

Invisible Scars: The Psychological Symptoms of Emotional Abuse and the Positive Thinking

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INTRODUCTION

Emotional abuse in childhood is a form of psychological violence that can go unnoticed (Goldsmith & Freyd, 2005). It includes emotionally damaging behaviors by caregivers, such as verbal threats, isolation, humiliation, and rejection, which disrupt a child's personality development and psychosocial progress (Arslan, 2016). The psychological consequences are severe, often leading to depression, anxiety, post-traumatic stress disorder (PTSD), personality disorders, and other mental health conditions (Olgiati & Serretti, 2022; Schlensog-Schuster et al., 2024; Wang et al., 2023; Xiao et al., 2024).

Positive thoughts are constructive cognitive patterns defined by optimism, gratitude, self-efficacy, and solution-focused thinking (Fredrickson, 2001). These mental frameworks support emotional, psychological, and physical well-being (Taherkhani et al., 2023). Rather than denying difficulties, positive thinking reframes experiences to promote growth, resilience, and mental stability (Beck, 1979; Seligman, 2011).

Although childhood emotional abuse often hinders the development of optimism, trust, and self-worth, psychological interventions that cultivate positive thinking show promise in countering these effects. Positive cognitive reappraisal may mediate the link between emotional abuse and anxiety, offering a pathway to resilience (Kocatürk & Çiçek, 2023; Xie et al., 2023).

Objectives:

This study aims to analyze the relation between emotional abuse in childhood, psychological symptoms, and positive thinking in adulthood, and explore the differences between victims and non-victims of emotional abuse in psychological symptoms and positive thinking.

METHOD

Participants:

- 84 individuals from the general population, aged between 20 and 65 years ($M = 31.68$, $SD = 12.43$).
- Among the participants who were not victims of childhood emotional abuse ($n = 36$), ages ranged from 20 to 64 years ($M = 35.03$, $SD = 14.77$), 27 females (75%) and 9 males (25%).
- Among the participants who did experience childhood emotional abuse ($n = 48$), ages ranged from 20 to 65 years ($M = 29$, $SD = 9.70$), 36 females (75%) and 12 males (25%).

Measures:

- Sociodemographic Questionnaire:** biological sex and age.
- Adverse Childhood Experiences Questionnaire** (Felitti et al., 1998; Portuguese version by Pinto et al., 2014): This questionnaire evaluates the adversity experienced during childhood, including emotional abuse.
- Brief Symptoms Inventory** (Derogatis, 2001; Portuguese version by Canavarro et al., 2017): This inventory evaluates psychological distress (anxiety, depression, and somatization).
- Positive Thinking Skill Scale** (Bekhet & Zauszniewski, 2013; Portuguese version by Almeida & Ifrim, 2023): This scale evaluates the frequency with which individuals use positive thinking strategies.

Procedure:

- Participants were recruited through an online survey on Qualtrics.
- Portuguese-speaking individuals aged 18 and over were invited to participate.
- After providing electronic informed consent, participants completed the research protocol.
- The study adhered to the Declaration of Helsinki (2024) and was approved by the Ethics Committee of the Egas Moniz School of Health and Science.

RESULTS

Correlations:

Positive

- Emotional abuse** and **Depression** ($r = .333$, $p = .002$) and **Anxiety** ($r = .45$, $p < .001$) and **Somatization** ($r = .35$, $p = .001$)
- Depression** and **Anxiety** ($r = .72$, $p < .001$) and **Somatization** ($r = .72$, $p < .001$)
- Anxiety** and **Somatization** ($r = .74$, $p < .001$)

Negative

- Depression** and **Positive Thinking** ($r = -.27$, $p = .013$)

Group differences:

- Victims** of childhood emotional abuse suffer from **more somatization** than **non-victims**. ($M = 6.23$, $SD = 5.46$), [$t(82) = -2.92$, $p = .005$]
- Victims** of childhood emotional abuse suffer from **more depression** than **non-victims**. ($M = 9.42$, $SD = 6.63$), [$t(82) = -2.55$, $p = .013$]
- Victims** of childhood emotional abuse suffer from **more anxiety** than **non-victims**. ($M = 9.83$, $SD = 4.52$), [$t(82) = -3.60$, $p < .001$]

DISCUSSION

These findings are consistent with existing literature, showing that early relational trauma disrupts emotion regulation systems and stress reactivity, increasing vulnerability to internalizing psychological disorders later in life (Teicher & Samson, 2016). These results may also suggest a comorbidity between depressive, anxious, and somatic symptoms among individuals exposed to emotional abuse (Olgiati & Serretti, 2022; Xiao et al., 2024).

The study also identified a significant negative correlation between depression and positive thinking, aligning with research that emphasizes the protective role of adaptive cognitive processes such as optimism, gratitude, and cognitive reappraisal in emotional well-being (Fredrickson, 2001; Teke, 2025). This relation suggests that individuals who maintain positive cognitive frameworks are less susceptible to depressive symptomatology. Emerging evidence indicates that fostering positive thinking patterns may mitigate the psychological impact of trauma (Heim and Binder, 2012; Zainal & Newman, 2024).

Overall, these results support the importance of identifying and addressing childhood emotional abuse. Emotional abuse not only contributes to psychopathology but also appears to erode key cognitive resources, such as self-efficacy and positive affect, which are essential for emotional resilience. Future research should focus on longitudinal trajectories to better understand the enduring effects of emotional abuse and evaluate the effectiveness of interventions such as cognitive-behavioral therapy (Kocatürk & Çiçek, 2023; Xie et al., 2023). These approaches could play a crucial role in disrupting the cycle of emotional dysregulation and fostering recovery and psychological growth.

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REFERENCES

