

Is Psychological Aggression as Detrimental as Physical Aggression? The Independent Effects of Psychological Aggression on Depression and Anxiety Symptoms

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The differential effects of psychological and physical victimization on depression and anxiety symptoms were examined via APIM and growth curve modeling techniques in a sample of newlyweds ($N = 103$ couples) assessed four times over the first 3 years of marriage. On average, husbands and wives reported moderate levels of psychological aggression, and there were no sex differences in prevalence rates or mean levels. Changes in psychological victimization were associated with changes in depression and anxiety symptoms, even after controlling for the effects of physical victimization. This study demonstrates the severe impact of psychological aggression on its victims and expands on previous studies of battering samples to demonstrate that psychological victimization may be more damaging than physical victimization in nonbattering, community couples.

Keywords: anxiety; depression; couples; psychological aggression

Psychological aggression is highly prevalent in intimate relationships (e.g., Stets, 1990) and is not limited to relationships that are physically aggressive. Psychologically aggressive acts include behaviors such as ridiculing, verbal threats, isolating one's partner from family and friends, and attempting to control one's partner, and are intended to degrade one's partner and attack his or her self-worth by making him or her feel guilty, upset, or inadequate. Individuals experiencing psychological victimization are significantly more likely to experience relationship dissatisfaction, physical victimization, and depressive symptoms (e.g., Arias, Lyons, & Street, 1997; O'Leary & Jouriles, 1994). In addition, women report that the psychological victimization they endure has a more negative impact on them than the physical victimization they experience, reporting increased feelings of shame, depression, and loss of self-esteem (Follingstad, Rutledge, Berg, Hause, & Polek, 1990). Despite these findings, there is a surprising dearth of research examining psychological aggression in intimate relationships. The purpose of this study was to clarify the

developmental course of psychological aggression and its impact on symptoms of depression and anxiety—independent of the impact of physical aggression—over the early years of marriage.

A BRIEF REVIEW OF RELEVANT RESEARCH

The Nature of Psychological Aggression in Intimate Relationships

Based on nationally representative samples, 75% to 80% of men and women report engaging in psychological aggression—as assessed via the Conflict Tactics Scales (Straus, 1979)—in the year prior to assessment (Stets, 1991; Straus & Sweet, 1992). Prevalence rates across the duration of a given relationship are similarly high, ranging from 80% to 90% (Barling, O’Leary, Jouriles, Vivian, & MacEwen, 1987; Katz, Arias, & Beach, 2000). Lifetime prevalence rates of psychological victimization are even higher. In a sample of 578 women, 97% reported experiencing psychological victimization at some point (Marshall, 1996). Rates of psychological aggression are even higher when there is a history of physical aggression in the relationship. In a sample of 234 women with a history of physical victimization, 99% experienced at least one incident of emotional abuse, and 72% were victims of four or more types of emotional abuse (Follingstad et al., 1990). Moreover, rates are similar across established, treatment-seeking couples and community (i.e., nonclinic) couples in the early years of marriage (Barling et al., 1987), and rates are similar for men and women. In a nationally representative sample of married and cohabiting couples, Straus and Sweet (1992) found no overall sex differences in the severity or frequency of psychological aggression. Observational data also demonstrate similar prevalence rates of psychological aggression for males and females (80% and 86%, respectively; Capaldi & Crosby, 1997).

With regard to the stability of psychological aggression, cross-sectional studies of cohabiting and married couples suggest that prevalence rates decline with age (e.g., Straus & Sweet, 1992). However, longitudinal studies demonstrate relative stability over several years of marriage among newlywed community couples (e.g., over 2 years; Schumacher & Leonard, 2005; over 10 years; Fritz & O’Leary, 2004) and physically aggressive, treatment-seeking couples (over 2 years; Jacobson, Gottman, Gortner, Berns, & Shortt, 1996).

With regard to the consequences of psychological aggression, emerging evidence demonstrates the potentially devastating effects of psychological victimization on one’s depressive symptoms (Coker et al., 2002), alcohol use (Tjaden & Thoennes, 1998), relationship adjustment (Schumacher & Leonard, 2005), perceptions of one’s own physical health (Straight, Harper, & Arias, 2003), and limitations on one’s physical, occupational, and cognitive functioning (Straight et al., 2003). There is also preliminary evidence suggesting that psychological victimization may be more strongly related to depression and anxiety for women compared to men. Stets and Straus (1990) found that depressive symptoms were more strongly associated cross sectionally with being a victim of psychological aggression for women than men.

Comparing Psychological and Physical Aggression

Although not as common as psychological aggression, physical aggression occurs in approximately one-quarter to one-half of community samples of dating, cohabiting, and married couples (e.g., Lawrence & Bradbury, 2007; Leonard & Roberts, 1998; O’Leary et al., 1989). Couples who report behaviors such as grabbing, pushing, slapping, and more

severe behaviors are more likely than nonphysically aggressive couples to report relationship dissatisfaction as well as separation or divorce (e.g., Arias et al., 1997; Rogge & Bradbury, 1999). Psychological aggression also appears to be both an antecedent (Babcock, Costa, Green, & Eckhardt, 2004; Murphy & O'Leary, 1989) and a correlate of physical aggression for men and women (Capaldi & Crosby, 1997; Frye & Karney, 2006), suggesting that the presence of psychological aggression may help create a context in which physical aggression is more likely to be instigated (Frye & Karney, 2006).

There is also preliminary evidence suggesting that psychological victimization may be even more detrimental to one's mental health than physical victimization. Walker (1984) was one of the first researchers to report that battered women described psychological degradation, fear, and humiliation as constituting the most painful abuse they experienced. Follingstad et al. (1990) found that 72% of physically abused women perceived emotional abuse more negatively than physical abuse. In a cross-sectional study of women in battered women's shelters, Arias and Pape (1999) found that psychological victimization was associated with symptoms of posttraumatic stress disorder (PTSD), even after controlling for physical victimization. In a sample of women recruited from family practice clinics, psychological victimization was as strongly related to a range of mental health outcomes as was physical victimization (Coker, Smith, Bethea, King, & McKeown, 2000).

Recent studies of community samples have also begun to suggest different consequences of psychological versus physical victimization. Tjaden and Thoennes (1998) found that frequency of psychological victimization (compared to other forms of victimization) was the strongest predictor of adverse outcomes such as depression and PTSD. In a cross-sectional study of couples, Taft et al. (2006) found that the experience of psychological victimization had negative effects on mental health independent of physical victimization, including more depression and anxiety symptoms among both women and men. Beach et al. (2004) found that the effects of physical victimization on depressive symptoms were different for husbands and wives in that physical victimization was associated with an increase in depressive symptoms for wives but not husbands. Moreover, psychological and physical aggression interacted to predict depressive symptoms such that husbands' psychological aggression moderated the impact of husbands' physical aggression on wives' later depressive symptoms (Beach et al., 2004).

Critique of Prior Research

The research conducted to date suggests that rates of psychological aggression in intimate relationships are surprisingly high, are markedly higher than rates of physical aggression, and are likely to impact victims' mental health independent of the effects of physical aggression. However, there are several methodological limitations to the existing research that hinder our understanding of the unique effects of psychological victimization. First, most of the research on psychological aggression in intimate relationships has been conducted with samples in which severe physical aggression is also present (e.g., Arias & Pape, 1999; Follingstad et al., 1990). Given the potentially high prevalence of psychological aggression among nonphysically abusive couples, and given that psychological aggression may be more detrimental than physical aggression to its victims, it seems critical to examine psychological aggression as a destructive process in intimate relationships in its own right rather than limiting its examination to relationships in which physical abuse has also occurred. Second, psychological victimization as a predictor of mental health has typically been assessed cross sectionally rather than longitudinally (e.g., Taft et al.,

2006). Little is known about the developmental course of psychological aggression or its impact on individual well-being in nonbattering populations. Third, whereas sound methodological research has been conducted examining the nature of physical aggression in these samples (e.g., Lawrence & Bradbury, 2007; O'Leary et al., 1989), with few exceptions, there has been a dearth of comparable research examining the nature of psychological aggression in community couples. Moreover, researchers who have examined prevalence rates of psychological aggression have typically used measures that suffer from poor discriminant validity when compared to the construct of global negative affect (e.g., TENSE; Schumacher & Leonard, 2005; Verbal Aggression Scale of the original Conflict Tactics Scales; Straus, 1979; for a review, see Ro & Lawrence, 2007). In this study, we used the Multidimensional Measure of Emotional Abuse Scale (Murphy & Hoover, 1999), a measure of psychological aggression with strong reliability and validity in samples of community couples (see Ro & Lawrence, 2007).

OVERVIEW OF THE PRESENT STUDY

The purpose of this study was to examine the developmental course of psychological aggression and its impact on symptoms of depression and anxiety over the early years of marriage. Our first aim was to clarify the nature of psychological aggression in a community sample of newlyweds. First, consistent with prior research, we expected prevalence rates and mean levels of psychological aggression to be similar for husbands and wives. Second, we examined rates of change in psychological aggression over time. Given that the few longitudinal studies that do exist suggest that psychological aggression remains relatively stable (e.g., Fritz & O'Leary, 2004), we hypothesized that, on average, within-subject levels of psychological aggression would remain relatively stable over time for husbands and wives, and we did not predict sex differences in stability. The second aim was to explicate how trajectories of psychological victimization are associated with trajectories of depressive and anxiety symptoms. Regardless of the presence or absence of any sex differences in prevalence rates or mean levels of psychological aggression, we expected women's psychological victimization (i.e., husbands' perpetration of psychological aggression toward their wives) to be more strongly associated with wives' depression and anxiety symptoms than men's psychological victimization would be associated with their own symptoms. The third aim was to clarify the relative influences of psychological and physical victimization on symptoms of depression and anxiety. Preliminary data suggest that psychological victimization may have a stronger impact on battered women than the physical victimization they endure (e.g., Arias & Pape, 1999). However, these comparisons have rarely been made in community (i.e., nonclinic, nonshelter) samples, and longitudinal relations among these influences have never been examined in normative populations. First, we predicted that psychological and physical victimization would each independently impact victims' psychological symptoms. Second, we expected psychological victimization to uniquely contribute to depression and anxiety symptoms over and above the effects of physical victimization, but that physical victimization would not predict individual symptoms over and above the effects of psychological victimization. Third, we expected sex differences in these findings such that the effects would be significantly stronger when predicting wives' depression and anxiety symptoms compared to husbands' depression and anxiety symptoms.

METHOD

Participants and Procedures

Couples in the Midwest who applied for marriage licenses were sent letters inviting them to participate in a research project on marriage. Individuals who contacted the laboratory were given a description of the project and answered questions to determine their eligibility. Couples were eligible to participate if the spouses were between the ages of 18 and 55, in their first marriages, living together, married less than 6 months, and could read and speak English. More than 350 couples contacted the laboratory, and the first 105 who were screened and met eligibility criteria were included in the sample. One couple's data were removed once it was revealed that this was not the wife's first marriage. The data from the husband of another couple were removed because his responses were deemed unreliable. Thus data from 103 couples were included in this study.¹

Couples dated for an average of 42.0 months ($SD = 26.1$) prior to marriage, and 76% cohabited. Premarital cohabitation lasted an average of 21.1 months ($SD = 17.3$). Husbands averaged 26.4 ($SD = 4.7$) years of age, and their modal education level was 14 years. Wives averaged 25.0 ($SD = 4.3$) years of age, and their modal education level was also 14 years. Modal joint income for the couples ranged from \$35,001 to \$45,000. Husbands reported their race as White (95%), Asian American (4%), and other (1%). Wives reported their race as White (94%), Hispanic (4%), and Asian American (2%). Demographics did not significantly correlate with the key variables in this study. Couples completed measures in this study at 3 to 6 months (Time 1), 12 to 15 months (Time 2), and 21 to 24 months of marriage (Time 3). Measures of psychological and physical aggression and depression (but not anxiety) symptoms were also collected at 30 to 33 months (Time 4). Couples were paid \$100 at time 1 and \$50 at each of times 2 to 4.

Measures

Demographics. Spouses were asked to report age, race, education, joint gross income, whether they cohabited prior to marriage, and the length of their relationship prior to marriage.

Psychological Victimization. The Multidimensional Measure Emotional Abuse Scale (MMEA; Murphy & Hoover, 1999) is a 56-item scale (28 perpetration items and 28 victimization items). Participants rated how often each behavior occurred in their relationship in the past 6 months on 7-point scales ranging from "never" to "20 times or more." Sum scores were calculated by adding the midpoints for each response category across tactics (e.g., for a response choice of 6 to 10 times, the midpoint of 8 was used as the score). Murphy and colleagues rationally derived four subscales of emotional abuse: *dominance/intimidation*, *restrictive engulfment*, *denigration*, and *hostile withdrawal*. The psychometric properties of the MMEA have been tested in a sample of female college students and a sample of aggressive men in treatment, with alphas ranging from .83 to .94 (Murphy & Hoover, 1999; Taft, Murphy, King, Musser, & DeDeyn, 2003). Ro and Lawrence (2007) analyzed the psychometric properties of the MMEA at Time 1 in this sample. The overall internal consistency was high for victimization reports (husbands: $\alpha = .91$, MIC [Mean inter-item correlation] = .29; wives: $\alpha = .88$, MIC = .27). Internal consistency of victimization reports ranged from .52 to .91 across subscales. Mean interspousal agreement correlations were strong (mean $r = .52$). The overall scale demonstrated adequate convergent validity when compared to other self-report measures of psychological aggression (r s ranged from

.62 to .69) and was more strongly correlated with these self-report measures than with measures of negative communication (r s ranged from .33 to .48). Partner reports (i.e., reports of victimization) were analyzed in this study.

Physical Victimization. The Conflict Tactics Scales-2—Physical Assault Scale (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996) consists of 24 items (12 for perpetration and 12 for victimization), such as “slapped partner” and “slammed partner against wall.” Participants rated how often each behavior occurred in the past 6 months on 7-point scales ranging from “never” to “20 times or more.” Composite scores were calculated by adding the midpoints for each response category across tactics (e.g., the midpoint 4 for three to five times), as recommended by Straus et al. (1996). Partner reports of physical aggression were analyzed in this study. In this sample, internal consistency ranged from .51 to .93 across time and across husbands and wives.

Depressive Symptoms. The Beck Depression Inventory-2 (BDI-2; Beck, Steer, & Brown, 1996) is a 21-item self-report instrument intended to assess the existence and severity of depression symptoms such as sadness, guilt, self-criticism, irritability, concentration difficulty, and loss of energy. A 4-point Likert scale is used, and each answer is scored on a scale of 0 to 3. Scores range from 0 to 63, and higher total scores indicate more severe depressive symptoms. The BDI-2 yields high coefficient alphas (.92 for outpatients and .93 for college students), and adequate test–retest reliability is also adequate (.93). In this sample, internal consistency (α) ranged from .78 to .91 across husbands and wives and across the four time points.

Anxiety Symptoms. The Beck Anxiety Inventory (BAI; Beck, Epstein, Brown, & Steer, 1988) is a 21-item self-report instrument for measuring the severity of anxiety symptoms. A 4-point Likert scale is used, and each answer is scored on a scale of 0 to 3. Scores may range from 0 to 63, with higher scores indicating more anxiety. The BAI has high coefficient alphas (.92) and test–retest reliability over 1 week (.75), and good concurrent and discriminant validity. In this sample, alphas ranged from .83 to .91 across husbands and wives and across time.

Data Analyses

We conducted analyses using an actor–partner interdependence model for mixed independent variables (APIM; Kenny, Kashy, & Cook, 2006). All four paths (two actor and two partner paths) were included in all analyses unless otherwise noted. Correlations between husbands’ and wives’ predictors were included in all equations. Further, the residual non-independence in outcome scores (represented by the correlation between the error terms in husbands’ and wives’ outcomes) was also estimated. A chi-square test of homogeneity of Level 1 variance was conducted for each baseline model. When this chi-square test was significant, indicating significant heterogeneity across husbands’ and wives’ residuals in that model, those residual terms were entered as simultaneous outcome parameters of all relevant predictors in subsequent models.

We also conducted growth curve analytic techniques (Raudenbush & Bryk, 2001). At Level 1, we estimated a trajectory of change (growth curve) for a variable, described by two parameters: an intercept (initial level of the variable) and a slope (rate of change over time). As recommended by Raudenbush, Brennan, and Barnett (1995), we analyzed husbands’ and wives’ data within the same equations (as opposed to nesting spouses within couples). Time was estimated in days since the couple’s wedding. Mean–and–variance models for outcome variables were specified by the equation

$Y_{ij} = \beta_{1j} (\text{Husband}) + \beta_{2j} (\text{Wife}) + r_{ij}$, and linear trajectories for outcome variables were specified by the equation $Y_{ij} = \beta_{1j} (\text{Husband}) + \beta_{2j} (\text{Wife}) + \beta_{3j} (\text{Husband Time}) + \beta_{4j} (\text{Wife Time}) + r_{ij}$, where Y_{ij} is the outcome variable for individual j at Time i ; β_{1j} and β_{2j} are the intercepts for husband and wife j , respectively, at Time 1 (i.e., the initial level of the outcome variable); β_{3j} and β_{4j} are the rates of linear change in the outcome for husband and wife j , respectively, over time; and r_{ij} is the residual variance in repeated measures for individual j , assumed to be independent and normally distributed across spouses. Each Level 1 coefficient was modeled as a function of the grand mean (i.e., γ_{10}) and error (i.e., μ_{1j}). We also examined associations among time-varying variables at Level 1. For example, if the linear model was determined to be the best fit for the data, the time-varying associations would be estimated using the following model: $Y_{ij} = \beta_{1j} (\text{Husband}) + \beta_{2j} (\text{Wife}) + \beta_{3j} (\text{Husband Time}) + \beta_{4j} (\text{Wife Time}) + \beta_{5j} (\text{Husband Covariate}) + \beta_{6j} (\text{Wife Covariate}) + r_{ij}$, where β_{5j} and β_{6j} represent the associations of the time-varying covariates with changes in the outcome variable. All variables were continuous and grand mean centered at Level 1.

RESULTS

Aim 1: What Is the Nature of Psychological Aggression Over the Early Years of Marriage?

Descriptive statistics are presented in Table 1. Approximately 80% of husbands and wives engaged in psychologically aggressive acts at each of the four time points, and overall mean scores for psychological aggression were moderate in size (means ranged from 11.85 to 20.49). Hostile withdrawal tactics were most frequently employed by both spouses. Husbands and wives did not differ on mean levels of overall psychological aggression or on specific types of psychological aggression (t s ranged from -0.63 to 2.92 , all n s). With regard to physical aggression, when collapsed across the first 3 years of marriage, 44% of husbands and 52% of wives engaged in physical aggression during conflict. The most frequent behaviors endorsed were moderately physically aggressive acts, such as pushing, grabbing, and slapping, with more severe acts occurring less frequently. Bivariate correlations among psychological and physical victimization for husbands and wives at each time point were also calculated. Within-spouse correlations were generally small (mean $r = .08$), lending support to our decision to examine these two types of aggression separately. Cross-spouse correlations for reports of psychological victimization were also small to moderate in size (mean $r = .40$), suggesting the bidirectional nature of psychological aggression among young couples.

For trajectories of psychological aggression, the quadratic model was determined to be the best-fitting model. On average, husbands' psychological aggression changed in a curvilinear fashion ($t[101] = -2.31, p < .05$) such that their rates of aggression increased notably over the first year of marriage (from Time 1 to Time 2) and then remained relatively stable over the next 2 years (Times 2–4; see means in Table 1). On average, wives' psychological aggression changed in a curvilinear fashion as well ($t[101] = -1.97, p < .05$), but their aggression remained relatively stable over the first 2 years of marriage (Times 1–3) and then declined in the third year of marriage (from Time 3 to Time 4; see means in Table 1). There was significant variability among all relevant parameters in the quadratic model (chi-square tests of variance ranged from 103.78 to 205.87, $ps < .05$).

TABLE 1. Mean Levels of Psychological and Physical Aggression and Depression and Anxiety Symptoms

	3–6 Months <i>M (SD)</i> or %	12–15 Months <i>M (SD)</i> or %	21–24 Months <i>M (SD)</i> or %	30–33 Months <i>M (SD)</i> or %
Psychological aggression				
Husbands' mean levels	11.85 (17.59)	15.39 (25.30)	16.96 (25.48)	17.81 (29.54)
Wives' mean levels	20.43 (31.39)	20.49 (31.92)	17.52 (26.17)	15.79 (22.79)
Husbands' prevalence	82%	82%	80%	79%
Wives' prevalence	87%	81%	81%	85%
Husbands' dominance/ intimidation	.84 (1.61)	1.80 (5.87)	1.80 (7.66)	1.62 (7.16)
Husbands' restrictive engulfment	1.64 (3.06)	2.38 (5.44)	3.71 (13.85)	4.31 (14.80)
Husbands' denigration	1.00 (2.83)	2.48 (8.23)	3.14 (14.05)	3.53 (11.44)
Husbands' hostile withdrawal	8.38 (13.43)	11.21 (22.24)	13.67 (25.84)	11.48 (18.35)
Wives' dominance/ intimidation	1.52 (3.45)	1.35 (3.77)	1.13 (2.97)	.75 (2.22)
Wives' restrictive engulfment	5.69 (9.97)	6.23 (12.23)	6.35 (11.72)	5.78 (9.64)
Wives' denigration	3.49 (8.16)	4.05 (9.36)	4.04 (10.09)	2.80 (6.59)
Wives' hostile withdrawal	9.73 (17.12)	8.73 (17.55)	8.72 (20.98)	6.46 (10.83)
Physical aggression				
Husbands' mean levels ^a	2.85 (3.38)	2.55 (1.75)	16.62 (47.65)	8.56 (16.75)
Wives' mean levels ^a	8.00 (9.17)	12.79 (17.59)	7.60 (6.69)	3.64 (3.91)
Husbands' prevalence	20%	13%	15%	10%
Wives' prevalence	26%	28%	23%	22%
Mean levels of depression and anxiety symptoms				
Husbands' depression	5.93 (5.12)	6.17 (6.34)	6.76 (6.59)	6.41 (7.06)
Wives' depression	7.55 (6.02)	8.72 (8.73)	8.93 (8.87)	8.81 (7.64)
Husbands' anxiety	5.02 (6.78)	3.98 (5.94)	4.36 (4.81)	—
Wives' anxiety	5.87 (5.47)	6.55 (6.16)	6.22 (6.66)	—

Note. $N = 103$ couples. Psychological and physical aggression data are based on partner reports. Anxiety data were not collected at 30–33 months.

^a Mean levels are based on physically aggressive spouses only.

Aim 2: Do Changes in Psychological Victimization Predict Changes in Depression and Anxiety Symptoms?

Before conducting our primary analyses, we examined the nature of husbands' and wives' symptoms of depression and anxiety (see Table 1). Spouses reported mild symptoms of depression; means ranged from 5.93 to 8.93, and wives reported significantly more depressive symptoms compared to husbands (t s ranged from -1.41 to -2.42 ; $p < .05$). Spouses also reported mild symptoms of anxiety; means ranged from 3.98 to 6.55, and wives reported significantly more anxiety symptoms than their husbands did (t s ranged from 1.06 to 2.51, $ps < .05$). Within-spouse bivariate correlations between depression and anxiety symptoms were small to moderate in size (mean $r = .53$), lending support to our decision to analyze these two distinct, albeit related, outcomes separately. Cross-spouse correlations of depression and anxiety were moderate in magnitude (r s ranged from .34 to .59). Within-spouse correlations between (a) reports of psychological victimization and individual symptoms and between (b) reports of physical victimization and individual symptoms were small to moderate (r s ranged from .10 to .53), indicating that the psychological symptoms measured were distinct from measures of victimization. For trajectories of depression and anxiety symptoms, mean-and-variance models were determined to be the best-fitting models. Mean levels of depressive and anxiety symptoms across time were significantly different from zero such that depression and anxiety symptoms did not change systematically over time but rather varied at each assessment around husbands' or wives' individual means (t s ranged from 9.52 to 14.07, $ps < .001$). There was significant variability among all relevant parameters in both models (chi-square tests of variance ranged from 162.97 to 718.88, $ps < .001$).

Next we examined the associations between changes in psychological victimization across assessments and deviations from spouses' mean symptoms. To the extent that the coefficients of the covariates are significantly different from zero, changes in husbands' and wives' psychological victimization are associated with changes in their symptoms above and beyond (a) mean levels of symptoms, (b) within-spouse associations, and (c) interdependence between spouses. Results for depressive symptoms are in Table 2 and results for anxiety symptoms are in Table 3. Changes in psychological victimization were associated with depressive symptoms for both husbands ($t[102] = 3.20$, $p < .005$) and wives ($t[102] = 3.20$, $p < .005$). Changes in husbands' psychological victimization were also associated with changes in anxiety symptoms for both husbands ($t[102] = 1.97$, $p = .05$) and wives ($t[102] = 3.62$, $p = .001$). To the extent that psychological victimization increased, symptoms of anxiety and depression were higher. To evaluate sex differences, we ran additional models to test the hypotheses, specified by linear contrasts, that associations were equal for husbands and wives. Sex differences were not significant (depression: $\chi^2[1] = .08$, ns ; anxiety: $\chi^2[1] = 2.48$, ns).^{2,3}

Are the Effects of Psychological Victimization on Depression and Anxiety Symptoms Maintained After Covarying Out the Effects of Physical Victimization?

Before examining whether psychological victimization incrementally predicts individual symptomatology over and above the effects of physical victimization, we examined whether physical victimization was associated with individual symptoms (see Tables 2 and 3). Changes in physical victimization were not associated with differences in depressive symptoms for husbands ($t[102] = 1.50$, ns) or wives ($t[102] = .44$, ns); sex differences were not significantly different ($\chi^2[1] = 1.75$, ns). Elevations in physical victimization were associated with anxiety symptoms for both husbands ($t[102] = 2.59$,

TABLE 2. Psychological and Physical Victimization as Predictors of Depressive Symptoms

	Coefficient (SE)	<i>t</i> (102)	Effect Size <i>r</i>	Coefficient (SE)	<i>t</i> (102)	Effect Size <i>r</i>
Psychological and Physical Victimization Entered Separately as Predictors of Depression Symptoms						
Predictors	Husbands' Victimization → Husbands' Depression Symptoms			Wives' Victimization → Wives' Depression Symptoms		
Psychological victimization	.05 (.02)	3.20***	.29	.06 (.02)	3.20***	.29
Physical victimization	.50 (.33)	1.50	.15	.03 (.06)	.44	.04
Psychological and Physical Victimization Entered Simultaneously as Predictors of Depression						
Predictors	Husbands' Victimization → Husbands' Depression Symptoms			Wives' Victimization → Wives' Depression Symptoms		
Psychological victimization	.06 (.02)	3.81****	.35	.05 (.02)	3.50***	.33
Physical victimization	-.01 (.01)	-1.00	-.10	-.08 (.05)	-1.82	-.18
Subtypes of Psychological Victimization Entered Simultaneously as Predictors of Depression						
Predictors	Husbands' Victimization → Husbands' Depression Symptoms			Wives' Victimization → Wives' Depression Symptoms		
Restrictive engulfment	.06 (.06)	1.06	.10	.05 (.21)	.23	.02
Denigration	.11 (.06)	1.89 ^a	.18	.29 (.13)	2.20*	.21
Hostile withdrawal	.05 (.04)	1.52	.15	.10 (.03)	3.15****	.30
Dominance/ intimidation	.28 (.21)	1.33	.13	-.20 (.22)	-.92	.09

Note. *N* = 103 couples. *t* tests: **p* < .05. ****p* < .005; *****p* < .001. Effect size *r* = sqrt[*t*²/*t*² + *df*]. ^a*p* < .10. Boldface indicates a significant finding.

p = .01) and wives (*t*[102] = .240, *p* = .02); there were no sex differences in these associations ($\chi^2[1] = 3.43$, *ns*).

Next we examined whether psychological victimization continued to predict individual symptomatology once physical victimization was taken into account. Husbands' and wives' psychological and physical victimization scores were entered as time-varying covariates associated with symptoms for each spouse. To the extent that the coefficients representing the covariates are significantly different from zero, changes in husbands' and wives' psychological victimization are associated with symptoms above and beyond (a) mean

TABLE 3. Psychological and Physical Victimization as Predictors of Anxiety Symptoms

	Coefficient (SE)	<i>t</i> (102)	Effect Size <i>r</i>	Coefficient (SE)	<i>t</i> (102)	Effect Size <i>r</i>
Psychological and Physical Victimization Entered Separately as Predictors of Anxiety Symptoms						
Predictors	Husbands' Victimization → Husbands' Anxiety Symptoms			Wives' Victimization → Wives' Anxiety Symptoms		
Psychological victimization	.04 (.02)	1.97*	.19	.08 (.02)	3.62**	.34
Physical victimization	.75 (.29)	2.59**	.25	.18 (.08)	2.40*	.23
Psychological and Physical Victimization Entered Simultaneously as Predictors of Anxiety Symptoms						
Predictors	Husbands' Victimization → Husbands' Anxiety Symptoms			Wives' Victimization → Wives' Anxiety Symptoms		
Psychological victimization	.07 (.02)	3.56***	.33	.04 (.02)	2.23*	.22
Physical victimization	.12 (.09)	1.35	.13	-.03 (.02)	-1.43	-.14
Subtypes of Psychological Victimization Entered Simultaneously as Predictors of Anxiety Symptoms						
Predictors	Husbands' Victimization → Husbands' Anxiety Symptoms			Wives' Victimization → Wives' Anxiety Symptoms		
Restrictive engulfment	-.002 (.04)	-.05	.005	.05 (.06)	.92	.09
Denigration	.11 (.07)	1.60	.16	-.22 (.10)	-2.33*	-.22
Hostile withdrawal	.08 (.04)	1.96*	.19	.07 (.03)	2.36*	.23
Dominance/ intimidation	.08 (.19)	.44	.04	.37 (.17)	2.10^a	.20

Note. *N* = 103 couples. One-sample *t* tests: **p* < .05. ***p* < .01. ****p* < .005. Effect size *r* = sqrt[*t*²/*t*² + *df*]. ^a*p* < .10. Boldface indicates a significant finding.

levels of symptoms, (b) within-spouse associations paths, and (c) the effects of physical victimization assumptions. Results are in Tables 2 and 3. Increases in psychological victimization continued to be associated with elevations in depressive symptoms for husbands (*t*[102] = 3.81, *p* < .001) and wives (*t*[102] = 3.50, *p* = .001). Sex differences in these coefficients were not significant ($\chi^2[1] = .12$, *ns*). Increases in psychological victimization also continued to be associated with elevations in anxiety symptoms for both husbands (*t*[102] = 3.56, *p* = .001) and wives (*t*[102] = 2.23, *p* < .05); these paths were not significantly different from each other ($\chi^2[1] = 2.21$, *ns*). Finally, previously significant associations

between physical victimization and individual symptoms were no longer significant once the effects of psychological victimization were controlled for ($ts < 1.83$, all *ns*).

What Types of Psychological Victimization Predict Depression and Anxiety Symptoms?

Next we determined whether any specific types of psychological victimization—restrictive engulfment, denigration, hostile withdrawal, or dominance/intimidation—uniquely influenced depression and anxiety symptoms. Husbands' and wives' predictors were entered simultaneously, and all four types of psychological victimization were entered simultaneously. We also controlled for physical victimization. However, we did not have enough power to run a full APIM model, so only cross-spouse paths (and not within-spouse paths) were estimated. Results are in Table 2 (for predictors of depression) and Table 3 (for predictors of anxiety). Wives' depression was predicted independently by husbands' denigration and hostile withdrawal ($ts > 2.19$, $p < .05$), and wives' anxiety was independently predicted by husbands' denigration, hostile withdrawal, and dominance/intimidation ($ts > 2.09$, $ps < .05$). Husbands' depression and anxiety symptoms were not predicted by specific types of psychological victimization from their wives ($ts < 1.97$, $ps > .05$).

DISCUSSION

The purpose of this study was to examine the developmental course of psychological aggression and its longitudinal associations with depression and anxiety symptoms in a sample of community couples. Trajectories of psychological and physical aggression and depression and anxiety symptoms were generated from multiple waves of data collected over the first 3 years of marriage. The first aim was to clarify the nature of psychological aggression. Most husbands and wives engaged in repeated acts of psychological aggression, even during the first year of marriage, when relationship satisfaction is typically high. Of the different types of psychological aggression, hostile withdrawal tactics were most frequently employed, and there were no sex differences in prevalence rates, mean levels, or types of aggression employed. Husbands' and wives' psychological aggression fluctuated over time, on average, and there was significant variability in spouses' fluctuations over time. Correlations between husbands' and wives' psychological aggression were moderate to large in magnitude. These findings suggest that psychological aggression in young, community couples is highly prevalent, relatively stable, and largely bidirectional, just as previous studies have demonstrated that rates of physical aggression in such samples are surprisingly high and largely bidirectional (e.g., O'Leary et al., 1989). Moreover, given that many of these couples were not concurrently physically aggressive, we call for greater research efforts studying psychological aggression as a phenomenon in its own right rather than limiting its examination to the study of severely physically aggressive relationships.

The second aim was to examine the dynamic associations between psychological victimization and depression and anxiety symptoms longitudinally. As expected, psychological victimization was associated with individual symptoms for both husbands and wives. However, contrary to our hypothesis, psychological victimization was just as strongly associated with husbands' symptoms as it was for wives' symptoms. Given the lack of sex differences in prevalence rates of psychological aggression and in its impact on individual well-being, we call for greater attention to be paid to both husbands' and wives' psychological aggression and to the consequences for both male and female victims.

When we examined subtypes of psychological victimization, subtypes of husbands' but not wives' aggression were uniquely predictive of partner symptoms, suggesting that the specific types of psychological aggression that impact male and female victims differ. Moreover, husbands' denigration (humiliation, attacks on self-esteem) and hostile withdrawal behaviors (e.g., refusing to talk about an issue) were most strongly predictive of wives' symptoms, suggesting that certain types of male psychological aggression may be more damaging to female victims than others.

The third aim was to clarify the relative influences of psychological and physical victimization on symptoms of depression and anxiety. The associations between psychological victimization and individual symptomatology remained uniformly significant even after controlling for physical victimization; however, the previously significant associations between physical victimization and individual symptoms were no longer significant once we controlled for psychological victimization. In sum, psychological victimization is at least as detrimental—and may be more detrimental—than physical victimization for individual psychopathology symptoms among community (i.e., nonclinic, nonshelter) couples.

Several factors strengthen our confidence in the results of this study. First, multiple waves of data were analyzed. Second, the relative associations of psychological and physical aggression with symptoms of depression and anxiety were examined longitudinally (over 3 years). Third, hypotheses were tested using an APIM approach, which allowed us to account for interdependence and heterogeneity of variance between husbands and wives. Fourth, hypotheses were analyzed using growth curve analytic techniques, a sophisticated statistical approach that allows for the examination of multiple parameters of the outcome variable. Interpretation of these findings must also be qualified by several factors. First, although comparable to other published studies of newlywed samples, the sample size was relatively small. Second, the emphasis placed on the internal rigor in this study is offset by constraints on the generalizability of the findings. Third, this study relied on self-report questionnaires. Replication is recommended using behavioral observations of psychological aggression and structured clinical interviews to assess psychological symptoms. Fourth, a single reporter was used for the predictor and outcome variables, leading to potential concerns about a lack of method variance. However, correlations were low between measures of victimization and measures of symptomatology, and analyses were replicated using aggregated (self and partner) reports of psychological aggression, increasing our confidence in our findings despite this limitation.

The results of this study have several implications for our understanding of the developmental course of psychological aggression in intimate relationships. Psychological aggression is clearly prevalent among normative samples, and this behavior is not unique to physically aggressive relationships. Moreover, the couples in this sample were married 3 to 6 months at the first wave of data collection and reported levels of marital satisfaction in the satisfied range (see Ro & Lawrence, 2007). Thus, psychological aggression does not appear to be unique to distressed or treatment-seeking couples. Further, psychological aggression fluctuates over the early years of marriage. Given that prior research suggests that marital satisfaction declines linearly over the early years of marriage, relationship distress may not contribute to the onset of psychological aggression but may contribute to the longitudinal course of psychological aggression. Future research is needed to examine the predictors of trajectories of psychological aggression over time.

Given the lack of sex differences in this study, psychological aggression is likely bidirectional for many couples and may be more of a dyadic phenomenon than a sign of individual psychopathology (e.g., antisocial or borderline personality disorder). However,

there has been little discussion or empirical research on the (dys)functional role of psychological aggression in intimate relationships. Most likely, the conceptualization and functional role of psychological aggression in intimate relationships will vary based on the nature of the aggression specifically and on the relationship in general. For example, relatively satisfied newlyweds such as those analyzed in this study may be more likely to engage in bidirectional psychological aggression and less likely to engage in severe physical aggression. In contrast, samples comprised of battered women and/or male batterers may yield 100% prevalence rates of psychological aggression, and the psychological aggression might be markedly more frequent, severe, and possibly unidirectional (much like physical aggression in such samples). Future research is needed to clarify the conceptual framework and functional roles of psychological aggression across a broad spectrum of intimate relationships with an increased emphasis on nonphysically aggressive samples in order to clarify the nature of aggression.

In conclusion, this study builds on prior research suggesting that psychological victimization may be more detrimental to one's individual well-being compared to physical victimization for both men and women. Given our larger goal as a field to conduct basic and translational research to inform the prediction and prevention (or treatment) of aggression and its consequences for individual and dyadic functioning, it is imperative that we approach the study of aggression objectively and empirically and study the full construct of aggression. Doing so means studying the full range of aggressive behaviors rather than focusing exclusively on battering samples, assessing both men and women's behaviors rather than assuming a priori that sex differences exist, and studying both psychological and physical aggression as separate, albeit related, damaging behaviors.

NOTES

1. Although data from this sample have been published elsewhere (e.g., Brock & Lawrence, 2008; Ro & Lawrence, 2007), this is the first article to include longitudinal data on psychological aggression and the first to include any data on depression or anxiety.

2. We conducted post hoc analyses to determine whether the interaction between psychological and physical victimization was particularly damaging for spouses' individual well-being. Interaction terms were generated by computing the product of the standardized scores for physical and psychological victimization and entering those terms in addition to the main effects as predictors of depressive and anxiety symptoms. The interaction terms did not significantly predict depression or anxiety for husbands or wives over and above the main effects ($t_s < 1.93$, all *ns*).

3. We also examined whether depression or anxiety significantly predicted psychological aggression. Wives' depressive symptoms predicted changes in their own aggression toward their partners ($t[101] = 3.29$, $p < .005$). Husbands' and wives' psychological victimization were predicted by their own depressive and anxiety symptoms ($t_s > 2.48$, $ps < .05$). Although these bidirectional paths were tested in separate models, there is some evidence that the associations among psychological victimization and individual symptomatology are likely bidirectional.

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