

Experiences of Emotional Abuse and its Lingering Effects on Future Relationships

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Abstract

The experience of previous emotional abuse in childhood and early adulthood has the potential to create harmful effects on both the individual and their ability to form and maintain future healthy relationships. Emotional abuse can lead to struggles with trust, intimacy, and attachment, as well as impact general mental health challenges and difficulty in forming new, close relationships with other individuals. Previously, emotional abuse has been a term that has been widely under-acknowledged and under-recognized within Western society. More recently, scholarly research has begun to highlight the prevalence of emotional abuse and its impacts. A review of the literature demonstrates an evaluation of the conceptualization of intimate partner violence and betrayal trauma and how it relates to forming new close relationships. The purpose of this research is to examine to what degree an individual's past experiences of emotional abuse in childhood/adolescent years impact forming and maintaining close intimate relationships in adulthood. This paper assessed emotional abuse research in relation to its potential impact on individuals in terms of intimacy, trust, and related mental health disorders. Data showed that when safety and trust are compromised through experiences of emotional abuse perpetrated by an attachment figure—such as a parent or other close individual, their attachment style subsequently shifts away from a secure attachment and into an insecure attachment. The characteristics of an insecure attachment style can lead an individual to present challenges in forming and maintaining future healthy relationships. This paper further proposes a psychosocial educational approach to mitigate these impacts.

Keywords: Emotional abuse, trust, intimacy, attachment, mental health, Post-traumatic Stress Disorder, close relationships

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experiences of emotional abuse can have on individuals and create a community for processing and healing.

Chapter One: Introduction

This capstone project examined how previous individual experiences of emotional abuse in childhood and early adulthood might have lingering effects on individuals and their ability to form and maintain future healthy relationships and what these specific lingering effects could include. Within the scope of this paper, there is an examination of what unhealthy relationships can look like – relating to intimate partner violence, betrayal trauma, and other aspects of emotional abuse. The experience of unhealthy relationships can directly influence an individual's attachment style, in some instances shifting from secure to insecure. As a whole, the impact of emotional abuse can affect trust, intimacy, general mental health, and Post-traumatic Stress Disorder (Babcock et al., 2008). The first chapter of this paper will look at the overview of the topic, purpose of the project, theoretical framework involved, contribution to the field, followed by a positionality statement and a definition of terms.

Overview

Close relationships between individuals are inherently fundamental to the human experience. “Our close personal relationships are integral to our health and well-being, just as they are for nonhuman primates that live in social groups... the presence and quality of close relationships are among the more reliable and robust predictors of disease and length of life” (Schetter, 2017, p. 511). Not only are there clear psychological benefits of healthy relationships, such as improved general well-being and mental health, but there are also physical health benefits such as decreased stress and longer lifespan (Schetter, 2017). As important as healthy relationships are the potential consequences of unhealthy romantic relationships. “Emotional abuse may be one of the most frequent, reciprocal, and intimidating forms of intimate partner violence” (Rogers & Follingstad, 2014, p. 595). Individuals who are targets of emotional abuse

by an intimate partner is something more common than one would think. As noted in the 2004 General Social Survey in Canada, emotional and/or financial abuse was 2.5 times more common between partners than physical abuse (Ogrodnik, 2007), a more recent study mentions a worldwide meta-analysis that estimated a rate of 36.3% for emotional abuse, 13.7% more prevalent than physical abuse (Gama et al., 2021). Further, according to the Canadian Survey of Safety in Public and Private Spaces (SSPPS) in 2021, victims of abuse in shelters experience emotional abuse as the most common form at a rate of 89% (Ibrahim, 2022). Emotional abuse is an extremely detrimental experience that has the potential to negatively impact an individual's well-being. Healthy relationships should include insight, mutuality, and emotional regulation in order for them to have the positive effects previously mentioned (Davila et al., 2017). It can be said that every individual has at least one form of a close relationship that has the potential in impacting their psychological states—whether it be negatively or positively (Schetter, 2017). As we acknowledge the importance of healthy close relationships in one's life, we must shed light on the impact of the opposite—unhealthy relationships. When an individual endures emotional abuse, their inner self and worldview can be threatened (Delker & Freyd, 2017). The experience of emotional abuse can lead to difficulty with trust, intimacy, PTSD, and poor mental health outcomes (Babcock et al., 2008; Delker & Freyd, 2017). Subsequently, these difficulties can create adjustments in one's attachment style – something that is present from early childhood. Attachment refers to the relationships between humans and highlights the need to develop a secure relationship to a loved one to foster normal social and emotional development (Johnson, 2019). Attachment includes insecure attachment styles; anxious-resistant and avoidant attachment (Bartholomew, 1990). Insecure attachment styles are developed through negative experiences with attachment figures—often involving characteristics of emotional abuse such as

neglect, rejection, and verbal abuse (Bartholomew, 1990; Goney & Van Dulmen, 2016).

Experiences of emotional abuse indirectly obscure that individuals' attachment style and a more insecure attachment can develop. Although there is research that exists within the area of emotional abuse, society as a whole continues to struggle with acknowledging its validity and significance (Rees, 2010). The current research paper aims to highlight the negative effects that previous experiences of emotional abuse has on forming and maintaining future close relationships. In highlighting the potential negative effects associated with emotional abuse, there is hope that conversations around emotional abuse will be more frequent and knowledge will spread, thus increasing support and a sense of community for victims.

After highlighting the negative effects associated with emotional abuse, there is a need to ask 'what's next?' This paper dives into the importance of psychosocial education for victims of emotional abuse in the form of a group workshop. Groups involving psychoeducation have the potential to be empowering and improve coping by providing new information to group members as well as correcting misinformation (Gitterman & Knight, 2016; Weis et al., 2020). In providing group members with increased knowledge about emotional abuse, members will be able to enhance their feelings of self-efficacy after learning about the topic; often leading to increased autonomy and self-esteem for the victim (Weis et al., 2020).

Purpose

The purpose of this research project is to examine to what degree an individual's past experiences of emotional abuse in childhood/adolescent years impact forming and maintaining close intimate relationships in adulthood. The intended audience of this paper includes both colleagues in the field of psychology or therapy as well as members of the community that have experienced forms of emotional abuse. In examining the different ways previous emotional

abuse can impact an individual, the research carries into the development of a workshop that includes considerations around the use of psychoeducation and the coping and healing process.

Theoretical Framework

Within the area of research regarding emotional abuse, there are a variety of theoretical and conceptual frameworks which are used to explain the phenomenon. For this research paper, both an emotion-focused (Greenberg, 2019) and attachment theory lens will be guiding the process. “Emotions are the great captains of our lives” (Greenberg, 2019, p. 146). Greenberg (2019) suggests the idea that emotions are what controls and steers our life experiences, thus making them extremely influential and worthy of recognition. Within the area of emotional abuse, emotions are what is being manipulated and therefore, play a key role in the lasting effects of the trauma itself (Capezza et al., 2021). Attachment theory concerns the relationships between humans and the need to develop a secure relationship with a loved one to foster normal social and emotional development (Johnson, 2019).

Attachment theory, as outlined by John Bowlby (1988), initially presented within early childhood, has now been expanded to relate to adults and adult relationships (Johnson, 2019). Generally, the primary concern of attachment theory is how the self develops in relation to others (Fletcher et al., 2015). Attachment is something that is present throughout one’s lifespan but typically stems from early childhood experiences with loved ones. Bowlby specifies that physical and emotional proximity to a loved one is biologically necessary for individuals, and without this, there is a likelihood of loneliness, anxiety, and sadness (Fletcher et al., 2015). Ainsworth continued the phenomenon and completed a study with infants that lead her to come up with secure attachment, insecure-anxious, and insecure-avoidant—the three pillars of attachment styles (Bartholomew, 1990) that will be mentioned later on in chapter two of the

current paper. Because attachment theory refers to early childhood experiences with loved ones (Johnson, 2019), the experience of emotional abuse at this age has the potential to shift one's attachment style from secure to insecure (Levy et al., 2018). This shift may be caused by the different effects of emotional abuse—such as the decreased ability to trust and feel secure in relationships (St. Vil et al., 2021).

When considering the issue of emotional abuse through attachment theory, emotion-focused therapy is based on an empirically validated theory of attachment theory and incorporates an experiential humanistic viewpoint and a systemic view of reciprocally reinforcing patterns of interaction (Slootmaeckers & Migerode, 2020). An emotion-focused lens provides an opportunity to examine the issue of emotional abuse through humanistic considerations while also relating to theories of attachment (Greenberg, 2019). Reciprocally reinforcing patterns of interaction is a significant concept when looking at close healthy relationships as it must be present within the relationship itself (Slootmaeckers & Migerode, 2020). In turn, it is possible to conceptualize the negative reciprocal patterns of interaction between individuals.

Contribution to the Field

A lack of societal acknowledgment around the topic of emotional abuse is common (Newton & Gavin, 2020; Rees, 2010) and therefore is imperative to continue the discussion. Because of the difficulty around witnessing emotional abuse in an obvious way, compared to experiences of physical abuse that can be seen through a black eye or a bruise, for example, society tends to turn a blind eye to the impacts it can have on an individual's well-being and future close relationships and therefore creates a stigma around the topic (Newton & Gavin, 2020; Rees, 2010). In completing this research project, the intention is that both clinicians and

others will have conversations around emotional abuse and further potential research opportunities so that the stigma associated with the topic can hopefully diminish over time. Therapists in the field are especially targeted for research around this topic.

When clients attend therapy, relational conversations are commonly discussed—involving a range of interpersonal relationships (Degnan et al., 2016; Yalom, 2002). The significance of this issue is explained through relational conversations that occur in therapy, as clients often bring up issues relating to relationships with other individuals, the conversation around forming and maintaining intimate relationships is an important mitigating step in addressing emotional abuse (Degnan et al., 2016). Because of the likelihood of potential stigma around emotional abuse that was mentioned above (Newton & Gavin, 2020), there is an increased need for trauma-informed care within the topic of emotional abuse among therapists. “Stigmatization occurs when power is exerted to identify, stereotype, and label differentness in socially devalued individuals, which ultimately leads to disapproval, rejection, exclusion, and discrimination” (Overstreet & Quinn, 2013, p. 110). Within the context of emotional abuse, stigma can present itself through labels used by society that refer to a victim as passive, trapped, weak, or even responsible for their own victimization (Overstreet & Quinn, 2013). Furthermore, trauma-informed care provides a framework for clinicians to consider that all individuals accessing their service may have previous experiences of trauma and that there is the risk of compounding issues of trauma occurring in care without a trauma-informed lens, that having a mental illness can be traumatic, and that there are ways that care can be organized and delivered to be sensitive to that trauma (Isobel et al., 2021). The goal of trauma-informed care is to improve treatment, prevention, and outcome for victims of abuse in hopes it will reduce the negative impacts of trauma (Fredrickson, 2019). It’s therefore important to suggest here that trauma-informed care

should be strongly considered when working with individuals who have previous experiences of emotional trauma to attempt to reduce the negative impacts of trauma (Fredrickson, 2019; Schneider et al., 2012).

Furthermore, individuals who have experienced forms of emotional abuse can also experience shifts in their attachment (Fletcher et al., 2015). This shift in attachment has the potential to influence the therapist-client relationship and the therapeutic bond. As briefly mentioned, there can be a negative impact on an individual's ability to trust and be comfortable with intimacy after experiencing emotional abuse (Rees, 2010; St. Vil et al., 2021) and so this can carry into the therapeutic environment just as it can with any other relationship the victim might have in their lives (Degnan et al., 2016). Since therapy requires trust in the therapeutic relationship through the sharing of deep, personal experiences, the inability to trust following the experience of emotional abuse can negatively impact the therapeutic process and alliance (Yalom & Leszcz, 2020). A positive and trusting therapeutic relationship between client and clinician has the power to greatly alter the therapeutic process, increasing the likelihood of client satisfaction and improvement (Degnan et al., 2016). It is vital that therapists continue to be aware of these potential impacts on the therapeutic alliance to appropriately and safely interact with the client (Degnan et al., 2016).

There is a need for those impacted by emotional abuse to have a safe space to develop a sense of belonging or understanding – potentially decreasing their feelings of isolation regarding their experiences. Lambert et al. (2013) propose that as human beings we must feel a sense of belonging in order to create meaning in life – and without this sense of belonging, we risk experiencing physical and mental health repercussions. Because of this human need to belong, the hope is that the current research project will spark a sense of community for other victims of

emotional abuse. In providing victims of abuse a sense of belonging and community, we can encourage them to process and heal through their trauma while letting them know they are not alone – thus hoping to create a positive impact on their well-being when it comes to developing healthy and sustainable romantic relationships.

Positionality

Considering I am an individual who shares a personal connection to aspects of intimate partner violence and subsequent emotional abuse and trauma, this area of research is especially important to me. In my crucial adolescent years, I experienced close relationships when growing up that left my sense of security and sense of self extremely threatened. The pattern of emotional abuse by others close to me was evident for almost 5 years – a cycle I was worried wouldn't break. Eventually, I found these experiences appearing in my adult close relationships and was met with quite a bit of confusion. After attending therapy and a great deal of work on my end, I managed to become aware of my past experiences and how they, in turn, impact my adult close relationships negatively. The trauma that I've carried is something that I know is widely common in society and thus holds a special place in my heart. It also motivates me to advocate for the presence of conversations around emotional abuse and its detrimental impacts.

Not only is there a personal connection regarding this topic because of my past experiences with emotional abuse, but there is also motivation to further this research because of the lack of sociocultural awareness in the area. As stated above, emotional abuse is often associated with stigma. The stigma surrounding emotional abuse could be because of the deficiency around the psychosocial education on the topic as well as the fact that emotional abuse cannot be seen by the naked eye. One is not able to visually see the effects of being

isolated, manipulated, controlled, etc. This presents a large gap in the research of abuse as a whole and trauma in the field.

There are a range of outcomes that are intended to address the impact of emotional abuse through this research. In sharing my personal experience and connection to the topic of emotional abuse and trauma, I can serve as a model of resilience and courage for other victims. As stated, there has been a lot of work that I have done and will continue to do to be able to share my story and insight into the dark shadows of emotional abuse. I hope that in drawing attention to the serious consequences of emotional abuse, this research will encourage others to do the same. In coming together because of our trauma, that sense of belonging and community can be established and allow us to move forward.

I hope to get to a place that shifts the beliefs and attitudes of society as a whole so that the victims of emotional abuse no longer suffer in silence, isolation, or judgement and that the stigma does diminish over time. In shedding light on this research and its importance, we can improve as a society in recognizing all of the different types of abuse in all of their different forms. Once these beliefs and attitudes are shifted to a more open perspective on emotional abuse, we can do better for the victims and pay attention to the perpetrators of emotional abuse, hopefully preventing the abuse and trauma from presenting itself initially.

Lastly, I hope to encourage researchers and clinicians to further their research within the topic of emotional abuse as I've highlighted the benefits it could present. In expanding in this area of research, more individuals could become aware of the detrimental effects of emotional abuse. With increased awareness, clinicians can appropriately interact with clients that have experienced emotional abuse – doing their best to help them process and heal through those difficult experiences.

Definition of Terms

Attachment Theory: A theoretical lens that concerns relationships between humans and the need to develop a secure relationship to a loved one to foster normal social and emotional development (Johnson, 2019).

Betrayal Trauma: Trauma perpetrated by someone with whom a victim is close (Goldsmith et al., 2012).

Close Relationships: An interpersonal relationship that involves physical or emotional intimacy – commonly with romantic partners, family, friends, or acquaintances (Kubacka et al., 2011).

Emotional Abuse: A type of abuse by another individual that may involve verbal aggression or more severe forms of emotional manipulation and intimidation that can look like: degrading, pervasive criticism and humiliation, denying needed economic resources, threatening behaviour, and isolation from others (Capezza et al., 2021).

Healthy Relationships: A relationship involving respect, trust, safety, communication, and effort by both parties (Murray et al., 2021).

Intimacy: A communication of personal information, emotional valence, and vulnerability with a romantic partner, emotionally and/or physically (Rohner et al., 2019).

Intimate Partner Violence: Involving physical violence, sexual violence, stalking, or psychological aggression (including both expressive aggression and coercive control tactics) against a romantic or dating partner (Gilbert et al., 2022).

Trauma-Informed Care: A framework for practicing clinicians. Requires consideration that all individuals accessing their service may have previous experiences of trauma and that there is the risk of compounding issues of trauma occurring in care without a trauma-informed lens, that

having a mental illness can be traumatic, and that there are ways that care can be organized and delivered to be sensitive to that trauma (Isobel et al., 2021).

Unhealthy Relationships: Ongoing problematic behaviour in a relationship that can involve: emotional abuse, lack of communication, power imbalances, verbal abuse, etc. (Murray et al., 2021).

Outline of Chapters

Chapter two aims to provide readers with an extensive literature review involving pre-existing research about experiences of emotional abuse and its potential effects on individuals and their ability to form and maintain future close relationships. In addition to the literature review, an overall summary and presenting limitations of the research will be examined in this chapter. The third chapter will be focused on the applied practices and discussion of the topic as a whole. There will be an inclusion of a proposed workshop that highlights the importance of psychoeducation aimed to cater to victims of emotional abuse. This chapter will wrap up with a conclusion of the entirety of the paper.

Chapter Two: Literature Review

To provide insight into the impact previous experiences of emotional abuse has on forming future romantic relationships, it is imperative to examine the relevant constructs at play. Historically, limited scholarly attention was paid to the psychological impact of emotional abuse in relationships (Hibbard et al., 2012). However, recent research suggests that emotional abuse in early relationships—whether in childhood or early romantic experiences—has lifelong psychological impacts that affect not only an individual’s mental health, but also their relationship patterns, their physiology, and their social well-being (Manning et al., 2010; St. Vil et al., 2021).

This chapter will review the literature relevant to childhood and adolescent emotional abuse and its impacts on the ability to form healthy adult relationships. It begins with a description of unhealthy relationships as they relate to emotional abuse, intimate partner violence (IPV), and betrayal trauma. Further, an examination of attachment will be addressed, expanding on parental attachment, insecure attachment, and attachment in adults. This chapter will conclude with the impact emotional abuse could have on intimacy, trust, PTSD, and general mental health. Following this, a summary of key findings as well as limitations will be addressed.

Unhealthy Relationships

Although the definition of *unhealthy* is theoretically subjective, *unhealthy relationships* often involve ongoing challenging behaviours, such as emotional abuse, intimate partner violence, betrayal trauma, power imbalances, verbal abuse, infidelity, and more (Murray et al., 2021). These characteristics of an unhealthy relationship can show up in a variety of different contexts—such as parent-child, among other family members, or between romantic partners. Recognizing unhealthy relationships is significant because of the disadvantageous effects they

can have on an individual's well-being. Murray et al. (2021) states that qualities of an unhealthy relationship are associated with higher levels of physical and mental health challenges, impaired academic performance, and less security, trust, and intimacy in relationships, whereas healthy relationships help to optimize health and quality of life for an individual.

Emotional Abuse

Emotional abuse can manifest in many different forms across a variety of diverse close relationships, including those between parent and child, and between romantic partners; the experience is often profoundly damaging yet still commonly overlooked by both society and within scholarly research (Rees, 2010). Newton and Gavin (2020) also suggest the lack of acknowledgment of emotional abuse within society—even with its high prevalence. This type of abuse can include verbal aggression such as yelling or swearing, emotional manipulation and emotional intimidation which can show up as degrading, pervasive criticism, humiliation, denying needed economic resources, isolation from others, and threatening behaviour (Capezza et al., 2021). For survivors of emotional abuse, these behaviours mentioned are heavily tangled in their lives as perpetrators are often consistent with the abuse, and, can stay with them for an extensive period of time, causing detrimental impacts to their well-being (Capezza et al., 2021).

Parent-Child Relationships. The nature of everyday childhood experiences are crucial to the development of the child (Newton & Gavin, 2020), particularly when referring to their experiences with their primary caregiver or attachment figure (someone who offers a safe haven and secure base in the child's environment) (Mikulincer & Shaver, 2010). As previously mentioned, emotional abuse occurs in a variety of different relationships and the parent-child relationship is a common one (Hibbard et al., 2012). Psychological or emotional maltreatment of

children and adolescents may be the most difficult and frequent form of child abuse, yet it has received relatively little acknowledgement until recently (Hibbard et al., 2012).

Emotional abuse in the parent-child relationship can show up as spurning, terrorizing, isolating, exploiting, denying emotional responsiveness; or mental health, educational, and medical neglect (Hibbard et al., 2012). Spurning refers to the caregiver or attachment figure behaving in such a way that belittles, ridicules, or humiliates the child, whereas terrorizing is categorized as placing the child in unpredictable circumstances, having unrealistic expectations of the child, or placing the child in dangerous situations. Because childhood emotional abuse is far more prevalent than sexual or physical abuse in childhood, it's important to be aware of the ways it can show up (Christ et al., 2019). Kumari (2020) states that the global prevalence of emotional abuse is self-reported by 36% of the adult population compared to 8-18% of adults reporting physical or sexual abuse. Further, where the parent shows little-to-no emotional support, love, or warmth within the relationship, this lack of emotional responsiveness has a child believing that their parent is detached or uninvolved (Hibbard et al., 2012). The characteristics involved in an emotionally abusive parent-child relationship can often lead the child to a maladaptive attachment, having them attempt to adapt to the situation the best they know how (Gay et al., 2013).

Emotional abuse by parents towards their children has been linked to a variety of life challenges and long-term negative effects. These negative effects include poor general physical health, increased likelihood of drug and alcohol abuse, anxiety, depression, sexual difficulties, and decreased self-esteem (Newton & Gavin, 2020). Because of the likelihood of decreased self-esteem specifically, challenges in forming and maintaining future romantic relationships can present. Riggs and Kaminski (2010); Newton and Gavin (2020) reference this particular

challenge in forming romantic relationships after experiencing childhood emotional abuse because of the likelihood that children have been left with attachment anxiety and avoidance as a result of the abuse.

Romantic Partners. Adolescent years are considered the phase of life between childhood and adulthood (ages 10-19) and is a critical period of development for individuals and frequently involves the inclusion of close romantic relationships (Rodenhizer et al., 2021). One of the primary lifespan tasks in adolescent years is identity development, something that largely occurs within the context of dating and sexual relationships (Rodenhizer et al., 2021). Having said this, there is potential for emotional abuse in these early romantic relationships (Francis & Pearson, 2021; Simon & Barrett, 2010). Similar to what happens in the parent-child relationship, emotional abuse within close romantic relationships can appear in a range of different ways (Goncy & Van Dulmen, 2016). These experiences can involve isolating romantic partners from others, coercive behaviour, dominating partners, and using recurring verbal aggression, threats, or criticism (Francis & Pearson, 2021; Gormley & Lopez, 2010). For example, the abusive individual could attempt to control their partner, finding ways to threaten their autonomy or independence.

Individuals in romantic relationships who experience forms of emotional abuse tend to report having greater difficulty in recovering from being humiliated and denigrated than from other emotionally abusive behaviours (Capezza et al., 2021). Thus, the experiences of emotional abuse in romantic relationships can create intense challenges in recuperating from abusive behaviour, specifically when involving humiliation. As the prevalence of emotional abuse in early romantic relationships is assessed, there often is a higher prevalence of male perpetrators and female victims when examining heterosexual relationships (Francis & Pearson, 2021;

Karakurt & Silver, 2013). These authors examined these gender differences and highlighted that female survivors of emotional abuse report having a higher prevalence of isolation than males, as well. Given the struggle to recover from these experiences, the abuse can be suggested to be long-lasting and damaging.

Intimate Partner Violence

As mentioned above, IPV is often a characteristic of unhealthy relationships, particularly when occurring in romantic relationships. A key component of IPV is that the experience must occur within a romantic relationship, excluding experiences between family members or friends. IPV can entail sexual violence, physical violence, stalking, or psychological aggression that can include both aggression that is verbally expressive and coercive control tactics against a current or previous romantic partner (Gilbert et al., 2022). The psychological aggression that is mentioned is a form of emotional abuse as it involves aggressive and controlling behaviour by a romantic partner (Holmes et al., 2022). A less common but more injurious type of IPV labelled *intimate terrorism*, involves a more extreme use of coercive and controlling approaches to gain dominance over a romantic partner (Gilbert et al., 2022; Gormley & Lopez, 2010). The National Intimate Partner and Sexual Violence Survey (NISVS) data collected in 2011 showed that almost half of the women and men in the United States reported at least one form of psychological victimization at some point in their life. A more recent report from the 2018 Survey of Safety in Public and Private Spaces (SSPPS) in Canada showed emotional abuse being the most common form of IPV, where 43% of women and 35% of men in intimate relationships report experiencing this kind of abuse (Cotter, 2021). These reports show how prevalent IPV is in Western society and suggest that it should be more widely recognized. Not only is psychological aggression a component of IPV, but a majority of physically abused individuals also experience emotional

abuse (Gilbert et al., 2022); therefore, this literature review will include some research into IPV, as well as studies focusing solely on emotional abuse.

IPV is associated with a variety of adverse outcomes across multiple areas of functioning. Maladaptive psychological functioning includes an increased likelihood of depression and other mental health disorders, physical functioning such as health problems involving chronic pain or sleep problems, social functioning including isolation from peer networks, and academic functioning such as poor grades and performance (Rodenhizer et al., 2021). Given the importance of development in adolescent years, these outcomes have the potential to cause great damage to victims of abuse in numerous areas of their lives.

Betrayal Trauma

Betrayal trauma occurs when the perpetrator's behaviours include abuse (emotional or physical) towards an individual and that perpetrator is known to be a person or institution that the individual is supposed to trust and to whom they are close (St.Vil et al., 2021). Healthy romantic relationships include an expectation of physical and emotional safety with partners—a worldview that the relationship is a place where one can count on safety (St.Vil et al., 2021). The experience of harm in a relationship betrays that expectation, leading to an incongruence between how things should be versus what is. For example, the perception that close relationships are a safe place is replaced by the experiences of abuse that are present. Therefore, after experiencing forms of emotional abuse by a romantic partner, trust is violated and the worldview that those who love you won't harm you is threatened. This threat has the potential to embed itself into a victim's psychosocial functioning and development throughout their lifespan and cause wounding impacts (St.Vil et al., 2021).

Individuals who experience emotional abuse by an individual who is trusted and thought to be close to them experience higher forms of betrayal trauma than those abused by strangers (Goldsmith et al., 2012). It can be said that because the abuse is being perpetrated by someone an individual once trusted, the negative impacts can be greater due to the penetrating feelings of betrayal (Kushner, 2022). The impacts of betrayal trauma reveal strong links to both poor physical and psychological outcomes (Goldsmith et al., 2012). Physical outcomes of betrayal trauma include a variety of health problems, healthcare utilization challenges across medical systems due to the lack of awareness around the issue, and disease risk and morbidity. Psychological outcomes related to betrayal trauma involve an increased likelihood of depressive or anxiety disorders and dysthymia—a long-term, chronic form of depression (Goldsmith et al., 2012; Kushner, 2022). Moreover, experiences of betrayal by a trusted and close individual through emotional abuse can cause lifelong difficulties with attachment (Cohn et al., 1992; Kushner, 2022).

Attachment

Attachment theory is an evolutionary and psychological theory developed by John Bowlby (1958) as an attempt to explain why early childhood relationships with parents have such a pervasive and lasting effect on a multitude of factors in the child's life (Mikulincer & Shaver, 2010). In human evolutionary history, the goal of attachment has been for children to maintain proximity to their caregivers in order to be protected from potential predators—a common mammalian survival strategy; these ideas have now been expanded into discussions around contemporary adulthood and adult relationships (Levy et al., 2018). Attachment theory suggests that, by the end of the first year of their lives, infants have formed working models of both others and the self as a result of interactions with relevant attachment figures, such as

parents or primary caregivers (Cohn et al., 1992; Schröder et al., 2019). Fletcher et al. (2015) posit that attachment behaviours (such as proximity-seeking) are present throughout an individual's life cycle, and the attachment between a child and their primary caregiver has determining effects for later relationships and functioning. Emotional abuse and maltreatment by a primary caregiver towards a child is a central characteristic that influences an individual's ability to attach emotionally, creating maladaptive forms of attachment – anxious-resistant and avoidant (Riggs & Kaminski, 2010). Because experiences of emotional abuse in childhood threatens the child's sense of security, those experiences can possibly create long-lasting effects on that individual's well-being, attachment, and future adult relationships (Levy et al., 2018). The following section discusses the parent-child relationship and the importance of parental attachment for a child, particularly including an exploration of insecure attachment (including both anxious and avoidant attachment styles) as well as attachment in adulthood in relation to romantic relationships.

Parental Attachment

In a child's early attachment relationships with parents, they learn about mutual trust and giving and receiving care, as well as negotiating emotional distance, closeness, and power (Riggs et al., 2011). According to Riggs et al. (2011), in the early attachment relationship, the bond that exists between the primary caregiver and child develops the child's capacity for both empathy and intimacy. The elements of mutual trust, care, closeness, empathy, and intimacy can all be learned through role modelling—which means that the primary caregivers model these behaviours as the child observes and repeats (Lai & Carr, 2020). As discussed in the previous section, if an infant experiences emotional abuse instead, that can have long-lasting negative effects on their capacity for emotional trust (Fletcher et al., 2015). Although it is a common experience,

emotional maltreatment in childhood still remains understudied and underreported (Riggs & Kaminski, 2010). This is partly because there is difficulty around operationally defining the phenomenon. Emotional maltreatment lies along a continuum with many common parenting mistakes, for example, raising one's voice at a child or not meeting a child's needs occasionally (Christ et al., 2019). Also, because it tends to overlap and co-occur with other forms of abuse, such as physical or sexual, much of the research neglects to dissect the independent effects of emotional abuse in childhood (Kumari, 2020; Riggs & Kaminski, 2010).

Individuals who experience emotionally abusive attachment relationships in childhood are at a distinct disadvantage in relational contexts (Riggs et al., 2011). This may be due to the likelihood of those children developing a distorted understanding of what caring and loving relationships involve (Musetti et al., 2021). For example, when the primary caregiver is lacking in elements such as empathy or emotional support, they are modelling an unhealthy relationship with their child. Considering the primary caregiver is all the child knows at this young age, they are forced to trust the behaviour that is modelled, impacting their perspective on attachment and their understanding of a healthy relationship (Li et al., 2020). The subsequent attachment styles that develop after experiences of emotional abuse often create a vulnerability to later relationship dysfunction because of their effect on emotional regulation, and the tendency to generate negative internal working models of others and the self (Riggs et al., 2011).

Attachment Styles

When discussing attachment theory, it's important to highlight the distinctive attachment styles that can develop in childhood and what they entail (Slade et al., 2020). Mary Ainsworth (1970s), a key figure in attachment theory, created a new way of thinking about attachment by categorizing the different types that can present themselves. To do this, Ainsworth developed a

laboratory procedure titled the *Strange Situation* (Bartholomew, 1990). This procedure involved a series of experiences of contact, separation, and reunion between a child and their primary caregivers in hopes to examine the child's behaviour toward their attachment figure in moments of separation anxiety and stress (Bartholomew, 1990). By examining the child's subsequent behaviour toward their attachment figure, Ainsworth was able to assess differences in the security of attachment. She found three distinct patterns of interactions shown by children towards their attachment figures: secure attachment, anxious-resistant attachment, and avoidant attachment (Bartholomew, 1990). Discussion of attachment theory is relevant here because of the positive association between experiences of emotional abuse and the development of maladaptive attachment styles—*anxious-resistant* and *avoidant*, where experiences of emotional abuse increase the likelihood of developing maladaptive attachment styles (Liu et al., 2018). Alternatively, little to no experiences of emotional abuse decreases the likelihood of developing maladaptive attachment styles, often resulting in secure attachment (Liu et al., 2018).

Secure Attachment. Secure attachment is the most desired attachment style to develop in early childhood as it is associated with adaptive relational functioning (Riggs et al., 2011). A secure attachment style ensues when individuals in this relationship feel safe, understood, and cared for (Slade et al., 2020). Children who are securely attached to their caregivers tend to have increased self-esteem and go on to have long-term relationships involving trust later in life (Bartholomew, 1990). As Ainsworth notes, during the *Strange Situation* procedure, children who were securely attached to their primary caregivers welcomed their parents' return upon reunion and, if distressed, sought proximity and were readily comforted (Bartholomew, 1990; Rosmalen et al., 2015). "Individuals with a childhood history of sensitive and responsive caregiving will likely develop secure adult attachment style characterized by a sense of self-efficacy and trust in

others” (Riggs & Kaminski, 2010, p. 78). It’s significant to recognize secure attachment and its subsequent positive characteristics to be able to contrast it with the alternative insecure attachment.

Anxious-Resistant Attachment. A second category discovered through Ainsworth’s Strange Situation experiment consisted of children showing an anxious-resistant attachment, known as a type of insecure attachment style (Bartholomew, 1990). These children showed ambivalent behaviour towards their caregivers and there was an inability to be comforted upon reunion (Bartholomew, 1990). When children are neglected, treated harshly, or rejected by their attachment figures—all of these being elements of emotional abuse—they develop negative mental representations of themselves, others, and relationships that are consistent with such treatment (Gay et al., 2013). The child with an anxious-resistant attachment style has experienced a relationship with their primary caregiver that was lacking in love, care, and emotional support, where the caregiver is unable to meet their child’s needs consistently (Bartholomew, 1990). This inconsistency is theorized to create an anxious child, an emotional pattern that can then be carried throughout adolescence and adulthood, often negatively impacting the individual’s psychosocial functioning (Gay et al., 2013).

Avoidant Attachment. A third pattern from Ainsworth’s experiment involved children portraying an avoidant attachment style (Bartholomew, 1990). The avoidant child expressed less observable distress during episodes of separation compared to the infants in the other groups, while also displaying an avoidance of interaction or proximity with their caregiver upon reunion (Bartholomew, 1990). Characteristic behaviours of these children include: displaying a blank expression, gaze aversion, turning the head or body away from the caregiver, or even actively moving away from their caregiver (Bartholomew, 1990). An avoidant attachment style can

develop when the primary caregiver routinely ignores a child's needs or punishes them when their needs are expressed (Goncy & Van Dulmen, 2016). The parents of avoidant children are incapable of offering necessary comfort for their children emotionally, also known as emotional neglect, which can be severe enough to be a form of emotional abuse (Smith et al., 2016). This lack of emotional support from attachment figures teaches the child to run from and repress their emotions, a maladaptive behaviour pattern that can carry into adulthood and potentially negatively impact the individuals' ability to form future close relationships.

Adult Attachment

Until recently, attachment research has focused almost exclusively on infancy and early childhood, overshadowing the importance of adult attachment and attachment throughout the lifespan (Levy et al., 2018). Bowlby highlights that attachment is not limited to childhood and postulates that childhood attachment determines the later capacity to make affectional bonds (Bartholomew, 1990). As Levy et al. (2018) notes, there is a growing body of research that examines the continuity of attachment and its ability to influence new romantic relationships. This childhood attachment model can be further applied to adult relationships, as the main attachment figure shifts from their primary caregivers to their peers or romantic partners. What emerged was the two-dimensional model of adult attachment, involving two independent dimensions of attachment—the image of the self and the image of others in relation to anxious and avoidant attachment (Li & Chan, 2012).

Similarly to attachment in childhood, adult attachment can be the foundation of an individual's understanding and expectations about relationships, thus having a strong impact on one's relationship quality (Li & Chan, 2012). These authors examined individuals' attachment and its correlation to relationship quality and satisfaction. This study showed that a prevalence of

either anxious or avoidant attachment had detrimental impacts on the cognitive, emotional, and behavioural aspects of relationship quality, supporting the notion that experiences of emotional abuse in childhood, forming an anxious or avoidant attachment style, can negatively impact the ability to form and maintain future romantic relationships. An earlier study examining how adult attachment relates to marital satisfaction drew similar conclusions (Banse, 2004); where insecure attachment (either anxious or avoidant) was related to lower marital satisfaction. Typically, individuals who are able to establish secure attachment bonds often feel more comfortable in relationships and are better equipped to cope with their feelings, increasing the likelihood of overall well-being and satisfactory relationships (Mónaco et al., 2019).

In Romantic Relationships. Several researchers have examined how insecure attachment styles developed in childhood might negatively influence the quality of romantic relationships (Banse, 2004; Li et al., 2020; Mónaco et al., 2019). “Emotionally abusive parents provide their children with attachment anxiety and avoidance, which then increases the risk of insecure attachments in adult relationships” (Newton & Gavin, 2020, p. 4). This supports the suggestion that experiences of emotional abuse can indirectly impact the ability to form future romantic relationships through the existence of insecure attachment (Francis & Pearson, 2021). Anxiously attached individuals make strong attempts to maintain close proximity to attachment figures and monitor their romantic partners closely for deficient physical or emotional proximity (Newton & Gavin, 2020). Riggs et al. (2011) found that past experiences of emotional abuse in childhood and adolescence can lead to internalized belief patterns of low self-worth and fears of abandonment, which then present within romantic relationships, as well. These thought patterns can contribute to negative attributions for a partner’s behaviour, romantic jealousy, excessive reassurance-seeking, low responsiveness, compulsive caregiving, or decreased reciprocity (Riggs

et al., 2011). Many of these behaviours, such as romantic jealousy and low responsiveness, tend to irritate partners, leading to relationship deterioration (Butzer & Campbell, 2008). In contrast, avoidantly attached individuals seek to maintain independence and self-reliance, while also denying any of their own emotions or needs that could activate the attachment system (Riggs et al., 2011). Furthermore, avoidant individuals often do not allow themselves to become close to romantic partners or do not tend to look to their partners for support in times of stress (Butzer & Campbell, 2008). Thus, previous experiences of emotional abuse can lead to the formation of insecure attachment styles in childhood, with subsequent behavioural patterns carrying into adulthood and romantic relationships and potentially impacting their relationship satisfaction (Newton & Gavin, 2020). In turn, low relationship quality can have a negative effect on overall health and quality of life.

The Impact on Quality of Life

According to multiple authors, the quality of relationships has the ability to determine an individual's well-being as well as their overall quality of life (Holmes et al., 2022; Proulx et al., 2007). Ng et al. (2020) implies that the experience of unhealthy romantic relationships can have seriously detrimental impacts on an individual. Experiences of emotional abuse can have a long-lasting impact on individuals, affecting trust, intimacy, PTSD, and overall mental health (Ng et al., 2020). The long-lasting impacts suggest that experiences of emotional abuse in childhood and adolescence can cause a subsequent insecure attachment style, leading to these individuals undergoing difficulties in a variety of different facets of their lives, including forming and maintaining romantic relationships.

Trust

Trust is a fundamental factor in romantic relationships and is critical to improving intimacy, relationship quality, and relationship longevity (Ng et al., 2020). As previously mentioned, trust is an essential component of a healthy relationship and therefore important to acknowledge in this context. Murray et al. (2021) suggests that, in healthy relationships, partners trust one another with their physical and emotional well-being. Further, betrayal trauma, as it relates here, is an individual's experience of abuse committed by a person that the victim is supposed to trust (St. Vil et al., 2021), and is a likely by-product of intimate partner violence. Being betrayed by an individual one is supposed to trust—such as an attachment figure in childhood or a romantic partner in adolescence—threatens a person's entire worldview.

Emotional abuse in intimate partner violence is a direct violation of trust that can have lingering negative effects (St. Vil et al., 2021). Individuals who experience emotional abuse, when considering IPV, learn that those expected to love you unconditionally may instead inflict harm on you, immensely altering the victim's future ability to trust others (John et al., 2022). The new realization that those who love you may harm you can become embedded into the psychosocial functioning of the survivors, possibly manifesting into attitudes and behaviours that are counterproductive to forming and maintaining healthy romantic relationships (St. Vil et al., 2021). The often-present difficulty in trusting others after experiencing emotional abuse makes it unlikely survivors will be able to feel safe in forming new relationships, marrying, or cohabitating (St. Vil et al., 2021). Survivors of emotional abuse often force themselves to adapt to a new reality of how relationships work after experiencing intimate partner violence and, as a result, develop defence mechanisms and coping strategies that impede on creating and sustaining romantic relationships because of the inability to trust (Rodriguez et al., 2015). Recent research suggests that a high level of interpersonal trust can predict positive physical and mental health

outcomes (Ng et al., 2020), and, therefore, recognizing the impact emotional abuse has on trust seems imperative.

Intimacy

An individual's remembrance of parental rejection in childhood and adolescence, one form of emotional abuse, is likely to be associated with a future fear of intimacy (Rohner et al., 2019). Survivors of IPV are exposed to disapproval, isolation, criticism, and the threat of injury and, therefore, may develop persistent and significant difficulties with the fear of closeness, affect restriction, and inhibition of expression (Torres et al., 2013). The tendency of emotional abuse survivors to lean towards interpersonal distance and emotional withdrawal creates significant struggles in allowing for intimacy with others.

Furthermore, Rohner et al. (2019) describes a relevant theory relating to acceptance and rejection and its consequences. "Interpersonal acceptance-rejection theory is an evidence-based theory of life span development and socialization that attempts to predict and describe consequences and causes of interpersonal acceptance-rejection—specifically within the parent-child relationship" (Rohner et al., 2019, p. 9). This theory suggests an explanation for a fear of intimacy amongst victims of emotional abuse and refers to an individual's anxiousness or reluctance about exchanging thoughts and feelings of a deeply personal nature with another individual, especially with a significant other (Rohner et al., 2019). Survivors of emotional abuse often can experience anxieties about forming intimate relationships with others, specifically if that person is important to them. The intimate act of self-disclosure of deeply personal information leaves the individual at risk or vulnerable to being hurt emotionally or in some other way, as they were in their previous experiences of emotional abuse (Rohner et al., 2019).

Fear of intimacy can also be discussed within the context of attachment and attachment styles. As mentioned earlier, experiences of emotional abuse by attachment figures in childhood can create an insecure–avoidant or anxious—attachment style that can carry into adulthood and impact forming future relationships (Levy et al., 2018). Adult avoidance of intimacy can be understood as a disturbance in the capacity to form deep interpersonal attachments, which stems from the internalization of early adverse experiences within the family (Bartholomew, 1990). In an individual’s early attachment relationships, individuals begin to construct internal representations or working models of themselves in relation to others, which then provide the base for later personality and relationship organization (Bartholomew, 1990). Some children with attachment wounds caused by emotional abuse will form an avoidant attachment style, which appears later in life as difficulty in getting close to others, or even the need to avoid intimacy altogether. Alternatively, children who develop an anxious attachment style have anxious feelings around intimacy, with fear that getting close to another will result in hurt or harm in some way (Bartholomew, 1990). This subsequent fear or avoidance of intimacy, or an insatiable desire for intimacy, as the aftermath of experiencing emotional abuse presents difficulties around forming and maintaining future romantic relationships, as intimacy is a large part of forming healthy relationships (Rohner et al., 2019).

Mental Health

An individual’s experience with emotional abuse has been assessed as a predictor of symptoms and clinical levels of depression, anxiety, and somatization, as well as poor life functioning and suicidal ideation (Rogers & Follingstad, 2014). In victims of emotional abuse, there can be a cluster of clinical features such as dissociation, somatization, suicidality, and cognitive disturbances such as low self-esteem and hopelessness (Jordan et al., 2010). Many of

those symptoms suggest high levels of anxiety arousal—perhaps because an abused individual is in fear of receiving similar treatment to those experiences in childhood and adolescence, potentially increasing the likelihood that the individual will obtain an anxiety disorder that, untreated, can persist through their lifespan. Such anxiety disorders; involving excessive worry and anxiety more days than not with difficulty in controlling the worry (American Psychiatric Association, 2013) can create roadblocks to forming healthy romantic relationships (Jordan et al., 2010).

In addition to anxiety, depression is also common among emotional abuse victims (Rogers & Follingstad, 2014). For individuals who experience emotional abuse, a variety of different maladaptive personality traits can evolve within the survivor of abuse. These personality traits include low self-esteem, helplessness, self-blame, shame, submissiveness, and affective lability. All of these are known depression-related personality traits (Torres et al., 2013). An individual with feelings of self-blame, shame, helplessness and low self-esteem faces complications with forming future romantic relationships as depression symptoms persist and come to dominate the personality (Rogers & Follingstad, 2014).

Other mental health impacts for those having experienced emotional abuse in childhood and adolescence include dissociative or alexithymic tendencies, which is an individual's difficulties in differentiating and regulating their own emotions (Goldsmith et al., 2012). The difficulty in differentiating and regulating emotions can create an increased experience of physiological arousal, causing dysregulation of the autonomic, immune, and pituitary-adrenal systems (Goldsmith et al., 2012). Additionally, *dissociation* refers to the tendency to disconnect from one's feelings, thoughts, memories, or sense of identity (Goldsmith et al., 2012). This clinical feature can affect the ability to recognize and attend to one's own physical or emotional

symptoms. As alexithymia and dissociation can be common in victims of emotional abuse, the subsequent challenges with regulating and attending to emotions makes becoming close to others unlikely (Isobel et al., 2021).

Post-traumatic Stress Disorder

Emotional abuse has been shown to be related to depression, problem drinking, chronic illness, and post-traumatic stress disorder (PTSD) symptomology (Babcock et al., 2008). PTSD often develops after the experience of a traumatic event and can involve intrusive and distressing memories of the event, dissociative reactions, intense psychological distress, and physiological reactions (American Psychiatric Association, 2013). Therefore, the experience of emotional abuse can be seen as a unique, statistically significant predictor of trauma symptoms. Torres et al. (2013) state that PTSD has been recognized as one of the most prevalent negative mental health outcomes of IPV, with prevalence ranging between 31 and 84% among victims. A possible explanation for the correlation between abuse and PTSD symptoms can be related to physiological reactivity (Torres et al., 2013). Individuals with PTSD produce heightened physiological responses to stimuli that evoke previous experiences of trauma and abuse (Babcock et al., 2008). Environmental cues that are reminiscent of the previous abuse can elicit powerful emotions such as helplessness or fear, which includes amplified psychophysiological arousal; referring to arousal shown by physiological responses such as increased blood flow and respiration rate. Babcock et al. (2008) discuss a study of IPV victims where experiences similar to those of the abuse bring up simultaneous feelings of sadness and fear with heightened cardiovascular arousal, as well. The intense somatic responses within PTSD can overwhelm an individual with fear, creating barriers to forming new romantic relationships (Hsieh et al., 2021).

Additionally, anger after experiences of abuse can also lead to PTSD symptoms. Living in an abusive home or being around abusive individuals can lead to chronic levels of anger and fear, which can then lead to autonomic nervous system dysregulation, and, in turn, to PTSD (Alhussaini & Riaz, 2021). More recently, research has determined that anger is a mediator between poor health and PTSD among individuals who have experienced different forms of abuse (Babcock et al., 2008) and should therefore be recognized. Thus, the presence of anger and fear in victims of emotional abuse presents physiological symptoms related to PTSD, and, consequently, can interrupt that individual's ability to form and maintain future romantic relationships (Alhussaini & Riaz, 2021).

Intervention Approach

There are a variety of effective intervention approaches for victims of emotional abuse that have been examined over time (Morton & Hohman, 2016). For the sake of this paper, the importance of psychoeducational groups will be highlighted. Typically, group work for victims of IPV requires an intense psychoeducational component. Psychoeducation for victims of IPV is aimed at shifting the often-negative perceptions about experiencing abuse, while also building on the victim's resilience and strengths to facilitate behavioural and emotional changes (Morton & Hohman, 2016). By providing group members with an increased knowledge around the topic of emotional abuse and its myths, victims can become more secure in their self-esteem and self-efficacy (Gitterman & Knight, 2016). "Psychoeducation programs have been proven to be an effective intervention in terms of enhancing health-related quality of life and reducing anxiety and depression" (Weis et al., 2020, p. 3034). The reduction of anxiety and depression can come from the psychoeducation around a variety of topics such as normalization and the prevalence of emotional abuse (Weis et al., 2020). Furthermore, psychoeducational groups for victims of abuse

often provide structured opportunities for individuals to learn healthy interpersonal skills, develop coping skills, increase resilience, and become aware of available resources (Wilkerson & Dice, 2021). Because of these benefits mentioned, psychoeducational groups are suggested to successfully contribute to an individual's psychological adjustment to life after experiencing abuse (Higgins et al., 2020; Wilkerson & Dice, 2021; Wilson et al., 2022), an outcome that's hoped for in the development of the workshop in the following chapter.

Summary

Past literature has focused on examining individuals who experience emotional abuse in childhood and adolescence and has shown the likelihood to possess an insecure attachment style, either avoidant or anxious (Fletcher et al., 2015). The past experiences of emotional abuse and the consequent insecure attachment that comes along with them present a wide variety of challenges for the victim and their development of healthy romantic relationships. Behaviours involved with avoidant and anxious attachment; such as running from and repressing emotions, and the experience of inconsistency in love, care, and emotional support from an attachment figure plays key roles in this discussion (Bartholomew, 1990). The characteristics of insecure attachment involving the avoidance or repressing of emotions often carry into adulthood as well as into adult romantic relationships. When an individual experiences emotional abuse in childhood or adolescence, subsequent insecure attachment tendencies are developed in adults and can present as romantic jealousy, habits of excessive reassurance-seeking, or avoidance of closeness or support from a potential romantic partner (Torres et al., 2013). Furthermore, in enduring the previous experiences of emotional abuse, survivors face a variety of different negative outcomes affecting their overall well-being and relationship satisfaction (Delker & Freyd, 2017). Victims have been shown to have difficulties with trust and intimacy, plus a high

prevalence of PTSD, and other mental health-related outcomes such as anxiety, depression, dissociation, and alexithymia (Rogers & Follingstad, 2014). Overall, the evidence suggests that experiences of emotional abuse in childhood and adolescence create a pattern of insecure attachment and further complications around general mental health struggles that then indirectly impacts the individual's ability to form and maintain future healthy romantic relationships.

Limitations

As previously mentioned, emotional abuse, although common, is largely unacknowledged and understudied in our society (Rees, 2010). This gap in the literature is explained by the suggestion that emotional abuse has a variety of different definitions across a variety of different cultures, and is therefore difficult to recognize concisely and consistently (Rees, 2010).

Also, because of both sample sizes and length in these studies, results should not be taken as a matter of fact. Many of the studies, such as Goncy & Van Dulmen (2016), Lai & Carr (2020), Rodriguez et al. (2015), and St. Vil (2021) had a tendency to include small sample sizes (less than 300 participants) in their data or lasted only a short duration (less than a year). This can present a gap in the reliability in the research discussed.

Additionally, the majority of the literature reviewed has come from a Western societal viewpoint and therefore lacks the cultural variety among victims of emotional abuse. Future research should include cross-cultural data, authors, and participants in order to be able to better generalize the results.

Because of the lack of research on emotional abuse, some of the literature discussed was from quite a long time ago and may no longer be as reliable as it once was and that should be acknowledged.

Another limitation within this literature review is the overrepresentation of heterosexual and able-bodied individuals in relationships when discussing attachment in relationships and subsequent relationship difficulties. This means that LGBTQ+ individuals as well as individuals in the disabled community may not be adequately represented and, therefore, results should not be generalized to the general population.

Chapter Three: Discussion and Applied Practices

As stated in the previous chapter, emotional abuse, although often under-acknowledged in society (Rees, 2010), can create detrimental effects on a survivor's well-being and general life satisfaction (Capezza et al., 2021) and is therefore important to highlight. The purpose of this study is to examine experiences of emotional abuse in childhood and adolescence, expanding on how these instances might impact the survivor experience. Within the literature review, relevant research has suggested that experiencing emotional abuse in childhood and adolescence can impact a survivor's subsequent attachment, creating an avoidant or anxious attachment style within the individual (Li et al., 2020). The presence of insecure attachment styles within the survivors can then create problematic consequences when attempting to form and maintain future romantic relationships (Levy et al., 2018). This theory can be explained through the existence of issues relating to trust, intimacy, general mental health, as well as PTSD (Hsieh et al., 2021; Jordan et al., 2010; Rohner et al., 2019; St. Vil et al., 2021).

The purpose of this chapter is to incorporate the literature previously mentioned and assess how it can be utilized and better understood to produce a resource in the form of a workshop. Contents of this chapter will include specific details about the workshop; including relevant demographic and time frames, an introduction to the workshop that incorporates an ice-breaker activity and collaboration with participants, and psychoeducation around relevant terms. The chapter will also explore the sharing of experiences related to emotional abuse, the potential path to healing from abuse; containing relevant resources participants can make use of, and reflections on the workshop and its components. The chapter will conclude with a meaningful section related to the ethics around the workshop—incorporating elements of confidentiality, re-

traumatization, and safety, as well as a summary and final overview of the current capstone project.

Chouliara et al. (2020) suggests that group-based interventions are frequently offered to clients with trauma presentations. Because of the strain on healthcare resources, the current financial climate, and the commonality of trauma in clients going to therapy, group-based interventions become a more plausible option for individuals (Chouliara et al., 2020). Irvin Yalom (1970) examined the theory and practice of group psychotherapy, perhaps suggesting the most influential model of therapeutic change in group therapy (Chouliara et al., 2020). A key component in Yalom's theory emphasized the need for corrective emotional experiences within the group (Yalom & Leszcz, 2020). The corrective emotional experience involves exposing the client, under more favourable circumstances, to situations that they may have not been able to handle in the past. In order for the process to be useful, the client must undergo a corrective emotional experience in attempt to repair the traumatic influence of the initial experience (Yalom & Leszcz, 2020).

In creating the workshop for this chapter, the hope is that the entire process will be a corrective emotional experience, allowing participants to repair their traumatic memories involving emotional abuse by receiving positive support from their peers. "Expert clinical opinion supports this practice, emphasizing the importance of meeting other trauma survivors and the potential such encounters in a therapy setting bear for corrective emotional experiences" (Stige et al., 2013, p. 419). As the previous chapter has reflected on the importance of trust and intimacy after experiencing emotional abuse (Rohner et al., 2019; St Vil et al., 2021), both trust and intimacy in the form of sharing deep information about oneself will be present in the workshop to encourage a corrective emotional experience for participants (Stige et al., 2013).

The Workshop

Details

The motivation for this research and subsequent development of a potential workshop has been fuelled by the desire to show support for survivors of emotional abuse as well as to assist clinicians in the psychology field within this realm. Having said that, the intended audience for this workshop involves both individuals who have experienced forms of emotional abuse and practitioners and clinicians in the field. Although I recognize that many clinicians are appropriately equipped to support their clients through traumatic events and the consequences involved, there is still a benefit to furthering the research and understanding of emotional abuse and its lingering negative effects. Furthermore, although not a central intended audience, peers of survivors of emotional abuse could benefit from this research in the same way the survivors could—through the enactment of further understanding of the relevant dynamics that can then lead to increased support for the survivors. These peers can include friends or family members of emotional abuse survivors.

The workshop will consist of either survivors of emotional abuse that have attended on their own or survivors and their support systems—such as romantic partners, family members, or friends. Psychoeducation, another key component of effective group work because of its ability to promote knowledge and in turn promote self-efficacy (Yalom & Leszcz, 2020), will play a major role within the workshop. Because of the complex components of the workshop and discussion around potentially intense experiences of abuse, the minimum age for participants is set at eighteen years old so that the group consists of individuals that are at an age they are able to consent to the process. The workshop will also be capped at a number of twenty participants with the presence of at least four therapists throughout. Group size is determined with help of the

theory that groups with more than five to ten members appear to more readily develop group cohesion, and form an interactive group process, and group identity (Stewart et al., 2009; Yalom & Leszcz, 2020). The approximate ratio of participants to therapists will be five to one, ensuring that there is appropriate support for individuals when needed.

The experience will take place over the span of one month with four sessions total, allowing for breaks between sessions lasting a week. It is suggested that weekly sessions can promote group cohesion and better therapeutic connection, whereas groups that meet less frequently often have difficulty maintaining focus and are thus less efficient (Yalom & Leszcz, 2020). Each session will last for ninety minutes, including one break in the middle to avoid exhaustion or burnout for both participants and clinicians. Clinicians tend to function best in segments of eighty to ninety minutes; with longer sessions, there is a risk of clinicians becoming fatigued and less effective (Yalom & Leszcz, 2020).

Overall, the workshop will encourage active participation by everyone present and aim to be a collaborative process. Vulnerability by participants and therapists is also an important element that should be present throughout the process (Nitza, 2014; Yalom & Leszcz, 2020). Participants will be asked to keep a journal that they make use of during or after each session—a tool that will be incorporated when nearing the conclusion of the workshop. Journaling is used as a low-cost and low-side-effect element of therapy as it often helps manage mental health symptoms, such as anxiety or depression, because of its ability to be cathartic (Sohal et al., 2022).

Screening participants for the workshop will be through a deselection process; where clinicians exclude certain clients from consideration and accept all others. The deselection process is suggested to attempt to decrease the likelihood that participants will fail at the

proposed group tasks; such as self-disclosing and showing care and respect for group members, or drop out of the workshop (Yalom & Leszcz, 2020). Additionally, there are essential components to consider for the clinicians in the workshop. Clinicians facilitating group work should include experiential group participation, have experience in group training programs, and be attending their own personal therapy (Yalom & Leszcz, 2020). A more detailed agenda for the proposed workshop is presented in Table 1.

Table 1

Workshop Agenda

<ul style="list-style-type: none"> • First meeting: First Steps 10:00AM-11:30AM <ul style="list-style-type: none"> ▪ Introductions (10:00AM-10:40AM) ▪ Break (10:40AM-10:50AM) ▪ Icebreaker Activity (10:50AM-11:30AM)
<ul style="list-style-type: none"> • Second meeting: Psychoeducation 10:00AM-11:30AM <ul style="list-style-type: none"> ▪ Trauma and Betrayal Trauma (10:00AM-10:40AM) ▪ Break (10:40AM-10:50AM) ▪ Window of Tolerance and Attachment Styles (10:50AM-11:30AM)
<ul style="list-style-type: none"> • Third meeting: Personal Experiences 10:00AM-11:30AM <ul style="list-style-type: none"> ▪ Sharing of emotional abuse (10:00AM-11:30AM) ▪ Break (10:40AM-10:50AM)
<ul style="list-style-type: none"> • Fourth meeting: Path to Healing and Conclusions 10:00AM-11:30AM <ul style="list-style-type: none"> ▪ Healthy relationships, self-compassion, finding meaning, forming new relationships, and post-traumatic growth (10:00AM-10:40AM) ▪ Break (10:40AM-10:50AM) ▪ Reflections, opportunity to share journal passages, feedback (10:50AM-11:30-AM)
<p><i>Note:</i> Times are subject to change as workshop is meant to be a flexible and collaborative process.</p>

First Steps

Due to the vulnerability necessary in opening up about traumatic experiences with a group of individuals (Stige et al., 2013), it is important for the therapists involved to begin with an introductory discussion that involves some form of self-disclosure. The act of self-disclosure has the ability to increase trust and cohesiveness amongst the group, often increasing the likelihood that others will self-disclose as well (Yalom & Leszcz, 2020). The therapists will begin by introducing themselves in regard to both their personal and professional characteristics, describing their backgrounds in the field then eventually going into their personal experiences with the topic of emotional abuse.

Although the discourse around the consequences of self-disclosure by therapists is often complex, where some therapists believe it can hinder the therapeutic relationship and others see it as an opportunity to increase connection (Levitt et al., 2016), it can be useful in this environment. These authors suggest the effectiveness of self-disclosure by therapists as it can center the role of genuineness within the relationship. By modelling vulnerability, openness, and strength through the act of disclosing information about one's self, the therapists invite both a more likely and deeper level of client disclosure (Levitt et al., 2016). Alternatively, there are often risks for the individual that is self-disclosing. Disclosing material that is deeply personal and emotionally charged opens the door to potential shame, humiliation, and rejection and individuals who disclose feel safer if they believe the audience is sensitive or have also previously disclosed personal information (Yalom & Leszcz, 2020).

Also when beginning the workshop, there will be an effort made by the clinicians to stress the importance of the collaborative process. The use of the term *collaboration* in relation to this workshop “implies an effort to equalize the therapeutic relationship” (Zimmerman, 2011,

p. 216). As this definition indicates, the therapist and participants in the workshop work together to brainstorm and develop new ideas. This is in hopes of diminishing the often-present power imbalance that can exist within the therapist-client relationship (Zimmerman, 2011), optimistically inspiring active participation by all participants.

Following the introduction of the four therapists present in the workshop, the spotlight will shift to the participants involved. The clinicians will gently encourage the participants to introduce themselves, including general items such as names and things they like to do in their free time. Because participants in groups often come in quite apprehensive, warm welcomes and gradual involvement in the workshop will allow the participants to begin to feel more comfortable in the environment (Yalom & Leszcz, 2020).

Then, the clinicians will introduce an ice-breaker game to allow for further connection among the group. The ice-breaker game will involve creating smaller groups of two to four individuals and the goal is to find one to three similarities and one to three differences among the group members. The purpose of the ice-breaker is to build rapport in the group and create a more relaxed environment, potentially increasing the efficacy of the workshop (Nitza, 2014). Once each group has come up with their similarities and differences, the larger group will come together and share what they have found out about each other. The aim is to incorporate a pressure-free activity that will hopefully allow participants to get to know each other better, increasing their comfort levels for future activities (Nitza, 2014).

Following the ice-breaker game will be a discussion about what can be expected within the workshop. The transparency by the clinicians is significant here so that there are no unwanted surprises for participants. Transparency in the workshop is imperative because it can increase trust in the group, an element that survivors of emotional abuse often struggle with (St. Vil et al.,

2021). While explaining the workshop, therapists will encourage any comments or questions participants may have throughout—enforcing the collaborative process. Therapists can explain the potential layout of the workshop which includes:

1. Psychoeducation in the form of understanding trauma; an evidence-based therapeutic intervention that provides information and support to better cope and understand individual psychology (Yalom & Leszcz, 2020): defining terms such as; trauma, betrayal trauma, the window of tolerance, and attachment styles.
2. Sharing of personal experiences of emotional abuse (Foyne & Freyd, 2011) in the form of an open and flexible conversation. Disclosure can vary in the way in which it is shared (verbal expression or written in a journal).
3. Discussion involving the path to healing from abuse (Zięba et al., 2019) including: understanding the importance of healthy relationships, self-compassion, finding meaning, forming new relationships, and post-traumatic growth.
4. Reflections from both participants and therapists: disclosure of passages from the workshop journal.
5. Space for feedback and final questions/thoughts.

Psychoeducation: Understanding Trauma

For many participants, it is likely that their understanding of trauma resulting from experiences of emotional abuse could be lacking in regards to how much knowledge they have on the topic and is therefore important to include definitions within the workshop. The lack of knowledge could be explained by the previously mentioned deficiency regarding emotional abuse research and general societal understanding of emotional abuse (Rees, 2010).

Trauma. *Trauma* can be defined as the lasting emotional response that often is the result of a damaging and troubling experience; not merely a situational phenomenon, but a longitudinal socio-psychological process (Sar & Ozturk, 2006). Emotional abuse is characterized as a damaging experience that creates lasting emotional responses and can lead to experiences of trauma (Isobel et al., 2021). During the workshop, the explanations of trauma and emotional abuse will be explicitly described to participants, allowing for any further questions or comments around the topic of trauma. Participants in the workshop will be asked to bring forward anything they might want to add to the definition, what their emotional responses are to the definition, or any physiological symptoms that might be present in the discussion such as a feeling of panic or increased anxiety; physiological symptoms that are often likely when discussing past trauma (Lancaster et al., 2020). Although active group participation has been suggested to be useful within group work (Yalom & Leszcz, 2020), this process can also present risks of symptom exacerbation and the likelihood of dropouts (Lancaster et al., 2020).

Betrayal Trauma. Relating to understanding trauma, another form of trauma called *betrayal trauma* will also be defined and explained. Betrayal trauma happens when the abuse (emotional or physical) of an individual is committed by a person or institution that the individual is supposed to trust and to whom they are close (St.Vil et al., 2021). The experience of emotional abuse in childhood or adolescence often can be perpetuated by an attachment figure or romantic partner—individuals the survivor is ought to trust and have a close relationship with (Kushner, 2022). Thus, research shows that the trauma that follows the experiences of abuse can come with a feeling of betrayal (St. Vil et al., 2021).

It is important to define the concept of betrayal trauma (St. Vil et al., 2021) and how it links to experiences of emotional abuse (Capezza et al., 2021) to assist participants in

understanding the relevance within the workshop. In being open about the reasons *why*, transparency and trust are enforced; allowing participants to feel safe in the environment (Yalom & Leszcz, 2020). Once again, the clinicians will open the floor for participants to ask any questions or share any comments they might have on this topic.

Since the phenomenon of betrayal has the potential to elicit intense emotional responses within survivors of abuse (St. Vil et al., 2021), it is important to highlight the support that is present in the workshop by the therapists while also encouraging participants to step out and take a break when needed. This should be unambiguously acknowledged by clinicians so that participants are able to regulate where necessary. To increase the feeling of safety, the ability to emotionally regulate is necessary when processing traumatic memories (Schlumpf et al., 2019). With the support of the clinicians, participants will be able to step away from the group and partake in mindful awareness; acknowledging and naming what feelings and symptoms might be coming up for them, and receive emotional support, regulating their body and mind back to a comfortable state. Through this clinician support, survivors can experience increased trust and intimacy; something they often struggle with (Rohner et al., 2019; St. Vil et al., 2021), and in turn increase the feeling of safety in the environment, as the feeling of safety can help the survivor regulate their body and mind appropriately (Schlumpf et al., 2019).

Window of Tolerance. In addition to trauma and betrayal trauma, the *window of tolerance* will be addressed. Dan Siegel (1999), developed the window of tolerance model of autonomic arousal in relation to the effects of trauma (Corrigan et al., 2011). Siegel (1999) proposes that between the hyperarousal and hypoarousal state is a window – or range of optimal arousal states where experiences are incorporated and emotions are tolerable. A visual representation of this is presented in Table 2.

Table 2*Window of Tolerance*

<p>Hyperarousal Anger, anxiety, emotional flooding, reactivity, racing thoughts. Responses make the body want to fight or run away.</p>
<p>Window of Tolerance Optimal arousal zone. Capacity to cope and manage anything that is being experienced. Intense emotions can be tolerated and regulated appropriately. Potential for window of tolerance to fluctuate in size and capacity.</p>
<p>Hypoarousal Numbness, flat affect, feeling of emptiness, zoning out. Responses make the body want to freeze and enact disable responses.</p>

Note: Hyperarousal and hypoarousal states drive autonomic and emotional dysregulation. States of optimal arousal existing in the window of tolerance can be difficult to maintain after experiences of trauma. Adapted from Siegel (1999) and Corrigan et al., (2011).

The window of tolerance is surrounded by the hyperarousal and hypoarousal states.

When the body and mind is going through a state of anger, anxiety, racing thoughts, and reactivity, this is an example of the hyperarousal state where the individual often fights or runs away from the threat (Corrigan et al., 2011). Alternatively, there is the hypoarousal state that involves the body and mind going through an experience of numbness, feeling of emptiness, and zoning out that makes the body want to freeze (Corrigan et al., 2011). The window between the two is the optimal state that allows the individual to cope and tolerate what they are experiencing appropriately, something that can be difficult to maintain after experiences of abuse (Corrigan et al., 2011).

Defining the window of tolerance as it relates to emotional abuse and trauma with an inclusion of a visual representation of the concept can help participants in the workshop further understand what has happened to them and how it impacts their physiological symptoms. Similar to previously, participants will be encouraged to share their responses to learning about the

window of tolerance, possibly including individualized responses to what participants' hyperarousal, window of tolerance, and hypoarousal might look like for them. Because survivors of emotional abuse often develop a fear of intimacy and reluctance in sharing deeply personal material with others (Rohner et al., 2019), participants sharing responses to the window of tolerance can elicit positive reactions, acting as a corrective emotional experience (Yalom & Leszcz, 2020).

Attachment Styles. The last piece of psychoeducation that will be included is the discussion around attachment and attachment styles. As reviewed in chapter two, a general explanation around parental attachment will be included. In early attachment relationships with parents, children learn about mutual trust and giving and receiving care, as well as negotiating emotional distance, closeness, and power (Riggs et al., 2011). Here, participants will be encouraged to share the attachment figures they had growing up and what those figures might have taught them about relationships. In sharing these experiences, group members can experience feelings of connection with others who share, increasing group efficacy and cohesiveness (Yalom & Leszcz, 2020). Further, a link will be made in regards to an individual's attachment figures and their subsequent attachment styles through clinician's explanations of attachment styles and assistance in discussion around attachment.

Secure attachment relates to adaptive relational functioning and is likely to develop when a child's attachment figures create feelings of trust, safety, and understanding (Riggs et al., 2011). Insecure attachment can involve either an anxious-resistant attachment style; evolving when an attachment figure neglects or rejects their child or an avoidant attachment style that develops when an attachment figure routinely ignores a child's needs or punishes them when needs are expressed (Bartholomew, 1990; Rosmalen et al., 2015). While therapists explain these

definitions to the group, participants can either write in their journals or verbally express their reactions that are coming up. Participants are encouraged to share experiences they've had with their attachment figures that might be relative to the description mentioned as well as suggest which attachment style they might believe is most relevant to them.

Overall, this portion of the workshop can hopefully be a place where participants are learning more about what they are experiencing and why it might happen that way. Starting the workshop with these definitions allows us to gradually see the participants becoming more comfortable in opening up to the group and increasing the likelihood that connections are made between participants. These connections can then create a sense of safety and trust within the group, allowing for potential progress to be made. As participants learn more about themselves after the abuse, the potential risk for re-traumatization exists (Lancaster et al., 2020). To prepare, transparency to participants about the risks is imperative to elicit trust (Yalom & Leszcz, 2020). If re-traumatization occurs amongst participants, they are once again encouraged to step away from the group and emotionally regulate with one of the clinicians (Schlumpf et al., 2019) until they are back in their window of tolerance.

Sharing The Abuse

This portion of the workshop where participants and clinicians are encouraged to share their experiences of emotional abuse is crucial to the overall aims of the workshop. In mainstream culture, disclosure can often be viewed as an adaptive and healthy form of coping (Foyne & Freyd, 2011; Yalom & Leszcz, 2020). In understanding the potential benefits of disclosing, it is important to highlight the relevancy of the nature of responses to the disclosure. It can be suggested that the effects of disclosing is largely dependent on the social context and the nature of the responses—where receiving negative reactions such as judgement, rejection, or

harshness, limits the benefits of disclosing (Foynes & Freyd, 2011). This notion should be emphasized by clinicians so participants are aware of the importance of supportive responses when others disclose something extremely personal. Alternatively, this suggests potential risks in self-disclosure if participant responses to disclosure are harsh or rejecting in nature, the individual disclosing can develop feelings of isolation and humiliation, impacting the efficacy of the workshop (Yalom & Leszcz, 2020).

To increase the likelihood of participants sharing experiences of emotional abuse, therapists will begin by self-disclosing their relevant experiences. As clinicians disclose their personal experiences of emotional abuse, there is a likelihood that authenticity in the group, encouragement of others to share their experiences, and healing inspiration is increased (McCormic et al., 2019). The act of self-disclosing by clinicians can sometimes present risks, as well. A common risk of clinician self-disclosure is the possibility of shifting the focus of treatment away from clients and their needs (McCormic et al., 2019). This risk will hopefully be mitigated by the clinicians' openness regarding the benefits and hopes of clinician self-disclosure. Therapists will encourage participants to ask questions and provide support in hearing these experiences. Participants are asked to share whatever they feel comfortable with in relation to their experiences of emotional abuse and how they think these experiences might have affected them and their ability to form and maintain future romantic relationships. Within this activity, clinicians support participants in using the psychoeducation language that was described previously, encouraging individuals to make their own connections between abuse, attachment styles, and trauma. Once again, if participants are reluctant to participate this vulnerably, they are asked to write in their journals and listen attentively to others. Because of the number of clinicians in the workshop, if participants dissociate or are triggered by the material in any way,

there are professionals present that are able to step away from the group with that individual, supporting them as needed.

Path to Healing

Perhaps the most influential portion of the workshop, a discussion around the path to healing after experiences of emotional abuse is incorporated. To begin this portion, clinicians will discuss healthy relationships and the notion of posttraumatic growth (PTG) (Zięba et al., 2019). As mentioned earlier in this paper, although there is a subjectivity that comes with defining healthy relationships, it can be generally described as a relationship involving respect, trust, safety, communication, and effort by both parties (Murray et al., 2021). Furthermore, PTG refers to the positive psychological changes that result from coping with a traumatic experience such as abuse (Zięba et al., 2019). As highlighted in the previous chapter, there is a potential for negative impacts on an individual's trust, intimacy, general mental health, and PTSD following experiences of emotional abuse, yet, research has suggested that these impacts may not be permanent—and, there is room for personal growth within trauma (Zięba et al., 2019). It is essential to highlight the potential to form healthy relationships and for PTG to participants in the workshop to instill hope for the future. Because of the need for clinicians to have experience in group work training programs before facilitating this workshop, they will be able to self-disclose in an appropriate way that exemplifies the possibility of healing and forming future healthy relationships as they act as a sort of example of what is possible. The act of intimacy through sharing deep, personal experiences has the potential to encourage the corrective emotional experience (Yalom & Leszcz, 2020) as survivors of emotional abuse often struggle with intimacy (Rohner et al., 2019).

The Role of Self-Compassion. When discussing the path to healing from experiences of emotional abuse, clinicians should bring up the importance of self-compassion for survivors. When an individual experiences trauma, assumptions and core beliefs about themselves, the future, and the virtuousness of others can be altered, and this is where self-compassion can be used as the antithesis of these distorted beliefs (Scoglio et al., 2018). Self-compassion is a reflective process that can involve showing warmth and understanding to oneself through self-kindness, acknowledging a collective humanity; seeing personal experiences as part of a larger human experience rather than one that is isolating, and mindfulness; holding one's difficult thoughts and feelings in a secure awareness instead of making use of avoidance (Scoglio et al., 2018). After therapists describe self-compassion and its relevance to emotional abuse, participants are asked to put this concept into practice. Participants are encouraged to either write down or verbally express a form of self-compassion through self-compassion statements. These statements can include something more simple, such as humbly acknowledging "I am going to learn how to be kinder to myself", or can be more descriptive, such as "I show myself self-compassion through doing things such as..." and presenting examples of kindness and mindfulness. The practice of self-compassion within the workshop can provide participants with a concrete tool they are able to take with them in their day-to-day lives, as self-compassion is suggested to be a source of healing (Scoglio et al., 2018).

Finding Meaning. As stated, the experiences of emotional abuse have the potential to negatively impact a variety of factors in the survivors' life (St. Vil et al., 2021). In particular, it is important to highlight meaning in life for people who have experienced forms of emotional abuse because of the theory that meaning in life can be a protective factor regarding a survivor's mental health outcomes (Samios et al., 2020). When Samios (2020) defines meaning in life, what

is referred to is the subjective judgment that one's life has a sense of significance, has a purpose, and makes sense. It can be possible that even long after the experience of emotional abuse, the survivor is still trying to find the meaning in their experience and their own lives (Samios et al., 2020). Within the workshop, clinicians should ask participants their responses to the question of meaning in life and if the concept is relevant to them. If there is self-disclosure that creates an unsafe feeling among group members, clinicians will be able to assess participants' responses and support them accordingly. For example, if a clinician notices a participant might be triggered in the moment, they are able to step away from the group and emotionally regulate through a practice of deep breathing and mindfulness until they are back in their window of tolerance (Stige et al., 2013). Further, the clinician acting as a support system and providing positive responses to the participants' self-disclosure through the use of empathy and validation (Rohner et al., 2019) reminds the participant they are in a safe space, as safety is a key component in the workshop.

In finding meaning in life, it is important to include aspects of PTG, self-compassion, and self-kindness. When attempting to search for this meaning, survivors of abuse can acknowledge the existence of PTG where they shed light on potential positive changes that have occurred—for example, experiencing an increased appreciation for life after abuse. As discussion of life after abuse can have the potential for re-traumatization (Lancaster et al., 2020), clinicians are on standby to ensure safety and adequate support for participants. Additionally, self-compassion in the form of self-kindness is equally important to finding meaning in life. Because self-compassion is unconditional and creates a safe space for individuals emotionally, it has the potential to promote PTG as well (Samios et al., 2020). In turn, PTG allows the survivor to be able to cognitively process those negative experiences, thus making it easier to find meaning in

life. The cognitive process is a mental function that allows participants to interpret, transform, and accept their experiences (Yalom & Leszcz, 2020). As clinicians in the workshop discuss finding meaning in life, participants are asked about their ideas surrounding meaning in life while also being able to ask any questions they might have about the topic.

Forming New Romantic Relationships. Because of the previously suggested high probability of issues forming and maintaining romantic relationships after experiences of emotional abuse (Delker & Freyd, 2017), it is important to acknowledge the need to form new relationships within the path to healing. “For survivors, emphasis of interventions in therapy has been placed on avoiding consequent abuse rather than on how to form new healthy relationships, how to use one’s strengths to navigate new relationships, and what to expect when navigating new relationships” (Flasch et al., 2019, p. 148). It is therefore significant in this workshop to be able to both acknowledge this discrepancy in therapeutic interventions; such as talk therapy or group therapy, as well as suggest helpful tips going forward. Factors that are relevant in increasing the likelihood of recovering from emotional abuse in a healthy way can involve spirituality, social support, encouragement, hope, and advocacy (Flasch et al., 2019). After mentioning this, participants will be asked to share their experiences of these factors in relation to their recovery from abusive experiences. Here, sharing among participants is aimed to increase connection among group members and decrease feelings of isolation; allowing for a more efficient group dynamic (Yalom & Leszcz, 2020).

Furthermore, there are aspects that are suggested to be beneficial within forming new romantic relationships after experiences of abuse (St. Vil et al., 2021). These aspects include open communication and self-compassion within the relationship (Reiter & Gee, 2008; St. Vil et al., 2021). Open communication in romantic relationships involves a form of self-disclosure

where partners share all necessary information about themselves in order to maintain relationship satisfaction and relationship quality (Reiter & Gee, 2008). These authors pose the theory that in including open communication in new romantic relationships, relationship quality subsequently increases along with the overall well-being of each party in the relationship. In relating this to the discussion of emotional abuse, it can be useful for clinicians to suggest that survivors of emotional abuse are open about their experiences of the abuse to their potential new partners. This form of open communication can leave room for potential partners to express warmth, care, and support to survivors—allowing them to restore their ability to trust and be vulnerable with another individual (Murray et al., 2021).

Self-compassion within the potential new romantic relationship is also significant. Bolt et al., (2019) examines self-compassion as a mediator between insecure attachment and relationship quality. These authors found that low levels of self-compassion towards the self and one's partner mediated the association between both anxious and avoidant attachment styles and poor relationship quality, where the lower prevalence of self-compassion towards one's partner can result in poorer relationship quality and satisfaction. Within healing, there is a significance around practicing self-compassion individually, while research also emphasizes the importance of forming new relationships and potential new romantic partners. Self-compassion within romantic relationships is relevant due to a variety of reasons. These can include—the emotional resilience that's present within self-compassion allows for more constructive responses to relationship conflicts, and, self-compassionate individuals are better equipped to balance autonomy and connectedness (Neff & Beretvas, 2013).

Overall, therapists in the workshop will discuss forming new relationships while highlighting the importance of open communication and self-compassion in the potential new

romantic relationship. Participants will be asked to share their comfortability around open communication and self-compassion within new relationships after experiences of emotional abuse. This sharing will hopefully elicit a conversation around forming new romantic relationships and allow participants to connect and find support amongst their peers; helping them recognize they are not alone in their struggles and that healing is possible (McCormic et al., 2019). As always, they are also reminded that they don't need to share verbally and can choose to write in their journal instead.

Reflections and Feedback

To close up the workshop, therapists' and participants' reflections are to be considered and shared amongst the group. Since participants were asked to journal throughout the one-month time frame, they will now have the opportunity to share their journal passages if they wish. The process of this idea relates to the benefits of self-disclosure by group participants—where disclosing personal material can elicit feelings of connection and the existence of peer support (Yalom & Leszcz, 2020). Participants will be put into four smaller groups, with a therapist in each group, to potentially make them more comfortable in sharing their reflections. Clinicians will randomly put participants into their groups and then facilitate discussion around reflections. This is also the portion of the workshop where individuals can present any feedback they have for the therapists and the workshop, as well as final thoughts and questions they might have for the group.

Ethics and Guidelines

From the very beginning of the workshop, ethical guidelines should be established within the group. Perhaps the main component involving ethics is the importance of confidentiality. Clinicians running the workshop will be sure to put an emphasis on the significance and need for

confidentiality within the group. In ensuring confidentiality, the hope is that individuals will feel more comfortable and safe in opening up about their experiences. Further, an explanation around the presence of a non-judgmental environment should be included. As mentioned above, the nature of responses to disclosure can have negative impacts on the individual's well-being and their capacity to future disclose (Foyne & Freyd, 2011). That being said, therapists will enforce the need to respond to other participants in a non-judgmental and empathetic way—showing the survivors that they are in a safe space to open up about their struggles (McCormic et al., 2019). Also, because of the intensity of the topic of experiences of emotional abuse, there is a potential for re-traumatization (Lancaster et al., 2020) that should be made apparent to participants so that they are aware of potential risks within the workshop. Because of the possibility of re-traumatization for survivors of emotional abuse, it is crucial to provide resources such as phone numbers for a helpline or support system that the individual has, like a family member or a friend.

The B.C. Association of Clinical Counsellors (BCACC) upholds a Code of Ethical Conduct (2014) involving key principles that should be applied within the workshop. Principles include respect for the dignity of all persons, responsible caring, integrity in relationships, and responsibility to society (BCACC, 2014). Respecting the dignity of all persons can be applied by ensuring respect is demonstrated throughout the workshop towards all participants and avoidance of practices that may disrespect the rights of individuals. Responsible caring in the workshop can involve clinicians demonstrating active concern for participants throughout, specifically supporting individuals in moments of distress or re-traumatization. Integrity in relationships within the workshop is shown through striving for impartiality and avoiding potential conflicts of interest amongst the group. Finally, responsibility to society is put on clinicians in the workshop

by ensuring they develop and maintain awareness of ethical responsibilities in the group while also committing to personal growth through their own active therapy.

As safety concerns are mentioned throughout this chapter in terms of re-traumatization, dissociation, and triggers, it becomes an important ethical consideration when facilitating the workshop. Trauma-focused discussions have the potential to exacerbate mental health symptoms in survivors of abuse and therefore stresses the importance of emotional regulation throughout the process (Lancaster et al., 2020). Re-enactment of traumatic events is associated with increased autonomic arousal—such as elevated heart rate or blood pressure, and low prefrontal cortex activation; reflecting insufficient emotional networks that can lead to emotion under-regulation and therefore highlighting the need to emotionally regulate in these moments (Schlumpf et al., 2019). To assist participants in emotionally regulating, clinicians will step away from the group with individuals as needed. One-on-one, clinicians will help individuals in regulating physiological symptoms through deep breathing and combat triggering thoughts in the moment by acknowledging and naming what is going on (Schlumpf et al., 2019). As mentioned, phone numbers for crisis lines and each participant's emergency contact will be available if necessary.

Implications for Clinicians

Throughout the scope of this paper, there is a range of implications for clinicians in the field that can be useful. Clinicians will have the current literature available through methods of dissemination such as presentations within the community or publishing the work in the appropriate databases. In reviewing the relevant research in chapter two, clinicians can further their understanding within the topic of emotional abuse, how emotional abuse in childhood and adolescence impacts an individual's attachment style, and how the abuse and subsequent

insecure attachment styles can negatively impact the survivors' ability to form and maintain future romantic relationships (Delker & Freyd, 2017). Because of the suggested lack of research and acknowledgment in society (Francis & Pearson, 2021), clinicians should make sure they are appropriately acknowledging signs and consequent effects of emotional abuse within their clients. Although trauma-informed practice often includes aspects of emotional abuse (Francis & Pearson, 2021), the current literature can act as a way to further increase clinicians' awareness and knowledge of the topic. In being aware of the impacts, therapists are able to care for their clients in a way that better meets their individual needs in therapy. Furthermore, my hope is that in recommending the previously proposed workshop, clinicians are able to support individuals that have experienced emotional abuse in a similar way. In the process of providing psychoeducation to survivors of emotional abuse, therapists educate these individuals on trauma, potentially reducing the stigma present within emotional abuse (Asnaani et al., 2020). It is also a hope that in recognizing the proposed workshop, clinicians will further the research and create new ideas within therapy or other resources that can assist survivors of emotional abuse in forming new romantic relationships.

Conclusions and Recommendations

The current project's aim was to examine emotional abuse and its potential lingering effects in order to gain a better understanding of the topic for both clinicians in the field and survivors of emotional abuse. Relevant literature was assessed that helped highlight aspects of emotional abuse (Capezza et al., 2021) and the subsequent insecure attachment styles that are often developed after experiences of emotional abuse in childhood and adolescence. Those insecure attachment styles (Liu et al., 2018) create lasting negative impacts for survivors of emotional abuse through anxious and avoidance tendencies. Research also suggested the

likelihood that experiences of emotional abuse in childhood and adolescence can impact an individual's level of trust, intimacy, general mental health, as well as PTSD—indirectly negatively affecting the survivors' ability to form and maintain future romantic relationships (Hsieh et al., 2021; Jordan et al., 2010; Rohner et al., 2019; St. Vil et al., 2021).

The literature review can present a variety of recommendations for clinical practice. The findings of the chapter can lend itself to be helpful for clinicians in the field when working with clients who have experienced forms of emotional abuse by increasing the clinician's awareness and knowledge of the topic (Chouliara et al., 2020). The literature shows the importance of experiences of emotional abuse and can give clinicians the insight that's necessary around emotional abuse and its lingering effects so they are able to support their clients sufficiently. In making the connection between emotional abuse, attachment styles, and its impacts, clinicians will be able to recognize these concepts in the therapeutic space and will hopefully either be able to apply effective interventions for their clients or further their research within the topic of emotional abuse. Also, in acknowledging the importance of this topic, clinicians can become more well-versed in the area of emotional abuse—knowing the signs and symptoms to look for in their clients, potentially increasing their ability to support those individuals safely, being aware of both the benefits and risks within the work.

Based on this project and its findings, future researchers may be able to learn from or build upon this study. As there has been mention of the lack of acknowledgement emotional abuse has gotten in academic circles (Francis & Pearson, 2021; Rees, 2010), there is an importance for researchers to expand on the research through the facilitation of future studies involving emotional abuse survivors. Researchers can be able to take the findings from the literature review and expand in a variety of areas. First, it is recommended to consider the

limitations mentioned—small sample sizes, short duration of studies, and reliance on heterosexual relationships, as they relate to future work in this realm. For example, researchers should make attempts to expand their sample sizes to include a larger number of participants so that results are better generalized and can be applicable to many different types of people. Studies should also broaden the scope outside of just heterosexual relationships, including participants in the LGBTQ+ community (Marr et al., 2022) as another way of ensuring generalizability. In the future, researchers should continue examining potential different mediators—referring to processes between a stimulus and a response (Murray et al., 2021), between experiences of emotional abuse and forming future relationships, as well. For example, looking into other concepts other than attachment styles that could mediate the relationship between experiences of emotional abuse and difficulty in forming and maintaining future romantic relationships.

References

- Alhussaini N.W. & Riaz M. (2021). Effectiveness of pharmacological and psychological interventions for treating post-traumatic stress disorder in adults with childhood abuse: protocol for a systematic review and network meta-analysis. *BMJ Open*, 11, 1-6. <https://doi.org/10.1136/bmjopen-2021-048790>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed).
- Asnaani, A., Charlery White, S. A. R., Majeed, I., & Phillip, T. M. (2020). Trauma education and stigma reduction in global settings: An evaluation of the impact of a one-day trauma psychoeducation workshop with community stakeholders in the Caribbean Nation of Saint Lucia. *International Journal of Environmental Research and Public Health*, 17(7), 1-15. <https://doi.org/10.3390/ijerph17072255>
- Babcock, J. C., Roseman, A., Green, C. E., & Ross, J. M. (2008). Intimate partner abuse and PTSD symptomatology: examining mediators and moderators of the abuse-trauma link. *Journal of Family Psychology*, 22(6), 809-818. DOI:10.1037/a0013808
- Bartholomew, K. (1990). Avoidance of intimacy: An attachment perspective. *Journal of Social and Personal Relationships*, 7(2), 147-178.
- Banse, R. (2004). Adult attachment and marital satisfaction: Evidence for dyadic configuration effects. *Journal of Social and Personal Relationships*, 21(2), 273-282. <https://doi.org/10.1177/0265407504041388>
- Bolt, O. C., Jones, F. W., Rudaz, M., Ledermann, T., & Irons, C. (2019). Self-compassion and compassion towards one's partner mediate the negative association between insecure

- attachment and relationship quality. *Journal of Relationships Research*, 10, E20. doi:10.1017/jrr.2019.17
- British Columbia Association of Clinical Counsellors (BCACC). (2014). *Code of ethical conduct*. <https://bc-counsellors.org/wp-content/uploads/2015/09/BCACC-Code-of-Ethical-Conduct-2014.pdf>
- Butzer, B., & Campbell, L. (2008). Adult attachment, sexual satisfaction, and relationship satisfaction: A study of married couples. *Personal Relationships*, 15(1), 141-154. <https://doi.org/10.1111/j.1475-6811.2007.00189.x>
- Capezza, N. M., D'Intino, L. A., Flynn, M. A., & Arriaga, X. B. (2021). Perceptions of psychological abuse: The role of perpetrator gender, victim's response, and sexism. *Journal of Interpersonal Violence*, 36(3-4), 1414-1436. <https://doi.org/10.1177/0886260517741215>
- Chouliara, Z., Karatzias, T., Gullone, A., Ferguson, S., Cosgrove, K., & Draucker, C. B. (2020). Therapeutic change in group therapy for interpersonal trauma: a relational framework for research and clinical practice. *Journal of Interpersonal Violence*, 35(15-16), 2897-2916. <https://doi.org/10.1177/0886260517696860>
- Christ, C., De Waal, M. M., Dekker, J. J., van Kuijk, I., Van Schaik, D. J., Kikkert, M. J., Goudriaan, A. E., Beekman, A. T & Messman-Moore, T. L. (2019). Linking childhood emotional abuse and depressive symptoms: The role of emotion dysregulation and interpersonal problems. *PloS One*, 14(2), 1-18. <https://doi.org/10.1371/journal.pone.0211882>

- Cohn, D. A., Silver, D. H., Cowan, C. P., Cowan, P. A., & Pearson, J. (1992). Working models of childhood attachment and couple relationships. *Journal of Family Issues, 13*(4), 432-449.
- Corrigan, F. M., Fisher, J. J., & Nutt, D. J. (2011). Autonomic dysregulation and the window of tolerance model of the effects of complex emotional trauma. *Journal of Psychopharmacology, 25*(1), 17-25. <https://doi.org/10.1177/0269881109354930>
- Cotter, A. (2021). Intimate partner violence in Canada, 2018: An overview. *Statistics Canada*. 1-23. <https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00003-eng.htm>
- Davila, J., Mattanah, J., Bhatia, V., Latack, J. A., Feinstein, B. A., Eaton, N. R., Daks, J. S., Kumar, S. A., Lomash, E. F., McCormick, M., & Zhou, J. (2017). Romantic competence, healthy relationship functioning, and well-being in emerging adults. *Personal Relationships, 24*(1), 162-184. <https://doi.org/10.1111/pere.12175>
- Degnan, A., Seymour-Hyde, A., Harris, A., & Berry, K. (2016). The role of therapist attachment in alliance and outcome: A systematic literature review. *Clinical Psychology & Psychotherapy, 23*(1), 47-65. <https://doi.org/10.1002/cpp.1937>
- Delker, B. C., & Freyd, J. J. (2017). Betrayed? That's me: Implicit and explicit betrayed self-concept in young adults abused as children. *Journal of Aggression, Maltreatment & Trauma, 26*(7), 701-716. <https://doi.org/10.1080/10926771.2017.1308982>
- Flasch, P., Boote, D., & Robinson, E. H. (2019). Considering and navigating new relationships during recovery from intimate partner violence. *Journal of Counseling & Development, 97*(2), 148-159. <https://doi.org/10.1002/jcad.12246>

- Fletcher, K., Nutton, J., & Brend, D. (2015). Attachment, a matter of substance: The potential of attachment theory in the treatment of addictions. *Clinical Social Work Journal, 43*(1), 109-117. <https://doi.org/10.1007/s10615-014-0502-5>
- Foynes, M. M., & Freyd, J. J. (2011). The impact of skills training on responses to the disclosure of mistreatment. *Psychology of Violence, 1*(1), 66-77. <https://doi.org/10.1037/a0022021>
- Francis, L., & Pearson, D. (2021). The recognition of emotional abuse: Adolescents' responses to warning signs in romantic relationships. *Journal of Interpersonal Violence, 36*(17-18), 8289-8313. <https://doi.org/10.1177/0886260519850537>
- Fredrickson, R. (2019). Trauma-informed care for infant and early childhood abuse. *Journal of Aggression, Maltreatment & Trauma, 28*(4), 389-406. <https://doi.org/10.1080/10926771.2019.1601143>
- Gama, C. M. F., Portugal, L. C. L., Gonçalves, R. M., de Souza Junior, S., Vilete, L. M. P., Mendlowicz, M. V., Figueira, I., Volchan, E., David, I. A., de Oliveira, L., & Pereira, M. G. (2021). The invisible scars of emotional abuse: a common and highly harmful form of childhood maltreatment. *BMC Psychiatry, 21*(1), 1-14. <https://doi.org/10.1186/s12888-021-03134-0>
- Gay, L. E., Harding, H. G., Jackson, J. L., Burns, E. E., & Baker, B. D. (2013). Attachment style and early maladaptive schemas as mediators of the relationship between childhood emotional abuse and intimate partner violence. *Journal of Aggression, Maltreatment & Trauma, 22*(4), 408-424. <https://doi.org/10.1080/10926771.2013.775982>
- Gilbert, L. K., Zhang, X., Basile, K. C., Breiding, M., & Kresnow, M. J. (2022). Intimate partner violence and health conditions among US adults—National intimate partner violence

- survey, 2010–2012. *Journal of Interpersonal Violence*, 1-25.
<https://doi.org/10.1177/08862605221080147>
- Gitterman, A., & Knight, C. (2016). Curriculum and psychoeducational groups: Opportunities and challenges. *Social Work*, 61(2), 103-110. <https://doi.org/10.1093/sw/sww007>
- Goldsmith, R. E., Freyd, J. J., & DePrince, A. P. (2012). Betrayal trauma: Associations with psychological and physical symptoms in young adults. *Journal of Interpersonal Violence*, 27(3), 547-567. <https://doi.org/10.1177/0886260511421672>
- Goncy, E. A., & Van Dulmen, M. H. (2016). The association of attachment anxiety and avoidance with emotional dating abuse perpetration using multimethod, dyadic data. *Violence and Victims*, 31(4), 622-637. <https://doi.org/10.1891/0886-6708.VV-D-14-00125>
- Gormley, B., & Lopez, F. G. (2010). Psychological abuse perpetration in college dating relationships: Contributions of gender, stress, and adult attachment orientations. *Journal of Interpersonal Violence*, 25(2), 204-218. <https://doi.org/10.1177/0886260509334404>
- Greenberg, L. S. (2019). Theory of functioning in emotion-focused therapy. *Clinical Handbook of Emotion-Focused Therapy*. 37-59.
- Hibbard, R., Barlow, J., MacMillan, H., & Committee on Child Abuse and Neglect. (2012). Psychological maltreatment. *Pediatrics*, 130(2), 372-378.
- Higgins, A., Murphy, R., Barry, J., Eustace-Cook, J., Monahan, M., Kroll, T., Hevey, D., Doyle, L., & Gibbons, P. (2020). Scoping review of factors influencing the implementation of group psychoeducational initiatives for people experiencing mental health difficulties and their families. *Journal of Mental Health*, 1-14.
<https://doi.org/10.1080/09638237.2020.1714002>

- Holmes, S. C., Johnson, N. L., Zlotnick, C., Sullivan, T. P., & Johnson, D. M. (2022). The association between demographic, mental health, and intimate partner violence victimization variables and undergraduate women's intimate partner violence perpetration. *Journal of Interpersonal Violence, 37*(1-2), 33-57.
<https://doi.org/10.1177/0886260520907354>
- Hsieh, Y. P., Shen, A. C. T., Hwa, H. L., Wei, H. S., Feng, J. Y., & Huang, S. C. Y. (2021). Associations between child maltreatment, dysfunctional family environment, post-traumatic stress disorder and children's bullying perpetration in a national representative sample in Taiwan. *Journal of Family Violence, 36*(1), 27-36.
<https://doi.org/10.1007/s10896-020-00144-6>
- Ibrahim, D. (2022). Canadian residential facilities for victims of abuse, 2020/2021. *Statistics Canada, 1-38*. <https://www150.statcan.gc.ca/n1/pub/85-002-x/2022001/article/00006-eng.htm>
- Isobel, S., Gladstone, B., Goodyear, M., Furness, T., & Foster, K. (2021). A qualitative inquiry into psychiatrists' perspectives on the relationship of psychological trauma to mental illness and treatment: implications for trauma-informed care. *Journal of Mental Health, 30*(6), 667-673. <https://doi.org/10.1080/09638237.2020.1714012>
- John, N. A., Adebayo, A., Boychuk, N. A., & OlaOlorun, F. (2022). Intimate partner violence (IPV) prevention using a cross-sectoral couple-based intervention: results from a cluster randomised control trial in Ibadan, Nigeria. *BMJ Global Health, 7*(2), 1-9.
<https://doi.org/10.1136/bmjgh-2021-007192>
- Johnson, S. M. (2019). *Attachment theory in practice: Emotionally focused therapy (EFT) with individuals, couples, and families*. Guilford Publications.

- Jordan, C. E., Campbell, R., & Follingstad, D. (2010). Violence and women's mental health: the impact of physical, sexual, and psychological aggression. *Annual Review of Clinical Psychology, 6*, 607-628.
- Karakurt, G., & Silver, K. E. (2013). Emotional abuse in intimate relationships: The role of gender and age. *Violence and Victims, 28*(5), 804-821. <https://doi.org/10.1891/0886-6708.VV-D-12-00041>
- Kubacka, K. E., Finkenauer, C., Rusbult, C. E., & Keijsers, L. (2011). Maintaining close relationships: Gratitude as a motivator and a detector of maintenance behavior. *Personality and Social Psychology Bulletin, 37*(10), 1362-1375. <https://doi.org/10.1177/0146167211412196>
- Kumari, V. (2020). Emotional abuse and neglect: Time to focus on prevention and mental health consequences. *Br J Psychiatry, 217*(5), 597-599. <https://doi.org/10.1192/bjp.2020.154>
- Kushner, M. (2022). Betrayal trauma and gender: An examination of the victim–offender overlap. *Journal of Interpersonal Violence, 37*(7-8), NP3750-NP3778. <https://doi.org/10.1177/0886260520951309>
- Lai, Y. H., & Carr, S. (2020). Is parental attachment security contextual? Exploring context-specific child–parent attachment patterns and psychological well-being in Taiwanese youths. *Journal of Research on Adolescence, 30*(2), 389-405. <https://doi.org/10.1111/jora.12531>
- Lambert, N. M., Stillman, T. F., Hicks, J. A., Kamble, S., Baumeister, R. F., & Fincham, F. D. (2013). To belong is to matter: Sense of belonging enhances meaning in life. *Personality and Social Psychology Bulletin, 39*(11), 1418-1427. <https://doi.org/10.1177/0146167213499186>

- Lancaster, C. L., Gros, D. F., Mullarkey, M. C., Badour, C. L., Killeen, T. K., Brady, K. T., & Back, S. E. (2020). Does trauma-focused exposure therapy exacerbate symptoms among patients with comorbid PTSD and substance use disorders?. *Behavioural and Cognitive Psychotherapy, 48*(1), 38-53. <https://doi.org/10.1017/S1352465819000304>
- Levitt, H. M., Minami, T., Greenspan, S. B., Puckett, J. A., Henretty, J. R., Reich, C. M., & Berman, J. S. (2016). How therapist self-disclosure relates to alliance and outcomes: A naturalistic study. *Counselling Psychology Quarterly, 29*(1), 7-28. <https://doi.org/10.1080/09515070.2015.1090396>
- Levy, K. N., Kivity, Y., Johnson, B. N., & Gooch, C. V. (2018). Adult attachment as a predictor and moderator of psychotherapy outcome: A meta-analysis. *Journal of Clinical Psychology, 74*(11), 1996-2013. <https://doi.org/10.1002/jclp.22685>
- Li, E. T., Luyten, P., & Midgley, N. (2020). Psychological mediators of the association between childhood emotional abuse and depression: a systematic review. *Frontiers in Psychiatry, 11*, 1-28. <https://doi.org/10.3389/fpsyt.2020.559213>
- Li, T., & Chan, D. K. S. (2012). How anxious and avoidant attachment affect romantic relationship quality differently: A meta-analytic review. *European Journal of Social Psychology, 42*(4), 406-419. <https://doi.org/10.1002/ejsp.1842>
- Liu, C., Chen, X., Song, P., Lu, A., Wang, L., Zhang, X., Huang, Z., & Zheng, D. (2018). Relationship between childhood emotional abuse and self-esteem: A dual mediation model of attachment. *Social Behavior and Personality: An International Journal, 46*(5), 793-800. <https://doi.org/10.2224/sbp.6655>

- Manning, W. D., Trella, D., & Lyons, H. (2010). Marriageable women: A focus on participants in a community healthy marriage program. *Family Relations*, *59*, 87-102.
<https://doi.org/10.1111/j.1741-3729.2009.00588.x>
- Marr, M. C., Heffron, A. S., & Kwan, J. M. (2022). Characteristics, barriers, and career intentions of a national cohort of LGBTQ+ MD/PhD and DO/PhD trainees. *BMC Medical Education*, *22*(1), 1-10. <https://doi.org/10.1186/s12909-022-03378-8>
- McCormic, R. W., Pomerantz, A. M., Ro, E., & Segrist, D. J. (2019). The “me too” decision: An analog study of therapist self-disclosure of psychological problems. *Journal of Clinical Psychology*, *75*(4), 794-800. <https://doi.org/10.1002/jclp.22736>
- Mikulincer, M., & Shaver, P. R. (2010). *Attachment in adulthood: Structure, dynamics, and change*. Guilford Publications.
- Mónaco, E., Schoeps, K., & Montoya-Castilla, I. (2019). Attachment styles and well-being in adolescents: How does emotional development affect this relationship?. *International Journal of Environmental Research and Public Health*, *16*(14), 1-17.
<https://doi.org/10.3390/ijerph16142554>
- Morton, S., & Hohman, M. (2016). “That’s the weight of knowing”: Practitioner skills and impact when delivering psychoeducational group work for women who have experienced IPV. *Social Work with Groups*, *39*(4), 277-291.
<https://doi.org/10.1080/01609513.2015.1052915>
- Murray, C. E., Ross, R., & Cannon, J. (2021). The happy, healthy, safe relationships continuum: Conceptualizing a spectrum of relationship quality to guide community-based healthy relationship promotion programming. *The Family Journal*, *29*(1), 50-59.
<https://doi.org/10.1177/1066480720960416>

Musetti, A., Starcevic, V., Boursier, V., Corsano, P., Billieux, J., & Schimmenti, A. (2021).

Childhood emotional abuse and problematic social networking sites use in a sample of Italian adolescents: The mediating role of deficiencies in self-other differentiation and uncertain reflective functioning. *Journal of Clinical Psychology*, 77(7), 1666-1684.

<https://doi.org/10.1002/jclp.23138>

Neff, K. D., & Beretvas, S. N. (2013). The role of self-compassion in romantic relationships. *Self and Identity*, 12(1), 78-98. <https://doi.org/10.1080/15298868.2011.639548>

Newton, C., & Gavin, H. (2020). "My reality is just different from yours, that doesn't mean I'm crazy." Exploring the impact of childhood emotional abuse on adult emotional adjustment. *Journal of Aggression, Maltreatment & Trauma*, 29(1), 2-21.

<https://doi.org/10.1080/10926771.2018.1525461>

Ng, S. M., Leng, L. L., Xie, Q. W., Chan, J. S., Chan, C. H., So, K. F., Li, A., Po, K. K., Yuen, L.P., Ku, K., Choi, A., Chouliara, Z., Cheung, A., Chan, C., & Emery, C. (2020). Trust as a mediator in the relationship between childhood sexual abuse and IL-6 level in adulthood. *PloS one*, 15(5), 1-13. <https://doi.org/10.1371/journal.pone.0232932>

Nitza, A. (2014). Selecting and using activities in groups. *Handbook of Group Counseling and Psychotherapy*, 95-106.

Ogrodnik, L. (2007). "Spousal Homicide or attempts and prior police contact for spousal abuse."

In *Family Violence in Canada: A Statistical Profile*. Edited by L.Ogrodnik Ottawa:

Statistics Canada, Canadian Centre for Justice Statistics; Cat. No. 85-224-XIE, 2007: 9-

19. Available from: [www.phac-aspc.gc.ca/sfv-avf/familyviolence/pdfs/fv-85-224-](http://www.phac-aspc.gc.ca/sfv-avf/familyviolence/pdfs/fv-85-224-XIE2007001.pdf)

[XIE2007001.pdf](http://www.phac-aspc.gc.ca/sfv-avf/familyviolence/pdfs/fv-85-224-XIE2007001.pdf)

- Overstreet, N. M., & Quinn, D. M. (2013). The intimate partner violence stigmatization model and barriers to help seeking. *Social Psychological Perspectives on Stigma*, 35, 117-130.
<https://doi.org/10.1080/01973533.2012.746599>
- Proulx, C. M., Helms, H. M., & Buehler, C. (2007). Marital quality and personal well-being: A meta-analysis. *Journal of Marriage and Family*, 69(3), 576-593.
<https://doi.org/10.1111/j.1741-3737.2007.00393>
- Rees, C. A. (2010). Understanding emotional abuse. *Archives of Disease in Childhood*, 95(1), 59-67. <https://doi.org/10.1136/adc.2008.143156>
- Reiter, M. J., & Gee, C. B. (2008). Open communication and partner support in intercultural and interfaith romantic relationships: A relational maintenance approach. *Journal of Social and Personal Relationships*, 25(4), 539-559. <https://doi.org/10.1177/0265407508090872>
- Riggs, S. A., Cusimano, A. M., & Benson, K. M. (2011). Childhood emotional abuse and attachment processes in the dyadic adjustment of dating couples. *Journal of Counseling Psychology*, 58(1), 126-138. <https://doi.org/10.1037/a0021319>
- Riggs, S. A., & Kaminski, P. (2010). Childhood emotional abuse, adult attachment, and depression as predictors of relational adjustment and psychological aggression. *Journal of Aggression, Maltreatment & Trauma*, 19(1), 75-104.
<https://doi.org/10.1080/10926770903475976>
- Rodenhizer, K. A. E., Edwards, K. M., Camp, E. E., & Murphy, S. B. (2021). It's HERstory: Unhealthy relationships in adolescence and subsequent social and emotional development in college women. *Violence Against Women*, 27(9), 1337-1360.
<https://doi.org/10.1177/1077801220937787>

- Rodriguez, L. M., DiBello, A. M., Øverup, C. S., & Neighbors, C. (2015). The price of distrust: Trust, anxious attachment, jealousy, and partner abuse. *Partner Abuse, 6*(3), 298-319. <https://doi.org/10.1891/1946-6560.6.3.298>
- Rogers, M. J., & Follingstad, D. R. (2014). Women's exposure to psychological abuse: Does that experience predict mental health outcomes?. *Journal of Family Violence, 29*(6), 595-611. <https://doi.org/10.1007/s10896-014-9621-6>
- Rohner, R., Filus, A., Melendez-Rhodes, T., Kuyumcu, B., Machado, F., Roszak, J., & Roy, K. (2019). Psychological maladjustment mediates the relation between remembrance of parental rejection in childhood and adults' fear of intimacy: A multicultural study. *CrossCultural Research, 53*(5), 508-542. <https://doi.org/10.1177/1069397118822992>
- Rosmalen, L. V., Van der Veer, R., & Van der Horst, F. (2015). Ainsworth's strange situation procedure: The origin of an instrument. *Journal of the History of the Behavioral Sciences, 51*(3), 261-284. <https://doi.org/10.1002/jhbs.21729>
- Samios, C., Raatjes, B., Ash, J., Lade, S. L., & Langdon, T. (2020). Meaning in life following intimate partner psychological aggression: The roles of self-kindness, positive reframing, and growth. *Journal of Interpersonal Violence, 35*(7-8), 1567-1586. <https://doi.org/10.1177/0886260519898437>
- Sar, V., & Ozturk, E. (2006). What is trauma and dissociation? *Journal of Trauma Practice, 4*(1-2), 7-20.
- Schetter, C. D., (2017). Moving research on health and close relationships forward—a challenge and an obligation: Introduction to the special issue. *American Psychologist, 72*(6), 511-516. <https://doi.org/10.1037/amp0000158>

- Schlumpf, Y. R., Nijenhuis, E. R., Klein, C., Jäncke, L., & Bachmann, S. (2019). Functional reorganization of neural networks involved in emotion regulation following trauma therapy for complex trauma disorders. *Neuroimage: Clinical*, 23, 1-14.
<https://doi.org/10.1016/j.nicl.2019.101807>
- Schneider, J. C., Trinh, N. T., Selleck, E., Fregni, F., Salles, S. S., Ryan, C. M., Stein, J. (2012). The long-term impact of physical and emotional trauma: The station nightclub fire. *Plos One*, 7(10), e47339. <https://doi.org/10.1371/journal.pone.0047339>
- Schröder, M., Lüdtke, J., Fux, E., Izat, Y., Bolten, M., Gloger-Tippelt, G., Gerhard, J. S., & Schmid, M. (2019). Attachment disorder and attachment theory—Two sides of one medal or two different coins?. *Comprehensive Psychiatry*, 95, 1-9.
<https://doi.org/10.1016/j.comppsy.2019.152139>
- Scoglio, A. A., Rudat, D. A., Garvert, D., Jarmolowski, M., Jackson, C., & Herman, J. L. (2018). Self-compassion and responses to trauma: The role of emotion regulation. *Journal of Interpersonal Violence*, 33(13), 2016-2036. <https://doi.org/10.1177/0886260515622296>
- Siegel, D.J. (1999). *The developing mind*. New York: Guilford.
- Simon, R. W., & Barrett, A. E. (2010). Nonmarital romantic relationships and mental health in early adulthood: Does the association differ for women and men? *Journal of Health and Social Behavior*, 51(2), 168-182. <https://doi.org/10.1177/0022146510372343>
- Slade, A., Holland, M. L., Ordway, M. R., Carlson, E. A., Jeon, S., Close, N., Mayes, L.C., & Sadler, L. S. (2020). Minding the Baby®: Enhancing parental reflective functioning and infant attachment in an attachment-based, interdisciplinary home visiting program. *Development and Psychopathology*, 32(1), 123-137.
<https://doi.org/10.1017/S0954579418001463>

- Slootmaeckers, J., & Migerode, L. (2020). EFT and intimate partner violence: a roadmap to de-escalating violent patterns. *Family Process*, *59*(2), 328-345.
<https://doi.org/10.1111/famp.12468>
- Smith, S. G., Chen, J., Basile, K. C., Gilbert, L. K., Merrick, M., T., Patel, N., & Jain, A. (2017). The national intimate partner and sexual violence survey (NISVS): 2010–2012 State report. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. <https://www.cdc.gov/violenceprevention/pdf/nisvs-staterreportbook.pdf>
- Smith, M., Williamson, A. E., Walsh, D., & McCartney, G. (2016). Is there a link between childhood adversity, attachment style and Scotland's excess mortality? Evidence, challenges and potential research. *BMC Public Health*, *16*(1), 1-11.
<https://doi.org/10.1186/s12889-016-3201-z>
- Sohal, M., Singh, P., Dhillon, B. S., & Gill, H. S. (2022). Efficacy of journaling in the management of mental illness: a systematic review and meta-analysis. *Family Medicine and Community Health*, *10*(1), 1-7. <https://doi.org/10.1136/fmch-2021-001154>
- St. Vil, N. M., Carter, T., & Johnson, S. (2021). Betrayal trauma and barriers to forming new intimate relationships among survivors of intimate partner violence. *Journal of Interpersonal Violence*, *36*(7-8), 3495-3509. <https://doi.org/10.1177/0886260518779596>
- Stewart, L., Usher, A., & Allenby, K. (2009). A review of optimal group size and modularisation or continuous entry format for program delivery. *Research Branch, Correctional Service of Canada*. <https://www.csc-scc.gc.ca/research/005008-0215-01-eng.shtml>
- Stige, S. H., Rosenvinge, J. H., & Træen, B. (2013). A meaningful struggle: Trauma clients' experiences with an inclusive stabilization group approach. *Psychotherapy Research*, *23*(4), 419-429. <https://doi.org/10.1080/10503307.2013.778437>

- Torres, A., Garcia-Esteve, L., Navarro, P., Tarragona, M. J., Imaz, M. L., Ascaso, C., Estel, G., Plaza, A., Subira, S., Valdes, M., & Martín-Santos, R. (2013). Relationship between intimate partner violence, depressive symptomatology, and personality traits. *Journal of Family Violence, 28*(4), 369-379. <https://doi.org/10.1007/s10896-013-9502-4>
- Weis, J. B., Gschwendtner, K., Giesler, J. M., Adams, L., & Wirtz, M. A. (2020). Psychoeducational group intervention for breast cancer survivors: a non-randomized multi-center pilot study. *Supportive Care in Cancer, 28*(7), 3033-3040. <https://doi.org/10.1007/s00520-019-05076-6>
- Wilkerson, A. L., & Dice, T. F. (2021). Psychoeducational groups for adult survivors of child sexual abuse experiencing post-traumatic stress disorder. *International Journal of Group Psychotherapy, 71*(4), 604-614. <https://doi.org/10.1080/00207284.2021.1956824>
- Wilson, K. A., Power, K. G., Graham, L., Reid, L., Duncan, K., & Shand, S. (2022). Effectiveness of a group psychoeducational course for adult interpersonal trauma survivors in Scotland. *Journal of Aggression, Maltreatment & Trauma, 31*(3), 392-409. <https://doi.org/10.1080/10926771.2021.2013379>
- Yalom, I. D., (2002). *The gift of therapy: An open letter to a new generation of therapists and their patients*. HarperCollins Publishers.
- Yalom, I. D., & Leszcz, M. (2020). *The theory and practice of group psychotherapy*. Basic Books.
- Zięba, M., Wiecheć, K., Biegańska-Banaś, J., & Mieleśczenko-Kowszewicz, W. (2019). Coexistence of post-traumatic growth and post-traumatic depreciation in the aftermath of trauma: Qualitative and quantitative narrative analysis. *Frontiers in Psychology, 10*:687. <https://doi.org/10.3389/fpsyg.2019.00687>

Zimmerman, K. J. (2011). Commentary: Is collaboration a viable target for family

therapists? *Journal of Family Therapy*, 33(2), 215-223. <https://doi.org/10.1111/j.1467->

6427.2011.00535.x