Mediterranean Journal of Clinical Psychology

ISSN 2282-1619

MJCP

Vol 7, n 3, 2019
Articles

From trauma to aggression: an empirical study on the relationship between interpersonal trauma, attachment styles and aggressive tendencies among adults

Serena Giunta [1], Luana La Marca [2], Roberta Paci [3], Ornella Mistretta [3], Antonino Giorgi [4], Filippo Pergola [5], Giuseppe Mannino [1]*

Abstract

The purpose of this study was to examine the relationships between traumatic experiences, insecure attachment styles and psychiatric symptoms in adulthood. Self-report measures concerning trauma, attachment styles and psychopathology were administered to 59 adults (33.9% males, 66.1% females) ranging in age from 18 to 61 years old. Results showed that traumatic experiences were associated with insecure attachment styles and psychopathology, in particular concerning aggressive tendencies. Findings of the study suggest that the exploration of past experiences and current attachment relationships, in terms of interpersonal functioning, may be crucial for understanding aggressiveness.

[1] LUMSA Libera Università Maria Santissima Assunta, Italy
[2] UKE - Kore University of Enna, Italy
[3] University of Palermo, Italy
[4] Catholic University "Sacro Cuore", Brescia, Italy
[5] University of Roma "Tor Vergata", Italy
E-mail corresponding author: luana.lamarca@unikore.it

Keywords:
Aggressiveness; Attachment styles; Psychopathology; Trauma.

DOI: 10.6092/2282-1619/2019.7.2166

1. Introduction

Psychological, psychiatric and social observations have shown an always more convincing relation between the suffering endured as a child and adult behavioural disorders. In this context, De Zulueta's (2008) contribution is interesting, suggesting that the tendency towards violent behaviour in adulthood may be considered as the outcome of adverse experiences lived in the past due to a failure of attachment processes.

Research carried out over the years has stressed the emphasis on the different phases that lead to the evolution of aggressive behaviour disorders as a result of trauma. It is worth mentioning here the seminal theories of Ferenczi on traumatic development caused by overwhelming events during adulthood, such as war (Ferenczi, 1921), or by disturbed relationship with the parents during childhood (Ferenczi, 1932).

In this context, Ferenczi was the first psychoanalyst to return to the idea that most of the neuroses have a real trauma at their root, emphasizing the idea that at the basis of neurosis there are exogenous moments and that psychic conflict is not intrapsychic but arises from traumatic relationships with a pathogenic environment (Ferenczi, 1928, 1929, 1932/1949).

The mother-child relationship became the main topic in the development of new theoretical models starting from the studies carried out by Winnicott (1965) with the concept of the "good enough mother" and by Balint (1959), a forerunner of the object relations. Further contributions were given by Bowlby with his more specific attachment theory (Bowlby, 1969, 1973, 1980, 1988).

As suggested by a large number of scientific evidence, distressful experiences, especially in the context of attachment relationships, may affect the psychological processes of an individual at multiple levels of functioning, fostering significant alterations in self-concept, affect regulation abilities, relationship patterns, belief systems and behavioural control (Bifulco et al., 2014a, 2014b; Fonagy, 2003; Granieri et al., 2017, 2018; La Marca et al., 2015, 2018b; Lo Coco et al., 2018; Mannino & Giunta, 2015; Mannino, Giunta, Buccafusca, Cannizzaro, & Lo Verso, 2015; Mannino, Giunta, & La Fiura, 2017; Schafer et al., 2010; Schimmenti, 2017, 2018; Schimmenti & Caretti, 2016; Schimmenti & Sar, 2019; Schimmenti et al., 2019; Sideli et al., 2012, 2018a, 2018b; Siegel, 1999; Van Der Kolk, 2005).

The concept of aggression has been analysed starting from the theories elaborated by Lewin (1939), who considers the violent behaviours to be the result of the relation between humans and the environment. These considerations are in line with those proposed by Durbin and Bowlby (1939), who made a distinction between simple and transformed aggressiveness.

In the last two decades, aggression and violence are two factors particularly investigated in clinical and psycho-social sciences. It has become clear over the years that no single theory can actually explain the entire aggressive behaviour construct in all its complexity. In fact, it is necessary to look at the manifold variations that characterise this phenomenon and the further complexity given by the changing of times. Since the end of World War II, the physical and psychological effects endured during the conflict have led us to ask ourselves more and more about the reasons that would push a man to commit abuse and other types of crimes against things and people, sometimes even beyond domestic walls or national borders, waging more wars and perpetrating brutal acts of violence.

For quite a long time, this was simplistically dismissed as a part of the human nature on the basis of innatist theories.

Nowadays, however, aggression is considered as a result of social learning (Bandura, 1973) and according to a more psychodynamic perspective it is understood as an outcome of early relational experiences which have been characterized by emotionally and physically traumatic events (Schimmenti et al., 2015a; Van der Kolk, 1985).

According to many theories, developed both in the psychological and psychiatric fields, an individual may turn to aggressiveness due to a childhood characterised by abuse and neglect. More specifically, it has been observed that early experiences characterized by lack of care and affection can act as trigger with respect to the development of violent behaviour in adulthood, prejudicing the growth of the individual and which, even in long distance, shows all its destructive power (De Zulueta, 2008; Ferraro et al., 2018; Main & George, 1985; Rogers, 1983; Schimmenti et al., 2019a).

In the light of these considerations, the aim of our study was to explore the relationships between traumatic experiences, attachment styles and aggressive tendencies among adults. Consistently, with previous research on the topic, we hypothesized that specific trauma types and insecure attachment styles would associate with an increase of global psychopathology and aggressive tendencies in adulthood.

2. Materials and Methods

2.1 Participants

The sample included 59 participants of which 20 (33.9%) were males and 39 females (66.1%). Participants ranged in age from 18 to 61 years old (M = 36.79; SD = 15.81). The years of education ranged from 5 to 20 years (M = 15.10; SD = 3.12). Moreover, 74.5% of participants was not married versus 25.5% was married. There were no gender difference in relation to age ($t_{(57)} = .77$, $p = .44$), marital status ($\chi_{(1)} = .90$, $p = .34$), and years of education ($t_{(57)} = -.45$, $p = .65$).

2.2 Procedures

After ethical permission by the Internal Review Board for psychological research of the LUMSA University of Palermo, participants were randomly recruited in the same city of Sicily. The people were informed about the nature of the study and those who agreed to participate in the study and signed the informed consent form completed the measures used in this research. The subjects were also followed during filling out the questionnaires, so that they could receive clarifications whenever needed.

2.3 Measures

2.3.1 Traumatic Experiences Checklist (TEC; Nijenhuis, Van der Hart, & Kruger, 2002)

This is a self-report measure addressing 29 types of potentially traumatic events. An example item is "Being hit, tortured, or wounded by your parents, brothers, or sisters" (related to physical abuse). It is a widely used measure in both clinical practice and research, with good reliability and predictive validity (Nijenhuis, Van der Hart, & Kruger, 2002; Schimmenti, 2018; Schimmenti et al., 2015a). Different scores can be calculated on the TEC. Composite scores on emotional neglect/abuse (from items 14 to 19), physical abuse (from items 20 to 23), sexual abuse (from items 24 to 29), and other traumatic events (from items 1 to 13) were used in order to obtain specific indices of the abuses during childhood and to test the hypotheses of the study. In the current study, the KR-20 coefficient for the TEC was .63.

2.3.2 Symptom Checklist 90 Revised (SCL-90-R; Derogatis, 1994)

This is a self-report used to evaluate a broad range of psychological problems and symptoms of psychopathology. Participants are asked to rate the extent to which they have suffered from 90 psychiatric symptoms during the past week (e.g., "Unwanted thoughts or idea that won't leave your head"). Each item of the questionnaire is rated on a 5-point scale of distress (from 0 to 4). The instrument include nine dimensions: Somatisation (SOM), Obsessive-Compulsivity (OC), Interpersonal sensitivity (INS), Depression (DEP), Anxiety (ANX), Hostility (HOS), Phobic Anxiety (PHOB), Paranoid Ideation (PAR), Psychoticism (PSY), but in this study in order to test our hypotheses we used only dimension related to hostility and global severity index (GSI). The Global Severity Index is the mean score of the 90 items. Higher scores on this index indicate higher psychopathology. It has good reliability, convergent validity, and discriminant validity (Dinning & Evans, 1977). In this study, Cronbach's alpha for the Symptom Checklist-90 in the present study was an excellent .97, moreover Cronbach's alpha for the subscale of hostility was .87.

2.3.3 Relationship Questionnaire (RQ; Bartholomew & Horowitz, 1991)

The Relationship Questionnaire (RQ) is a self-report measure consisting of 4 prototypes, each describing a different attachment style: secure, dismissive, preoccupied, and fearful. Subjects are initially asked to highlight the attachment model that best describes them. Then, they are asked to indicate their degree of correspondence to each prototype on a 7-point scale. An example of the RQ paragraphs is the following (related to fearful attachment): "I am somewhat uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them.

I sometimes worry that I will be hurt if I allow myself to become too close to others". The basic assumption of RQ is that the internal working models of attachment reflect people's representations about themselves and those with whom they have close relationships.

2.4 Statistical analysis

Descriptive statistics were initially computed for all study variables. Group differences were examined through *t-student* and *chi-square* tests. In order to test our hypotheses *Pearson*'s *r* correlation coefficients were calculated to explore the associations among TEC subscales scores, RQ patterns scores, and SCL-90-R scores (referring to hostility subscale and GSI).

3. Results

3.1 Descriptive statistics and Gender Differences

Average scores on traumatic experiences, prototypical attachment styles, and psychiatric symptoms are reported in Table 1, for the full sample and differentiated by gender, along with the level of significance for gender differences.

Table 1. Descriptive statistics and group differences

	Full Sample (N=59)		Males (n= 20)	Females (n= 39)		
	M (SD)	Range	M (SD)	M (SD)	$t_{(57)}$	*p*
Total trauma (TEC)	3.46 (2.62)	0-9	4.40 (2.98)	2.97 (2.31)	2.03	<.05
Emotional neglect/abuse	1.31(.42)	0-5	1.75 (1.62)	1.08 (1.22)	1.79	.08
Physical abuse	.17 (.45)	0-2	.25 (.55)	.13 (.34)	1.05	.30
Sexual abuse	.03 (.18)	0-1	.01 (.00)	.05 (.22)	-1.02	.31
Other types of trauma	1.95 (1.69)	0-6	2.40 (1.76)	1.72 (1.62)	1.49	.14
Averaged perceived impact	3.10 (1.13)	1-5	3.10 (.87)	3.10 (1.25)	-.02	.99
Age first trauma (years)	13.04 (10.80)	0-49	13.59 (10.14)	12.77 (11.25)	.25	.80
Trauma maximum length (years)	7.58 (11.55)	0-59	11.19 (12.42)	5.88 (10.90)	1.54	.13
Averaged perceived support	1.23 (.85)	0-3	1.08 (.86)	1.29 (.85)	-.75	.45
Secure attachment (RQ)	4.02 (1.94)	1-7	4.55 (1.99)	3.74 (1.89)	1.53	.13
Dismissive attachment	4.41 (1.95)	1-7	4.90 (1.48)	4.15 (2.12)	1.40	.16
Preoccupied attachment	2.78 (2.01)	1-7	2.70 (1.78)	2.82 (2.14)	-.22	.83
Fearful attachment	3.64 (2.03)	1-7	3.10 (1.92)	3.92 (2.06)	-1.49	.14
Global Severity Index (SCL-90-R)	.75 (.51)	0-2.2	.74 (.59)	.76 (.47)	-.14	.89
Hostility	.71(.75)	0-3.5	.89 (.99)	.61(.58)	1.37	.18

Note. TEC= Traumatic Experiences Checklist; RQ= Relationship Questionnaire; SCL-90-R: Symptom Checklist 90 Revised.

The TEC total scores related to the presence of stressful and /or potentially traumatic events reported by the participants ranged from 0 to 9 (M = 3.46; SD = 2.62). The main traumatic experiences are linked to the loss of significant figures such as parents, role-reversal and disease (M = 1.95; SD = 1.69), followed by emotional neglect/abuse (M = 1.31; SD = 1.39), physical abuse (M = .17; SD = .42) and sexual abuse (M = .03; SD = .18). In the majority of traumatic experiences it is possible to observe how factors such as bereavement, inversion of parental roles and skills as well as illness are the most widespread, as they are the most likely to happen in the course of one's life. The loss of a friend or family member, illness and taking care of someone are three common events in everyone's life and the severity of the trauma lies in how each person copes with these occurrences.

A peculiar result was that related to abuse, especially for what concerns sexual abuse. In fact, the average experience of sexual abuse is very low and there are many ways to understand this. It is well known that the sexually abused subjects in fact mature a strong feeling of impotence (De Zulueta, 2008) and betrayal (Everson et al., 1989), which will lead to shutdown and lack of ability to express their experiences and emotions.

The child matures within himself the conviction of being "worthless" and that his pain is not important enough (Blassel, 1992) to be communicated to others or to look for support. It might be possible that the data obtained is so limited due to the lack of expression of such experiences, which persist in the mind of both children and adults, causing pain every time they are brought back to memory. However, it is also possible that this type of abuse represents an uncommon experience for our group of participants.

No significant gender differences emerged in the majority of TEC subscales, except for total scores. Males reported more TEC total scores ($t_{(57)}$= 2.03, p= <.05). On average, adolescence was the life stage where the first trauma was experienced (M = 13.04 years; SD = 10.80 years), with a maximum duration of the trauma of 7.58 years (SD = 11.55). The support received was average (M = 1.23; SD = .85), while the impact of these experiences appeared to be rather remarkable (M = 3.10; SD = 1.13).

The theoretical reflections (Erickson, 1968; Laufer & Laufer, 1984; Marcia, 1980) and empirical research (Meeus, 2011) indicate adolescence as an important focal point of life, in which the risk and resilience factors present in individuals, in their families and in society may contribute to determining the course of subsequent development.

According to previous research, even in this study, adolescence is confirmed to be a vulnerable moment of life, during which it is possible to go through different adverse and potentially traumatic experiences. In this regard, it has been recognized that a number of key risk factors occurring in the relational context of growth (including, for example, loss of a family member, inadequate supervision or discipline by parents, being raised in single mother households, poor peer group relationships or problem school context) could lead a young individual to more likely to be exposed to traumatic experiences such as abuse, neglect and violence within the household and outside the family (Bifulco et al., 2014a; Schimmenti, 2018), with negative consequences for his/her development that will be deviate toward atypical trajectories.

For what concerns the RQ scores ranged from 1 to 7, with different average scores and standard deviations for each prototypical attachment style; participants declared that they were mainly characterised by both dismissive attachment (M = 4.41; SD = 1.95) and secure attachment (M = 4.02; SD = 1.94). The average scores obtained from the other self-descriptions were M = 3.64 (SD = 2.03) for fearful attachment and M = 2.78 (SD = 2.01) for preoccupied attachment. In this context, findings showed that the style of dismissive attachment style was the most common one. It is interesting that attachment theory elaborated that avoidant attachment can be found in some children constantly rejected by the parent or caregiver. It is also important to underline the persistence of these behavioural patterns over time: according to a study conducted by Main and Solomon (1990), mothers with an avoidant and insecure attachment style would come from family situations of the same type.

Finally, regarding psychiatric symptoms, the global severity index detected a range from 0 to 2.20. The mean score of .75 (SD= .51) suggested a normal physical and psychological health status, as expected from a non clinical sample; moreover, the same applied for hostility scores (M = .71; SD = .75). The t-test performed on other variables of the study showed no statistically significant differences between males and females within the group, therefore the variables were distributed homogeneously.

3.2 Correlations among Traumatic Experiences, Attachment Styles and Psychiatric Symptoms

The intercorrelations among TEC scores, RQ scores, GSI score and Hostility scores (SCL-90-R) were examined. Significant bivariate associations emerged among the study variables (see Table 2).

Table 2. Pearson's r correlations between the variables

	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1.GSI	.84**	-.13	.06	.17	.36**	.23	.36**	.32*	-.08	-.01	.01	-.29*	.21	-.01
2. HOS	_	.02	-.01	.11	.18	.30*	.40**	.33**	-.07	.06	.08	-.30*	.28*	-.04
3. Secure		_	-.23	-.04	-.42**	-.07	-.07	-.09	.19	-.05	0.8	.10	.24	.06
4.Dismissive			_	-.03	.22	.31*	.17	-.01	-.14	.35**	-.11	-.20	.03	-.31*
5.Preoccupied				_	.26*	.19	.17	.11	-.12	.13	.15	-.13	.18	-.09
6. Fearful					_	.03	.12	.05	-.15	-.05	-.01	-.35*	-.18	.07
7. Total trauma						_	.76**	.47**	.04	.80**	.25	-.37**	.37**	-.12
8.Emotional neglect/abuse							_	.50**	-.18	.26*	.13	-.42**	.29*	-.04
9.Physical abuse								_	-.08	.09	.07	-.31*	.22	-.01
10.Sexual abuse									_	.12	.00	-.01	-.12	-.32*
11.Other trauma										_	.25	-.10	.26	-.10
12.Perceived impact											_	.33*	-.05	.32*
13.Age first trauma (years)												_	-.33*	.17
14.Trauma length (years)													_	-.20
15.Perceived support														_

Note. * = p<.05; ** = p<.01

Specifically, emotional neglect/abuse (r= .36; p<.01) and physical abuse (r= .32; p<.05) were positively and significantly correlated with global severity index score, moreover age at first trauma was negative and significantly correlated with global severity index score (r= -.29; p<.05). Furthermore, concerning hostility scores it was observed positive and significant associations with emotional neglect/abuse (r= .40; p<.01), physical abuse (r= .33; p<.01), TEC total score (r= .30; p<.05), and trauma maximum length (years) scores (r= .28; p<.05), while age at first trauma was negative and significantly correlated with TEC total score (r= -.30; p<.05). Finally, regarding attachment styles in our group emerged interesting significant correlations related to: GSI and fearful attachment style (r=. 36, p<.01), total trauma (TEC) and dismissive attachment style (r= -.31, p<.05), other types of trauma (TEC) and dismissive attachment style (r= .35, p<.01), and in conclusion the age first trauma (TEC) and fearful attachment style (r= -.35, p<.05).

4. Discussion

This research kept the focus on two main assumptions: the first one referred to the associations between interpersonal trauma and individual psychological functioning, with particular regard to aggressive tendencies in adulthood, starting from theoretical, clinical and empirical contributions that have suggested their relationship and their negative impact in the life of the individual and in the community (Mannino & Giunta, 2015; Schimmenti et al., 2015a,2015b; Schimmenti & Caretti, 2016). The second one referred to potentially traumatic experiences and their links with insecure attachment styles and - more generally - maladaptive interpersonal functioning in close relationships (Schimmenti et al., 2014; Schimmenti & Caretti, 2018).

The findings of the current study were in line with previous research showing that trauma, and more specifically experiences of both emotional neglect and emotional abuse as well as physical abuse, are linked to different clinical conditions, leading the individual to adopt dysfunctional strategies and/or psychopathological behaviours, in a more or less serious way, to manage painful feelings and unbearable mental states arising from such negative interpersonal experiences (Bifulco et al., 2014a,2014b; La Marca et al., 2015, 2018a,2018b; Schimmenti, 2017, 2018; Schimmenti & Sar, 2019; Schimmenti et al., 2019b). In fact, it was possible observed that the participants who reported higher levels of traumatic experiences, in terms of emotional neglect/abuse and physical abuse scores of the TEC, showed an increase on the SCL-90-R global psychopathology index. Moreover, the first assumption of connection between the traumatic experiences and the aggressive behavioural manifestations in the adulthood can be confirmed. In particular, this research showed interesting associations concerning the hostility dimension of SCL-90-R, which represents a precursor of aggressive behaviour and irritability, reflecting thoughts and behaviours typical of an affective state such as anger. The correlation analysis showed that total trauma scores, and again especially for what concern emotional and physical trauma types, were significantly connected to an increase on hostility score of the SCL-90-R. This finding supported our hypothesis and confirmed theory (Bowlby, 1944, 1973, 1984; De Zulueta, 2008; Winnicott, 1956) and research (Craparo, Schimmenti, & Caretti, 2013; Evren et al., 2013; Scarpa, Haden, & Abercromby, 2010; Schimmenti et al., 2015a, 2019a) suggesting that aggressive and violence attitudes in adulthood could be a result of adverse events experienced during childhood or adolescence in addition to other trigger elements. Specifically, these results could provide evidence that when experiences of emotional abuse are added to physical abuse in the context of development, it is likely that, reduced mentalizing abilities combine with affect dysregulation, thus precipitating in a high level of aggressive behaviour, impulsivity and reduced behavioural control (De Zulueta, 2008; Felitti, 2009; Fonagy, 2003; Fonagy, Gergely, Jurist, & Target, 2002; Ford, 2005; Jurist, Slade, & Bergner, 2008; Van der

Kolk, 2005). In this context, it seems interesting referring to a research carried out by Van der Kolk (1985), who analysed Vietnamese teenagers and their tendency to outbursts of uncontrolled rage due to the loss of someone in battle. Further, is relevant reporting the current empirical study conducted by Schimmenti and collaborators (2015a) suggested that emotional abuse in childhood, in combination with other factors (such as neurobiological and temperamental vulnerabilities), may foster the development of violent behaviours up to psychopathic traits.

However, it should be emphasised that the relation between traumatic experiences and psychopathology - and more specifically for what concern aggressive tendencies - is not linear and consequential: there are many factors that could contribute to the occurrence of these clinical conditions such as devaluation of attachment bonds. For this reason, it is important to pay attention to other significant correlation emerged in our sample such as that between dismissive attachment style score at RQ and traumatic experience scores at TEC.

As expected, the participants who experienced more stressful or traumatic events showed higher scores on dismissive attachment style. In line with literature (La Marca et al., 2015; Mikulincer & Shaver, 2007; Schimmenti & Caretti, 2018), those who have suffered of traumatic experiences appeared insecurely attached in terms of dismissive attachment, suggesting that they perceive proximity seeking as dangerous, due to a representation of others as neglectful and rejecting, and therefore adopt a deactivating attachment strategy as a self-protective strategy. This includes denial of attachment needs, distrust, and distance to others and consequently compulsive self-reliance. Conversely, we observed an increased on fearful attachment style score in those participants who reported highest score on global psychopathology at the GSI of the SCL-90-R. This finding may suggest that anxiety and fear about rejection and abandonment could play a key role in worsening psychophysical functioning, but also, at the same time, this result could indicate that in the presence of greater psychopathology an hyperactivation of the attachment system could be observed in some participants in order to get proximity to attachment figures in the hope of receiving supportive and validating attention (Granieri et al., 2017a; La Marca et al., 2015; Pielage, Gerlsma, & Schapp, 2000; Schimmenti & Caretti, 2018). Finally, it seems useful to point out an interesting result that concerns the absence of associations between hostility scores of the SCL-90-R and scores on attachment styles at RQ. An intriguing hypothesis could be that when seeking proximity is not perceived as an option, the participants may have learned to adopt attachment-deactivating strategies to avoid or suppress the intense painful feelings of rejection and abandonment experienced.

However, several limitations of our study should be noted. First, the study involved only adult volunteers from the normal population, which together the reduced sample size, prevents the generalization of our results. Further studies are needed that should involve a more large sample size to generalize these findings also in clinical and forensic populations. Secondary, the data was entirely collected by self-report thus the information collected may be susceptible to a series of known biases. Future studies might consider the possibility of adopting psychological interviews. The third limitation refers to the correlational nature of the study. The presence of associations between emotional and physical abuse, attachment styles and psychopathology scores cannot allow us to conclude that these traumatic experiences lead to increased psychiatric symptoms and aggressive tendencies, especially because this relationship would be affected by other variables that were not examined in this study. Future studies should include other mediator variables and provide more sophisticated statistical drawings to test predictive relationships.

These limitations notwithstanding, our results are in line with both attachment theory (Bowlby, 1988) and social learning theory (Bandura, 1973) in suggesting a pattern in which pain may generate more pain (Schimmenti et al., 2015a), as a vicious cycle which requires the development of effective preventive measures and treatment programs to counter the development and the spreading of psychological and physical violence into our society.

References

1. Balint, M. (1959). *The basic fault: therapeutic aspects of regressions*. London: Tavistock.
2. Bandura, A. (1973). *Aggression: a social learning analysis*. Englewood Cliffs, NJ: Prentice Hall.
3. Bartholomew, K., & Horowitz, L. (1991). "Attachment styles among young adults: A test of a four category model". *Journal of Personality and Social Psychology*, 61, 226-244.
4. Bifulco, A., Schimmenti, A., Jacobs, C., Bunn, A., & Rusu, A. (2014a). Risk factors and psychological outcomes of bullying victimization: A community-based study. *Child Indicators Research,* 7(3), 633–648.
5. Bifulco, A., Schimmenti, A., Moran, P., Jacobs, C., Bunn, A., Rusu, A. C. (2014b). Problem parental care and teenage deliberate self-harm in young community adults. *Bulletin of the Menninger Clinic*, 78(2), 95–114.
6. Blassel, J.M. (1992). De l'enfant maltraité à l'adulte maltraitant [From the abused child to the abusive adult]. *Dialogue*, 3, 19-27.
7. Bowlby, J. (1944). Forty-four juvenile thieves: Their characters and home-life. *International Journal of Psycho-Analysis*, *25*, 19-53.
8. Bowlby, J. (1969). *Attachment and Loss, Vol. 1: Attachment*. London: Hogarth Press.
9. Bowlby, J. (1973). *Attachment and Loss, Vol. 2: Separation: Anxiety and Anger*: London: Hogarth Press.
10. Bowlby, J. (1980). *Attachment and Loss, Vol. 3: Loss: Sadness and Depression*. London: Hogarth Press.
11. Bowlby, J. (1984). Violence in the family as a disorder of the attachment and caregiving systems. *The American Journal of Psychoanalysis, 44*(1), 9-27.
12. Bowlby, J. (1988). *A secure base: Clinical applications of attachment theory*. London: Routledge.
13. Craparo, G., Schimmenti, A., & Caretti, V. (2013). Traumatic experiences in childhood and psychopathy: a study on a sample of violent offenders from Italy. *European Journal of Psychotraumatology,* 4, 21471.
14. De Zulueta, F. (2008). *From pain to violence: The traumatic roots of destructiveness* (2nd ed.). West Sussex, UK: Wiley.
15. Derogatis, L.R. (1994). Symptom Checklist-90-R: Administration, scoring, and procedures manual (3rd ed.). Minneapolis, MN: National Computer Systems.
16. Dinning, W.D. & Evans, R. G. (1977). Discriminant and convergent validity of the SCL-90 in psychiatric inpatients. *Journal of Personality Assessment,* 41(3), 304-310.
17. Durbin, E. F. M. & Bowlby, J. (1939). *Personal Aggressiveness and War*. Oxford, England: Columbia University Press.
18. Erikson, E.H. (1968). *Identity: Youth and crisis*. New York, NY: Norton.
19. Everson, M. D., Hunter, W. M., Runyon, D. K., Edelsohn, G. A., & Coulter, M. L. (1989). Maternal support following disclosure of incest. *American Journal of Orthopsychiatry*, 59(2), 197-207.

20. Evren, C., Cınar, O., Evren, B., Ulku, M., Karabulut, V., & Umut, G. (2013). The mediator roles of trait anxiety, hostility, and impulsivity in the association between childhood trauma and dissociation in male substance-dependent inpatients. *Comprehensive Psychiatry*, 54(2), 158-166.

21. Felitti, V. J. (2009). Adverse childhood experiences and adult health. *Academic Pediatrics*, 9(3), 131-132.

22. Ferenczi, S., Abraham, K., Simmel, E. and Jones, E. (1921). *Psychoanalysis and the War Neuroses*. The *International Psycho-Analytical Library* (pp. 1-59). London, Vienna, New York: The International Psycho-Analytic Press.

23. Ferenczi, S. (1928). The adaptation of the family to the child. *British Journal of Medical Psychology, 8*(1), 1-13.

24. Ferenczi, S. (1929). Das unwillkommen Kind und sein Todestrieb. *Internationale Zeitschrift fur Psychoanalyse,* 15, 149-153.

25. Ferenczi, S. (1932). *The Clinical Diary of Sandor Ferenczi*. Cambridge, MA: Harvard University Press.

26. Ferenczi, S. (1932/1949). Confusion of the tongues between the adults and the child (The Language of Tenderness and of Passion). *International Journal of Psycho-Analysis,* 30, 225-230.

27. Ferraro, L., Nuzzo, M. C., Sideli, L., Maniaci, G., Caprì C. A., La Barbera, D., et al. (2018). Psychopathology and female detention at the "Pagliarelli" jail of Palermo: preliminary results. *Mediterranean Journal of Clinical Psychology,* 6(2),1-17.

28. Fonagy, P. (2003). The developmental roots of violence in the failure of mentalization. In F. Pfäfflin & G. Adshead (Eds.), *A matter of security: The application of attachment theory to forensic psychiatry and psychotherapy* (pp. 13–56). London: Jessica Kingsley.

29. Fonagy, P., Gergely, G., Jurist, E. L., & Target, M. (2002). *Affect regulation, mentalization and the development of the self.* New York, NY: Other Press.

30. Ford, J. D. (2005). Treatment implications of altered neurobiology, affect regulation and information processing following child maltreatment. *Psychiatric Annals,* 35(5),410-419.

31. Granieri, A., Guglielmucci, F., Costanzo, A., Caretti, V., & Schimmenti, A. (2018). Trauma-related dissociation is linked with maladaptive personality functioning. *Frontiers in psychiatry*, *9*.

32. Granieri, A., La Marca, L., Mannino, G., Giunta, S., Guglielmucci, F., & Schimmenti, A. (2017). The Relationship between Defense Patterns and DSM-5 Maladaptive Personality Domains. *Frontiers in Psychology,* 8, 1-12.

33. Jurist, E. L, Slade, A., & Bergner, S. (2008). (Eds). *Mind to Mind: Infant Research, Neuroscience and Psychoanalysis.* New York, NY: Other Press.

34. La Marca, L., Maniscalco, E., Fabbiano, F., Verderame, F. & Schimmenti, A. (2018a). Efficacy of Pennebaker's expressive writing intervention in reducing psychiatric symptoms among patients with first-time cancer diagnosis: a randomized clinical trial. *Supportive Care in Cancer,* 27(5), 1801-1809.

35. La Marca, L., Minghetti, M., Baldoni, F. & Schimmenti, A. (2015). Emotional neglect and personality development: An adult attachment interview case example. *Psichiatria e Psicoterapia, 34*(1), 3-25.

36. La Marca, L., Scalabrini, A., Mucci, C. & Schimmenti, A. (2018b). Traumatic memories and the body: A study on child maltreatment, interoceptive awareness, and somatic symptoms [Le memorie traumatiche e il corpo: uno studio su maltrattamento infantile, consapevolezza interocettiva e sintomi somatici. MALTRATTAMENTO E ABUSO ALL'INFANZIA]. *Child Abuse and Maltreatment: Interdisciplinary Journal.* 3, 47-71. Milano: Franco Angeli Editore.

37. Laufer, M. & Laufer, E. (1984). *Adolescence and developmental Breakdown: A psychoanalytic view*. New Haven: Yale university Press.

38. Lewin, K., (1939). Patterns of aggressive behavior in experimentally created social climates. *Journal of Social Psychology, 10(*2), 269-299.

39. Lo Coco, G., Mannino, G., Salerno, L., Oieni, V., Di Fratello, C., Profita, G., & Gullo, S. (2018). The Italian version of the inventory of interpersonal problems (IIP-32): psychometric properties and factor structure in clinical and non-clinical groups. *Frontiers in psychology*, *9*, 341.

40. Main, M. & George, C. (1985). Social interactions of young abused children: approach, avoidance and aggression. *Child Development, 50*, 306-318.

41. Main, M. & Solomon, J., (1990). Procedures for Identifying Infants as Disorganized/Disoriented during the Ainsworth Strange Situation. In Greenberg, M.T., Cicchetti, D., Cummings, E. M. (Eds.), *Attachment in the Preschool Years: Theory, Research, and Intervention* (pp.121-60). Chicago: University of Chicago Press.

42. Mannino, G. & Giunta, S. (2015). Psychodynamics of the Mafia Phenomenon: Psychological–Clinical Research on Environmental Tapping and White-Collar Crime. *World Futures, 71*,185-201. ISSN: 1556-1844.

43. Mannino, G., Giunta, S., Buccafusca, S., Cannizzaro, G. & Lo Verso, G. (2015). Communication Strategies in Cosa Nostra: An Empirical Research. *World Futures, 71*,153-172. ISSN: 1556-1844.

44. Mannino, G., Giunta, S. & La Fiura, G., (2017). Psychodynamics of the Sexual Assistance for Individuals with Disability. *Sexuality and Disability, 35*(4), 495-506.

45. Marcia, J.E. (1980). Identity in adolescence. In J. Adelson (Ed.), *Handbook of adolescent psychology*. New York: Wiley.

46. Meeus, W. (2011). The Study of Adolescent Identity Formation 2000–2010: A Review of Longitudinal Research. *Journal of Research on Adolescence*, 21(1), 75–94.

47. Mikulincer, M., & Shaver, Ph. R. (2007). *Attachment in adulthood: structure, dynamics and change*. New York: Guilford Press.

48. Nijehuis, F., Van Der Hart, O. & Kruger K., (2002). The psychometric characteristics of the traumatic experiences checklist (TEC): first findings among psychiatric outpatients. *Clinic Psychology*

and Psychoterapy, 9, 200- 210.

49. Pielage, S., Gerlsma, C., & Schaap, C. (2000). Insecure attachment as a risk factor for psychopathology: The role of stressful events. *Clinical Psychology & Psychotherapy: An International Journal of Theory & Practice*, *7*(4), 296-302.

50. Rogers, J.A. (1983). Child abuse in humans: a clinician's view. In M. Reite & N.G. Caine (Eds.), *Child Abuse: the nonhuman primate data* (pp. 1-17). New York: Alan R. Liss.

51. Scarpa, A., Haden, S. C., & Abercromby, J. M. (2010). Pathways linking child physical abuse, depression, and aggressiveness across genders. *Journal of Aggression, Maltreatment & Trauma,* 19(7), 757-776.

52. Schafer, I., Langeland, W., Hissbach, J., Leudecke, C., Ohlmeier, Md., Chodzinski C., et al. (2010). Childhood trauma and dissociation in patients with alcohol dependence, drug dependence, or both-A multi-center study. *Drug and Alcohol Dependence Journal, 1*, 109, 84-90.

53. Schimmenti, A. (2017). The developmental roots of dissociation: A multiple mediation analysis. *Psychoanalytic Psychology, 34*(1), 96–105.

54. Schimmenti, A. (2018). The trauma factor: examining the relationships among different types of trauma, dissociation, and psychopathology. *Journal of Trauma & Dissociation*, 19(5), 552-571.

55. Schimmenti, A. & Caretti, V. (2016). Linking the overwhelming with the unbearable: developmental trauma, dissociation, and the disconnected self. *Psychoanalytic Psychology, 33*(1), 106-128.

56. Schimmenti, A. & Caretti, V. (2018). Attachment, trauma, and alexithymia. In O. Luminet, R.M. Bagby & G.J. Taylor (Eds.), A*lexithymia: advances in research, theory, and clinical practice* (pp.127-141). Cambridge: Cambridge University Press.

57. Schimmenti, A., Di Carlo, G., Passanisi, A., & Caretti, V. (2015a). Abuse in childhood and psychopathic traits in a sample of violent offenders. *Psychological Trauma: Theory, Research, Practice, and Policy, 7*(4), 340-347.

58. Schimmenti, A., Jonason, P. K., Passanisi, A., La Marca, L., Di Dio, N., & Gervasi, A. M. (2019a). Exploring the dark side of personality: Emotional awareness, empathy, and the Dark Triad traits in an Italian Sample. *Current Psychology*, *38*(1), 100-109.

59. Schimmenti, A., Maganuco, N. R., La Marca, L., Di Dio, N., Gelsomino, E., & Gervasi, A. M. (2015b). Why Do I Feel So Bad? Childhood Experiences of Emotional Neglect, Negative Affectivity, and Adult Psychiatric Symptoms. *Mediterranean Journal of Social Sciences, 6* (6), 256-265.

60. Schimmenti, A., Passanisi, A., Pace, U., Manzella, S., Di Carlo, G., & Caretti, V. (2014). The relationship between attachment and psychopathy: A study with a sample of violent offenders. *Current Psychology: A Journal for Diverse Perspectives on Diverse Psychological Issues,* 33(3), 256-270.

61. Schimmenti, A., & Şar, V. (2019). A correlation network analysis of dissociative experiences. *Journal*

of Trauma & Dissociation, 20(4), 402-419.

62. Schimmenti, A., Sideli, L., La Marca, L., Gori, A., & Terrone, G. (2019b). Reliability, Validity, and Factor Structure of the Maladaptive Daydreaming Scale (MDS–16) in an Italian Sample. *Journal of Personality Assessment*, 1-13.

63. Sideli, L., Fisher, H. L., Murray, R. M., Sallis, H., Russo, M., Stilo, S. A., et al. (2015). Interaction between cannabis consumption and childhood abuse in psychotic disorders: Preliminary findings on the role of different patterns of cannabis use. *Early Interv Psychiatry, 12*(2), 135-142.

64. Sideli, L., La Barbera, D., Montana, S., Sartorio, C.R., Seminerio, F., Corso, M., et al. (2018). Pathological gambling in adolescence: A narrative review. *Mediterranean Journal of Clinical Psychology, 6* (1), 1-40.

65. Sideli, L., Mulè, A., La Barbera, D., & Murray, R. M. (2012). Do child abuse and maltreatment increase risk of schizophrenia? *Psychiatry Investigation,* 9(2), 87-99.

66. Siegel, D.J. (1999). *The Developing Mind: Toward a Neurobiology of Interpersonal Experience.* New York: Guilford.

67. Van Der Kolk, B.A. (1985). Adolescent vulnerability to post traumatic stress disorder. *Psychiatry, 48,* 365-370.

68. Van Der Kolk, B.A. (2005). Developmental Trauma Disorder. Towards a rational diagnosis for children with complex trauma histories. *Psychiatric Annals 5,* 401-408.

69. Winnicott, D. W. (1956). The antisocial tendency. In C. Winnicott, R. Shepherd & M. Davis (Eds.), *Deprivation and Delinquency* (pp. 120-131). London: Tavistock Publications, 1984.

70. Winnicott, D. W. (1965). *Maturational processes and the facilitating environment: Studies in the theory of emotional development*. London: Hogarth Press and Institute of Psychoanalysis.

DOI: 10.6092/2282-1619/2019.7.2166