

Received: 12 December, 2022
Accepted: 29 December, 2022
Published: 30 December, 2022

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Keywords: Personality disorders; PICI-2; PDM-Q; PSM-Q; PAD-Q; PHEM; Trap music; Trap

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Research Article

Psychopathologic evidence in the Italian “Trap Music” population

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Abstract

Background and aims: In the last decade, a musical strand has emerged in the Italian national scene that has international roots since the 1990s of the last century: “Trap Music” and younger generations are increasingly fascinated by this genre, for various reasons. The present research hypothesizes the existence of a link between the choice of preference of this musical genre and the psychopathological profile of those who choose their first preference, hypothesizing that such individuals have on average a higher level of dysfunctional traits typical of cluster B (borderline, narcissistic, histrionic and antisocial), according to the PICI model and compared to the population.

Materials and methods: Clinical interview, and administration of the battery of psychometric tests. The population sample was selected based on previous clinical contacts and voluntary participation through recruitment in major social networks (Facebook, Instagram, Twitter, TikTok), a total of 4,368 participants, divided into three age groups (18-25, 26-37, 38-46) and two groups (the first “clinical” and the second “control”). SPSS, Anova test (with Bonferroni).

Results and discussion: On average, the users selected in the clinical group population sample presented 81% of cases with a psychopathological personality profile (PICI-2) with at least 5 dysfunctional traits afferent to cluster B (bipolar, borderline, histrionic, narcissistic, antisocial, and psychopathic) and at least 4 dysfunctional traits afferent to cluster C (paranoid, delusional, schizophrenic spectrum, dissociative), according to the PICI model, compared to 23.1% of the cases in the control group, which, however, shows traits more oriented toward neurotic tendencies (anxious, phobic-avoidant, obsessive, somatic). The investigation of dysfunctional sexual behaviors then showed, in the clinical group, the marked presence of the clinical condition of the users, with an average of 96.8% compared to 24% in the control group; in particular, the presence of a tendency toward pedophilic (under 13 years old) and pederastic (13-17 years old) paraphilia is noted for the average value between only the markings of the second and third clinical groups equal to 54.3% (with an overall phenomenon slightly more inclined toward the male group).

Conclusion: It is concluded, therefore, that the starting hypothesis can be confirmed, as the hypothesized link between the primary preference choice of “Trap Music” and the psychopathological profile afferent to the dysfunctional traits of Cluster B (borderline, narcissistic, histrionic, antisocial and psychopathic), according to the PICI model and compared with the control group (CG) population, which has significantly lower pathological values (57.9% - 72.8%) than the clinical group (CG), appears credible and non-random.

Introduction and aims

In the last decade, a musical strand has emerged on the Italian national scene that has international roots since the 1990s of the last century: “Trap Music”, and younger generations are increasingly fascinated by this genre, for several reasons. Since its inception, this musical strand was

considered a niche genre, and only in 2010 did it begin to spread commercially. It is a musical subgenre of hip hop, derived from American southern hip hop, and from it originated the subgenres drill, phonk and trap metal, the derivatives emo rap, Latin trap, and mumble rap, and the related EDM trap and cloud rap. Not surprisingly, the origins of this music genre are very much linked to environments and themes related to drug and



alcohol sales and addiction: initially, it was not a true genre, and until the early 2000s the term simply denoted a place (trap houses, precisely) but later it began to be used to refer to music related to that context. Trap houses were abandoned, run-down apartments in the Atlanta suburbs where drugs were dealt; moreover, the word “trapping” in slang means “dealing”. The drum sounds typical of trap find their origin in the Roland TR-808 drum machine, particularly its deep (also simply called “808”) and often syncopated kick drum, combined with hi-hats in double or triple time. Typically, a trap track is between 70 and 180 bpm. The melodic part of the beat is usually made with synthesizers, with minimal, repetitive, aggressive, or hypnotic melodies, although the use of samples as per hip-hop tradition is common. Trap music is characterized by dark and threatening lyrics, but these vary greatly depending on the individual rapper. Typical themes represented in the lyrics are street life amidst crime and hardship, poverty, and drugs, but as the genre has spread, the topics have expanded. In Italy, the first influences of trap music arrive in the very early 2010s with tracks still described as “alternative hip hop”. Broadly speaking, it is believed that the first Italian album with some trap sounds was by Gué Pequeno, in 2011, followed by Jestò in 2012; on the other hand, it was the Italian-Moroccan rapper Maruego who was the first to depopulate in Italy with trap-inspired sounds, in 2014. The real Italian commercial success, however, came with Milanese rapper Sfera Ebbasta in 2015, followed in the following years by other artists such as Achille Lauro. Starting in 2020, trap in Italy began to decline (leaving more and more room for Indie Music), forcing artists of this strand to pursue more commercial and pop themes and sounds, as in the case of Elodie; a stylistic choice this often criticized by many important exponents of Italian hip-hop who have often criticized (veiledly and openly) the stylistic choices of artists who have decided not to communicate anything through their songs, but only a state of well-being of which they are often not even the creators [1-3].

The present research hypothesizes the existence of a link between the choice of preference of this music genre and the psychopathological profile of those who choose their first preference, hypothesizing that such individuals have on average a higher level of dysfunctional traits typical of Cluster B (borderline, narcissistic, histrionic and antisocial) [4-7] according to the PICI model [8-13] and compared with the population.

Materials and methods

Starting from the classic definition of “psychopathological profile” and “Trap Music”, a population sample was selected for the administration of the following clinical instruments: 1) Clinical interview, based on narrative-anamnestic and documentary evidence and the basis of the Perrotta Human Emotions Model (PHEM) [14] concerning their emotional and perceptual-reactive experience; 2) Administration of the battery of psychometric tests published in international scientific journals by the author of this work: a) Perrotta Integrative

Clinical Interviews (PICI-2), to investigate functional and dysfunctional personality traits; b) Perrotta Individual Sexual Matrix Questionnaire (PSM-Q) [15], to investigate individual sexual matrix (only section d); c) Perrotta Affective Dependence Questionnaire (PAD-Q) [16], to investigate affective and relational dependence profiles; d) Perrotta Human Defense Mechanisms Questionnaire (PDM-Q) [17], to investigate ego defense mechanisms.

The phases of the research were divided as follows: 1) Selection of the population sample, according to the parameters indicated in the following paragraph. 2) Clinical interview, with each population group. 3) Administration of the Perrotta Integrative Clinical Interviews (PICI-2), Perrotta Individual Sexual Matrix Questionnaire (PSM-Q, section d), Perrotta Affective Dependence Questionnaire (PAD-Q) e Perrotta Human Defense Mechanisms Questionnaire (PDM-Q, section d). 4) Data processing following administration. 5) Comparison of data obtained.

Setting and participants

The requirements decided for the selection of the sample population are 1) Age between 18 years and 46 years, divided into three age groups (18-25, 26-37, 38-46), in two groups (clinical and control). 2) Absence of confirmed psychiatric diagnosis. 3) Italian nationality, with Italian ancestors in the last two generations. 4) Statement by the subject participating in the clinical group regarding his or her status of “primary preference” of the music genre “Trap Music” and its subtypes, related and connected, musical, OR Statement by the subject participating in the control group regarding his or her status of “no preference or aversion” of the “Trap Music” and its subtypes, related and connected. The selected setting, taking into account the protracted pandemic period (already in progress since the beginning of the present research), is the online platform via Skype and Videocall Whatsapp, both for the clinical interview and for the administration. The present research work was carried out from March 2020 to September 2022. All participants were guaranteed anonymity and the ethical requirements of the Declaration of Helsinki are met. Since the research is not financed by anyone, it is free of conflicts of interest. The selected population clinical sample, which meets the requirements, is 4,368 participants, divided into two groups Tables 1,2.

Table 1: Population sample (numerousness) in two groups (clinical and control).

Clinical group (CG)	M/F	R.Age 18-25 y (CG-1)	R.Age 26-37 y (CG-2)	R.Age 38-46 y (CG-3)
	M	468 (42.0%)	317 (41.1%)	121 (39.7%)
	F	646 (58.0%)	454 (58.9%)	184 (60.3%)
	Tot. (m/f)	1,114	771	305
	Tot. (CG)	2,190 / 4,368 (50.1%)		
Control group (Cg)	M/F	R.Age 18-25 y (Cg-1)	R.Age 26-37 y (Cg-2)	R.Age 38-46 y (Cg-3)
	M	418 (37.5%)	331 (40.9%)	98 (38.6%)
	F	696 (62.5%)	479 (59.1%)	156 (61.4%)
	Tot. (m/f)	1,114	810	254
	Tot. (Cg)	2,178 / 4,368 (49.9%)		
Total (CG + Cg)	M/F	4,368 / 4,368 (100%)		



Results and discussion

Introduction

During the preliminary clinical interview, the sample population interviewed related exclusively to the clinical group expressed the following reasons for preference for “Trap Music” Table 3.

Such positions clearly express the motivational matrix of individual subjects in the clinical population sample, reinforcing the psychopathological matrix of preferential choice.

Table 2: SPSS, Anova test (with Bonferroni).

Group	Test	N	%	M ± DS	p	
CLINICAL (CG)	PICI	1,774/2,190	81%	114.51 ± 67.38		
CLINICAL (CG)	PAD	1,736/2,190	79.27%	110.38 ± 44.58		
CLINICAL (CG)	PDM	2,190/2,190	100%	95.93 ± 14.16	PICL_CG-Cg	0.0001
CLINICAL (CG)	PSM	2,121/2,190	96.85%	34.48 ± 9.27	PAD_CG-Cg	0.0001
					PDM_CG-Cg	0.0001
CONTROL (Cg)	PICI	504/2,178	23.14%	76.42 ± 57.55	PSM_CG-Cg	0.0001
CONTROL (Cg)	PAD	242/2,178	11.10%	49.97 ± 33.65		
CONTROL (Cg)	PDM	782/2,178	35.90%	63.69 ± 28.25		
CONTROL (Cg)	PSM	523/2,178	24%	17.57 ± 11.40		

Table 3: Reasons of preference for Trap Music.

Reasons	Male		Female	
Mirroring with music texts, on issues related to drug use, social redemption, family and relationship problems, abuse, unemployment, crime, promiscuous or perverse sexuality	CG-1	116/468 (24.8%)	CG-1	151/646 (23.4%)
	CG-2	85/317 (26.8%)	CG-2	112/454 (24.7%)
	CG-3	36/121 (29.7%)	CG-3	46/184 (25.0%)
Sense of freedom, actively expressing their personal experience, through music lyrics	CG-1	111/468 (23.7%)	CG-1	146/646 (22.6%)
	CG-2	81/317 (25.6%)	CG-2	108/454 (23.8%)
	CG-3	33/121 (27.3%)	CG-3	44/184 (23.9%)
Sounds that allow for venting aggression, anger, feelings of emptiness, and frustration	CG-1	105/468 (22.4%)	CG-1	140/646 (21.7%)
	CG-2	75/317 (23.6%)	CG-2	102/454 (22.5%)
	CG-3	29/121 (24.0%)	CG-3	29/184 (15.8%)
The idea of independence and social redemption, through easy earnings, dreaming of being part of the music production world, or becoming an active participant in the production of new music	CG-1	75/468 (16.1%)	CG-1	113/646 (17.5%)
	CG-2	45/317 (14.2%)	CG-2	74/454 (16.3%)
	CG-3	15/121 (12.4%)	CG-3	26/184 (14.1%)
Meeting users devoted more to sexual promiscuity or perverted sexuality	CG-1	61/468 (13.0%)	CG-1	96/646 (14.8%)
	CG-2	31/317 (9.8%)	CG-2	58/454 (12.7%)
	CG-3	8/121 (6.6%)	CG-3	39/184 (21.2%)
Total	906/906 (100%)		1,284/1,284 (100%)	

Clinical group (CG)

CG-1: The subgroup consists of 1,114/2,190 (50.9%) participants (468 m / 646 f) of the total sample referring to the Clinical group. Below are the psychometric data related to the administration of the testifies Table 4.

CG-2: The subgroup consists of 771/2,190 (35.2%) participants (317 m / 454 f) of the total sample referring to the Clinical group. Below are the psychometric data related to the administration of the testifies Table 5.

CG-3: The subgroup consists of 305/2,190 (13.9%) participants (121 m / 184 f) of the total sample referring to the Clinical group. Below are the psychometric data related to the administration of the testifies Table 6.

Control group (Cg)

Cg-1: The subgroup consists of 1,114/2,178 (51.1%) participants (418 m / 696 f) of the total sample referring to the Control group. Below are the psychometric data related to the administration of the testitics Table 7.

Cg-2: The subgroup consists of 810/2,178 (30.9%) participants (331 m / 479 f) of the total sample referring to the Control group. Below are the psychometric data related to the administration of the testitics Table 8.

Cg-3: The subgroup consists of 254/2,178 (23.1%) participants (98 m / 156 f) of the total sample referring to the Control group. Below are the psychometric data related to the administration of the testitics Tables 9-11.

Conclusion

The present research has shown that, on average, users selected in the clinical group population sample present 81% of cases with a psychopathological personality profile (PICI-2) with at least 5 dysfunctional traits afferent to cluster B (bipolar, borderline, histrionic, narcissistic, antisocial, and psychopathic) and at least 4 dysfunctional traits afferent to cluster C (paranoid, delusional, schizophrenic spectrum, dissociative), according to the PICI model, compared to 23.1% of cases in the control group, which, however, shows traits more oriented toward neurotic tendencies [18-31], (anxious, phobic-avoidant, obsessive, somatic).

Equally distant are also the hypotheses of affective dependence (PAD) among the users: in the clinical group, on average, 79.3% show symptoms of affective dependence more oriented toward borderline, masochistic, and narcissistic types; in the control group, however, the value drops to 11.1%, with a greater tendency toward the third group (Cg-3, 38-46 y) and the neurotic-affective and dependent component.

The pronounced dysfunctional tendency found in the clinical group is also confirmed by tests related to the study of ego defense mechanisms (PDM), which stands at 100% of cases, the mechanisms of isolation, fixation, identification, denial, denial, repression, regression, omnipotence, idealization and devaluation being markedly dysfunctional; in the control

**Table 4:** CG-1 (R.age: 18-25 y) results.

CG-1	
PICI-2	Male group: 372/468 (79.5%) participants had at least 5 primary dysfunctional traits in the border area (bipolar, borderline, narcissistic, antisocial, and psychopathic types) and at least 4 secondary dysfunctional traits in the psychotic area (delusional, paranoid, schizophrenic spectrum). The primary scale of highest frequency was found to be the antisocial scale (36.1%), while the secondary scale was the psychopathic scale (33.7%). Female group: 495/646 (76.6%) participants had at least 5 primary dysfunctional traits in the border area (depressive, bipolar, borderline, histrionic, narcissistic, and psychopathic types) and at least 4 secondary dysfunctional traits in the psychotic area (delusional, paranoid, schizophrenic spectrum and dissociative types). The primary scale of highest frequency was found to be the psychopathic scale (36.9%), while the secondary scale was the antisocial scale (33.5%).
PAD-Q	Male group: 367/468 (78.4%) participants have the highest score with at least 20/25 points on the borderline, narcissistic and psychotic scales. Female group: 522/646 (80.8%) participants have the highest score with at least 20/25 points on the borderline, narcissistic and masochistic scales.
PDM-Q	1,114/1,114 (100%) have strong dysfunctional tendencies, with scores equal to or greater than 3/5 on the following mechanisms: isolation, denial, reactive formation, identification, regression, idealization, and devaluation.
PSM-Q	1,096/1,114 (98.1%) [M: 452/468 (96.6%); F: 644/646 (99.7%)] present a dysfunctional profile of their sexual behaviors, with a minimum score of 25/50, with a particular orientation toward sadomasochistic-type paraphilias, pornographic production, exhibitionism, and use of unusual objects.

Table 5: CG-2 (R.age: 26-37 y) results.

CG-2	
PICI-2	Male group: 277/317 (87.4%) participants had at least 5 primary dysfunctional traits in the border area (depressive, bipolar, borderline, histrionic, narcissistic, antisocial, and psychopathic types) and at least 4 secondary dysfunctional traits in the psychotic area (delusional, paranoid, schizophrenic spectrum and dissociative types). The primary scale of highest frequency was found to be the psychopathic (30.3%) and antisocial scales (29.7%), while the secondary scale was the narcissistic scale (35.0%) and borderline scale (31.7%). Female group: 399/454 (87.9%) participants had at least 5 primary dysfunctional traits in the border area (depressive, bipolar, borderline, histrionic, narcissistic, antisocial, and psychopathic types) and at least 4 secondary dysfunctional traits in the psychotic area (delusional, paranoid, schizophrenic spectrum and dissociative types). The primary scale of highest frequency was found to be the psychopathic (29.3%) and antisocial scales (28.7%), while the secondary scale was the narcissistic scale (34.0%) and borderline scale (30.3%).
PAD-Q	Male group: 245/317 (77.3%) participants have the highest score with at least 20/25 points on the masochistic and borderline scales. Female group: 378/454 (83.3%) participants have the highest score with at least 20/25 points on the masochistic and borderline scales.
PDM-Q	771/771 (100%) have strong dysfunctional tendencies, with scores equal to or greater than 3/5 on the following mechanisms: isolation, fixation, repression, denial, regression, idealization, and devaluation.
PSM-Q	748/771 (97.2%) [M: 311/317 (98.1%); F: 437/454 (96.2%)] have a dysfunctional profile of their sexual behaviors, with a minimum score of 25/50, with a particular orientation toward sadomasochistic-type paraphilias, pornographic production, exhibitionism, and pedophilic (under 13y) and pederastic (13-17y) tendencies. The latter, in particular, is marked 390/771 (50.6%), M: 167/317 (52.7%), and F: 223/454 (49.2%).

Table 6: CG-3 (R.age: 38-46 y) results.

CG-3	
PICI-2	Male group: 89/121 (73.5%) participants had at least 5 primary dysfunctional traits in the border area (depressive, bipolar, borderline, antisocial, and narcissistic types) and the psychotic area (paranoid types) and at least 4 secondary dysfunctional traits also in the border and psychotic areas, alternately recombined. The primary scale of highest frequency was borderline (38.3%), while the secondary scale was delusional (43.6%). Female group: 142/184 (77.2%) participants had at least 5 primary dysfunctional traits in the border area (depressive, bipolar, borderline, antisocial, and narcissistic types) and the psychotic area (delusional and paranoid types) and at least 4 secondary dysfunctional traits also in the border and psychotic areas, alternately recombined. The primary scale of highest frequency was borderline (36.3%), while the secondary scale was delusional (41.6%).
PAD-Q	Male group: 78/121 (64.5%) participants have the highest score with at least 20/25 points on the borderline and masochistic scales. Female group: 146/184 (79.3%) participants have the highest score with at least 20/25
PDM-Q	305/305 (100%) have strong dysfunctional tendencies, with scores equal to or greater than 3/5 on the following mechanisms: isolation, regression, withdrawal, denial, idealization, and devaluation.
PSM-Q	277/305 (90.9%) [M: 111/121 (91.7%); F: 166/184 (90.2%)] have a dysfunctional profile of their sexual behaviors, with a minimum score of 25/50, with a particular orientation toward sadomasochistic-type paraphilias, pornographic production, and exhibitionism, and pedophilic (under 13y) and pederastic (13-17y) tendencies. The latter, in particular, is marked 177/305 (58.0%): M: 74/121 (61.2%) and F: 103/184 (56.0%).

Table 7: Cg-1 (R.age: 18-25 y) results.

Cg-1	
PICI-2	Male group: 104/418 (24.9%) participants had at least 5 primary dysfunctional traits in the border area (depressive, bipolar, borderline, histrionic, antisocial, and narcissistic types) and the psychotic area (delusional and paranoid types) and in the least 4 secondary dysfunctional traits also in the neurotic areas (anxious-phobic, somatic and obsessive). The primary scale of the highest frequency was the borderline type (36.1%), while the secondary scale was the bipolar type (45.1%). Female group: 148/696 (21.3%) participants had at least 5 primary dysfunctional traits in the border area (depressive, bipolar, borderline, histrionic, antisocial, and narcissistic types) and the psychotic area (delusional and paranoid types) and in the least 4 secondary dysfunctional traits also in the neurotic areas (anxious-phobic, somatic and obsessive). The primary scale of the highest frequency was the borderline type (35.2%), while the secondary scale was the bipolar type (44.1%).
PAD-Q	Male group: 23/418 (5.5%) participants have the highest score of at least 20/25 points on the borderline, masochistic, and neurotic scales. Female group: 67/696 (9.6%) participants have the highest score of at least 20/25 points on the borderline, masochistic, and neurotic scales.
PDM-Q	417/1,114 (37.4%) [M: 129/418 (30.9%); F: 288/696 (41.4%)] exhibit marked or strong dysfunctional tendencies, with scores equal to or greater than 3/5 on the following mechanisms: isolation, removal, repression, regression, denial, omnipotence, idealization, and devaluation.
PSM-Q	281/1,114 (25.2%) [M: 180/418 (43.1%); F: 101/696 (14.5%)] present a dysfunctional profile of their sexual behaviors, with a minimum score of 28/50, with a particular orientation toward sadomasochistic paraphilias, exhibitionism, and pornographic production.



Table 8: Cg-2 (R.age: 26-37 y) results.

Cg-2	
PICI-2	Male group: 78/331 (23.6%) participants had at least 5 primary dysfunctional traits in the border area (depressive, bipolar, borderline, histrionic, antisocial, and narcissistic types) and at least 4 secondary dysfunctional traits also in the neurotic areas (anxious-phobic, somatic and obsessive). The primary scale of the highest frequency was the bipolar type (39.2%), while the secondary scale was the depressive type (37.9%). Female group: 123/479 (25.7%) participants had at least 5 primary dysfunctional traits in the border area (depressive, bipolar, borderline, histrionic, antisocial, and narcissistic types) and at least 4 secondary dysfunctional traits also in the neurotic areas (anxious-phobic, somatic and obsessive). The primary scale of the highest frequency was the bipolar type (43.2%), while the secondary scale was the depressive type (41.9%).
PAD-Q	Male group: 32/331 (9.7%) participants have the highest score of at least 20/25 points on the borderline, masochistic, and neurotic scales. Female group: 51/479 (10.6%) participants have the highest score of at least 20/25 points on the borderline, masochistic, and neurotic scales.
PDM-Q	278/810 (34.3%) [M: 111/331 (33.5%); F: 167/479 (34.9%)] exhibit marked or strong dysfunctional tendencies, with scores equal to or greater than 3/5 on the following mechanisms: isolation, removal, repression, regression, denial, omnipotence, idealization, and devaluation.
PSM-Q	195/810 (24%) [M: 89/331 (26.9%); F: 106/479 (22.1%)] present a dysfunctional profile of their sexual behaviors, with a minimum score of 30/50, with a particular orientation toward sadomasochistic paraphilias, exhibitionism, and pornographic production.

Table 9: Cg-3 (R.age: 38-46 y) results.

Cg-3	
PICI-2	Male group: 16/98 (16.3%) participants had at least 5 primary dysfunctional traits in the border area (depressive, bipolar, borderline, histrionic, antisocial, and narcissistic types) and at least 4 secondary dysfunctional traits also in the neurotic areas (anxious-phobic, somatic and obsessive). The primary scale of highest frequency was the depressive (45.2%), while the secondary scale was the paranoid type (35.9%). Female group: 35/156 (22.4%) participants had at least 5 primary dysfunctional traits in the border area (depressive, bipolar, borderline, histrionic, antisocial, and narcissistic types) and at least 4 secondary dysfunctional traits also in the neurotic areas (anxious-phobic, somatic and obsessive). The primary scale of highest frequency was the depressive (41.2%), while the secondary scale was the paranoid type (31.9%).
PAD-Q	Male group: 21/98 (21.4%) participants have the highest score of at least 20/25 points on the borderline, masochistic, and neurotic scales. Female group: 48/156 (30.8%) participants have the highest score of at least 20/25 points on the borderline, masochistic, and neurotic scales.
PDM-Q	87/254 (34.2%) [M: 31/98 (31.6%); F: 56/156 (35.9%)] exhibit marked or strong dysfunctional tendencies, with scores equal to or greater than 3/5 on the following mechanisms: isolation, removal, repression, regression, denial, omnipotence, idealization, and devaluation.
PSM-Q	47/254 (18.5%) [M: 26/98 (26.5%); F: 21/156 (13.5%)] present a dysfunctional profile of their sexual behaviors, with a minimum score of 28/50, with a particular orientation toward sadomasochistic paraphilias, exhibitionism, and pornographic production.

Table 10: Differential for tests.

Gender	Age	Tests	Clinical Groups - CG	Control Groups - Cg	Δ (CG - Cg)	
Male	18-25 y	PICI	372/468 (79.5%)	104/418 (24.9%)	54.60%	CG>Cg
		PAD	367/468 (78.4%)	23/418 (5.5%)	72.90%	CG>Cg
		PDM	468/468 (100%)	129/418 (30.9%)	69.10%	CG>Cg
		PSM	452/468 (96.6%)	180/418 (43.1%)	53.50%	CG>Cg
	26-37 y	PICI	277/317 (87.4%)	78/331 (23.6%)	63.80%	CG>Cg
		PAD	245/317 (77.3%)	32/331 (9.7%)	67.60%	CG>Cg
		PDM	317/317 (100%)	111/331 (33.5%)	66.50%	CG>Cg
		PSM	311/317 (98.1%)	89/331 (26.9%)	71.20%	CG>Cg
	38-46 y	PICI	89/121 (73.5%)	16/98 (16.3%)	57.20%	CG>Cg
		PAD	78/121 (64.5%)	21/98 (21.4%)	43.10%	CG>Cg
		PDM	121/121 (100%)	31/98 (31.6%)	68.40%	CG>Cg
		PSM	111/121 (91.7%)	26/98 (26.5%)	65.20%	CG>Cg
Female	18-25 y	PICI	495/646 (76.6%)	148/696 (21.3%)	55.30%	CG>Cg
		PAD	522/646 (80.8%)	67/696 (9.6%)	71.20%	CG>Cg
		PDM	646/646 (100%)	288/696 (41.4%)	58.60%	CG>Cg
		PSM	644/646 (99.7%)	101/696 (14.5%)	85.20%	CG>Cg
	26-37 y	PICI	399/454 (87.9%)	123/479 (25.7%)	62.20%	CG>Cg
		PAD	378/454 (83.3%)	51/479 (10.6%)	72.70%	CG>Cg
		PDM	454/454 (100%)	167/479 (34.9%)	65.10%	CG>Cg
		PSM	437/454 (96.2%)	106/479 (22.1%)	74.10%	CG>Cg
	38-46 y	PICI	142/184 (77.2%)	35/156 (22.4%)	54.80%	CG>Cg
		PAD	146/184 (79.3%)	48/156 (30.8%)	48.50%	CG>Cg
		PDM	184/184 (100%)	56/156 (35.9%)	64.10%	CG>Cg
		PSM	166/184 (90.2%)	21/156 (13.5%)	76.70%	CG>Cg



Table 11: Comparing % between the two groups (clinical and control), concerning the psychometric tests administered.

	Clinical group (CG)		Control group (Cg)		Δ (CG - Cg)
PICI	81.0% (1,774/2,190)	PICI	23.1% (504/2,178)	57.90%	CG>Cg
PAD	79.3% (1,736/2,190)	PAD	11.1% (242/2,178)	68.20%	CG>Cg
PDM	100% (2,190/2,190)	PDM	35.9% (782/2,178)	64.10%	CG>Cg
PSM	96.8% (2,121/2,190)	PSM	24.0% (523/2,178)	72.80%	CG>Cg

group, however, the average falls to 35.9%, with a greater tendency this time in the second group (Cg-2, 26-37 y).

The survey of dysfunctional sexual behavior (PSM) showed the marked presence of the clinical condition of users in the clinical group, with an average of 96.8% compared with 24% in the control group; in particular, the presence of a tendency toward pedophilic (under 13 years old) and pederastic (13-17 years old) paraphilia is noted for the mean value between only the second and third clinical group markings (CG-2, 26-37 years old and CG-3, 38-46 years old) equal to 54.3% (with an overall phenomenon slightly more tending toward the male group).

Statistical comparisons between the four psychometric instruments used and the two study groups (clinic and control) were found to be highly relevant ($p = 0.001$).

It is concluded, therefore, that the starting hypothesis can be confirmed, as the hypothesized link between the primary preference choice of "Trap Music" and the psychopathological profile afferent to the dysfunctional traits of Cluster B (borderline, narcissistic, histrionic, antisocial, and psychopathic), according to the PICI model and compared with the control group (CG) population, which has significantly lower pathological values (57.9% - 72.8%) than the clinical group (CG), appears credible and non-random.

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