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Parental verbal affection and verbal aggression in childhood differentially influence psychiatric symptoms and wellbeing in young adulthood☆

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ABSTRACT

Previous research has shown that exposure to parental verbal aggression is common and associated with increased levels of depression, anxiety, dissociation, and drug use. A key question that has not been addressed is whether verbal affection from the same or opposite parent can attenuate the effects of verbal aggression. This cross-sectional study examined the effects of parental verbal aggression and affection during childhood on measures of psychopathology and wellbeing in a community sample of 2,518 individuals (18–25 years). Data were analyzed for moderating influences using mixed effect models and for direct and indirect effects using structural equation models. The moderation analysis suggested that high levels of exposure to verbal affection did not mitigate the effects of verbal aggression from the same parent, and high levels of verbal affection from another parent did not generally result in a significant attenuation of the effects of verbal aggression. Structural equation models showed that verbal aggression was predominantly associated with effects on psychiatric symptoms scores, whereas verbal affection was primarily associated with effects on measures of wellbeing. These findings highlight the relatively independent effects of verbal aggression and verbal affection and suggest that the latter may be particularly important in establishing a foundation for emotional and physical wellbeing. These findings also suggest that ridicule, disdain, and humiliation cannot be easily counteracted by praise and warmth from the same or another parent.

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Introduction

Parental verbal interactions with their children can be a source of comfort and care or ridicule and abuse. Along with other types of neglectful or abusive childhood experiences, emotional abuse in the form of verbally aggressive parenting has been shown to have lasting effects on brain development (see Belsky & de Haan, 2011, for a thorough review). Teicher and colleagues have provided preliminary data showing that exposure to parental verbal aggression is associated with alterations in white matter pathways involved in language processing (Choi, Jeong, Rohan, Polcari, & Teicher, 2009) and in gray matter alterations in the auditory cortex (Tomoda et al., 2011). Furthermore, exposure to parental verbal aggression has been shown to exert enduring adverse psychiatric effects, comparable in magnitude to other forms of childhood adversity such as witnessing domestic violence and extra-familial sexual abuse (Teicher, Samson, Polcari, & McGreenery, 2006). Johnson

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et al. (2001) found evidence that individuals who experienced maternal verbal aggression during childhood were more than 3 times as likely as those who did not to have borderline, narcissistic, obsessive-compulsive, and paranoid personality disorders during adolescence or early adulthood (Johnson et al., 2001).

Parental verbal aggression is often characterized as a component or form of emotional maltreatment. Leading authors in the field have studied the verbal aspects of emotional harm from parents (Iwaniec, Larkin, & McSherry, 2007), parental psychological unresponsiveness or hostility (Shaffer, Huston, & Egeland, 2008), verbal threats and gestures (Moore & Pepler, 2006), and emotional neglect (Egeland, 2009) within the construct of emotional abuse. The study of positive parenting has focused on parenting styles (Rossman & Rea, 2005), parent mental health (Johnson, Cohen, Kasen, Ehrensaft, & Crawford, 2006), praise and feedback (Jack, Mikami, & Calhoun, 2011), encouragement (Kelly, 2002), and parental involvement (DeKemp, Overbeek, DeWied, Engels, & Scholte, 2007), within the construct of responsiveness to the emotional needs of the child.

Purpose of the study

Understanding parenting effects in the normal range can aid our understanding of other parental influences beyond adversity (Belsky & de Haan, 2011). In the current study, we sought to distinguish the effects of verbal interactions from other aspects of parental practices in childhood and to evaluate the effects of two components of parental practices – verbal aggression and verbal affection – on self-reported measures of psychopathology and well-being in young adulthood.

There were two primary objectives for the study. The first objective was to determine the statistical associations between self-reported exposure to parental verbal aggression and verbal affection in childhood on ratings of psychiatric symptoms and mental and physical wellbeing in young adulthood from a large community sample of young adults. The second objective was to determine whether positive factors such as verbal praise and affection could undo some of the consequences of exposure to harmful verbal interactions.

On the one hand, it is plausible that such signs of affection delivered by the same person, or by another parent, may be a protective factor that softens the impact of the verbal aggression. It is just as plausible that the combination of affectionate and abusive verbal statements within the household could create an uncertain and inconsistent environment that might do more harm than good. Examination of the roles of parental verbal affection and verbal aggression within the same sample could add to our understanding of the differential effects of each and answer questions about the potentially mitigating effect of affection in the individual's life.

Methods

Participants and procedures

Data were collected from 2004 to 2013 as part of a pooled prescreening effort to recruit for larger studies involving neuroimaging investigations. The overarching aim of each of the larger studies was to assess the association between self-reported exposure to childhood maltreatment and measures of brain morphometry, function, and psychopathology. Our strategy was to recruit potential participants from the general population based on their exposure history, without regard to psychiatric diagnosis, to obtain a sample with both psychiatrically susceptible and resilient individuals that would provide a more representative assessment of the overall consequences of exposure than recruitment of psychiatric or high-risk samples. Further, potential participants were only informed that we were assessing the influence of early experience on brain development and were not told about our interest in any specific types of maltreatment. Thus, the sample would not be biased toward any specific set of experiences. Also, this prescreening approach allowed us to recruit participants who could not knowingly fabricate histories or symptoms to gain enrollment. Participants responded to posted or published advertisements entitled *Memories of Childhood*. The questionnaires and prescreening methodologies underwent Institutional Review Board review and approval by McLean Hospital.

We chose to study 18–25 year olds because this represents the youngest age range in which parental consent is not required and because there is no mandated reporting requirement for child abuse and neglect of the participant. In addition, the shorter length of time between childhood events and assessment allowed for fewer intervening events than might be observed in older populations and more recent memories of the maltreatment.

Respondents to our advertisement phoned the office and were given a URL and password to link them to our HIPAA-compliant online enrollment system. Once logged in, the respondents electronically signed the informed consent to complete multiple survey instruments about childhood history, development, and current symptomatology. Respondents were paid $20, regardless of further eligibility for subsequent studies.

The computerized program was easy to use, and respondents could exit and return at their convenience until the information was complete, thereby reducing study demand. Participants received phone contact information for a clinician who was available 24/7 in case they experienced significant distress; however, we did not receive a single distress call. The participants controlled the submission of their information by selecting the *submit* button when complete. Entries were reviewed by hand, and appropriate candidates were invited to the laboratory for further evaluation, and if eligible, for enrollment in subsequent imaging studies.

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