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RESEARCH ARTICLE

Unseen Wounds: How Childhood Emotional Abuse Shapes Adult Personality Pathologies through Insecure Attachment Models

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ABSTRACT

Background: Unlike physical or sexual abuse, emotional abuse often remains an "invisible" trauma, yet its impact on personality development is profound. While general psychological distress is well-documented, the specific mechanisms through which emotional trauma reorganizes adult personality structures remain under-explored. This study aims to investigate the predictive role of childhood emotional abuse and insecure attachment styles—specifically fearful attachment—on adult personality pathologies (Paranoid, Borderline, and Schizoid traits) within a Turkish sample.

Method: A relational survey model was conducted with 491 adults (ages 18-55). Data were collected using the Childhood Trauma Questionnaire (CTQ-33), the Relationship Scales Questionnaire (RSQ), and the Coolidge Axis II Inventory (CATI), the latter providing a comprehensive mapping of personality traits according to DSM-5 criteria.

Results: Multiple regression analyses revealed that childhood traumas and attachment styles collectively explained 39.6% of general psychopathology. However, when focusing on personality structures, emotional abuse emerged as a more significant predictor than physical or sexual abuse. Fearful attachment acted as a critical mediator, significantly predicting Paranoid (β = .493) and Schizoid (β = .425) traits. Notably, emotional abuse was a dominant predictor for Borderline personality organization (β = .246), supporting the theory of post-traumatic mental splitting.

Conclusion: The findings suggest that "unseen" emotional wounds fundamentally alter internal working models of attachment, leading to chronic personality pathologies in adulthood. These results emphasize a paradigm shift in clinical practice: moving beyond symptom-focused treatment toward trauma-informed interventions that address early relational fragments and insecure attachment templates.

Keywords: Emotional Abuse, Fearful Attachment, Personality Pathologies, Invisible Trauma, Mental Splitting.

Introduction

While the scientific community has historically prioritized the study of physical and sexual abuse due to their overt clinical presentations, a burgeoning body of research now identifies childhood emotional abuse (CEA) as a primary, yet frequently "invisible," architect of adult psychopathology [1,2]. Emotional abuse—encompassing chronic patterns of belittling, terrorizing, or emotional thwarting—functions as a continuous stressor that shapes the developing brain's architecture [3]. Unlike acute traumatic events, CEA represents a relational environment that lacks a "safe haven," forcing the child to adapt to a reality where the primary caregiver is the source of psychological threat [4]. Psychological trauma is fundamentally the disruption of the ego's integrative functions [5].

Freud [6] conceptualized trauma as a breach in the "protective shield" of the mind, leading to a state of traumatic helplessness (*Hilflosigkeit*). However, the structural implications of this breach were more profoundly explored by Ferenczi [7], who introduced the concept of "mental splitting" (*identification with*

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the aggressor). Ferenczi argued that to preserve the necessary bond with an abusive caregiver, the child must split their psyche: one part matures precociously to navigate the danger, while the other part remains frozen in a state of terror. This structural dissociation serves as the foundational blueprint for later personality organizations, particularly those characterized by fragmentation and unstable self-identity [8].

The translation of early emotional trauma into stable adult personality traits is mediated by the attachment system. Bowlby[9] posited that early dyadic interactions are encoded as "Internal Working Models" (IWMs)—representational maps of the self and the other that guide social cognition and affect regulation throughout the lifespan. A secure attachment history provides a "secure base," whereas chronic emotional neglect and abuse lead to the formation of insecure templates [10'11].

Within the taxonomy of adult attachment, Fearful Attachment emerges as the most pathological outcome of unresolved childhood trauma. As conceptualized by Bartholomew and Horowitz[12] individuals with a fearful-avoidant style hold a negative view of both the self (unworthy) and the other (untrustworthy). This orientation reflects a state of "fright without solution" [13],where the individual simultaneously craves and dreads emotional intimacy. Recent neurobiological evidence suggests that this attachment insecurity correlates with amygdala hyperactivity and impaired prefrontal regulation, explaining the chronic emotional dysregulation seen in personality pathologies [14].

A critical limitation in existing trauma research is the over-reliance on "symptom-focused" outcomes, such as depression or anxiety scales. This study advocates for a structural approach, viewing personality not as a collection of symptoms but as a stable organization of the psyche. Childhood emotional trauma does not merely cause "distress"; it fundamentally reorganizes how the individual perceives reality and relates to others.

The link between emotional abuse and specific personality clusters is significant. For instance, the hyper-vigilance developed in response to emotional unpredictability in childhood often crystallizes into Paranoid personality traits in adulthood. Similarly, the "mental splitting" described by Ferenczi is the hallmark of Borderline personality organization, where the individual struggles to integrate "good" and "bad" representations of the self and others [15].

By employing the Coolidge Axis II Inventory (CATI), which maps personality pathologies according to DSM-5 criteria, this research seeks to demonstrate that "unseen" emotional wounds—mediated by fearful attachment—are the primary drivers of complex personality distortions. We hypothesize that CEA exerts a more profound structural influence on adult personality than more overt forms of abuse, precisely because of its chronic and "invisible" nature.

Method

Research Design

This study employed a quantitative relational survey model to examine the predictive impact of childhood trauma and attachment styles on adult personality organization. This design was chosen to investigate the complex interrelationships between early developmental experiences and long-term psychological outcomes across a diverse adult population. The study was initiated following the approval of the University Ethics Committee (Date: 11.12.2024, Protocol No: 183). Furthermore, informed consent for the use of the scales included in the study was obtained via e-mail from the developers or the

researchers who conducted the Turkish adaptation of these instruments prior to the data collection process.

Participants and Procedure

The study group consisted of 491 adults (395 females, 80.4%; 96 males, 19.6%) residing in Turkey, primarily in the Istanbul metropolitan area. Participants were recruited through convenience sampling via online platforms. The inclusion criteria required participants to be between 18 and 55 years of age (M = 33.42, SD = 8.12), literate, and willing to provide informed consent.

Regarding educational background, 50.5% of the sample held undergraduate degrees, while 42.4% possessed graduate degrees (Master's or PhD), reflecting a high-education cohort. In terms of marital status, 55.2% were single and 44.8% were married. Ethical approval was obtained from ethics committee of a university, and all participants were informed about the anonymity and confidentiality of their responses.

Measures

Childhood Trauma Questionnaire (CTQ-33): To assess traumatic experiences prior to age 20, the CTQ-33 was utilized. Originally developed by Bernstein[16] and adapted into Turkish by Şar, Öztürk, and İkikardeş[17]. This 5-point Likert scale measures five dimensions: Emotional Abuse, Physical Abuse, Sexual Abuse, Emotional Neglect, and Physical Neglect. In the current study, the Cronbach's alpha coefficients were found to be .87 for the total scale score, .88 for the emotional neglect subscale, .84 for the emotional abuse subscale, .81 for the physical abuse subscale, .86 for the physical neglect subscale, and .91 for the sexual abuse subscale.

Relationship Scales Questionnaire (RSQ): Adult attachment styles were measured using the RSQ, developed by Griffin and Bartholomew[18] and adapted into Turkish by Sümer and Güngör[19].The instrument identifies four attachment prototypes: Secure, Fearful, Preoccupied, and Dismissing. The RSQ allows for a dimensional evaluation of attachment, which is critical for identifying the "fearful" style emphasized in this study. In the current study, Cronbach's alpha coefficients were found to be .41 for the secure attachment style, .77 for the fearful attachment style, .63 for the dismissive attachment style, and .42 for the preoccupied attachment style. It is observed that the secure (0.41) and preoccupied attachment styles (0.42) did not demonstrate high internal consistency in this study. This situation can limit validity of the data collected for these attachment dimensions.

Coolidge Axis II Inventory (CATI): Personality pathologies were assessed using the CATI, a comprehensive 200-item self-report inventory developed by Coolidge[20] and based on DSM criteria. The Turkish adaptation was conducted by Bayar[21]. This study focused specifically on the subscales corresponding to Cluster A (Paranoid, Schizoid) and Cluster B (Borderline, Histrionic) personality traits. The CATI is particularly valued for its ability to capture subclinical personality features in non-clinical populations. In the current study, Cronbach's alpha coefficients were found to be .79 for the paranoid personality disorder subscale, .77 for the schizotypal personality disorder subscale, .63 for the schizoid personality disorder subscale, .69 for the antisocial personality disorder subscale, .84 for the borderline personality disorder subscale, .68 for the histrionic personality disorder subscale, .74 for the narcissistic personality disorder subscale, .75 for the obsessive-compulsive personality disorder subscale, .81

for the avoidant personality disorder subscale, and .81 for the dependent personality disorder subscale.

Brief Symptom Inventory (BSI): General psychopathological distress was screened using the BSI (Derogatis[22]Turkish adaptation by Şahin & Durak[23]). This measure provided a baseline for overall mental health status to be controlled against specific personality trait findings. In the Turkish adaptation study conducted, it was observed that the KSE consists of five subscales. These subscales are as follows: anxiety, depression, negative self-concept somatization and hostility In the current study, Cronbach's alpha coefficients were calculated as .96 for the total scale, .89 for the anxiety subscale, .90 for the depression subscale, .88 for the negative self-concept subscale, .80 for the somatization subscale, and .76 for the hostility subscale.

Data Analysis

Statistical analyses were performed using SPSS 26.0. Prior to hypothesis testing, data were screened for normality, linearity, and homoscedasticity. Pearson correlation coefficients were calculated to explore initial relationships. Subsequently, a series of Multiple Stepwise Regression Analyses were conducted to determine the unique variance explained by emotional abuse and fearful attachment in predicting personality pathologies.

Results

Table 1 provides a comprehensive overview of the central tendency and dispersion of the study's variables. It highlights that the average levels of psychopathology and childhood trauma are consistent with non-clinical adult samples, while the skewness and kurtosis values generally indicate a normal distribution of data.

Table 1. Descriptive Statistics and Normality Analysis of Scale Scores

Variables	N	Mean	SD	Skewness (S)	Kurtosis (K)
BSI Total (Psychopathology)	491	60.07	37.22	.983	.448
CTQ Total (Trauma)	491	60.11	17.74	.812	-.169
Emotional Abuse	491	11.03	5.08	1.139	.654
Emotional Neglect	491	14.60	5.10	.057	-.813
Physical Abuse	491	6.94	2.89	1.500	2.146
Physical Neglect	491	10.97	4.41	.250	-.918
Sexual Abuse	491	6.57	3.25	3.518	15.541
Secure Attachment	491	10.93	4.09	.232	-.784
Fearful Attachment	491	12.35	4.31	.170	-.871
Preoccupied Attachment	491	10.98	3.65	.354	-.490
Dismissing Attachment	491	12.43	3.55	.251	-.303

Note: N = 491. *p < .01

Table 2. Pearson Correlation Analysis Between Variables

Variables	1 (BSI)	2 (CTQ)	3 (Secure)	4 (Fearful)	5 (Dismissing)	6 (Preoccupied)
1. BSI Total	1					
2. CTQ Total	.404**	1				
3. Secure Attachment	-.123**	-.012	1			
4. Fearful Attachment	.529**	.321**	-.366**	1		
5. Dismissing Attachment	-	-	.108*	-.111**	1	
6. Preoccupied Attachment	.298**	.204**	.165**	.100*	.045	1

Table 2 shows that there is a significant positive correlation between childhood trauma and psychopathology. Specifically, fearful attachment styles show the strongest positive correlation with psychological symptoms, whereas secure attachment shows a weak but significant negative correlation with psychopathology.

Table 3. Multiple Regression Analysis for Predicting General Symptom Level (BSI)

Predictive Variables	B	SE	β (Beta)	T	P
Fearful Attachment	3.020	.288	**.436**	10.493	.000
Emotional Abuse	1.731	.426	**.220**	4.067	.000
Preoccupied Attachment	1.785	.318	**.211**	5.614	.000
Physical Neglect	1.013	.443	**.102**	2.286	.023

The regression analysis indicates that the combined model of trauma and attachment explains approximately 40% of the variance in adult psychopathology. Fearful attachment is identified as the single strongest predictor, followed by emotional abuse and preoccupied attachment. (Table 3)

Table 4 reveals that different attachment styles and trauma types predict different personality traits. For instance, fearful attachment is a major predictor for paranoid and schizoid traits, while preoccupied attachment is most strongly associated with dependent personality characteristics.

Table 4: Predictive Power of Trauma and Attachment on Personality Traits

Predictors	Paranoid	Borderline	Dependent	Schizoid	O-C
Fearful Attach.	**.493**	.335	.249	.425	.427
Preoccupied Attach.	.200	.282	**.429**	-.027	.257
Emotional Abuse	.127	.246	.196	.078	.217
Sexual Abuse	.033	.105	.040	.059	.001
Explained Variance (R^2)	**39%**	**35%**	**37%**	**34%**	**34%**

Discussion

The results of this study contribute significantly to our understanding of the structural roots of adult personality pathology. By operationalizing the "unseen wounds" of childhood emotional abuse through the lens of attachment theory, we have mapped a pathway from early relational trauma to crystallized adult personality traits. This study empirically investigated the predictive roles of childhood trauma and insecure attachment styles on general psychopathological symptoms and personality trait tendencies during adulthood. The regression analysis demonstrated that the constructed model accounts for 39.6% of the variance in adult psychopathology (R^2 = .396), strongly substantiating the transdiagnostic nature of early adverse experiences. Within clinical psychology literature, this explanatory power reinforces the enduring significance of early relational schemata and developmental vulnerabilities in shaping adult mental health outcomes.

A pivotal finding of this research is that fearful attachment style emerged as the most robust

and pervasive predictor of both general psychopathology (β = .436) and various pathological personality configurations. Interpreted through the lens of Bowlby's Attachment Theory, this phenomenon highlights the profound consequences of failing to receive consistent, containing, and secure care from primary caregivers during infancy and childhood. Individuals with a fearful attachment pattern possess a dual negative internal working model: a "negative self" schema (perceiving themselves as unworthy of love, validation, and care) alongside a "negative other" schema (viewing the external world and other people as rejecting, dangerous, and untrustworthy). This structural configuration locks the individual into a state of chronic interpersonal hypervigilance and pervasive anxiety. Theoretically, this explains why fearful attachment serves as the strongest predictor for paranoid (β = .493) and borderline (β = .335) personality features. When the social environment is fundamentally perceived as a source of threat, paranoid defenses (such as pervasive mistrust and hyper-suspicion) are deployed. Conversely, when the individual oscillates between an agonizing sense of alienation and an intense dread of abandonment, they fall prey to borderline dynamics, which manifest as affective instability, identity fragmentation, and chaotic interpersonal relationships. When isolating trauma dimensions, emotional abuse (β = .220) demonstrated a substantially wider and more destructive predictive capacity on general psychopathology and personality pathologies compared to physical or sexual abuse. This finding aligns seamlessly with Judith Herman's (1992, 2011) framework regarding the catastrophic and enduring impact of prolonged, invisible traumas on ego integration. While physical abuse often constitutes discrete, boundary-violating episodes with identifiable parameters, emotional abuse—manifesting as verbal degradation, systemic devaluation, and psychological rejection—operates as a chronic, pervasive undercurrent that continuously compromises the child's psychic reality.

Sándor Ferenczi's conceptualization of "psychic splitting in childhood" finds its developmental etiology precisely within this emotionally abusive climate. To survive under adverse conditions, the dependent child strives to preserve the primary caregiver as "all-good" by internalizing the responsibility for the abuse, thereby splitting the ego and experiencing the self as inherently "bad, defective, and guilty." This developmental fragmentation and chronic sense of worthlessness serve as the characterological bedrock for the manifestation of borderline, passive-aggressive, and avoidant personality organizations in adulthood. Furthermore, the significant predictive relationship between preoccupied attachment and dependent personality traits (β = .429) confirms that individuals seek external validation, soothing, and relational proximity as a maladaptive strategy to compensate for their defective self-perception. Feeling fundamentally helpless and inadequate when autonomous, the individual orchestrates their entire object relations around submission and the renunciation of agency. Intriguingly, the high correlation between obsessive-compulsive personality traits and both fearful and preoccupied attachment frameworks suggests that faced with early relational chaos and pervasive emotional invalidation, the individual adopts rigid behavioral patterns—such as hyper-control, perfectionism, and intellectualization—as desperate defensive mechanisms to master an otherwise unpredictable environment. Similarly, the elevated fearful attachment within schizoid

personality configurations (β = .425) is best understood as a radical defensive withdrawal and emotional detachment designed to insulate the self from further relational fractures and narcissistic injuries.

In summary, these empirical findings bridge classic psychoanalytic formulations—such as Freud's (1920) conceptualization of trauma as an overwhelming influx of stimuli resulting in psychic helplessness—with contemporary transdiagnostic models of psychopathology. Adult personality pathologies and symptomatic expressions should not be viewed as arbitrary clusters of discrete psychiatric diagnoses. Rather, they represent rigid, chronically crystalized adaptations that were originally developed to survive an adverse developmental environment but have subsequently lost their functional utility.

Conclusion

This study demonstrates that childhood trauma (particularly emotional abuse) and insecure attachment dynamics (specifically fearful attachment) leave profound, indelible marks on adult mental health and characterological structures. The maladaptive internal working models of self and others generated by these early relational deficits function as major transdiagnostic risk factors, providing the psychological scaffolding for a broad spectrum of clinical symptoms and personality pathologies.

Based on these conclusions, the following recommendations are offered:

For Clinical Practice: Mental health practitioners must move beyond symptomatic suppression (e.g., merely targeting manifest anxiety or depressive symptoms) and adopt a developmental, trauma-informed lens. Clinical formulations should prioritize the exploration of early emotional abuse and invalidation. In the therapeutic setting, clinicians should actively work to transmute fearful or preoccupied internal working models into "earned secure attachment" by leveraging the containing and transformative power of the therapeutic alliance. Integrating trauma-focused modalities (such as EMDR and Schema Therapy) with attachment-based interventions will significantly optimize clinical efficacy.

For Preventive Mental Health Policies: To safeguard public mental health, systemic focus must be shifted toward preventing childhood emotional abuse and neglect, which frequently operate as hidden epidemics. Psychoeducational programs and parental training initiatives aimed at fostering secure attachment dynamics and emotional attunement should be widely implemented and integrated into public welfare policies.

For Future Research: Given the quantitative and cross-sectional nature of the present study, future investigations would benefit immensely from utilizing qualitative (in-depth interview-based) or longitudinal research designs. Such approaches will allow for a more nuanced, real-time exploration of how early relational traumas unfold, stabilize, and transform across the lifespan.

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