



The contribution of emotional maltreatment to alcohol dependence in a treatment-seeking sample



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HIGHLIGHTS

- Emotional maltreatment was a significant predictor of alcohol dependence severity.
- Emotional maltreatment was the strongest predictor of AD.
- Child maltreatment should be considered in the prevention and treatment of AD.

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ABSTRACT

Studies reporting a link between child maltreatment and addiction have typically focused on physical and sexual abuse. In contrast, emotional maltreatment has rarely been studied in substance-abusing samples although it is associated with a wide range of dysfunction. The current study aimed to determine the specific impact of different types of maltreatment and peer victimization on alcohol dependence and to examine the potentially mediating role of psychopathology. A sample of treatment seeking adults with alcohol dependence ($N = 72$) underwent an extensive clinical examination including both a standardized interview and self-report measures. Child maltreatment, peer victimization, severity of alcohol dependence, and general psychopathology were assessed. Regression analyses revealed that emotional maltreatment was the strongest predictor of alcohol dependence severity whereas a unique contribution of peer victimization was not found. Our findings suggest that emotional maltreatment might have a major role in the etiology of AD that seems to exceed the contribution of other abuse and victimization experiences. Thereby, the study underscores the need for considering child maltreatment experiences in the prevention and treatment of AD.

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1. Introduction

Alcohol abuse and alcohol dependence (AD) are among the most prevalent mental disorders worldwide (World Health Organization, 2001). Moreover, they are associated with serious health, social and economic consequences. High relapse rates indicate that the outcomes of available treatments for AD are still moderate. A growing body of research documents a frequent co-occurrence of traumatic experiences and AD as well as an increased comorbidity of posttraumatic stress disorder (PTSD) and AD (Potthast & Catani, 2012). Instead of focusing mainly on typical traumatic experiences (e.g. natural disaster, accidents, experiences of physical and sexual violence or combat events) as defined by the DSM-IV (American Psychiatric Association, 2000) and the ICD-10 (World Health Organization, 1992), recent research has investigated the association between a broader range of traumatic and

stressful life experiences and AD. In particular, experiences of child maltreatment have already been linked with AD in studies examining alcohol abusing samples (Copeland, Magnusson, Göransson, & Heilig, 2011; Magnusson et al., 2012; Simpson & Miller, 2002; Young-Wolff, Kendler, Ericson, & Prescott, 2011) as well as traumatized samples (Kilpatrick et al., 2000; Simpson & Miller, 2002; Singh, Thornton, & Tonmyr, 2011). Research findings indicate that child maltreatment is associated with a variety of outcomes related to substance disorders, e.g. with an earlier age of drinking onset (Rothman, Edwards, Heeren, & Hingson, 2008), multiple (Harrison, Fulkerson, & Beebe, 1997) and more frequent (Brems & Namyniuk, 2002) substance use. Additionally, Danielson and colleagues revealed a dose–response relationship between exposure to maltreatment and symptoms of substance use disorders (SUD) (Danielson et al., 2009). Research regarding the association of maltreatment and SUD severity is complicated by the lack of valid and reliable instruments to measure addiction severity (Conway et al., 2010). For instance, existing instruments can only reflect variation at the lower end of the severity continuum or they are not evaluated regarding their association to addiction severity. Moreover, those measures are

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usually not applicable to samples, which are currently abstinent because of already completing detoxification. For this reason, variables such as the age at drinking onset (Rothman et al., 2008) and the age at alcohol dependence onset (Hingson, Heeren, & Winter, 2006) could be used as an approach to addiction severity.

Currently, there are only a few studies addressing the differential impact of various forms of adverse childhood experiences (e.g. different types of child abuse, peer victimization etc.) on the development or the maintenance of AD. Child maltreatment can be subdivided into sexual abuse, physical abuse, physical neglect, emotional abuse and emotional neglect (for definitions see for example Leeb, Paulozzi, Melanson, Simon, & Arias, 2008). Much research in recent years has focused on physical and sexual maltreatment. However, consequences of emotional maltreatment are at least as severe as those of physical or sexual abuse (Egeland, 2009; Gilbert et al., 2009; Wright, Crawford, & Del Castillo, 2009). Although emotional maltreatment can be considered as the most prevalent (Finkelhor, Ormrod, Turner, & Hamby, 2005; Scher, Forde, McQuaid, & Stein, 2004) it is also the most underreported and understudied form (Barnett, Miller-Perrin, & Perrin, 2004; Trickett, Mennen, Kim, & Sang, 2009). Recent research has demonstrated that emotional maltreatment is associated with a wide range of psychological problems in the long-term such as depressive and anxiety disorders (Iffland, Sansen, Catani, & Neuner, 2012; Liu, Alloy, Abramson, Iacoviello, & Whitehouse, 2009; Spinhoven et al., 2010), negative self-schema (Sachs-Ericsson, Verona, Joiner, & Preacher, 2006), self-conscious emotions of guilt and shame (Bennett, Sullivan, & Lewis, 2010), insecure attachment (Hibbard et al., 2012), aggression and social withdrawal (Shaffer, Yates, & Egeland, 2009). Negative cognitive styles (predominantly negative inferential styles, dysfunctional attitudes and a ruminative response style) are assumed to mediate the association between emotional maltreatment and depression (Gibb, Alloy, & Abramson, 2003; Gibb, Alloy, Abramson, & Marx, 2003; Spasojevic & Alloy, 2002). Additionally, several authors have considered the mediating role of emotion regulation difficulties in the relationship between emotional maltreatment and the development of psychiatric disorders (Alink, Cicchetti, Kim, & Rogosch, 2009; Burns, Jackson, & Harding, 2010; Kim & Cicchetti, 2010). Related to that, van Harmelen et al. (2010) revealed a specific association between emotional maltreatment and a volume reduction in the dorsal medial prefrontal cortex, a region considered to play an important role in emotion regulation (Cardinal, Parkinson, Hall, & Everitt, 2002).

Despite the growing body of research addressing the role of emotional maltreatment in the etiology of psychopathology in general, studies investigating the specific impact of emotional maltreatment on AD are still scarce. Most research examines the cumulative effect of different forms of maltreatment (physical, sexual and emotional) on AD without trying to identify the differential contribution of specific types. To our knowledge, only three studies have analyzed distinct effects of emotional maltreatment on AD so far. The reported findings are limited to samples of adolescents and college students, and are currently inconclusive. Arata and co-workers found that only neglect (emotional and physical) was correlated with substance use (as a composite of alcohol, marijuana and other drugs) among college students (Arata, Langhinrichsen-Rohling, Bowers, & O'Farrill-Swails, 2005). Moran, Vuchinich, and Hall (2004) reported that all categories of maltreatment were associated with increased levels of alcohol use in a nonclinical sample of high school students with emotional abuse having the lowest effects. Contrarily, Rosenkranz, Muller, and Henderson (2012) documented that when considering all forms of maltreatment together, only emotional abuse and emotional neglect emerged as significant predictors of substance use problem severity in a clinical sample of youths. The authors explained the contrariety by citing differences in the samples (clinical vs. nonclinical) as well as differences in the outcome variables (substance use problem severity vs. level of substance use). Taking the existing evidence together, the differential role of emotional maltreatment needs further clarification.

In addition to child maltreatment by caregivers, peer victimization has recently been associated with alcohol abuse and dependence (Topper & Conrod, 2011). Three types of peer victimization are distinguished in research literature: physical bullying (purposeful attempts to injure someone by physical contact), verbal bullying (direct verbal aggressions or threats such as name-calling, shouting or accusing) and relational bullying (damaging another's relationship or friendship, purposeful manipulation through gossiping, ignoring or spreading rumors) (Crothers et al., 2012). Although this research field is relatively new, the limited evidence to date indicates that the frequency of peer victimization is positively associated with substance abuse (Luk, Wang, & Simons-Morton, 2010) and that peer victimization is a predictor for subsequent alcohol use in longitudinal studies (Tharp-Taylor, Haviland, & D'Amico, 2009; Topper, Castellanos-Ryan, Mackie, & Conrod, 2011).

Despite these promising findings, previous work has not simultaneously considered child maltreatment and peer victimization to disentangle their unique effects. Additionally, the underlying mechanisms of the association between early traumatization and AD still need to be clarified. Recent investigations considering the association of child maltreatment and SUD in general suggest that comorbid psychiatric disorders, such as affective, anxiety and personality disorders, may play an important mediating role. For instance, Schuck and Widom (2001) indicated that depression symptoms operate as a mediator in a prospective study of female child maltreatment victims. Moreover, Douglas et al. (2010) reported that the onset of a depressive or anxiety disorder preceded the onset of the SUD in most cases. Overall, PTSD seems to be the currently best-known mediating factor regarding child maltreatment and SUD (Wekerle, Leung, Goldstein, Thornton, & Tonmyr, 2009; White & Widom, 2008). Several hypotheses are discussed in literature to explain the association between PTSD and SUD. Most empirical evidence can be found for the self-medication hypothesis, which postulates that psychotropic substances are used to alleviate trauma-related symptoms such as intrusions and hyperarousal (Khantzian, 1997). Evidence comes from retrospective (Ford, Hawke, Alessi, Ledgerwood, & Petry, 2007) and prospective (Taylor, Bobova, Zinbarg, Mineka, & Craske, 2012) self-report studies as well as from experimental investigations (Coffey et al., 2010). Besides PTSD, a mediating effect of social anxiety symptoms seems to be probable, given that child maltreatment is significantly associated with social phobia (Kuo, Goldin, Werner, Heimberg, & Gross, 2011). Furthermore, the prevalence for alcohol use disorders in social anxiety patients ranging from 17.5% to 34.8% is rather high (Burstein et al., 2011; Magee, Eaton, Wittchen, McGonagle, & Kessler, 1996). Additionally, borderline disorder symptomatology can be assumed as a further mediator. There is evidence that maltreatment significantly increases the probability of developing a borderline personality disorder (Johnson, Cohen, Chen, Kasen, & Brook, 2006). Moreover, the prevalence of 57.4% for a SUD in borderline patients is very high (Trull, Sher, Minks-Brown, Durbin, & Burr, 2000). Finally, it seems plausible that emotion regulation problems and attachment difficulties, which are also considered to be central features of borderline personality disorder, mediate the association of maltreatment and AD. These deficits are not only considered to be consequences of child maltreatment (Hibbard et al., 2012; Sroufe, 1997), but are also associated with typical drinking motives such as situations with unpleasant emotions or conflicts with others (cf. *Inventory of Drinking Situations* [IDS; Annis, Graham, & Davis, 1987]). However, substantiated evidence for the mediating role of emotion dysregulation or deficient attachment as well as borderline disorder symptomatology, social phobia or other psychiatric comorbidities is still scarce.

Taken as a whole, there is a considerable amount of research addressing the association of child maltreatment and AD. However, studies disentangling the unique effects of peer victimization and different kinds of child maltreatment are lacking, as well as clarification regarding the underlying mechanisms. Hence, the purpose of the present study was to identify the independent effects of specific types of adverse childhood experiences, in particular emotional maltreatment as well as

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