Rationale

- Numerous studies have revealed an association between trauma and adverse physical and mental health status.
- While the rotation is well established, the mechanisms underlying this link are less well understood.
- In the current study we sought to distinguish impact on health arising from types of trauma as indicated by betrayal trauma theory (Freyd 1996, 2001), with an eye toward eventually uncovering mechanisms and developing interventions.

Assessment Instruments

Numerous measures used including assessment of trauma history, physical and mental health symptoms.

1) Trauma assessed using the Brief Betrayal Trauma Survey (BBTS; Goldberg & Freyd, under review)

BBTS lists 12 potentially traumatic events

- Respondents say how often they experienced each event before and after age 18
- Items include natural disasters, accidents, and interpersonal traumas perpetrated by a close other, and those perpetrated by someone not so close

2) Depression, anxiety, and dissociation assessed with time-bound* version of the Trauma Symptom Checklist-40 (TSC-40; Elliott & Briere, 1992)

TSC-40 is a quick version designed to assess trauma symptoms in the past month of chronic medical or pain problems.

3) Physical illness symptoms assessed with time-bound* version of the Pennebaker Inventory of Limbic Languidness (PILL; Pennebaker 1982)

(see FIGURE 1)

Method

Participants

- We recruited 99 community adults from Eugene/Springfield Oregon who reported at least 12 months of chronic medical or pain problems.
- Data presented here from wave 1 of a longitudinal writing intervention study

Participants were assessed for trauma history and physical and mental health symptoms.

- Trauma assessment included measuring exposure to both traumas high in betrayal in trauma and traumas low in betrayal (but high in life-threat).


	The complete BBTS is on the web at: http://dynamic.uoregon.edu/~jjf/bbts/

Table 1: Trauma and symptom correlations for 99 adults from the community with chronic illness

<table>
<thead>
<tr>
<th>BBTS Item</th>
<th>Physical Symptoms</th>
<th>Mental Health Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Betrayal (PBB)</td>
<td>0.32**</td>
<td>0.26**</td>
</tr>
<tr>
<td>Mental Betrayal (MB)</td>
<td>0.24**</td>
<td>0.26**</td>
</tr>
</tbody>
</table>

Results

- Strong associations between overall trauma exposure and negative health and mental status were found.
- Trauma history accounts for 25% of the variance in anxiety, 18% in depression, 19% in physical symptoms, and 21% in dissociation.
- High betrayal was particularly potent. Exposure to more betrayal (MB) is significantly correlated with number of physical illness symptoms, dissociation symptoms, anxiety symptoms, and depression symptoms (see TABLE 1).
- Although exposure to less betrayal (LB) trauma is also correlated with these symptoms, exposure to MB trauma is a better predictor. Multiple regression analyses reveals that while both MB and LB are included as predictors, only MB is a significant predictor of symptoms (see TABLE 1).
- LB and MB are both highly correlated with symptoms. However, LB and MB are also correlated with each other, r (95) = .663, p < .01.
- Using regression to determine the unique contributions of LB and MB to predict symptoms, only MB comes out as a significant predictor.

Discussion

- More betrayal (MB) trauma is highly associated with physical and mental health symptoms in this sample of ill adults.

This pattern of results has been replicated with data recently collected in our laboratory using a healthy student population (Goldsmith, Freyd, & DePrince, 2004).

- With the large amount of variance in symptoms predicted by exposure to high betrayal trauma, we are now focusing on uncovering mechanisms and evaluating the health consequences of an intervention that involves writing about reactions to these events.

- We recommend that health and trauma researchers and clinicians attend to betrayal trauma.

References


