
*EFFECTS OF EMOTIONAL ABUSE
IN FAMILY AND WORK ENVIRONMENTS*

Awareness for Emotional Abuse

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ABSTRACT. This study investigates links between emotional abuse and emotional awareness. Predictions included a positive correlation between emotional abuse and alexithymia, and that few individuals reporting emotional abuse would self-label as having been abused. Eighty participants completed anonymous, self-report surveys with symptom and trauma inventories. Participants were asked if they were physically, sexually, or emotionally abused (using the word “abused”); these questions preceded symptom and maltreatment measures. Emotional abuse

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and neglect were significantly positively correlated with difficulty identifying feelings, even after controlling for participants' depression, anxiety, dissociation, and lifetime trauma. Few subjects self-identified as having been "abused," even among those reporting abuse experiences. The results demonstrate a connection between emotional abuse and difficulty identifying emotions. Cognitive, therapeutic, and research implications are discussed. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2005 by The Haworth Press, Inc. All rights reserved.]*

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Despite established links between child abuse and psychological symptoms such as depression, dissociation, and anxiety, many abuse survivors experience awareness of symptoms without acknowledging the abuse itself. One reason for this discrepancy may be the failure of professionals and the public to agree upon a definition of child maltreatment. In addition, many mental health providers focus on the above diagnoses without investigating the possibility of childhood abuse. Another likely reason is that the adaptive cognitive styles abuse survivors develop preclude awareness of abuse. Finally, abuse awareness may incite stigma from attending to the taboo topic of family trauma.

Identifying certain behaviors as "abuse" stretches across domains of social policy, law, psychological research, and public perception. Understanding, preventing, and treating child abuse, however, requires some degree of categorization, because qualitative differences in abuse characteristics produce predictable diversities in psychosocial outcomes (e.g., Briere & Runtz, 1990; Kent & Waller, 1998). Cicchetti and Barnett (1991) identify the need for a nosology of child abuse that incorporates the following aspects: (a) symptom pattern or maltreatment type; (b) etiology; (c) developmental effects; and (d) treatment response. They also articulate the importance of attending to severity, frequency, chronicity, and the developmental period during which maltreatment occurs. Cicchetti and Barnett identify subtypes that include physical abuse, physical neglect, sexual abuse, emotional maltreatment, and moral/legal/educational maltreatment. Manly, Kim, Rogosch, and Cicchetti (2001) operationalize child maltreatment to incorporate four subtypes: emotional maltreatment, physical neglect, physical abuse, and sexual abuse. In their sample of 492 maltreated

children, most had experienced more than one abuse subtype, and 15 distinct subtype combinations were represented. Erickson and Egeland (1996) separate child neglect into five subtypes: physical neglect, emotional neglect, medical neglect, mental health neglect, and educational neglect.

Hart, Brassard, and Karlson (1996) explain that tracking the incidence and prevalence of emotional abuse is extremely challenging, as a very small proportion of cases are reported. The three iterations of the National Incidence Study (NIS-I, in 1981; NIS-II, in 1986; and NIS-III, 1993), a congressionally mandated study of the National Center on Child Abuse and Neglect, comprised the first attempt to gather incidence data for abuse subtypes using standardized definitions. The NIS sample includes cases investigated by Child Protective Services and by community professionals in counties that constitute a nationally representative sample of the United States. Changes in the definitional criteria between the first two incidence studies were implemented to reflect the 1984 congressional Child Abuse Amendments (Cicchetti & Barnett, 1991), and produced much higher incidence estimates. Similarly, expanded definitions for the NIS-III resulted in a 67% increase in incidence estimate. This included a 183% increase in the number of emotionally abused children (an estimate of 188,100 in 1986 contrasted with an estimate of 532,200 in 1993), and a 188% increase in the estimate of emotionally neglected children, from 203,000 in 1986 to 585,100 in 1993). According to the NIS-III, the greatest number of maltreated children are victims of neglect.

Though efforts to understand and prevent or treat the effects of abuse necessitate identifying and defining its distinct forms, focusing exclusively on maltreatment subtypes may obscure important connections. Several psychologists, noting the separation of funding priorities and research endeavors into different subtypes of maltreatment, have called for research addressing similarities among abuse subtypes (e.g., Finkelhor & Dzuiba-Leatherman, 1994; Garrison, 1987). Survivors are likely to have experienced more than one subtype of maltreatment (e.g., Moeller, Bachmann, & Moeller, 1993) and it is often the psychological aspects of physically and sexually abusive acts, as much as the acts themselves, that contribute to post-traumatic symptoms (e.g., Claussen & Crittenden, 1991; Gross & Keller, 1992; Vissing, Straus, Gelles, & Harrop, 1991).

Many psychologists assert that emotional abuse underlies all forms of child maltreatment (e.g., Brassard & Gelardo, 1987; Hart & Brassard, 1987; Schore, 2001). Indeed, it is questionable whether childhood sexual or physical abuse could be perpetrated by one's caregiver in the

absence of psychological abuse. Emotional abuse has been the most recent abuse subtype to emerge in the child maltreatment literature, and is likely the least understood and the most underreported type of abuse (e.g., Gracia, 1995). Definitions of emotional abuse remain rather vague (Giovannoni, 1989). Psychologists' terms for this topic include "emotional abuse," "psychological abuse," "emotional maltreatment," and "psychological maltreatment." Though this paper uses these terms interchangeably, we recognize that their nuances may convey different meanings. However, there does not appear to be a consensus within the field regarding any one definition or distinctions between these terms.

The present study examines the ways that childhood emotional abuse impacts college students' current psychological functioning, especially levels of emotional awareness, through measuring levels of alexithymia, or a lack of words for feelings (Sifneos, 1973). Though previous studies have demonstrated links between alexithymia and abuse in clinical samples (Berenbaum, 1996; Zlotnick, Mattia, & Zimmerman, 2001) and a connection between alexithymia and self-expressiveness in the family (Yelsma, Hovestadt, Nilsson, & Paul, 1998), this study specifically aims to address the hypothesis that alexithymia and emotional abuse are related. In addition, the study aims to determine whether abuse labeling is linked to abuse severity and to alexithymia. Is the severity of individuals' emotional abuse experiences correlated with general emotional awareness?

EMOTIONAL ABUSE AND NEGLECT

Brassard, Hart, and Hardy (1993) describe psychological maltreatment as "a repeated pattern of behavior that conveys to children that they are worthless, unloved, unwanted, or only of value in meeting another's needs" (p. 715). This project incorporates measures that operationalize the following kinds of emotional abuse: rejecting, degrading/devaluing, terrorizing, isolating, corrupting, exploiting, denying essential stimulation, emotional responsiveness or availability, and unreliable or inconsistent parenting (Briere, 1992; Garbarino et al., 1986; Hart & Brassard, 1987). The diversity of behaviors identified as emotionally abusive indicates a spectrum of abusive environments. Qualitative differences in emotional abuse experiences are likely to have different effects, just as different general abuse subtypes contribute to diverse outcomes.

Emotional abuse is linked to a range of negative psychosocial outcomes. Research demonstrates connections between emotional abuse

and adult depression (e.g., Gibb, Butler, & Beck, 2003; Gross & Keller, 1992; Steinberg, Gibb, Alloy, & Abramson, 2003), suicidality (Bifulco, Moran, Baines, Bunn, & Stanford, 2002), anxiety (Harkness & Wildes, 2002; Kent & Waller, 1998), dissociation (Harkness & Wildes, 2002), and drug and alcohol use among college students (Jelley, 2003). Kent, Waller, and Dagnan (1999) found emotional abuse to be the only type of abuse that predicted unhealthy eating attitudes among adult women, and Kent and Waller (1998) discovered that emotional abuse predicted more depression and anxiety than other forms of abuse.

As many psychologists consider neglect to be one form of abuse, we consider emotional neglect to comprise one type of emotional abuse. Erickson and Egeland (1996) use the term “psychological unavailability” to describe a common form of emotional neglect; this definition overlaps somewhat with some the definitions of emotional abuse described above. Emotional neglect often originates when children are preverbal and may be quite unaware their needs are not being met. Emotional neglect is often most damaging in infancy, with extreme emotional neglect resulting in failure to thrive and subsequent fatality. Children who experience emotional neglect demonstrate anxious attachment (e.g., Egeland & Sroufe, 1981) and internalizing problems (Erickson & Egeland, 1996). Though little research has focused on long-term effects of emotional neglect, psychologists have demonstrated sequelae including major depression (e.g., Yamamoto, Iwata, Tomoda, Tanaka, Fujimaki, & Kitamura, 1999) and personality disorders (Johnson, Smailes, Cohen, Brown, and Bernstein, 2000). Loos and Alexander (1997) found emotional neglect to be related to loneliness and social isolation to a greater degree than any other maltreatment subtype.

ABUSE AWARENESS

The cognitive processes necessary for accommodation or adaptation to maltreatment and for subsequent recovery are quite complex. For children who have experienced trauma, a secure attachment with a caregiver protects against long-term negative symptoms (van der Kolk & Fisler, 1994). When it is the parents themselves, however, who are the source of trauma, children must develop cognitive techniques to cope with their environments (Freyd, 1994, 1996). Strategies include dissociation and denial, skills that may be so well-developed that dissociative trauma survivors are able to use divided attention more effectively than

others to keep threatening information from awareness (DePrince & Freyd, 1999). Isolating knowledge of abusive treatment from consciousness makes it unlikely that survivors would acknowledge having been abused.

Since their home environments are for the most part uncontrollable and inescapable, children living with abusive caregivers must find ways to either understand or disregard the treatment they receive. Two cognitive models provide clarity in understanding the logic inherent in these processes. Briere's (1992) abuse dichotomy elaborates the implicit, deductive logic through which children come to internalize abusive treatment as deserved. Attributing abuse as stemming from one's own inherent badness inhibits the scarier prospect that a caregiver cannot be trusted, and may help create an illusion of control. The very nature of abuse strengthens this attributional process. Empirical studies reveal victims' attributions do indeed affect abuse awareness. For instance, Rausch and Knutson (1991) found that even when participants reported similar punitive experiences for themselves and their siblings, they were more than twice as likely to identify their siblings' experiences as abusive than they were to identify their own. The authors also reported that participants were more likely to interpret parental behavior towards themselves, but not that directed towards their siblings, as deserved, and therefore not abusive. Another helpful model is Freyd's (1996) betrayal trauma theory, which explains how children may isolate abuse experiences from memory and consciousness in order to maintain a necessary relationship with a caregiver. By selectively ignoring evidence of betrayal, people can survive and even engender caregiving in environments that would otherwise be hopeless. Since individuals employ these mechanisms to escape consciousness of their realities, they are conceptualized as implicit, and may later prove difficult to observe and change.

The quality of emotional abuse itself may directly impact the development of emotional awareness. In maltreating environments, children can learn that it is unacceptable, threatening, or dangerous to express emotions, especially negative ones. Since abuse and neglect produces negative emotions, children may adapt to abuse with general deficits in emotional awareness. Bowlby (1988) describes one pathway to deficits in emotional awareness as a parenting style that requires the denial of certain emotions, such as environments where parents instruct their children not to cry or express negative emotions. Children learn that they must distance themselves from their own needs and feelings to obtain love and care. Similarly, Linehan (1993) describes two important

characteristics of invalidating environments. First, they impart that an individual is wrong in their assessment of their own experience. Second, they ascribe children's emotional experiences to personal characteristics that are unacceptable. The consequences of these environments are such that individuals do not learn to accurately label private experiences, and therefore exhibit impairments in their abilities to modulate arousal.

Neuroanatomical and neuropsychological empirical research provides physical evidence of connections between psychological abuse and neglect and capacities for emotional awareness. Cicchetti (2002) explains that emotional abuse and neglect can alter otherwise healthy children's brain structure, function, and organization, and that children's brains are especially vulnerable during periods of rapid creation or modification of neuronal connections. Schore (2000, 2001) offers illuminating descriptions of the pathways through which early abuse and neglect impact regions of the brain involved in emotional awareness. Schore (2001) specifies that "purely 'psychological' relational trauma" (p. 222) produces altered neuroanatomical and neurophysiological development. Specific damage includes the overpruning and retraction of dendrites, which results in fewer synaptic connections to other cortical and subcortical areas. Schore (2000) explains that the maturation of the orbitofrontal cortex, which assesses internal states to allocate coping resources and participates in learning about emotions, is experience-dependent. Schore incorporates the neuroimaging and EEG data of Ryan, Kuhl, and Deci (1997) to explain how positive parent-child interactions influence the development of right hemisphere cortical and subcortical networks that are important to emotion regulation, and hypothesizes that "growth-inhibiting" intergenerational patterns of stress and coping result from the suboptimal development of corticolimbic structures that occur as a consequence of aversive environments.

How might these coping mechanisms operate after individuals leave their home environments? Learning models suggest that both the repeated nature of family abuse and the depth of processing in the mechanisms described above would render coping techniques difficult to extinguish. The concurrent timing of these processes and individuals' overall cognitive development further deepens their incorporation. Abuse and neglect early in life have strong deleterious effects (e.g., Schore, 2001), but since they occur during nonverbal years, victims are less likely to exhibit awareness of early child abuse trauma. Finally, the brain changes in the orbitofrontal regions Schore identifies are likely to endure and reinforce patterns of emotional unawareness.

Though individuals do not have the same motivations to retain relationships with their caregivers after leaving their home environments, many (including most college students) continue to depend on those same caregivers. In addition, societal stigma around abuse may prevent the revision of the cognitive processes described above. Since during abuse it is unsafe to experience emotional reactions fully, awareness often appears after leaving the situation. Changing abuse perceptions and attributions may provoke a period of great psychological distress. Some research demonstrates that abuse awareness may have negative consequences. Varia and Abidin (1999) investigated individuals' perceptions of childhood emotional abuse, reported maltreatment experiences, and relationship satisfaction among three groups: "Non-abused" (persons not reporting psychological abuse); "Acknowledgers" (those reporting and acknowledging childhood emotional abuse); and "Minimizers" (those reporting comparable levels of psychological abuse but not acknowledging abuse). Participants in the Non-abused group reported the highest levels of relationship satisfaction, followed by the Minimizers, and finally, the Acknowledgers. These results indicate that in at least one aspect of life, survivors fare better with less explicit awareness. Another explanation could be that minimizing abuse relates to a general lack of emotional awareness reflected in survivors' assessments of both their present relationships and past experiences. However, abuse awareness can be beneficial in that it positively impacts survivors' parenting. Egeland and Susman-Stillman (1996) found that for mothers with childhood abuse, dissociative tendencies and idealization of childhood experiences contributed to abuse towards their own children.

Is abuse awareness related to overall levels of emotional awareness? The research described above indicates that survivors' techniques for coping with abuse, such as the development of dissociative tendencies, continue beyond the circumstances under which these mechanisms develop. Similarly, a lack of awareness for being abused may be related to a general deficit in emotional awareness. Alexithymia, or a lack of words for feelings (Sifneos, 1973), is a useful construct in investigating emotional awareness. The alexithymia construct contains three elements: (a) difficulty identifying feelings; (b) difficulty describing feelings; and (c) an externally oriented cognitive style (Parker, Bagby, Taylor, Endler & Schmitz, 1993). Research has linked alexithymia with substance abuse disorders, posttraumatic stress disorders, depression, eating disorders, and reduced REM (rapid eye movement) density (Taylor, 2000). Alexithymia is also associated with low self-esteem (Yelsma, 1995) and subjective measures of illness (Lumley,

Tomakowsky, & Torosian, 1997). Additional studies have demonstrated connections between alexithymia and childhood abuse in clinical samples (Berenbaum, 1996; Zlotnick et al., 2001). Yelsma et al. (1998) found a significant negative correlation ($r = -.52, p < .0001$) between counseling clients' perceptions of positive expression with their families and their levels of alexithymia; the authors found that family negative expressiveness was also correlated with alexithymia, but to a lesser degree ($r = .34, p < .009$). Their findings indicate that emotional neglect, in the form of a lack of positive expression, may be even more strongly related to alexithymia than emotional abuse.

The research summarized above helps to explain reports that adult survivors of child abuse do not necessarily see themselves as having been abused (e.g., Rausch & Knutson, 1991; Varia & Abidin, 1999; Weinbach & Curtiss, 1986). For individuals seeking treatment for abuse sequelae, deficits in awareness regarding trauma and its effects among health professionals likely contribute to victims' levels of awareness for abuse. Attention to trauma and its effects form only a small part of most therapists' training (Courtois, 2002). Mental health workers often fail to ask about trauma experiences (Read & Fraser, 1998a; Young, Read, Barker-Collo, & Harrison, 2001), and most mental health services do not detect clients' exposure to childhood trauma (Briere & Zaidi, 1989; Wurr & Partridge, 1996). Mental health professionals identify higher rates of abuse when they ask specific questions regarding abuse experiences than when they utilize general screening questions (Dill, Chu, Grob, & Eisen, 1991). Mental health workers commonly fail to detect emotional abuse, just as they often fail to detect sexual and physical abuse (Thompson & Kaplan, 1999). In addition, victims most commonly seek professional help not because of the trauma itself, but for depression (e.g., Berliner & Elliott, 1996) or complaints about themselves or their relationships (Briere, 2002).

The present study hypothesizes that alexithymia is positively correlated with levels of emotional abuse, even when controlling for substance use and lifetime trauma, and negatively correlated with abuse acknowledgement.

METHOD

Participants

Participants were 80 university students enrolled in introductory psychology or linguistics courses. They received course credit for their par-

ticipation. They included 50 women and 30 men whose ages ranged from 17 to 52 years, with 91% of participants between the ages of 17 and 21. Seven students identified as Asian-American; 5 identified as Hispanic; 2 identified as Native American; 58 identified as white; 7 identified as "other"; and 1 did not endorse any category. None currently lived with their parents. None of the subjects refused to participate. The university's Institutional Review Board approved human subjects' participation in this study, and all participants signed an informed consent form.

Materials

Survey packets included demographics, three questions assessing perceptions of abuse that included one question for each abuse subtype (physical, sexual, and emotional; e.g., "Would you say that you were emotionally or psychologically abused as a child (before age 17)?"), the Toronto Alexithymia Scale-20 (Bagby, Taylor, & Parker, 1994), the Trauma Symptom Checklist-40 (Elliott & Briere, 1992), the Symptom Checklist-90 (Derogatis, Lipman, & Covi, 1973), questions about drug and alcohol use, the Brief Betrayal Trauma Survey (Goldberg & Freyd, 2004), the Child Abuse Trauma Scale (Sanders & Becker-Lausen, 1995), and the Child Maltreatment Interview Schedule (Briere, 1992).

The Toronto Alexithymia Scale (TAS-20; $\alpha = .74-.84$; Parker, Bagby, Taylor, Endler, & Schmitz, 1993) is the most frequently used measure of alexithymia (Taylor, 2000). Participants respond to statements regarding their thinking and discussion of emotional content using Likert scales that range from 1-5. Examples of statements include, "I am often confused about what emotion I am feeling," and "I don't know what's going on inside me." The TAS-20 contains three subscales: Difficulty Identifying Feelings ($\alpha = .73-.83$), Difficulty Describing Feelings ($\alpha = .61-.78$), and Externally Oriented Thinking ($\alpha = .60-.71$; Parker et al., 1993).

The Trauma Symptom Checklist-40 (TSC-40; $\alpha = .90$, subscales .62-.77, Elliott & Briere, 1992) queries a range of posttraumatic symptoms. The study used the TSC-40 subscales of dissociation, anxiety, and depression. Previous research has demonstrated the construct validity of the TSC-40 (Elliott & Briere, 1992) and its convergent validity when compared with the SCL-90 (Zlotnick, Shea, Begin, Pearlstein, Simpson, & Costello, 1996).

The study also used the Symptom Checklist-90 (SCL-90; Derogatis & Cleary, 1977; Derogatis et al., 1973) to assess symptoms of anxiety

and depression. The measure has good construct validity and scale intracorrelations.

The study included a group of questions about drug and alcohol use. For each of nine drugs (alcohol, tobacco, cannabis, cocaine, opium, heroin, methamphetamines, LSD, and ecstasy), participants were asked how many days out of the past 30 they had used the drug. There was also a space for “other” where students could write in additional drugs.

The 12-item Brief Betrayal Trauma Survey (BBTS; Goldberg & Freyd, 2004) asks respondents to indicate how many times they have experienced different interpersonal and non-interpersonal traumas both before and after age 18. Traumatic experiences queried include disasters, accidents, witnessing death or injury, forced sexual contact, physical assault, and emotional or psychological maltreatment. Interpersonal items include those assessing experiencing and witnessing abuse perpetrated by a close other and those that assess experiencing and witnessing abuse perpetrated by a non-close other. This scale was included to assess traumatic events other than parent or caregiver maltreatment, since a range of traumatic experiences impacts psychological functioning.

The Child Abuse Trauma Scale (CAT scale; Sanders & Becker-Lausen, 1995) was designed to measure “the individual’s present, *subjective* perception of the degree of stress or trauma present in his/her childhood” [emphasis in the original] (p. 317). Examples of scale items include, “Did you feel safe living at home?” and “As a child, did you feel unwanted or emotionally neglected?” The measure uses a Likert scale of 0-4, where 0 denotes “never”; 1, “rarely”; 2, “sometimes”; 3, “very often”; and 4, “always.” A higher score signifies greater levels of maltreatment; some items, such as the first example above, are reverse coded. The CAT scale contains subscales measuring Punishment, Negative Home Environment/Neglect, and Sexual Abuse, and has strong test-retest reliability ($r = .71-.91$) and internal consistency ($\alpha = .63$ to $.90$; Kent & Waller, 1998). Kent and Waller added an Emotional Abuse subscale, comprised of the 7 items from the CAT scale they felt best reflected the construct; only 1 of these items overlaps with the Negative Environment subscale. The subscale appears to have good internal consistency ($\alpha = .88$). The present study uses the new subscale.

The Psychological Maltreatment Scale of the Child Maltreatment Interview Schedule (CMIS; Briere, 1992; $\alpha = .87$, Briere & Runtz, 1988) asks how often emotional abuse experiences occurred in an average year. The scale uses a Likert scale of 0 (*never*) to 6 (*over 20 times a year*). The scale has 6 items that ask how often did a parent or caregiver

“yell at you”; “insult you”; “criticize you”; “try to make you feel guilty”; “ridicule or humiliate you”; “embarrass you in front of others”; and “made you feel like you were a bad person.”

Procedure

Participants did not know the topic of the study when they signed up for the study. When they arrived at the study site, they were invited to complete an anonymous questionnaire about life experiences. Participants were told both verbally and via the informed consent that some of the questions were personal and potentially upsetting; the words “abuse” and “trauma” were not used. Both the consent and debriefing forms included phone numbers for counseling resources. Participants completed a packet of self-report questionnaires in groups, with ample space between each person for privacy. The instructions stated the importance of answering questions in order. After completing the questionnaires, participants dropped them into a box to ensure anonymity.

Data Analysis

Participants' scores were computed for each measure and measure subscale. We used descriptive statistics to assess whether the current sample revealed rates and ranges of abuse experiences, as measured by the CAT scale, that were similar to those reported by Sanders and Becker-Lausen (1995). Preliminary analyses investigated zero-order correlations between measures thought to capture the same constructs. These included the SCL-90 and the TSC-40 subscales of depression and anxiety, and the CMIS and CAT measures of emotional abuse. We then computed zero-order correlations between abuse measures, alexithymia subscales, and psychological symptoms such as depression, anxiety, and dissociation. We also investigated zero-order correlations between abuse and gender, and between abuse and substance use. Finally, we used partial correlations to determine the extent of the unique relation between emotional abuse and alexithymia subscales, by controlling for other abuse correlates. All data analysis utilized SPSS 10.0.

Though emotional abuse is better considered a continuous rather than a dichotomous variable, there are often practical (including research, social, or legal) reasons to group people into abused versus non-abused categories. Categorizing participants as abused or non-abused involves choices regarding measures and cutoff points. Some of these decisions are necessarily arbitrary. None of the measures we used contain cutoff

points or categorization systems. After creating and comparing a few categorization methods, described in the Results section below, participants who would be considered emotionally abused were identified under each system. Though some participants fall into the “abused” category under all categorization systems, many fell into different categories depending on the method employed. These disparities highlight the importance of using multiple methods in assessing people’s abuse experiences. Our preferred categorization method allows for differences due to method variance. The project method did not categorize individuals as physically or sexually abused.

RESULTS

Table 1 indicates mean scores and standard deviations for trauma symptoms, alexithymia subscales, and abuse measures. The average score on the CAT scale was .74, with a standard deviation of .38. These statistics closely reflect those of Sanders and Becker-Lausen (1995) in two college studies that, combined, included over a thousand students: CAT scale mean scores were .75 and .73, and standard deviations were .42 and .41, respectively. Scores on the CMIS Psychological Abuse subscale (Briere, 1992) ranged from 1-40, with an average of 13.38 and a standard deviation of 10.15.

Multiple measures for both symptoms and abuse were correlated. Depression subscales from the TSC-40 and the SCL-90 were highly correlated ($r = .63, p < .001$), and the anxiety subscales were correlated at a level of .53 ($p < .001$). The Emotional Abuse subscales of the CAT scale and the Psychological Abuse subscale of the Child Maltreatment Interview Schedule (CMIS; Briere, 1992) were also highly correlated ($r = .86, p < .001$). The Psychological Abuse subscale of the CMIS was also significantly related to the average score on the entire CAT scale ($r = .73, p < .001$) and the Negative Home Environment/Neglect subscale ($r = .63, p < .001$). There were no significant relations between abuse measure scores and participants’ alcohol or drug use, and none between abuse and gender. Reported levels of emotional abuse using the CAT Emotional Abuse scale and the Negative Home Environment/Neglect scale revealed significant zero-order correlations ($p < .001$) with depression ($r = .49$ and $.61$, respectively), anxiety ($r = .44$ and $.41$, respectively), and dissociation ($r = .39$ and $.45$, respectively).

Students rarely identified themselves as having been emotionally abused. Only six students responded “yes” to the emotional abuse per-

TABLE 1. Means and Standard Deviations of Trauma Symptom and Abuse Measures

	<i>N</i>	<i>M</i>	<i>SD</i>
Child Maltreatment Inventory Schedule Psychological Abuse Scale	79	13.38	10.15
Child Abuse Trauma Scale Average Score	74	.74	.38
Child Abuse Trauma Scale subscales:			
Emotional Abuse	80	1.02	.65
Negative Home Environment	78	.82	.60
Sexual Abuse	79	.10	.27
Punishment	79	1.11	.55
Trauma Symptom Checklist-40 subscales:			
Dissociation	77	2.19	1.94
Anxiety	75	4.88	3.03
Depression	78	6.27	3.41
Toronto Alexithymia Scale-20 subscales:			
Difficulty Identifying Feelings	78	13.69	5.37
Difficulty Describing Feelings	80	13.48	3.43
Externally Oriented Thinking	80	27.06	2.79

ception question. Participants who acknowledged experiencing emotional abuse included 5 females and 1 male, ages 18-19. Under the categorization system we chose, all six of the “acknowledging” participants fall into the abused category. Their small number tempers the validity of any comparison testing between them and other abused participants. Two participants acknowledged experiencing sexual abuse; these participants were also the only ones who acknowledged experiencing physical abuse. One of these participants, however, did not indicate sexual or physical abuse experiences in the abuse questionnaires.

The results of the abuse measures that queried specific abuse behaviors support previous research (e.g., Dill et al., 1991) demonstrating that such questions yield more endorsements than general questions regarding abuse. For instance, on the BBTS (Goldberg & Freyd, 2004), 18

participants reported experiences of psychological maltreatment by someone close before the age of 18. These participants include all six participants who acknowledged having been emotionally abused. A similar pattern emerged for sexual and physical abuse reporting. On the CAT scale, 18 individuals endorsed at least one item on the sexual abuse subscale, such as “Did you have traumatic sexual experiences as a child?” or “Did your relationship with either of your parents ever involve a sexual experience?” as compared to only two people who endorsed the general question regarding sexual abuse. Similarly, on the CMIS, eight individuals endorsed the questions, “Before you were age 17, did anyone ever touch your body in a sexual way, or make you touch their sexual parts? Did this happen with a family member?” One replied that this had happened with a parent; two replied that it had happened with a stepparent, three replied that it had happened with a sibling, and two replied that it had happened with another family member. Seventeen people responded “yes” to the question on the CMIS, “Before you were 17, did one of your parents or stepparents ever have problems with drugs or alcohol?” Regarding physical maltreatment, seven participants endorsed the CAT item, “Did your parents ever beat or hit you when you did not expect it?” and 18 endorsed the item, “As a child, did you feel that your home was charged with the possibility of unpredictable physical violence?”

Several categorization systems were considered to describe individuals as emotionally abused, and participants identified as abused vary under the criteria of each system. Table 2 compares the criteria for each categorization system and the participants each system identifies. Cutoff points were selected to reflect scores well above the mean scores for each measure. The first system (A) involves the Emotional Abuse subscale of the Child Abuse Trauma Scale (Kent & Waller, 1998). If participants are categorized as emotionally abused using the criterion of a subscale average of 1.5 or above, 16 students fall into this category. If the same criterion are applied with Sanders and Becker-Lausen’s (1995) Negative Home Environment/Neglect subscale, comprised of 14 items, 11 participants fall into the abused category (system B). If participants with an average score of 1.5 or above on either subscale are considered to have been emotionally abused, the category includes 19 people (system C). Shifting instruments, if those participants with a score of 18 or more on the CMIS Psychological Abuse subscale are regarded as emotionally abused, the resulting category contains 24 participants (system D). Suppose participants need to score both an 18 or higher on the CMIS Psychological Abuse subscale and have at least a

1.5 average on either the Emotional Abuse subscale or Negative Home Environment/Neglect subscale of the CAT scale to be categorized as emotionally abused (system E). Only seven participants would meet these criteria. If, however, participants need either a score of 18 or higher on the CMIS subscale or an average score of 1.5 or more on one of the CAT subscales, the resulting category includes 28 people (system F). Ten participants are categorized as emotionally abused in only one of the systems described above; 2 are categorized abused under two systems; 11 under three systems; 4 under four systems; and only 2 participants fall into the “abused” category using all five of the systems above.

Figure 1 shows the position of the six “acknowledging” individuals on a 2-dimensional scatterplot of their CMIS Psychological Abuse subscale scores and their maximum CAT subscale scores. The figure demonstrates that although there appears to be some relation between abuse severity and abuse perception, this relation seems complex. Many of those with substantial maltreatment experiences did not consider themselves “abused.” The figure also depicts differences between our preferred categorization system, System F, and individuals’ own emotional abuse perceptions. We provide the following example to illustrate some of the difficulties in categorizing participants as emotionally abused or non-abused. Participant 57, an “acknowledger,” responded affirmatively to the abuse perception questions for physical abuse, sexual abuse, and emotional abuse, and the trauma measures indicated a family member was the perpetrator of sexual abuse. Was this individual emotionally abused? Attempts to categorize this participant’s experiences recall our earlier question: could sexual abuse occur without emotional abuse? Though our preferred categorization system, system F, includes this individual in the “abused” group, this participant does not meet criteria for emotional abuse using systems A or E. This case illustrates some of the complexities inherent in studying abuse subtypes separately and in categorizing abuse experiences.

Emotional Abuse and Alexithymia

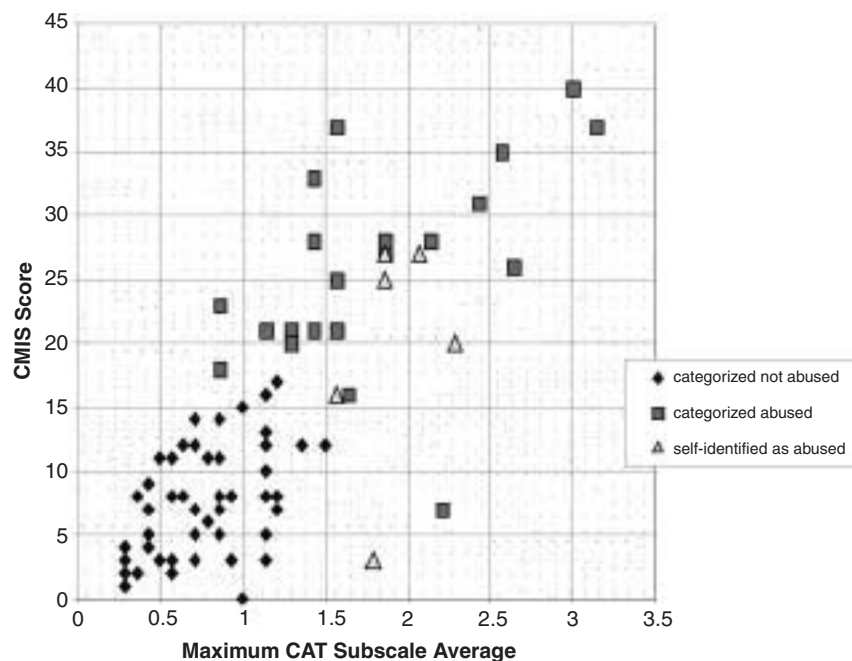
Participants’ scores on the Identifying Feelings and Describing Feelings subscales of the TAS-20 revealed a significant zero-order correlation ($r = .63, p = .001$). This result reflects the normative relation between the two factors of .65 (Bagby, Parker, & Taylor, 1994). The Identifying Feelings subscale was not related to the Externally Oriented Thinking subscale ($r = .16, p > .05$) but the Describing Feelings and Externally Oriented Thinking subscales were significantly correlated ($r =$

TABLE 2. Abuse Categories and Self-Identification by Participant Number

Categorization or Identification System	Participant Number
System A: Participants with a CAT Emotional Abuse Subscale Average ≥ 1.5	3, 15, 17, 21, 25, 33, 37, 39, 41, 42, 54, 56, 68, 69, 70, 72 $n = 16$
System B: Participants with a CAT Negative Home Environment Subscale Average ≥ 1.5	3, 15, 18, 21, 30, 56, 57, 65, 68, 69, 70 $n = 11$
System C: Participants with a maximum CAT subscale score (Emotional Abuse OR Negative Home Environment) ≥ 1.5	3, 15, 17, 18, 21, 25, 30, 33, 37, 39, 41, 42, 54, 56, 57, 68, 69, 70, 72 $n = 19$
System D: Participants with a CMIS Psychological Abuse score ≥ 18	3, 12, 15, 16, 21, 25, 33, 35, 37, 39, 41, 42, 43, 50, 53, 54, 56, 64, 68, 69, 70, 71, 72, 74 $n = 24$
System E: Participants with BOTH a CMIS Psychological Abuse score of > 18 AND a maximum CAT subscale score of ≥ 1.5	3, 15, 21, 25, 37, 69, 70 $n = 7$
System F: Participants with EITHER a CMIS Psychological Abuse score of ≥ 18 OR a maximum CAT subscale score of ≥ 1.5	3, 12, 15, 16, 17, 18, 21, 25, 30, 33, 35, 37, 39, 41, 42, 43, 50, 53, 54, 56, 57, 64, 68, 69, 70, 71, 72, 74 $n = 28$
Participants who responded "yes" to the question, "Would you say you were emotionally or psychologically abused as a child (before age 17)?"	3, 17, 21, 54, 57, 68 $n = 6$
Participants who responded affirmatively to having been psychologically mistreated before age 18 on the Freyd-Goldberg questionnaire	3, 4, 15, 17, 18, 20, 35, 41, 42, 43, 47, 54, 57, 64, 68, 69, 72, 78 $n = 18$

.36, $p < .01$). Bagby et al.'s (1994) factor analysis identified similar correlations of .10 between the Identifying Feelings and Externally Oriented Thinking subscales and .36 between the Describing Feelings and Externally Oriented Thinking subscales. The Emotional Abuse subscale of the CAT scale, as proposed by Kent and Waller (1998), was strongly correlated with the Identifying subscale of the TAS-20 ($r = .56$, $p < .001$). This correlation remained even when controlling for depression, anxiety, dissociation, and lifetime traumatic events ($r = .34$, $p < .01$). In order to isolate that portion of the variance explained by negative family environments, the BBTS was used to control for the effects traumatic events other than abuse may have on psychological function-

FIGURE 1. Scatterplot of participants' CMIS Psychological Abuse scores and maximum CAT subscale average from either the Negative Home Environment/Neglect subscale or Emotional Abuse subscale. Participants' abuse categories are shown using system F.



ing. The Negative Environment subscale of the CAT scale and CAT scale average scores were also highly correlated with the Identifying subscale ($r = .53, p < .001$, and $r = .55, p < .001$, respectively). When controlling for depression, anxiety, dissociation, and lifetime trauma, the Negative Environment subscale and CAT scale average also retained a significant relationship to the Identifying Feelings subscale of the TAS-20 ($r = .36, p < .01$, and $r = .32, p < .05$, respectively).

Using the same partial correlation analysis, emotional abuse as measured by the CAT scale was not significantly related to the Describing Feelings subscale of the TAS-20 ($r = .09, p = .51$) or the Externally Oriented Thinking subscale ($r = -.03, p = .81$). None of the CAT scale scores were significantly related to the Describing or Externally Ori-

ented Thinking subscales except for the Punishment subscale, which correlated with the Externally Oriented thinking subscale ($r = .32, p < .05$). Running these analyses after substituting item mean scores for missing values revealed no significant changes. Table 3 provides a correlation matrix for partial correlations between the three subscales of the TAS-20 and the CMIS and CAT subscales, controlling for anxiety, depression, and dissociation using the TSC-40 and for lifetime trauma using the BBTS.

DISCUSSION

The current results support the hypothesis that individuals' experiences with emotional abuse and neglect are related to current levels of emotional awareness, especially identifying feelings. These results echo theoretical models and research showing that accommodations to abuse, such as dissociation and self-blame, are often generalized and persistent (e.g., Briere, 1992; DePrince & Freyd, 1999), and further show that emotional awareness is specifically linked to emotional abuse and neglect. However, it is important to note that using different scales to measure childhood emotional abuse changes the strength of this correlation. Strikingly few participants who indicated having had emotional abuse experiences acknowledged having been abused. Indeed, the numbers of "acknowledgers" were so low that it was not possible to ascertain correlations between individuals' labeling abusive experiences as abuse, abuse severity, mental health and emotional awareness. The data set from Goldberg and Freyd (2004), however, also reveals a significant correlation between emotional abuse as measured on the BBTS and the Difficulty Identifying Feelings subscale of the TAS-20, and is comprised of 733 community participants. These results do not replicate previously established relations among trauma and substance use or trauma and gender. The small sample size may influence these null results. With regard to substance use, it is possible that the somewhat normative use of drugs and alcohol in college populations may obscure relations among substance use and trauma.

Methodological Considerations

The order of the measures may influence participants' responses. Because considering specific experiences might influence people's abuse perceptions, the measures querying abusive experiences occur several

TABLE 3. Partial Correlation Matrix for TAS-20 Subscales and Abuse Measures

	TAS-20 Subscales		
	Difficulty Identifying Feelings	Difficulty Describing Feelings	Externally Oriented
Thinking			
Difficulty Identifying Feelings		.55**	.06
Difficulty Describing Feelings		.	.37**
Psychological Abuse Subscale of the CMIS	.19	.03	-.18
Child Abuse Trauma Scale Average Score	.32*	.25	.13
Child Abuse Trauma Scale subscales:			
Emotional Abuse	.34**	.09	-.03
Negative Home Environment	.36**	.21	.03
Sexual Abuse	.27	.22	.20
Punishment	.02	.18	.32*

* $p < .05$. ** $p < .01$.

Note. These partial correlation coefficients control for anxiety, depression, and dissociation using the Trauma Symptom Checklist-40, and lifetime traumatic events using the BBTS.

pages after the abuse perception questions. The decision to assess abuse perception before querying abuse behaviors differed from that of Varia and Abidin (1999), who had participants complete abuse perception questions immediately following each abuse measure. Similarly, this study positioned the TAS-20 before measures assessing feelings and symptoms, since presentation of these words could influence participants' thoughts regarding how much and in what ways they think about feelings. Finally, symptom measures were presented before abuse measures, since thinking about abuse could alter symptom endorsement.

The language researchers and clinicians choose in questioning participants about abuse experiences doubtless influences responses, especially since the mechanisms we investigate involve the ways abuse survivors use language to express their emotions and experiences.

Though the abuse perception questions and a question about psychological mistreatment appeared in different positions in our questionnaire, it is striking that 18 participants endorsed having been “psychologically mistreated” before age 18 by a close other, while only six considered themselves to have been “emotionally abused.”

Important limitations of this study include its correlational method, relatively small sample size, and reliance on retrospective self-reports. Factors such as memory accuracy, infantile amnesia, unawareness, and mood all may influence self-reported maltreatment (Hardt & Rutter, 2004). Hardt and Rutter review psychological literature regarding abuse reporting published between 1980 and 2001. They determine that the evidence indicates that when study participants retrospectively report abuse or neglect to have occurred, these positive reports are most often correct. Hardt and Rutter note the ubiquitous finding that even with substantiated severe abuse and neglect, approximately one-third of individuals deny abuse occurrences when specifically queried as adults. Their analysis reveals that false negatives and measurement error constitute the greatest threats to the validity of retrospective reports. For example, Fergusson, Horwood, and Woodward (2000) examined the stability of physical and sexual abuse reporting among a birth cohort of 1265 individuals at ages 18 and 21. At both time points, the rate of false negative reports was approximately 50%; the authors also noted an absence of false positive responses. Reporting was not related to measures of psychiatric adjustment.

Limitations of the study include the sample’s limited age range and ethnocultural homogeneity. It is certainly possible that abuse awareness could have different psychosocial correlates depending on individuals’ ages and ethnocultural environments.

Cognitive and Clinical Implications

This study demonstrates that survivors of childhood emotional abuse experience depression, anxiety, dissociation, and difficulty identifying their feelings without perceiving themselves to have been abused. The study also replicates Dill et al.’s (1991) finding that specific questions regarding abuse yield more reports of abuse than more general questions. Clients in all diagnostic categories may have experienced abuse. For instance, several researchers have noted the role of abuse histories in clients with psychosis (Briere, Woo, McRae, Foltz, & Sitzman, 1997; Read, Perry, Moskowitz, & Connolly, 2001; Ross, Anderson, & Clark, 1994). The profound relationship between emotional abuse and affec-

tive experience indicates clinicians should assess family abuse when evaluating psychiatric disorders. Mental health centers should incorporate policies and training procedures regarding when and how to take clients' trauma histories (Briere, 1999; Young et al., 2001) and how to respond to disclosures (Agar & Read, 2002; Read & Fraser, 1998b). These should include clients' possible emotional abuse experiences.

The study results also support conceptualizations of stress and trauma that differ somewhat from those in the current DSM. Though psychological difficulties such as depression and anxiety can occur in the absence of abuse, the interrelations among childhood abuse, dissociation, depression, and anxiety suggest that when individuals have experienced abuse, such symptoms are better understood as trauma responses than distinct pathologies. Survivors' deficits in emotional awareness indicate that psychologists should be mindful of the range of emotions that may occur following interpersonal trauma. The DSM depiction of trauma emphasizes fear and anxiety, and pays less attention to other important post-traumatic responses such as dissociation and feelings of betrayal (Brett, 1996; DePrince, 2001). Shame and guilt are also important emotional responses to interpersonal trauma (e.g., Lee, Scragg, and Turner, 2001). The nature of chronic childhood abuse and survivors' affective experiences suggests that this type of trauma is better depicted by the model of Complex PTSD introduced by Herman (1992) than by the PTSD diagnosis in the DSM-IV (American Psychiatric Association, 1994), which emphasizes single incident traumas. DSM diagnoses should be expanded to include the effects of chronic trauma, including emotional abuse and neglect, on systems of self-regulation and emotional awareness.

Therapists' understanding of emotional abuse survivors' difficulties identifying feelings should contribute to treatment planning. Several modalities of psychotherapy emphasize the development of self-therapy skills that facilitate emotional awareness and regulation. These include Briere's (1996) self-trauma model, Cognitive Behavior Therapy (e.g., Beck, 1995) and Dialectical Behavior Therapy (Linehan, 1993). Psychoanalytic perspectives have also emphasized the importance of awareness for childhood trauma (e.g., Miller, 1983). Follette, Ruzek, and Abueg (1998) describe a contextual-ecological approach that considers symptoms and problems in the context of the past and present environments in which they were developed and are maintained. Impaired emotional awareness and inaccurate cognitions regarding oneself and the world may have been strategies to cope with abuse. Individuals may have inhibited awareness for information that could have threatened attachment relationships or elicited retribution from abusers. Understand-

ing the processes through which they developed strategies that were initially adaptive and later maladaptive may lessen the self-blame abuse survivors may experience regarding their psychosocial symptoms. Verbal disclosure of traumatic events produces both physical and mental health improvements (e.g., Pennebaker, 1997). Schore (2001) articulates that forming a coherent trauma narrative may help to repair some of the damage in the brain's orbitofrontal regions that is caused by abuse and neglect. Psychotherapy with abuse survivors that addresses emotional awareness can lessen the possibility of intergenerational transmission. For instance, Egeland (1988) notes that distinguishing factors of mothers who broke cycles of abuse included therapeutic interventions that brought about increased emotional maturity.

Clinicians should also be sensitive to the costs and benefits of abuse awareness. Identifying abuse could assuage depression in survivors through a reversal of the reasoning hypothesized in Briere's (1992) abuse dichotomy. If individuals no longer identify their own badness as the source of parental maltreatment, they may develop healthier self-perceptions. However, long-term learning processes and guilt may constitute obstacles to abuse recovery. The nature of emotional abuse as an inescapable environmental constant implicates repeated conditioning that one is bad. Feelings accompanying this conditioning may be internalized and remain despite an intellectual understanding that one's own badness did not produce the abusive treatment. Identifying treatment as abusive may provoke feelings of guilt from questioning one's family environment, and can result in isolation and blame that exacerbate trauma (Root, 1992). However, when individuals acknowledge abuse, they may be less likely to blame themselves, consciously or unconsciously, for the treatments they endured. Therapeutic relationships that provide safety and validation for a range of emotional experiences contrast with clients' experiences of abuse and neglect, and can facilitate emotional awareness.

FUTURE DIRECTIONS

Over the last several decades, there has been substantial progress in defining emotional abuse and describing its forms. Measurements of emotional abuse such as the ones used in this study constitute important steps in operationalizing these definitions. Perhaps psychologists' next focus should be developing a consensus on the definition of emotional abuse as defined by the maltreatment inventories currently available.

One area of future focus may be the way psychologists investigate relationships between childhood maltreatment and alexithymia. Kench and Irwin (2000) found that the Difficulty Identifying Feelings subscale of the TAS-20 was significantly related to individuals' family environments, but that the other two subscales were not as clearly linked. The present study echoes these findings, and demonstrates that the relation between emotional abuse and difficulty identifying feelings persists even when controlling for other trauma sequelae. This investigation also underscores the importance of multiple measurements: for example, there was a significant relation between alexithymia and emotional abuse using the CAT scale, but not as reported via the CMIS. The CAT scale, with its emphasis on subjective experience, may more closely tap those abuse elements related to individuals' alexithymia.

Though consciousness of abuse experience is a complex personal process for survivors, sustained public and professional consciousness of abuse has much to offer. As psychologists consider the prevalence and impact of child abuse, it is helpful to remember Hart and Brassard's (1987) statement that "a positive ideology of children as human beings in their own right has not yet been established" (p. 162). Working to establish such an ideology will reduce abuse prevalence and its impact, and ameliorate lifetime psychological functioning.

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