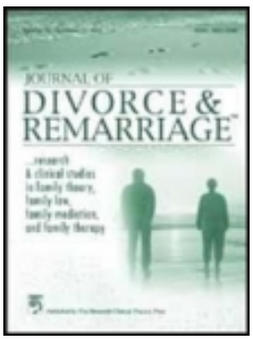

Journal of Divorce & Remarriage

ISSN: 1050-2556 (Print) 1540-4811 (Online) Journal homepage: http://www.tandfonline.com/loi/wjdr20

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To cite this article: Amy J. L. Baker & Naomi Ben-Ami (2011) Adult Recall of Childhood Psychological Maltreatment in "Adult Children of Divorce": Prevalence and Associations With Concurrent Measures of Well-Being, Journal of Divorce & Remarriage, 52:4, 203-219, DOI: 10.1080/10502556.2011.556973

To link to this article: https://doi.org/10.1080/10502556.2011.556973

Journal of Divorce & Remarriage, 52:203–219, 2011

ISSN: 1050-2556 print/1540-4811 online
DOI: 10.1080/10502556.2011.556973

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Adult Recall of Childhood Psychological Maltreatment in "Adult Children of Divorce": Prevalence and Associations With Concurrent Measures of Well-Being

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One hundred and eighteen adults whose parents divorced when they were 15 years of age or younger participated in an Internet survey of adult recall of psychological maltreatment and standardized outcomes including other forms of maltreatment, self-sufficiency, depression, alcohol dependency, attachment style, and self-esteem. It was hypothesized that rates of psychological maltreatment would be associated with all of these outcomes. Most, but not all, of the associations were borne out. The findings shed light on one way in which children of divorce are at risk for poor outcomes and highlight the need for interventions for divorced parents and children to address the issue of psychological maltreatment.

KEYWORDS adult recall, divorce, psychological maltreatment

The purpose of this study was to explore the extent to which a sample of adult children of divorce reported experiencing childhood psychological maltreatment (PM) and to determine whether extent of reported PM was associated with a variety of standardized measures of adult functioning. In this way, this study aims to integrate two active bodies of research: the study of the effects of PM and the study of the effects of divorce.

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PSYCHOLOGICAL MALTREATMENT

As defined by the American Professional Society on the Abuse of Children (APSAC), Psychological maltreatment refers to a "repeated pattern or extreme incident(s) . . . that convey the message that the child is worthless, flawed, unloved, endangered, or valuable only in meeting someone else's needs" (Binggeli, Hart, & Brassard, 2001, p. 6). Six overarching categories are identified: spurning; terrorizing; isolating; exploiting or corrupting; denying emotional responsiveness; and medical, educational, or mental health neglect.

Research has documented that some of these behaviors are fairly widespread in the general population. For example, Straus and Field (2003) found that 90% of parents who participated in a national phone survey reported using psychological aggression—one form of PM. Worldwide, there is evidence that verbally aggressive parenting practices are quite common (Dunne et al., 2009; Krug, Dalberg, Mercy, Zwi, & Lozano, 2002; Runyan et al., 2009; Zolotor et al., 2009). In a recent meta-analysis of 69 studies of adults who reported on their childhood, 15.4% of community samples recalled severe to extreme childhood emotional abuse and 13.1% reported severe to extreme childhood emotional neglect. In clinical samples, the rates were even higher: 32.2% and 19.1% for emotional abuse and emotional neglect, respectively (Baker & Maiorino, 2010).

Research on maltreating populations has found that PM is the most common form of maltreatment and is typically present in families exhibiting other types of maltreatment such as physical abuse, sexual abuse, or physical neglect. Parents who physically abuse, sexually abuse, or physically neglect their children are likely to psychologically maltreat them as well (Claussen & Crittenden, 1991).

Research has shown that even at low levels, some PM behaviors can be quite harmful to children's development and well-being (see Barnett, Manly, & Cicchetti, 1993; Binggeli et al., 2001; Brassard & Donovan, 2006; English & LONGSCAN Investigators, 1997; Kairys, Johnson, and the Committee on Child Abuse and Neglect, 2002; Portwood, 1999; Trickett, Mennen, Kim & Sang, 2009; Wright, 2007, for recent reviews). Evidence of damage has been found in a range of behavioral and emotional domains of development including problems of intrapersonal thoughts, feelings, and behaviors (e.g., depression, low self-esteem, suicidal ideation); emotional problems (e.g., emotional instability, impulse control problems, substance abuse); social competency problems and antisocial functioning (e.g., self-isolating behavior, social phobia, aggression and violent behavior); learning problems (e.g., decline in mental competence, academic problems); and physical health problems (e.g., asthma, hypertension, somatic complaints). These effects could persist into adulthood. Retrospective studies with adults have found associations between various forms of PM and a range of negative

outcomes including eating disorders (Allison, Grilo, Masheb, & Stunkard, 2007; Bardone-Cone et al., 2008; Grilo & Masheb, 2002), substance abuse (Eiden, Foote, & Schuetze, 2007; Hyman, Paliwal, & Sinha, 2007; Klein, Elifson, & Sterk, 2006; Medrano & Hatch, 2005; Medrano, Hatch, Zule, & Desmond, 2003; Minnes et al., 2008; Surratt, Kurtz, Weaver, & Inciardi, 2005), and psychiatric conditions (Garno, Gunawardane, & Goldberg, 2008; Simeon et al., 2007). Thus, PM is widespread in both high-risk and general populations and is associated with concurrent and long-term negative outcomes for child victims. Nonetheless, there is scant investigation into the prevalence of PM in the subpopulation of children from divorced households, a population likely to have high rates of PM.

PM might in part account for the generally poorer performance of divorced children on a range of outcomes, although that factor is often not directly studied. An extensive body of research now documents that children of divorce often fare worse (although not always by a great degree) than children from intact families (Amato, 2001). For example, divorce has been found to be one "adverse childhood experience" associated with poor outcomes such as depression (Chapman et al., 2004).

EFFECTS OF DIVORCE ON CHILDREN

Divorce is a known stressor for children. In addition to coping with changes in family structure and life circumstances (home, school, neighborhood, access to parents) and feelings of guilt and shame, children of divorce might also experience high levels of PM for at least two reasons. First, parents who are divorcing might be dealing with increased pressures and stress as they manage their own feelings of anxiety, fear, and confusion. They might also be stressed by having to cope with the legal, financial, and social challenges that have been newly thrust on them. They might have less time and emotional resources to cope with their children. Research has documented strong links between parental stress and poor parenting including child maltreatment. The second reason divorce might be associated with PM is that divorced parents might engage in behaviors that intentionally or otherwise create in children a feeling of being torn and having divided loyalties. The behaviors that create this feeling can be considered a form of PM. Klosinski (1993) identified four specific divorce-related parental phenomena that he believes constitute a form of PM: allying with a presumed "weaker" parent, children taking it upon themselves to decide which parent to live with, parentification of the child, and extreme loyalty conflicts inducing alignment. Qualitative research with adults who experienced parental loyalty conflicts when they were children lends support to this notion that loyalty conflicts and induced alignments can be experienced as PM. Baker (2007) interviewed 40 adults who were involved in loyalty conflicts (defined

as having been turned against one parent by the other) and found strong support for the abusiveness of this experience. In a subsequent study in a community sample using standardized measures, adults who reported that one parent tried to turn them against the other parent (i.e., created a loyalty conflict) were significantly more likely to report feeling spurned, terrorized, isolated, exploited or corrupted, and denied emotional responsiveness as well as had significantly higher scores on four standardized measures of PM (Baker, 2010). Longitudinal research has also found that parental conflict and triangulation are associated with PM, which itself is associated with subsequent behavior problems (Gagné, Drapeau, Melaçon, Saint Jacques, & Lépine, 2007).

This study builds on this existing work and extends it by examining the associations between PM and outcomes using standardized measures in a sample of adult children of divorce. Our objective for this study was twofold. We wanted to examine the proportion who reported PM as well as determine associations between PM and various indexes of well-being that have been implicated in the children of divorce literature, including self-esteem, attachment, self-sufficiency, depression, and alcohol abuse. We also chose to control for physical and sexual abuse when appropriate to isolate the effects of PM from other forms of maltreatment that might be cooccurring.

METHODS

Participants and Procedures

Respondents in this study consisted of 118 adult children of divorce who responded to a posting on various chat groups or Facebook messages of the second author. Interested parties were directed to a secure Web site where they completed an Internet-based survey that was confidential and anonymous. Announcements about the study were distributed between September 2009 and January 2010. The flyer stated that a doctoral student was "Seeking Adults Whose Parents Divorced Before They Were 15 Years Old." The study was approved by the Institutional Review Board of Yeshiva University.

Sample

One hundred and fifty-five individuals participated in the survey and 118 completed all or most of the items and were over 18 years of age. The sample was one third male (33.1%), primarily Caucasian (84.7%), and ranged in age from 18 to 66 years ($M = 30.3$, $SD = 8.9$).

Measures

The Web survey consisted of demographic questions, two open-ended questions, and the following standardized measures.

The Psychological Maltreatment Measure

The Psychological Maltreatment Measure (PMM; Baker & Festinger, in press) is based on the ASPAC definition of PM, which includes spurning, terrorizing, isolating, exploiting or corrupting, and denying emotional responsiveness. For this measure, the respondent was required to report on the frequency of each of these five types of PM exhibited by any primary parent figure with a single overarching item per type followed by a descriptor that elaborated what was meant and the specific forms that this could take: (a) spurning, defined as was hostile, rejecting, degrading, or humiliating; belittled you, or singled you out for unfair treatment; (b) terrorizing, defined as behaved in a way that threatened or was likely to harm you or loved ones, placed you in dangerous situations, or threatened punishment for not meeting unrealistic expectations; (c) isolating, defined as restricted social interactions without good reason, confined you or placed unreasonable limitations on freedom of movement; (d) exploited or corrupted, defined as encouraged or modeled or permitted you to be self-destructive, antisocial, criminal, deviant, or much older or younger than your age; was overinvolved, intrusive, or domineering; (e) and denying emotional responsiveness, defined as ignored your needs to interact; was detached, uninvolved, and interacted only when necessary; failed to express affection. Each item was rated on a 5-point scale from 0 (*never*) to 4 (*very often*). A summary score was created by summing the five items, which could range from 0 to 20. Internal consistency for this summary score was .84. Prior research has established excellent concurrent validity. Baker and Festinger (in press) reported significant correlations between the PMM and four other measures of PM including the Childhood Trauma Questionnaire (Bernstein et al., 2003), the Conflict Tactics Scale (Straus, 1999), the Family Environment Scale (Briere & Runtz, 1988), and the Child Abuse and Trauma Scale (Kent & Waller, 1998; Sanders & Becker-Lausen, 1995).

Exposure to other forms of maltreatment

A single item was included for each form of maltreatment. Respondents were asked to report prior physical abuse and prior sexual abuse, each of which was coded dichotomously (0 = *no,* 1 = *yes*).

Self-sufficiency

Self-sufficiency was assessed with a 15-item scale in which respondents reported on the extent to which they generally performed daily living tasks such as food shopping, paying bills, and doing laundry on a 5-point Likert scale from 0 (*never*) to 4 (*regularly*). Internal consistency was .85. Due

to skewness of the summary scores, a dichotomous variable was created to reflect placement in the bottom third of the sample (score of 0) or placement in the top two thirds of the sample (score of 1). Educational attainment was assessed and coded as achieved 4-year college degree (score of 1) or not (score of 0). Five participants were excluded because they were under the age of 22 and were still were in school. Information regarding current educational and employment position was recoded as a dichotomous variable of not currently working *and* not currently in school (score of 0) or currently working, in school, or both (score of 1).

Psychiatric functioning

Two aspects of psychiatric functioning were assessed: alcohol abuse and major depressive disorder. To assess alcohol abuse, the CAGE questionnaire was administered (Ewing, 1984), a four-item self-report questionnaire in which each item is rated as 1 (*present*) or 0 (*absent*). Two or more positive responses are considered indicative of alcohol dependence (Poulin, Webster, & Single, 1997). Major depressive disorder was assessed with the 22-item Inventory to Diagnose Depression, Lifetime Version (Zimmerman & Coryell, 1987). Following Zimmerman and Coryell's coding formula, each respondent was diagnosed as meeting the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM;* American Psychiatric Association, 2000) diagnostic criteria (score of 1) or not (score of 0).

Attachment and self-esteem

Attachment style was assessed with the Relationship Questionnaire (RQ; Bartholomew & Horowitz, 1991). The RQ is comprised of a single item presenting four short paragraphs describing prototypical adult attachment patterns, from which the respondent selects the one that best describes his or her interpersonal relationships. Each of the paragraphs represents one of the following four styles: secure, preoccupied, fearful, or dismissing. Responses were recoded as secure (score of 1) or not secure (score of 0). In addition, four continuous items assessed the strength of each style, rated on a 7-point scale from 1 (*not at all like me*) to 7 (*very much like me*).

Self-esteem was assessed with the Rosenberg Self-Esteem Scale (Rosenberg, 1965), a widely used 10-item self-report questionnaire, in which each item is rated on a 4-point Likert scale from 0 (*strongly disagree*) to 4 (*strongly agree*). Total scores are created by summing the 10 items after reverse coding. A continuous variable summary score was created that ranged from 15.56 to 40.00. Internal reliability was established with an alpha of .91.

RESULTS

We began with an exploration of the PMM scale. Tables 1, 2, and 3 present the frequency distribution of the total summary scores, the number of items endorsed, and the proportion that endorsed each of the five items.

As can be seen, the sample was slightly less than evenly divided between those who reported no exposure to PM by a parent figure during their childhood ($n = 55$, 46.6%) and those who did report having this experience ($n = 63$, 54.4%). Of those who reported exposure, the average number of items endorsed was 2.5 ($SD = 1.3$). About half of the full sample and over 80% of the "endorsed at least one item" sample endorsed denying

TABLE 1 Frequency Distribution of the Psychological Maltreatment Measure Summary Score for the Full Sample ($N = 118$)

	n	%
0	55	46.6
1–5	40	33.9
6–10	20	16.9
11–15	3	2.5

TABLE 2 Frequency Distribution of the Number of Types of Psychological Maltreatment Endorsed for the Full Sample ($N = 118$) and Those Who Endorsed at Least One Item ($n = 63$)

	Full Sample		Endorsed at least one item	
	n	%	*n*	%
0	55	46.6		
1	18	15.3	18	28.6
2	17	14.4	17	27.0
3	9	7.6	9	14.3
4	15	12.7	15	23.8
5	4	3.4	4	6.3

TABLE 3 Proportion Endorsed Each of the Five Types for the Full Sample ($N = 118$) and the Sample Who Endorsed at Least One Item ($n = 63$)

	Full Sample		Endorsed at least one item	
	n	%	*n*	%
Spurned	38	32.2	38	60.3
Terrorized	22	18.6	22	34.9
Isolated	26	22.0	26	41.3
Exploited/corrupted	19	16.1	19	30.2
Denied emotional responsiveness	54	45.8	54	85.7

emotional responsiveness as a form of PM experienced during their childhood. The next most common form of PM endorsed was spurning (one third of the full sample and 60% of the subsample). The other three forms—terrorizing, isolating, and exploiting or corrupting—were less common, with about 20% in the full sample and 30% in the subsample endorsing each of these items. These data are quite similar to data collected as part of a study of adult recall of childhood PM as reported by staff in a child welfare agency (Baker & Festinger, in press; Festinger & Baker, 2010). For example, the mean of the PMM scale in both samples was 2.5, alphas were close to .80 in both samples, and about half of each sample did not endorse any of the five items. In both samples, denying emotional responsiveness was the most highly endorsed among the five types of PM.

Next we turn to assessing the associations between the PMM scale and the demographic variables and measures of other forms of abuse. These data are presented in Table 4.

There was no association between marital status, age, or gender and PMM scores. However, as expected, those with a physical abuse history had higher PMM scores ($M = 6.5$, $SD = 4.0$) than those without a physical abuse history ($M = 1.69$, $SD = 2.6$), $t(22.24) = 5.12$, $p < .001$. A similar effect was found for those with a sexual abuse history ($M = 5.23$, $SD = 4.8$) compared to those without a sexual abuse history ($M = 2.17$, $SD = 3.0$), $t(13.2) = 2.24$, $p < .04$. Thus, individuals with a history of other forms of abuse reported higher levels of prior PM as well. Looking at these data, it was revealed that 90% of those respondents who reported physical abuse also reported PM, compared to only 46% of those who did not report physical abuse and did not report PM, χ^2 (1, $N = 118$) = 12.9, $p < .001$. Those who reported sexual abuse were marginally more likely to also report PM (77%) than those who did not report sexual abuse (50%), $\chi^2(1, N = 118) = 3.3$, $p < .06$. Thus,

TABLE 4 Associations Between the Psychological Maltreatment Measure Scale and Demographic and Abuse Variables in Full Sample ($N = 118$)

	M	*SD*	*r*/*t*	Significance
Age			$r = .16$	*ns*
Gender				
Males	2.4	3.0		
Females	2.6	3.6	$t = .22$	*ns*
Currently in a relationship				
No	2.2	3.3		
Yes	2.6	3.2	$t = .85$	*ns*
Physical abuse history				
No	1.7	2.6		
Yes	6.5	4.0	$t = 5.12$	.001
Sexual abuse history				
No	2.17	3.0		
Yes	5.23	4.8	$t = 2.24$	.04

TABLE 5 Tests of Associations Between Psychological Maltreatment Measure and Outcomes for the Full Sample ($N = 118$)

	M	*SD*	*r*/*t*	Significance
Major depressive disorder				
No	.65	1.4		
Yes	3.18	3.6	$t = 5.4$	.001
CAGE				
No	2.56	3.3		
Yes	2.21	2.9	$t = .55$	*ns*
Self-esteem			$r = -.39$	.001[a]
Secure vs. other				
Other	3.19	3.5		
Secure	1.46	2.9	$t = 2.8$	.007[b]
Secure			$r = -.39$	.001[c]
Preoccupied			$r = .29$	.002
Fearful			$r = .32$	.001[c]
Dismissive			$r = -.03$	*ns*
Self-sufficiency scale				
Bottom third	3.42	3.8		
Top two thirds	2.12	3.1	$t = 1.9$	.054
Education/employment				
Not school/work	3.72	4.7		
School/work	2.29	3.1	$t = 1.3$	*ns*
4-year college				
No	4.93	4.6		
Yes	1.61	2.3	$t = 3.81$	.001[a]

[a]The significant effect was found after controlling for physical and sexual abuse histories.
[b]The significant effect was found after controlling for physical abuse history.
[c]The significant effect was found after controlling for sexual abuse history.

although PM was present in cases of other forms of abuse, there were many adults who reported PM without also reporting physical or sexual abuse.

Table 5 presents the results of tests of significance between the PMM scale and the various outcomes. When physical or sexual abuse is associated with the outcomes, they were entered as control variables into the multivariate analyses.

As can be seen, there was no association between PM and having an alcohol problem. There was an association with meeting the *DSM* criteria for major depressive disorder. Those who met the disorder criteria ($M = 3.2$, $SD = 3.6$) had higher PM scores than those who did not meet the criteria ($M = 0.65$, $SD = 1.4$), $t(110.95) = 5.4$, $p < .001$.

Self-esteem was related to PM ($r = -.39$, $p < .001$), an effect that held up after controlling for both physical and sexual abuse (r^2 change $= .05$, F of change $p < .01$). Thus, the greater the report of PM, the lower the self-esteem. Four of the five attachment variables were significantly associated with PM, all in the expected direction. An independent t test with secure versus not secure style as the grouping variable revealed that those with a secure style had significantly lower mean scores on the PM scale ($M = 1.46$,

$SD = 2.9$) than those with a nonsecure style ($M = 3.19$, $SD = 3.5$), $t(115) = 2.1$, $p < .007$. This finding was marginally replicated in a logistic regression with physical abuse also entered into the equation, exp(b) = .87, $p < .07$. Thus, childhood PM was associated with a nonsecure attachment style later in life, over and above the effects of physical abuse. Correlations between the four continuous attachment styles and the PM scale were statistically significant for secure ($r = -.39$, $p < .007$), preoccupied ($r = .29$, $p < .002$), and fearful ($r = .32$, $p < .001$), even after controlling for the effects of sexual abuse when necessary (for secure R^2 change = .12, F of change $p < .001$ and for fearful R^2 change = .06, F of change $p < .006$). Thus, even after controlling for the effects of prior sexual abuse, those who reported more PM also reported less security, more preoccupation, and greater fearfulness in their adult styles of relating to significant others.

In terms of the three self-sufficiency variables, there was no effect for current status (in school or working vs. not in school and not working), but there was an effect for the self-sufficiency scale and for the educational attainment variables. Specifically, those in the bottom third of the self-sufficiency scale reported greater PM ($M = 3.42$, $SD = 3.8$) than those in the top two thirds of the scale ($M = 2.12$, $SD = 3.1$), $t(116) = 1.9$, $p < .054$, and those who completed at least a 4-year college degree reported less PM ($M = 1.61$, $SD = 2.3$) than those who did not complete at least a 4-year college degree ($M = 4.93$, $SD = 4.6$), $t(34.37) = 3.81$, $p < .001$, a finding that held up in a logistic regression analysis controlling for physical and sexual abuse, exp(b) = .75, $p < .001$. Less PM was associated with greater educational attainment.

DISCUSSION

This study was conducted to examine the associations of PM and various standardized measures of well-being and functioning in a sample of adults whose parents divorced. A number of interesting findings emerged. However, two limitations of this investigation should be noted. First, results of this anonymous survey are based on a sample of convenience. The participants were all exposed to Internet flyers about the study. Because of the need to protect the confidentiality of the participants, it was not possible to follow up with the subsample that did not complete the survey. It is possible that those who chose not to participate at all or those who started but did not finish had different patterns of responses than those presented here. Second, reliance on retrospective self-report data is subject to memory lapses and distortions and there was no way to independently check on the validity of what respondents recalled about their past experiences. However, according to Brewin, Andrews, and Gotlib (1993), although there are at least three possible sources of errors attributed to retrospective

recall, "the evidence reviewed suggests that claims concerning the general unreliability of retrospective reports are exaggerated" (p. 82).

Turning to the results, the first notable finding is that the sample of adult children of divorce reported moderate levels of PM, about the same that have been found in a sample of staff working in a child welfare agency. Of the types of PM endorsed, denying emotional responsiveness was by far the most common (45.8% of the full sample). This suggests that it is the most common form, perhaps because it represents an act of omission (not doing something is considered abusive), whereas the other forms require an act of commission (doing something is considered abusive). It is also possible that this is the form that most adults are able and willing to recall. It is notable that most measures of adult recall of childhood PM focus on the spurning component more than the other types of PM (Baker, 2009). The current data suggest that adult recall measures should include at least the denying emotional responsiveness component as well. To focus exclusively on behaviors associated with spurning might result in underreporting of the phenomenon. It is also important to note that at certain developmental stages, denying emotional responsiveness can be particularly harmful (Egeland, Sroufe, & Erikson, 1983) and therefore is worthy of inclusion in measures of adult recall of PM.

The second significant finding is that PM was associated significantly with both physical abuse and sexual abuse. The rate of PM in the physical abuse sample was three times as great as in the nonphysical abuse sample. The rate of PM in the sexual abuse sample was about 2.5 times greater than in the nonsexual abuse sample. These results are consistent with what we know about the interrelationship among different forms of abuse and how few children experience just a single type (Higgins, 2004). The primary implication of this finding is that regardless of the type of maltreatment for which a child is being treated, a thorough screening for other forms of maltreatment is clearly called for to ensure that the full range of maltreatment experiences is assessed and treated. It is also noteworthy that although most respondents who reported another form of maltreatment also reported PM, there were many respondents who reported PM only. This suggests that all maltreatment screenings should include a PM component. Otherwise, individuals who experienced PM only will be excluded from such samples.

Most but not all of the study hypotheses were supported in terms of the association between PM and important adult outcomes such as depression, security, self-sufficiency, and self-esteem.

PM and relationship security were statistically associated. The higher the PMM score, the lower the scores on security and the higher the scores on fearfulness and preoccupation. Those with secure attachment styles had significantly lower mean PMM scores than those with nonsecure styles. This was so even after controlling for prior abuse when relevant and is consistent with more than one meditational model. For example, according to

attachment theory, parental maltreatment creates insecure attachment relationships between the child and the primary caregiver in infancy, which then potentiates the likelihood of the child's nonsecure adult attachments later in life through the development of internal working models about the self and others, which are formed during this first unhealthy early attachment. Thus, PM by a caretaker can profoundly disturb a child's sense of self and of the world (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1969). Child abuse and neglect have been associated with insecure attachment in both childhood and adulthood (Crittenden, 1985). It is also possible that PM in childhood is associated with adult insecure attachment style due to its negative impact on cognitive styles (Gibb, 2001), maladaptive schemas of the self and the world (Bernstein, 2002), or decreased well-being and increased depression and anxiety (Alloy, Abramson, Smith, Gibb, & Neeren, 2006). This study was not designed to assess the specific pathways but does confirm the overall association between childhood PM (as recalled by adults) and adult attachment styles in this sample of adult children of divorce.

PM and self-sufficiency were also statistically associated with each other. Specifically, those in the bottom third of the daily living scale had significantly higher PMM scores than those in the top two thirds of the scale. In addition, those with less than a 4-year college education had higher PMM scores than those without a 4-year college education. These data suggest that PM itself reduces self-sufficiency skills, perhaps through mediators such as learned helplessness, lower self-esteem, and difficulty separating. It is also plausible that parents who engage in PM also engage in behaviors that undermine and discourage their children from becoming independent adults (such as withholding money for college, failing to support and encourage extracurricular activities). Both are plausible pathways and should be tested in future research.

PM and self-esteem were also related, consistent with the extensive literature on the associations between the components of PM, all of which convey to the child that he or she is of little value to the parent (Binggeli et al., 2001). According to Hart, Brassard, Binggeli, and Davidson (2002), at least four theoretical models of human development are useful for understanding the negative effects of psychological maltreatment on self-esteem: human needs theory (Maslow, 1970), psychosocial stage theory (Erikson, 1959), attachment theory (Ainsworth et al., 1978; Bowlby, 1969), and acceptance-rejection theory (Rohner & Rohner, 1980). According to each, the infant's need for acceptance, nurturance, and emotional connection are considered paramount to the healthy development of the child. If this basic need for safety, love, and emotional security is thwarted through the use of psychologically maltreating behaviors and attitudes, the child will develop negative views of the self and others, which can lead to the very negative outcomes studied here: low self-esteem, depression, insecure attachments, and inability to take care of the self.

Taken together these data illustrate that children whose parents divorce and engage in psychologically maltreating behaviors are at risk for poor outcomes. Although children of divorce are resilient and many fare well, especially if the divorce represents an improvement in family circumstances (i.e., reduction of family conflict), some children of divorce suffer, and as a group they fare slightly but significantly worse than their counterparts in intact families. Decades of research has homed in on several key factors that account for this general trend, including increased parental stress leading to poorer parenting and parental use of behaviors that create loyalty conflicts in their children. This study hypothesized that because both parental stress and loyalty conflict behavior are related to PM, children of divorce would experience high levels of PM and that PM itself would be related to poor outcomes. These hypotheses were borne out. From these data several practical implications suggest themselves.

First, divorcing parents should be alerted to the possibility that they might exhibit psychologically maltreating behaviors because of increased stress or inclination to create loyalty binds. Divorcing parents should be provided with concrete and detailed information about the primary forms of PM (Binggeli et al., 2001) and the primary forms of loyalty conflict behaviors (Baker & Fine, 2008). Several parenting programs for divorcing parents have been created and these should be examined to determine which, if any, provide detailed information about PM and loyalty conflicts. A recent review of universal parenting programs found a consistent lack of attention to PM (Baker, Brassard, Schneiderman, Donnelly, & Bahl, 2010). It is therefore possible that parenting programs specifically for divorced families similarly lack specific education on PM and loyalty conflicts. Thus, it is likely that specialized modules will need to be created to inform divorced parents about the different forms that PM can take, how they can harm children's development in the short and long run, and alternative behaviors parents can use to prevent PM as a response to parenting stress. It is possible that psychoeducational materials can reduce some of these behaviors in parents.

Second, children whose parents are divorcing might need PM-specific and loyalty-conflict-specific psychoeducational materials and support. As far as we know, no "children of divorce" program includes content related to PM, nor do they appear to include information about the 17 most common loyalty conflict situations that children might face. As noted by Fidler and Bala (2010), the recently developed, "I Don't Want to Choose" program (book, workbook, and manual; Andre & Baker, 2009) represents one promising effort to incorporate research-based knowledge about loyalty conflict situations into a divorce education program for children. Prior to wide-scale implementation, however, the program needs to be systematically evaluated. Testing this and other interventions to determine which are most effective in supporting families during this critical transition time is an important next step for the field.

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