

Verbal Abuse: Does it lead to Mental Disorder?

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The issue of verbal abuse is very common all over the world. There is a wrong notion that this type of abuse is the least harmful and does not carry any disastrous consequences in terms of mental health. This is a wrong belief as it is now being reported more vigorously that such type of abuse is detrimental to mental health. Verbal abuse is in the form of offensive language, usage of swear words, threats, critical comments with harsh tone, shouting, yelling and screaming and passing nasty remarks. It very well fits into the category of emotional torture that has long lasting repercussions. Teicher and his colleagues¹ selected 707 late teens or young adults (aged 18-25) in a study in which they administered the Verbal Abuse Questionnaire which contains 15 items that addresses various types of verbal abuse such as criticizing, belittling, blaming, insulting, demeaning, or ridiculing. Nine percent reported being exposed to such an abuse. It was found that males experienced verbal abuse from male peers and females from female peers. The study participants were asked to complete additional questionnaires like Kellner Symptom Questionnaire, Limbic Symptom Checklist-33 and the Dissociative Experiences Scale and also arranged neuroimaging scans of a subset of their samples. Their findings were: anxiety, depression, anger-hostility, dissociation, drug use and above all there was evidence of damage in corpus callosum. Hence, they concluded that the verbal abuse can cause significant psychological problems in later years and brain damage. Another study² mentioned that along with the previous findings of an increase in superior temporal gyrus grey matter volume in children with abuse histories, there was a reduction in fractional anisotropy in the arcuate fasciculus connecting Wernicke's and frontal areas in young adults exposed to 'parental verbal abuse'. Mouton CP³ and colleagues conducted a study examining the psychological effects of physical and verbal abuse in a cohort of older women. They found the association of poor mental health among women who were exposed to abuse.

It has been reported that children who are verbally abused may suffer lasting negative effects in their brain's ability to process language. Their brain scans showed 10% less grey matter in the parts of brain involved in language compared with non-abused adults.⁴ Children exposed to verbal abuse mostly from family members tend to develop

insecure attachment and loss of trust; hence, they will constantly be trapped into a feeling of rejection, being unloved and unacceptable. This lack of social ability will drive into a deeper problem of communication in their later stages of development.⁵ Childhood abuse has been linked to psychiatric disorders in adulthood⁶ including disorders within the internalizing and externalizing spectrums.⁷ There is evidence for development of negative cognitive style⁸ that also confers risk for depression. Researchers have concluded that verbal abuse in particular may lead to a self-critical style that is a risk factor for psychopathology. They advocate that targeting self-critical ideation in adult patients who were victims of abuse may help reduce internalizing symptoms in this population.⁹

A large research study¹⁰ revealed that both males and females experienced anger; females were more inclined than males to accept and tolerate verbal abuse, suppress feelings, and attempt to please the abusive parent. The female victims were disadvantaged due to: differentiated child-rearing expectations and practices; birth order; and the female victim's attitudes, affective reactions and failure at meaningful communication with the abusive parent. Verbal abuse of elderly has been studied and it was noted that it had high magnitude in respite care settings and was particularly associated with alcohol abuse and long term relationships of poor quality.¹¹ Report of National Health Service (NHS) revealed that patients were the commonest perpetrators of verbal abuse as compared to road staff colleagues, doctors and nurses. The proportion of verbally abusive calls was strongly related to emotional exhaustion and depersonalization.¹²

Healthcare systems are not free from the prevalence of verbal abuse as indicated in the above report. Doctors are said to have exposed the nurses to verbal abuse. The prevalence and consequences of verbal abuse of staff nurses by physicians were examined in the context of Lazarus 'stress-coping model. It was indicated that verbal abuse of nurses by physicians continues to exist and is associated with negative consequences on their personal as well as professional well-being.¹³ A study¹⁴ conducted in a medical school found the relationship between verbal abuse and lower levels of confidence was significant for all demographic groups and for students with high and low abilities and high and low levels of assuredness. Bullying of

medical students has been noted to be faced by a large proportion of medical students in Pakistan, mostly at the hand of consultants as noted in a local study.¹⁵ A subsequent editorial¹⁶ highlighted the importance of such studies in order to address the situation effectively as this problem has a potential to disturb the academic ambience as well as the confidence levels of medical students. Verbal abuse has been a notable factor among psychiatrists from Pakistan as noted in another local study.¹⁷

Thus, a large of number of studies describe the magnitude of verbal abuse and its psychological consequences. In Pakistan, verbal abuse is rampant and visible. There are anecdotal reports from children experiencing harsh language from parents, teachers in school humiliate and belittle children, peers subject colleagues to abusive language and swear words, law enforcing agencies, even doctors and those in high positions resort to such abuse without consideration or remorse. One wonders how it must be affecting the psyche of the victims. We don't have statistics on this issue but the daily observation of unruly and wild behaviour, lack of tolerance for each other and pores in the social fabric of the country speaks a lot about it. A number of psychiatric illnesses may have psychodynamic undercurrents leading to history of abuse. It is time when we should look into this problem by conducting studies, gathering data and devising preventative strategies.

Should we set the ball in motion?

References

1. Arehart-Treichel J. Hurtful Words: Exposure to Peer Verbal Aggression is Associated With Elevated Psychiatric Symptom Scores and Corpus Callosum Abnormalities, 2010. (Online) (Cited 2010 July 7). Available from URL: <http://www.ajp.psychiatryonline.org>.
2. Tomoda A, Sheu YS, Rabi K, Suzuki H, Navalta CP, Polcari A, Teicher MH. Exposure to parental verbal abuse is associated with increased gray matter volume in superior temporal gyrus. *Neuroimage*, 2010. (Online) (Cited 2010 July 7) Available from URL: <http://www.ncbi.nlm.nih.gov/pubmed/20483374>.
3. Mouton CP, Rodabough RJ, Rovi SL, Brzyski RG, Katemdahl DA. Psychosocial effects of physical and verbal abuse in postmenopausal women. *Ann Fam Med* 2010; 8: 206-13.
4. Khamsi R. Early verbal abuse may reduce language ability. (Online) (Cited 2010 July 4). Available from URL: <http://www.newsscientist.com/article/dn10332-early-verbal-abuse-may-reduce-language-ability.html>.
5. Anonymous. The effects of verbal abuse on the development of children attachment. (Online) (Cited 2010 July4) Available from URL: <http://cecillethetoryteller.wordpress.com/2008/06/22/the-effects-of-verbal-abuse-on-the-development-of-children>.
6. Bergen H, Martin G, Richardson A, Allison S, Roeger L. Sexual abuse, antisocial behavior and substance use: gender differences in young community adolescents. *Aust N Z J Psychiat* 2004; 38: 34-41.
7. Toth SL, Cicchetti D, Kim J. Relations among children's perceptions of maternal behavior, attributional styles, and behavioural symptomatology in maltreated children. *J Abnorm Child Psychol* 2002; 30: 487-500.
8. Gibb BE. Childhood maltreatment and negative cognitive styles. A quantitative and qualitative review. *Clin Psychol Rev* 2002; 22: 223-46.
9. Sachs-Ericsson N, Verona E, Joiner T, Preacher KJ. Parental verbal abuse and the mediating role of self-criticism in adult internalizing disorders. *J Affect Disorders* 2006; 93: 71-8.
10. Esteban EJ. Parental verbal abuse: Culture-specific coping behavior of college students in the Philippines. *Child Psychiatry Hum Dev* 2006; 36: 243-59.
11. Homer AC, Gilleard C. Abuse of elderly people by their carers. *BMJ* 1990; 301: 1359-62.
12. Sprigg CA, Armitage CJ, Hollis K. Verbal abuse in the National Health Service: impressions of the prevalence, perceived reasons for and relationships with staff psychological well-being. *Emerg Med J* 2007; 24: 281-2.
13. Manderino MA, Berkey N. Verbal abuse of staff nurses by physicians. *J Prof Nurs* 1997; 13: 48-55.
14. Schuchert MK. The relationship between verbal abuse of medical students and their confidence in their clinical abilities. *Acad Med* 1998; 73: 907-9.
15. Ahmer S, Yousafzai AW, Bhutto N, Alam S, Sarangzai AK, Iqbal A. Bullying of medical students in Pakistan: A cross-sectional questionnaire survey 2008. (Online) (Cited 2010 July 5) Available from URL: <http://www.plosone.org/article/info:doi/10.1371/journal.pone.0003889>.
16. Coverdale JH, Balon R, Roberts LW. Mistreatment of trainees: verbal abuse and other bullying behaviours. *Acad Psychiatry* 2009; 33: 269-73.
17. Gadit AA, Mugford G. A pilot study of bullying and harassment among medical professionals in Pakistan, focusing on psychiatry: need for a medical ombudsman. *J Med Ethics* 2008; 34: 463-6.