature of existing literature surrounding the relationship between ethnicity and *attitudes* towards relationship behaviour, this investigation presents innovative findings that require additional examination within future research. Additionally, as BAME individuals were not proportionally represented within the present sample, this conclusion should be interpreted with caution whereby future research should aim to re-evaluate the function of ethnicity between a more racially diverse participant sample.

Regarding the role of participants' education levels upon attitudes towards healthy relationships, lower levels of education were found to be a strong predictor in unhealthy attitudes towards relationship behaviours. Specifically, participants who self-reported themselves as having an education level of below a university degree produced results that demonstrated attitudes in favour of coercive controlling behaviours. The role of education provides important findings whereby conclusions such as limited educational resources and levels of intelligence reflect one's attitudes towards coercive control, therefore providing theoretical frameworks and ideas for future interventions as a way of preventing unhealthy relationship behavioural outcomes. Although the current study findings correlate with existing research conducted by Waltermaurer et al (2013) and Uthman and Colleagues (2009) which demonstrates that lower education levels predict attitudes in favour of coercive control, there is still limited literature surrounding the relationship between education status and relationship attitudes within the United Kingdom therefore, results from the

current study build upon novel findings which ought to be investigated further in future research. As research surrounding education and its impacts on attitudes towards relationship behaviour is limited, further research is deemed necessary before conclusive decisions can be established surrounding the bearing of education.

Finally, results indicate that emotional intelligence does not seem a relevant predictor in attitudes towards relationship behaviour, inferring that there is no relationship between emotional intelligence levels and the endorsement of coercive controlling behaviours. Although previous literature suggests that those with lower levels of emotional intelligence typically suffer larger relationship conflict (Brackett, 2005), contradictory research claims that emotional intelligence research is particularly inadequate due to accusations of research being founded on subjective examples and unoriginal models (Dulewicz and Higgs., 2000), potentially explaining the lack of association within my findings. Evidently, due to contradictory existing literature, it is deemed necessary to continue the investigation regarding correlations between emotional intelligence and coercive controlling behaviour before making conclusive decisions regarding its stance within attitude formation.

Strengths, limitations, and future research recommendations

Overall, the uses of quantitative methods within survey research provides several positives such as precision: whereby measures can be precise in capturing the exact extent to which a participant agrees or disagrees with a statement, efficiency: whereby quantitative surveys can be administered to large samples of participants and produce quick, large-scale data collection, and quantification: whereby measures are computable meaning data can be interpreted easier due to statistical analyses (Secor, 2010).

However, quantitative survey methods are not without their limitations. The use of quantitative survey measures depends on self-report responses from participants meaning there is possible danger of response bias where answers may be partial to an individual's outlooks at the time of completion and their attempt at providing socially desirable answers (Sax et al., 2008). In order to attempt to diminish this potential negative, all participants were made aware of their anonymity, confidentiality and right to withdraw before the commencement of the survey process. Furthermore, studies using quantitative methods are at risk of lacking representation of the wider community due to the sample being accessibility driven. Certain members of the population may therefore be discounted, resulting in estimate bias whereby sample estimations do not imitate the precise outcomes between the

broader population (Jager et al., 2017). Consequently, my final sample consisted of predominantly young, Caucasian women. BAME individuals made up a much smaller proportion of my final sample and there was a lack of male participation, recognising the lack of representation within my given sample. However, due to the creation of the unique measuring tool 'attitudes towards healthy relationships scale', although not entirely representative, my data findings are the only of its kind therefore making an exclusive contribution to the literature. Additionally, the creation of the ATHRS was developed with an expert in the field of psychometric tools who approved the adaptation of the new measuring tool, legitimising its use within this quantitative research.

Due to discrepancies within the representation of my investigation, future research recommendations are advised. As women were the dominant gender in the questionnaire participation, providing the rationale that men aren't as likely to participate in online research, future research should aim to encompass a range of men from different backgrounds in order to represent a broader cross section of men from the population. Furthermore, a duplication of this study including a more diverse participant pool is required due to the lack of representation from different racially diverse groups who exist within the United Kingdom. Ideally the study would be re-constructed with an equal proportion of BAME participants. Future research would also benefit from exploring the importance of exposure to domestic violence in childhood in the formation of healthy versus unhealthy attitudinal relationships given that several recent studies have found evidence to support the detrimental impact of DV exposure on gendered violence attitudes more broadly (Debowska et al., 2021; Sharratt et al., 2023; Fray et al., 2022). Given a range of studies now indicate the negative impact that myths surrounding sexual violence can have on jury decision makers at trial (Lilley et al., 2023; Richardson et al., 2023; Willmott et al., 2017, 2018; 2021), future research should also explore the impact of attitudes towards coercive control and (un)healthy relationships among legal decision makers asked to determine the guilt or culpability of defendants accused of IPV.

An overall way to reduce estimate bias would be to conduct this thesis using systematic or quota sampling instead of convenience sampling in order to reach a larger cross section of the population. Quota sampling is another form of non-probability sampling method whereby researchers select participants based on pre-specified quotas for certain demographics (Moser, 1952). This reduces estimate bias due to the researcher's ability to control their sample composition, ensuring that the sample is representative of the population of interest, and therefore increasing the studies reliability.

Study implications for policy, practice, and research

As my current study provides the results that psychopathic personality traits have a direct relationship with attitudes towards healthy relationships whereby high scoring individuals typically hold unhealthier relationship behaviours, targeted research implications should include programmes such as concentrated educational interventions. Increasing levels of empathy would typically help to reduce problematic attitudes and therefore decrease the prevalence of domestic violence within the United Kingdom. Furthermore, raising public awareness is an efficient way of changing attitudes and influencing behaviours (Jewkes et al., 2015). Additionally, as scores were higher across all variants in males than females, interventions to encourage the expression of male emotion and empathic understandings may help reduce rates of negative relationship behaviour attitudes across men within the UK. Educational interventions may include media campaigns, informative modules and learning, training events and community support. Furthermore, personality disorders such as narcissistic personality disorder (which has contextual overlaps with egocentricity) are frequently not included within interventions surrounding relationship attitudes and domestic violence (Stover et al., 2009). As my research indicates an association between egocentricity, interpersonal manipulation, and affective and cognitive empathy (all characteristics that individuals with personality disorders may encompass), interventions that offer support, guidance and understanding of emotional disorders seem crucial.

Conclusion

The present study intended to investigate how a range of psychological variables including, emotional intelligence, empathy, interpersonal manipulation, egocentricity, and participant demographics may influence attitudes towards relationship behaviours. Evidently, findings display a relationship between all psychopathy variants, ethnicity, and education status on unhealthy relationship attitudes whereby higher psychopathic individuals generally hold unhealthier relationship attitudes, as well as males, individuals from BAME communities, and those with lower education status.

The current investigation demonstrates the importance of improving awareness and understanding regarding unhealthy relationship behaviours, specifically coercive control. Although previous and existing literature has examined the influence of psychological and demographic variables on the prevalence of coercive control, research fails to examine the direct link between these variables and *attitudes* exclusively. Given the prevalence of coercive control, and the different subcategories within psychological abuse, academics researching this field must strive to understand the connection between attitudes and actual coercive control perpetration. Additionally, due to existing literature demonstrating the link between attitudes and the manifestation of behaviours, it is deemed necessary

for researchers to understand the influences upon attitudes in relation to relationship behaviour in order to prevent future IPV perpetration.

The findings from the current investigation provide unique contributions to the literature whereby results indicate an urgent need to introduce educational interventions in order to address its connection with attitudes towards unhealthy relationship behaviour and the potential future onset of coercive control and intimate partner violence. Findings from the current study and the development of a comprehensive framework should enable guidance for academics and practitioners within the United Kingdom regarding the causality and the development trajectory of coercive controlling behaviours (Lussier et al., 2009). Current study findings will develop and enrich the improvement of successful interventions at primary, secondary, adolescent and adult-age populations (McGuire, 2013). Additionally, research focused within the United Kingdom can be more precisely applied to UK educational and interventional programmes in comparison to previous research which is commonly focused within international populations such as Indian or American samples. Regarding upcoming aims, it is recommended that future research regarding attitudes towards healthy relationships aspires to encompass a more generalisable sample whereby a broader cross section of men are included from the population, as well as a more diverse participant pool in order to navigate potential estimate bias and produce a representative set of conclusions. Overall, the current thesis provides exclusive contributions to the literature of coercive control which delivers innovative and novel findings to scholars, academics, and educational programmers regarding the understanding of the formation, prevalence and variables which underpin unhealthy relational attitudes and their impact on the potential onset of future IPV perpetration.

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