Freyd Dynamics Lab
http://dynamic.uoregon.edu/

Physical Health, Psychological Distress, and Betrayal Trauma

Jennifer Freyd
Bridget Klest
Carolyn Allard

UNIVERSITY OF OREGON

Rationale

- Numerous studies have revealed an association between trauma and adverse physical and mental health status.
- While the relation is well established, the mechanisms underlying this link are less well understood.
- In the current study we sought to distinguish impact on health arising from types of trauma as indicated by betrayal trauma theory (Freyd 1996, 2001), with an eye toward eventually uncovering mechanisms and developing interventions.
- Betrayal trauma (BT) theory distinguishes two dimensions as primary for events that cause long lasting harm to people: life-threat (e.g. major car accident; urban violence) and social betrayal (e.g. abuse by a close other). (see FIGURE 1)

Method

Participants

- We recruited 99 community adults from Eugene/Springfield Oregon who reported at least 12 months of chronic medical or pain problems.
  - Data presented here from wave 1 of a longitudinal writing intervention study
- Participants were assessed for trauma history and physical and mental health symptoms.
- Trauma assessment included measuring exposure to both traumas high in betrayal and traumas low in betrayal (but high in life-threat).

Gender	57 females; 42 males
Age	18-70 years (M=42.1 years)
Income	$0 to $50k (M=$13,427)
Ethnicity	86 white/Caucasian 12 Native American 5 Hispanic 1 African American 8 Other

Assessment Instruments

Numerous measures used including assessment of trauma history, physical and mental health

1) Trauma assessed using the Brief Betrayal Trauma Survey (BBTS; Goldberg & Freyd, under review)

BBTS lists 12 potentially traumatic events

- Respondents say how often they experienced each event before and after age 18
- Items include natural disasters, accidents, and interpersonal traumas perpetrated by a close other, and those perpetrated by someone not so close

BBTS Example Items

Trauma with Less Betrayal (LB)	Trauma with More Betrayal (MB)
Been in a major earthquake, fire, flood, hurricane, or tornado that resulted in significant loss of personal property, serious injury to yourself or a significant other, the death of a significant other, or the fear of your own death.	
You were deliberately attacked so severely as to result in marks, bruises, blood, broken bones, or broken teeth by someone with whom you were not close.	*You were made to have some form of sexual contact, such as touching or penetration, by someone with whom you were very close (such as a parent or lover).*

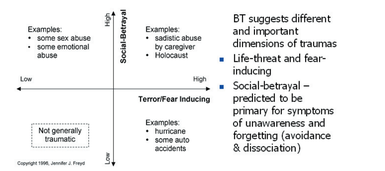
The complete BBTS is on the web at:
http://dynamic.uoregon.edu/~jjf/bbts/

2) Depression, anxiety, and dissociation assessed with time-bound* version of the Trauma Symptom Checklist 40, (TSC40; Elliott & Briere, 1992)

3) Physical illness symptoms assessed with time-bound* version of the Pennebaker Inventory of Limbic Languidness (PILL; Pennebaker 1982)

*"time-bound" indicates participants were instructed to report how frequently they had experienced those symptoms during the past month

Figure 1: Betrayal Trauma theory; two distinct dimensions of harm



BT suggests different and important dimensions of traumas

- Life-threat and fear-inducing
- Social-betrayal – predicted to be primary for symptoms of unawareness and forgetting (avoidance & dissociation)

Table 1: Trauma and symptom correlations for 99 adults from the community with chronic illness

	Zero-order correlations		Partial correlations	
	LB	MB	LB (controlling for MB)	MB (controlling for LB)
Physical symptoms (PILL)	.34**	.42**	.12 (ns)	**.29****
Dissociation (TSC)	.37**	.43**	.16 (ns)	**.28****
Anxiety (TSC)	.36**	.49**	.09 (ns)	**.37****
Depression (TSC)	.27**	.42**	.02 (ns)	**.34****

**p < .01 N = 95

Acknowledgments

This research was supported by the Northwest Health Foundation Grant Number 2001-255 Child Abuse and Health: An Intervention (Freyd, PI). The manuscript preparation was also supported in part by the Trauma and Oppression Research Fund at the University of Oregon Foundation.

We are grateful to the numerous contributions to this research made by Ann Yee, and to the helpful feedback from the members of the Dynamics Lab at the University of Oregon.

Please address correspondence to:
Jennifer J. Freyd
Department of Psychology
1227 University of Oregon
Eugene OR 97403-1227
jjf@dynamic.uoregon.edu

American Psychological Association Annual Meeting 2004

Results

- Strong associations between overall trauma exposure and negative health and mental status were found.
- Trauma history accounts for 25% of the variance in anxiety, 18% in depression, 19% in physical symptoms, and 21% in dissociation.
- **High betrayal was particularly potent.** Exposure to more betrayal (MB) is significantly cor related with number of physical illness symptoms, dissociation symptoms, anxiety symptoms, and depression symptoms (see TABLE 1).
- Although exposure to less betrayal (LB) traumas is also correlated with these symptoms, expo sure to MB traumas is a better predictor. Multiple regression analyses reveals that when both MB and LB are included as predictors, only MB is a significant predictor of symptoms (see TABLE 1).
- LB and MB are both highly correlated with symptoms. However, LB and MB are also correlated with each other, $r(95) = .603$, $p < .01$.
- Using regression to determine the unique contributions of LB and MB to predict symptoms, **only MB comes out as a significant predictor**.

Discussion

- **More betrayal (MB) trauma is highly associated with physical and mental health symptoms in this sample of ill adults.**
  - This pattern of results has been replicated with data recently collected in our laboratory using a healthy student population (Goldsmith, Freyd, & DePrince, 2004).
- With the large amount of variance in symptoms predicted by exposure to high betrayal trauma, we are now focusing on uncovering mechanisms and evaluating the health consequences of an intervention that involves writing about reactions to these events.
- We recommend that health and trauma researchers and clinicians attend to betrayal trauma.

References

Elliott, D., & Briere, J. (1992). Sexual abuse trauma among professional women. Validating the trauma symptom checklist-40 (TSC-40. *Child Abuse & Neglect, 16*, 391-398.

Freyd, J. J. (1996). *Betrayal Trauma: The Logic of Forgetting Childhood Abuse.* Cambridge, MA: Harvard University Press.

Freyd, J. J. (2001). Memory and Dimensions of Trauma: Terror May be 'All-Too-Well Remembered' and Betrayal Buried. In J. R. Conte (Ed). *Critical Issues in Child Sexual Abuse: Historical, Legal, and Psychological Perspectives.* (pp 139-173) Sage Publications: Thousand Oaks, CA.

Goldberg, L. R. & Freyd, J. J. (under review) Self-reports of potentially disturbing experiences in an adult community sample: Gender differences in event frequencies, test-retest stabilities, and the hierarchical factor structure of the items in a brief betrayal-trauma survey. Psychological Assessment.

Goldsmith, R. E., Freyd, J. J., & DePrince, A. P. (2004) Health Correlates of Exposure to Betrayal Trauma. Poster presented at the Annual Meeting of the American Association for the Advancement of Science, Seattle, 12-16 February 2004.

Pennebaker, J. W. (1982). *The Psychology of Physical Symptoms.* New York: Springer-Verlag.