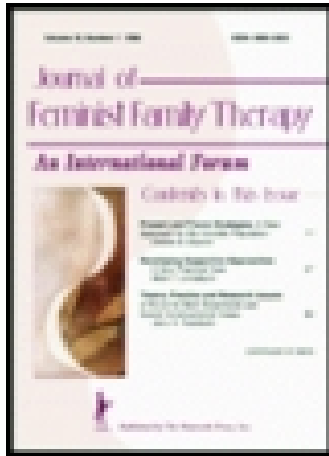


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The Tip of the Iceberg: A Framework for Identifying Non-Physical Abuse in Couple and Family Relationships

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The Tip of the Iceberg: A Framework for Identifying Non-Physical Abuse in Couple and Family Relationships

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The couple and family therapy literature has lacked clarity concerning different types of non-physical abuse, the relative severity of non-physical abuse and its impact on the target person. Non-physical abuse may be confused with relationship conflict or remain unrecognized by therapists when it occurs in the absence of physical violence. Building on research about the pernicious effects of non-physical abuse, this paper presents a framework to assist family therapists to identify non-physical abuse taking into account the length of time the abuse has been occurring, the intentions of the abuser and the impact on the victim. This framework conceptualizes first degree non-physical abuse as “verbal” abuse; second degree as “emotional” abuse and third degree as “psychological” abuse, the most debilitating form of all.

KEYWORDS family violence, couple abuse, coercion, emotional violence, psychological abuse, verbal abuse, feminist therapy, family therapy, couple therapy

Non-physical abuse can be devastating to both adults and children contributing to long-term physical and mental illness, as well as fueling many

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behavioural and relationship problems. It is important that therapists are able to identify in non-physical abuse when couples and families present for therapy. This is not an easy task. Unlike physical or sexual violence which leave traces in the form of physical injury, non-physical abuse is less identifiable as a discreet incident and may not even be considered abuse by the victims (Hamarman, Pope, & Czaja, 2002; O'Hagan, 1995). Therapists can mistakenly dismiss some forms of non-physical abuse as relationship conflict, and overlook other forms when there is no overt conflict or physical assault.

With few exceptions, the couple and family therapy literature has predominantly focused on issues to do with "physical" violence, while attending less frequently to issues concerned with verbal, emotional, and psychological abuse. This is despite the fact that that much of the negative impact of domestic and family violence arises from its non-physical component (Outlaw, 2009; Strauchler et al., 2004). In addition, even when violence has ceased for many years, abusers may use non-physical abuse to ensure the target person's ongoing submission or compliance (O'Leary, 1999; Arias & Pape, 1999; Fortin & Chamberland, 1995; Iwaniec, 1995). In the family violence research literature, psychological maltreatment is recognized as a core component of both child abuse and domestic violence and is viewed as just as devastating as the long-term effects of physical abuse (Hart, Binggeli, & Brassard, 1998; Chamberland et al., 2005; Trowell, Hodges, & Leighton-Laing, 1997; Andersen, Boulette, Schwartz, Ammerman, & Hersen, 1991; Henning & Klesges, 2003).

This paper provides a framework for conceptualizing types of non-physical abuse (NP abuse) between family members, a framework developed from consideration of the research literature and the authors' clinical experience and research in domestic and family violence (MacKinnon, 1998, 2008; James, Seddon, & Brown, 2002; Brown, James, & Taylor, in press).

In presenting this framework, our objective is to help therapists more clearly conceptualize when particular couple and family interactions should, or should not, be considered abusive. This is important because many presenting problems may be indicative of NP abuse. Research has clearly established that children who are the targets of NP abuse or who witness such abuse between their parents have been found to:

- have more health problems, higher levels of depression, more attention difficulties and higher rates of internalising and externalising behavioural problems (Moore & Pepler, 2006);
- display less social and cognitive competence than children who were not exposed (Onyskiw, 2003; Diamond & Muller, 2004);
- experience high levels of shame, failure, and pessimism and, as adolescents, higher risk of abusing substances (Feiring, 2005; Moran, Vuchinich, & Hall, 2004);

Adults who experienced NP abuse as children or adolescents are more likely to:

- be clinically depressed and anxious (Taft et al., 2006; Sachs-Ericsson, Verona, Joiner, & Preacher, 2006; Bifulco, Moran, Baines, Bunn, & Stanford, 2002);
- suffer from eating disorders (Hund & Espelage, 2006; Kent & Waller, 2000);
- be diagnosed as borderline, narcissistic, paranoid, or schizoid especially during late adolescence and early adulthood (Dutton, 2007; Feiring, 2005);
- have trauma symptoms and negative health outcomes (Irving & Ferraro, 2006; Taft et al., 2006);
- experience shame and worthlessness because they believe that their maltreatment is due to defects of their character (Brown, 1994);
- try to avoid re-experiencing shame. Some men hide their vulnerability and become controlling or violent (Goldner, Penn, Sheinberg, & Walker, 1990);
- experience low self-esteem linked to feelings of inadequacy and self blame (Feiring, 2005; Groen, 2003);
- experience loneliness, problems with anger, and emotional reactivity in adult intimate relationships (Kennedy, Bolger, & Shrout, 2002; Loos & Alexander, 1997);
- become alexithymic (especially if male), that is, unable to identify or discriminate feelings, possibly the reason why some individuals who report abusive experiences do not identify as having been “abused” (Dutton, 2007; Goldsmith & Freyd, 2005).

Whether or not they were also abused in childhood, adults experiencing NP abuse in current relationships suffer a range of physical and mental health symptoms. Although there seems to be little difference in the frequency with which husbands and wives each use verbal abuse (Straus & Sweet, 1990), women seem to suffer more distress and fear (Johnson, 2008; Stark, 2007). The research has shown that these women are likely to:

- become ill from infections (Gottman, 1999);
- suffer the debilitating symptoms of Post Traumatic Stress Disorder (PTSD) such as anxiety, nightmares, intrusive thoughts, and persistent, painful memories. (Physical abuse alone does not predict PTSD symptomatology) (Arias & Pape, 1999);
- experience decreased self-esteem and confidence and increased levels of shame (Lammers, Ritchie, & Robertson, 2005);
- feel more despair and loneliness when compared to women who are physically abused (Loring, 1994);

Symptomatic clients who experienced NP abuse in past or present relationships may or may not identify the abuse or recognize its effects on them. For those who do, shame may silence them. Both situations present a challenge for therapists.

NON PHYSICAL ABUSE—A PLETHORA OF CONFUSING TERMS

Generally, discussions of NP abuse in families take place within discourses concerning either inter-personal violence (IPV) or child abuse and neglect (CAN). The IPV literature tends to use typologies, scales, or inventories to identify and categorize the range of possible abusive behaviours in prevalence surveys of IPV. Tolman's (1992) Psychological Maltreatment of Women Inventory was developed to assess the incidence of NP abuse perpetrated by males against female partners. This inventory described nine types of "psychological" abuse: creation of fear, isolation, monopolization, economic abuse, degradation, rigid sex role expectations, psychological destabilization, emotional withholding, and contingent expressions of love (Tolman, 1992; Dutton & Starzomski, 1997). Based on Tolman's inventory, Pence and Paymar developed the Minnesota Power and Control Wheel for use in treatment programs for batterers (Pence & Paymar, 1993). The segments of the wheel identify a range of non-physically abusive behaviours such as coercion, isolation, intimidation and emotional abuse which are depicted in conjunction with physical and sexual abuse identified on the outside of the wheel. In the couple and family therapy literature, Jory and Anderson (1999) argued that the specific behaviours constituting NP abuse should be linked to a theory that explains why such acts are destructive. They developed an ethical framework articulating principles of justice and an inventory for assessing NP abuse (Jory & Anderson, 1999; Jory, 2004).

Within the CAN literature, there has been discussion of the use of the terms "psychological" and "emotional." O'Hagan (1995) observed that the terms "emotional" and "psychological" are often used interchangeably in relation to abuse, but not in relation to other issues, for example, "emotional development" and "psychological development." In looking at the language used in child protection registers, O'Hagan suggests that "emotional abuse" is the preferred term in Britain and Australia, whereas in the U.S. "psychological abuse" is preferred. He also points to a tradition in the literature of using "emotional" to refer to feelings and affects and "psychological" as a broader term that includes emotional, moral, cognitive, and intellectual functioning. While agreeing with the view that whatever is "emotionally" abusive is often also "psychologically" abusive, he argues that the two terms should not be conflated and that "psychological" should subsume "emotional" (O'Hagan, 1995).

Researchers and authors have thus used a plethora of different terms to label NP abuse. The terms *verbal abuse*, *emotional abuse*, *psychological abuse*, *psychological violence*, *verbal and symbolic violence*, and *emotional or psychological maltreatment* are used by different authors to capture the range of behaviours that constitute NP abuse. The terms “emotional” and “psychological” are often used interchangeably or one term is used such as “emotional maltreatment” or “psychological abuse” to refer to all non-physically abusive behaviours. It is often unclear as to whether there is a difference in the phenomena to which each term refers (Miller, 2006; O’Hagan, 1995). In practice, couple and family therapists will often agree about the harmful effects of overt and clearly identifiable NP abuse. They may not agree however, about what constitutes abuse when the behaviour in question appears less severe, for example, verbal criticisms, sarcasm, or contemptuous comments.

How can NP abuse be defined and what are the core components that make it so damaging? In a survey, Follingstad and Dehart (2000) found that psychologists’ main criterion for judging psychological abuse was the frequency of the abusive behaviour rather than the *intent* to harm or the *actual harm*. Other researchers, however, have highlighted the fact that the most serious IPV abusers *intended* to control, dominate, or punish their partners (James, Seddon, & Brown, 2002; Brown, James, & Seddon, 2002; Stark, 2007). When the CAN literature debated whether the definition of emotional abuse and neglect should refer to the maltreating behaviour itself or to the consequences for the child, or both, it was concluded that the maltreating behaviour rather than harm to the child should be prioritized (Glaser, 2002). The reasoning was that where evidence relies on “effects” there may be other explanations for the child’s distress, and prevention is more easily achieved by focusing on abusive behaviour independently of its effects (Glaser, 2002). While there has not been a similar debate within the family therapy literature, as practitioners, family therapists are concerned with both intentions and effects, that is, what a person intends to do as well as the intended and inadvertent effects of his or her behaviour on other family members.

A FRAMEWORK FOR IDENTIFYING NON-PHYSICAL ABUSE

In what follows, we present a framework distinguishing NP abuse according to severity using *length of time*, *the abuser’s intentions*, and *the effects on the target person* as distinguishing criteria. The first criterion, *length of time*, distinguishes between a single abusive event and a pattern of abuse that has been occurring over months or years. In isolation, a single act if atypical may be of little significance compared to many acts occurring over years (O’Hagan, 1995). The second criterion, *intentions of the abuser*, takes

account of the degree to which the abuser deliberately intends to harm the target person, ranging on a continuum from “no deliberate intent” to cause harm at the one end (even though harm might occur), to “deliberate intent” or conscious intent to harm the other. The third criterion, the *effect* of the abuse on the target person, is often related to the duration of the abuse, the intent to harm and the vulnerability of the target person. Unlike the focus on either adult partner relationships in the IPV literature or on parent-child relationships in the CAN literature, the framework presented in this paper can be applied to any ongoing, attachment relationship including siblings, parents, and adult children and gay and lesbian partners. While it may also have relevance to relationships outside of the family context such as work colleagues or friendships, this is not the focus of this paper.

First Degree NP Abuse—“Verbal Abuse”

Within this framework *first degree* NP abuse is minutes to hours in duration and is identifiable by words, tone, and body language that communicate hostility. We suggest that the use of the term “verbal abuse”; be confined to abuse at this first degree level. Verbal abuse is a communication perceived as intending to emotionally hurt by degrading, insulting, humiliating, ridiculing, or in some other ways diminishing the dignity of the other person (Straus & Sweet, 1990). Everyday examples include name-calling, swearing at, or attacking the character of the person targeted. If verbal abuse is of short duration, and occurs in an otherwise benign relationship, it may not emotionally damage the target person.

Linguistically, verbal abuse has two components: tone and personalised language. If a non-neutral tone and personalised language (in English) is used in non alarm situations, native speakers interpret hostility (Elgin, 1995; Elgin, 1993). If a parent says to a teenager “YOU have NOT cleaned your room, AGAIN”, the teenager would rightly experience the parent as hostile. In contrast, hostility would not be communicated if the parent says in a neutral tone, “the bedroom is not yet clean.”

After Mark turned 16, arguments with his father escalated into mutual shouting and name-calling. Not wanting to be too destructive, the father would withdraw when he felt himself losing control of his anger. Afterwards, Mark and then his father complained to the mother, Mark saying that his father hurt his feelings and the father maintaining that Mark was insolent and disrespectful. The mother sided with Mark, blaming the father for over-reacting. Academically and socially Mark was progressing well and he reported that he still felt close to his father in between these episodes.

In this example, verbal abuse was mutual, occurred within a short time period and within the context of what Mark and his father experienced as

an otherwise close relationship. With his mother's support, Mark recovered quickly from the episodes and the father's abuse did not seem to have negative consequences for Mark's functioning. In therapy, the father and son committed to speaking respectfully to each other and the parents agreed upon age-appropriate ways to interact with their son.

Second Degree NP Abuse—"Emotional Abuse"

Second degree NP abuse occurs over a longer time sequence, continuing over weeks, months, or years, adversely affecting the target person's emotional development. The abuser intends to hurt, punish, and gain compliance from the other person (Keashly, 1998; Lachkar, 2000; Loring, 1994). Although the literature refers to this variously as "emotional abuse" or "psychological abuse," in our framework we will only use the term "emotional abuse" when referring to abuse at this second degree level.

Emotional abuse consists of acts of commission or acts of omission. Examples of commission include: ongoing verbal abuse; explosive outbursts of anger; discrediting the other person's reputation; threats of, or actual, abandonment; restricting normal contact with other people (Sable, 1999); threats to harm the target person or their family members or pets; inducing terror or fear (Loring, 1994); using threats to induce the target person to commit a crime or, in the case of children, permitting them to use alcohol, drugs, or see pornography (Loring & Beaudoin, 2000; Loring & Bolden-Hines, 2004). Acts of omission include: refusing to acknowledge the other person's presence; withholding necessary information; "the silent treatment"—refusing to communicate for extended periods; failure to confirm the other person's needs or feelings, and failure to show appropriate affection or love. Emotional abuse is most destructive within an attachment relationship because the target person is unable or unwilling to end the relationship. The paradox is that the distressed target person often seeks comfort and closeness from the abuser, the very person who is the source of the threat.

Contrast the earlier example of Mark and his father with Maria's recollection of events from her childhood growing up with her single-parent mother.

During arguments with Maria, her mother would scream "I wish you were dead. I wish you had never been born," after which she would withdraw in stony silence, ignoring Maria for up to two weeks. Maria felt lonely and desolate, fearing that her mother might commit suicide or leave the family. After a few weeks of this distance, Maria and her mother would make-up, enjoying days or weeks of calm before the cycle would begin again. Upset and depressed during most of her adolescence, Maria had trouble concentrating, fell behind in her school work and left home at 17.

The mother's behaviour was *second degree NP abuse*: it was ongoing; it occurred within an attachment relationship not easily terminated; and it left the daughter feeling lonely and isolated, severely impeding her emotional and academic development.

Between adult partners, emotional abuse erodes the target person's trust and in some cases, their emotional attachment to the abuser. Since in heterosexual relationships, either men or women can perpetrate emotional abuse on the other, it is possible for either men or women to exhibit trauma related symptoms. However, because women are more likely than men to live in fear of, or actually experience, severe physical injury, women are more likely to have greater symptomatology (Johnson, 2008). Even in relationships where men and women are both verbally and emotionally abusive to each other, women suffer greater long-term negative consequences than do men (Johnson & Leone, 2005; Stets & Straus, 1990).

Because of his work flexibility, Ian, who worked from home as a computer consultant, was the primary carer for his two young children. His wife Angela, a company director, worked long hours. Over the previous five years, several times a month, the couple had arguments lasting hours during which Angela, often in front of the children, screamed profanities at Ian, calling him a "wimp" and a "loser." Although Ian was not afraid of Angela, he was very distressed by her attacks on him, reporting in therapy that he had sleep difficulties, felt depressed, stressed, and had problems concentrating at work. Angela said that after that she had "expressed" herself she could move on from the arguments, and she could not understand why Ian had trouble "letting it go." In therapy, Angela acknowledged that her behaviour was abusive and realised that it replicated her own mother's behaviour towards her father while she was growing up.

This is an example of *second degree NP abuse* because: firstly, it involved severe verbal abuse that had occurred over years even though it was punctuated by brief periods of calm; secondly, it occurred in an attachment relationship where the abuser, Angela, was intent on emotionally hurting the target person, Ian; and thirdly, the abuse had significant effects on Ian's functioning.

Third Degree NP Abuse—"Psychological Abuse"

Within our framework, the above scenario would not be considered third-degree NP abuse because it did not erode Ian's sense of self—he did not come to doubt his own perceptions or self-worth. Third degree NP abuse is an ongoing process that *incorporates the behaviours of first and second degree NP abuse* (verbal and emotional abuse) and that has the *effect of eroding or destroying the target person's social competence and psychological*

sense of self. We suggest that the term “psychological abuse” be confined to abuse at this third degree level. Abusers may behave similarly in both *emotional* and *psychological* abuse; however, it is the abuser’s intention and the erosion of the target person’s sense of self that most clearly distinguishes *emotional* from *psychological abuse*.

In psychological abuse, the abuser’s methods have a more controlling and destructive flavour utilizing tactics such as deception, manipulation, and trickery as well as intimidation and threats that undermine the target person’s sense of self. The abuser deliberately controls through isolation, humiliation and shame, imposing a definition onto the target person of “bad,” “mad,” or “inadequate.” Relationships where one partner is psychologically abusive are characterized by some of the following:

- Compared to target persons, abusers have greater physical, financial, or social power.
- Target persons are isolated. This may be due to personal circumstances (such as a woman not working or driving) and due to the abusers’ tactics. Over time an abuser conscripts family members, friends, therapists, and helping professionals to adopt negative views of the target person.
- An abuser will deny, minimise, or justify his behaviour leaving the target person distraught and confused. In the company of outsiders, the abuser may feign charm and concern depriving the target person of external validation of their experience. The abuser’s camouflage elicits the very behaviours—confusion, hesitation, withdrawal, anxiety, indecision, submission, or subservience—that he then uses as “evidence” of the target person’s weakness, pathology, deviance, or illness.
- Ultimately, target persons lose self-confidence, doubt their sanity and blame themselves, internalising the abusers’ accusations of “bad,” “mad,” or “inadequate.” When they seek therapy, they often present with symptoms of anxiety and depression and deny or minimize problems in the relationship.

In heterosexual couples, psychological abuse is usually perpetrated by males against female partners. However, rather than being tied to gender per se, psychological abuse is a function of a power imbalance within a relationship and therefore can be perpetrated by males or females in gay, lesbian, parent—child and sibling relationships. Unlike emotional abuse, by definition, psychological abuse can never be reciprocal—the target person is not in a position to dominate in the relationship or destroy the other’s sense of self.

Between siblings. Psychological abuse between siblings is often dismissed as “sibling rivalry” (Whipple & Finton, 1995). When an older sibling intentionally verbally abuses a younger one over a significant time period, the targeted sibling loses confidence and may fail to develop both social

competence and a solid sense of self. As highlighted in the following example, abuse continues because the parents fail to support the target child sometimes even blaming the victim rather than attempt to control the abusive sibling.

After a near fatal over-dose, Jessica, 19, was diagnosed with depression. In family therapy, Jessica revealed that she felt inadequate in her job, had few friends and believed that no boy would ever find her attractive. Her brother, Jason, 21, still living at home, treated Jessica with contempt, calling her “an ugly dog,” and saying things like “no man will ever want you,” “you will never hold down a job,” and “my friends think you are disgusting.” He made pig-like noises whenever she entered a room. The mother said she had confronted Jason a few years ago but because he had flown into an angry tirade, both parents had largely ignored his behaviour towards Jessica ever since. The father had told Jessica that she was “too” sensitive and that she should “get a life.” In therapy sessions, it became apparent that the parents had privileged Jason, the first born grandson within both their families of origin.

In parent-child relationships. A child may suffer psychological abuse when parents single out the child as a “scapegoat,” labelling the child as “bad,” “sick,” or inadequate, interpreting the child’s emotional reaction to their hostile treatment as further evidence of something being wrong with the child (Rushton & Dance, 2005). These children become emotionally restricted, depressed, and anxious (Krause, Mendelson, & Lynch, 2003). Researchers have described these families as having domineering and intolerant fathers, rigid and “manipulative” (sic) mothers (Gagnac & Bouchard, 2004) and covert inter-parental conflicts (Bradford & Barber, 2005).

Susan, age 14, was failing academically and stealing money from her parents. She had been adopted at birth and had one sister, age 16, the parents’ biological child whom the parents overtly preferred. Joining together in rejecting Susan, the parents urged each other on in their criticisms of Susan’s behaviour and negative interpretations of her intentions. While conveying to the therapist their strong alliance with each other, towards Susan, they showed facial signals of contempt and disgust, accusing her of manipulating and lying when she tried to explain her behaviour. When the therapist perceived Susan as depressed and tried to reframe her behaviour in a more positive light, the parents joined together to attack the therapist. On follow up a few years later, the parents reported that she had run away from home when she was 16.

In marriage or intimate partner relationships. Between spouses or intimate partners, psychological abuse is characterised by an ongoing pattern

of *verbal* and *emotional* abuse as described previously and, in addition, can include enforcing rigid sex role expectations, domination, and oppression through means such as inducing fear, isolating, monopolising, and controlling finances (Chang, 1996; Tolman, 1992). The abuser repeatedly undermines the partner's sense of self by attacking her personhood (ignoring, demeaning, belittling, ridiculing personal traits, criticizing behaviour) (Sackett & Saunders, 1999); defining her reality (making her question her own perceptions and judgment) and isolating her (controlling her contact with other people and services) (Follingstad & Dehart, 2000). Eventually, she believes the abuse is warranted, hides the situation from others for fear of being blamed, and becomes clinically depressed and more dependent and attached to the abuser.

In heterosexual couple relationships, a commonly occurring imbalance of power means that psychological abuse is more likely to involve the man as the abuser and the woman as the target (Evans, 1992; Tolman, 1992; Bancroft, 2002). In these couples, compared to men, women are less likely to earn their own income and more likely to be dependent on their partners' economic support. The men are often less reliant on how their partners view them due to a sense of self forged in the world of work, a self not ruptured by leaving the workforce to have children. Many of these couples subscribe to stereotypic gender roles accepting men's dominance and women's submission as "natural," women accepting their husbands' authority to set rules and standards and men expecting special privileges such as always being obeyed or being seen to be right (Lammers et al., 2005). The women, more than the men, are afraid of their partner's anger and its potential to escalate into physical violence. Even a one-off episode where the man pushed or hit his partner may have been enough to establish his ability to intimidate her for years thereafter. Men are more capable than women of employing a sustained regime of tactics that intimidate women partners and ensure their submission and subordination (Stark, 2007). Domestic violence interventions have had little effect on "coercive control," "the most widespread and devastating strategy men use to dominate women in personal life" (Stark, 2007, p. 8). It is this type of abuse which directly and unequivocally compromises women's mental and physical health and which constitutes third degree NP abuse.

When their teenage daughter became rebellious and defiant, Mary and her husband attended family therapy with their daughter. The parents said they were Christians, committed to their family and marriage and in agreement about most things including Mary not working outside of the home in order to focus on raising the children. After the daughter's behaviour improved, Mary asked to be seen alone, revealing that she felt deeply unhappy, a "shell of a person," but did not know why. When

tested for depression, she scored in the severely depressed category. Revealing that early in their marriage, her husband had been violent, she said she had considered leaving him and moving back overseas to live closer to her family but believed that it was wrong to divorce. Over several months in therapy, while she struggled with feelings of guilt and disloyalty, she began to identify how her husband criticised, demeaned, and humiliated her, leaving her feeling anxious and inadequate. She frequently became mixed up and confused, feeling like she had “cotton wool” in her brain. In her shame, and because of her husband’s demands that she not see any friends without him present, Mary had grown progressively more isolated over the years and now clung to the children.

As illustrated in the above example, third degree psychological abuse erodes identity and sense of self, resulting in the target person becoming depressed and under-functioning. Not readily disclosing her mistreatment, perhaps not even admitting it to herself, the target person feels intense shame and responsibility and rarely presents her partner’s behaviour as the problem.

Diagnosed by her family doctor as having anxiety attacks, Jane was prescribed antidepressants and referred to therapy. Defining her problems as physical, Jane was unable to identify other concerns except that she frequently became mixed up and confused. Her husband, Dave, who had recently retired, had told her that she was most likely developing early onset dementia. In a couples session, the therapist noticed that Jane only became confused while speaking with Dave. Since Dave’s retirement, Jane had become more isolated, seeing her friends less frequently. Decisions in their married life had been based on what Dave wanted, including the decision to move away from Jane’s mother and sisters. In an individual session, she disclosed to the therapist that early in their marriage, Dave had episodes of angry rages and had pushed her several times. At the time, Jane had wanted to confide in her sisters but had felt too ashamed and had told no one. Thereafter, she lived in fear that his anger could escalate into violence and was afraid to disagree or assert her opinions. She then said that she felt guilty and disloyal for having revealed Dave’s behaviour. As therapy progressed, Jane became less anxious as she realized that Dave was treating her like an incompetent child, eroding her self-confidence to the point that “I don’t know who I am or what I think.”

While these examples illustrate psychological abuse in heterosexual relationships, similar dynamics may operate in gay and lesbian couples or in any relationship where one person has significantly more power, support, and resources.

IMPLICATIONS FOR COUPLE AND FAMILY THERAPY

While the framework presented in this paper has differentiated between three levels of NP abuse, both conceptually and in practice, there is significant overlap between the levels. Like “Russian dolls,” second degree emotional abuse almost always incorporates first degree verbal abuse and third degree psychological abuse almost always incorporates second degree emotional abuse (Figure 1). Verbal abuse becomes emotional abuse when it recurs over a longer time period and negatively affects the target person’s emotional development. Emotional abuse becomes psychological abuse when it continues over a prolonged period, incorporates a power differential, and importantly, when the abuser succeeds in eroding the target person’s sense of self and social competence thereby inducing symptomatic behaviour.

The difficulty in the practice context is that therapists can only directly observe the “tip of the iceberg”—the interactional sequence in the room involving verbal abuse and nonverbal signs of contempt. What therapists cannot directly observe (but which is responsible for the most negative consequences) is the *pattern* of abusive behaviour that recurs over a prolonged period of time. To compound the difficulty, in the worst cases—that is, in psychological abuse—the symptomatic partner may not view her partner’s behaviour as problematic and the abuser may not be openly hostile in front of the therapist.

If NP abuse is like an iceberg where only the tip is visible while the rest is submerged, therapists can err in two ways. They can err by assuming that the tip of this iceberg (first degree verbal abuse) indicates a very large

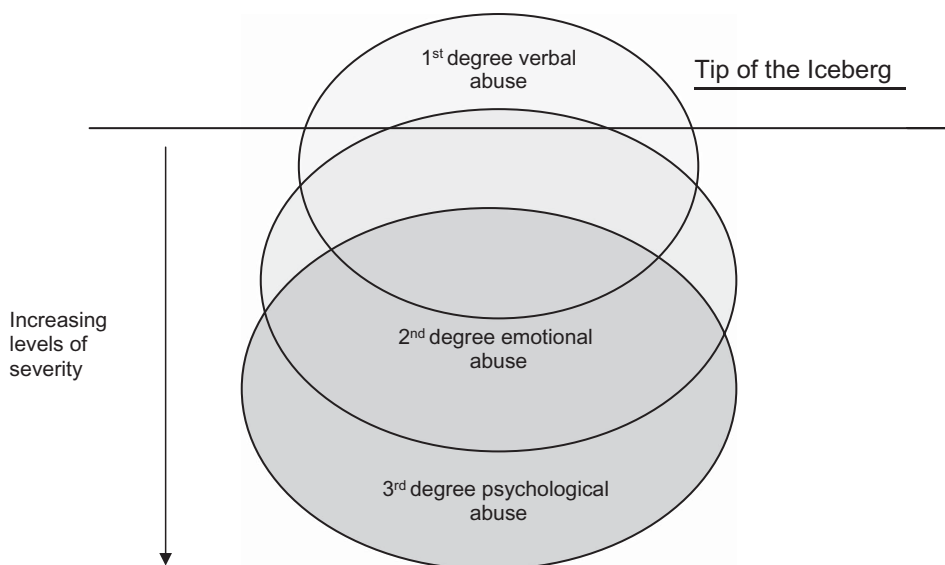


FIGURE 1 Framework of non-physical abuse.

submerged iceberg (second degree emotional abuse and third degree psychological abuse) when that may not be the case. Alternatively, therapists can err by assuming that the tip of the iceberg is all there is and therefore overlook signs of emotional and psychological abuse and mistakenly work with the couple or family on “communication.”

Unlike physical abuse, NP abuse leaves no physical injury, is often not a discrete event and may easily be confused with conflict. Moreover, symptoms of depression, anxiety, confusion, and low self-esteem, may result from either *current or past* abuse or *both*, and individuals with these symptoms may not *perceive* themselves as being abused. In medical or psychiatric settings, symptoms may be diagnosed as an illness, rather than investigated as symptomatic of an abusive relationship. In family therapy, when therapists see the tip of the iceberg—that is, verbal abuse, nonverbal signs of contempt or rigid stereotyped gender relations—these signs should serve as a possible indicator of the presence of emotional or psychological abuse. The role of the therapist, then, is to investigate the frequency and intensity of verbal abuse, the balance of power within the relationship and the possible isolation of the symptomatic person.

Therapists are more likely to become aware of NP abuse by attending to the interaction between people in the session and staying alert to the following: hostility in tone; criticism; verbal and nonverbal signs of contempt; threats of abandonment; invalidation of the other’s feelings, thoughts, and perspectives; the symptomatic person’s withdrawal, confusion, and submission to the other’s implicit or explicit putdowns; and finally, the differential effects of the upsetting or conflictual episode on the functioning of those involved. By interviewing the symptomatic person separately the therapist can assess whether the symptoms lessen in the absence of the partner or other family members. It is important not to confuse NP abuse with relationship conflict. In fact, in some cases relationship conflict may appear when the target person begins to resist the abuser, in which case, conflict is a positive sign.

In presenting a framework that distinguishes between degrees of severity of NP abuse, this paper aims to both clarify confusion in the use of the terms “verbal,” “emotional,” and “psychological” by proposing definitions of each of these terms and drawing distinctions between them. We hope that by using this framework as a heuristic device, therapists will be empowered to understand the role of severe NP abuse in psychiatric symptomatology and that the field will begin to develop interventions more specifically addressed to targeting NP abuse within couples and families.

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