

ABSTRACT

THE EFFECTS OF EMOTIONAL NEGLECT ON A COLLEGE STUDENT AT A FRESHMAN STANDING

This thesis explores childhood emotional neglect among college freshmen. A qualitative study was conducted among Fresno State University students at a freshman college standing and themes were derived from their narratives. The thesis is split into 5 different chapters: introduction, literature review, methodology, thematic results, and conclusions. The chapters help to get an overview and analysis of the issue. This topic was chosen by the researcher after being exposed to a client at his MSW internship placement with experiences of childhood emotional neglect. After researching this topic, the researcher discovered that there was very limited research on this issue. This thesis, especially the themes derived from the data, can be used to help with future studies of childhood emotional neglect. The themes found from the qualitative study include the following: current relational difficulties, current mental health outcomes, and resiliency.

Andrew Parks
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THE EFFECTS OF EMOTIONAL NEGLECT ON A COLLEGE
STUDENT AT A FRESHMAN STANDING

by

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CHAPTER 1: INTRODUCTION

Introduction

Emotional neglect is a problem that needs to be addressed. Out of the 772,000 victims of abuse and neglect in the United States reported in 2008, approximately 71% of the incidents were found to be neglect, whether being physical, medical, educational, or emotional neglect. There is a need to further explore emotional neglect and the impact that it has on people. This problem exists at many levels, including a local, national and international perspective. Even though the problem exists throughout each level, there are subtle differences between them, including the number of studies conducted and the frequency of experience among a population. This chapter will address previous findings at these levels. Additionally, this chapter will discuss the various factors that contribute to the overall significance of the study. First, it is important to address the gaps in research on ACEs, including those related to emotional neglect. Next, it is necessary for colleges around the world to understand the various mechanisms used to cope with emotional neglect. Additionally, this study emphasizes the necessity for early identification and intervention for emotional neglect and the patterns associated. Lastly, the study will address the necessity for political intervention and awareness of this problem via legislation.

Problem

International Perspective

There is little research done on emotional neglect on an international level. A study conducted by Allard (2009) indicated that there are fewer rates of child mistreatment in Japan as compared to America. Moreover, an American study of

undergraduate students found that 59.7% of their sample have experienced emotional abuse as compared to 41.9% of the sample in the Japanese study. Additionally, the study on undergraduates from Japan reported that neglect was a factor in 11.1% of the participants, including both physical, medical, educational, and emotional neglect. Even though rate of maltreatment among children is lower in Japan, it remains an important issue in that country as well as many other large international countries.

Emotional neglect is also widely prevalent in Nigeria. In a study conducted on the prevalence of child neglect and poor mental health status among senior secondary school adolescents in Nigeria, it was found that 60.9% of their participants experienced emotional neglect (Alkpunne, 2015). Among the sample, 35.4% had poor mental health. Additionally, it was reported that 64 million Nigerians have a psychological disorder. Next, studies show that “nearly 70% of child fatalities were attributed to neglect only or a combination of neglect and another maltreatment type” (Alkpunne, 2015, p. 241). Future studies on emotional neglect may contribute to a decrease in the frequency child fatalities.

Next, previous research on Asian countries reported that cultural norms and practices may play an important role on the interpretation to the reactions of the abuse and neglect experiences. Moreover, “In traditional Japanese culture, maintaining harmony in relationships, valuing group interests, and placing social and family obligations over individual interests and rights are given great importance” (Allard, 2009, p. 66). Allard (2009) hypothesized that individuals in cultures with priority on group identity rather than the individual identity may decrease their experience of personal betrayal. Even though the priority is given to the group identity rather than the individual in an Asian culture, a previous study with Taiwanese victims of child sexual assault found that most of the participants

reported a sense of betrayal as well as many “negative psychological and behavioral reactions such as depression and interpersonal difficulties” (Allard, 2009, p. 66). It was concluded that the psychological experience and feelings of betrayal may be more intensified by interdependence-base values. Future research is needed to support this hypothesis.

National Perspective

Emotional neglect and other forms of child mistreatment are issues that are prevalent in any region of the United States. To understand the magnitude of the issue, “the nation spent conservatively \$103.8 billion on child abuse and neglect intervention methods in 2007” (Shadrick & Joubert, 2012, p. 10). This figure doesn’t include the additional services that are indirectly involved with child abuse and neglect, including “medical examinations, hospitalization, mental health resources, law enforcement, the judicial system, and public social services programs” (Shadrick & Joubert, 2012, p. 10). On the other hand, child abuse and neglect are primarily associated with physical health, high risk behaviors, emotional and mental health, behavioral problems, cognitive difficulties, and social difficulties. Services to address these issues would include the following: services for alcoholism, teen pregnancy, depression, aggression in children, deficits in language, and relational issues. As evidenced by the amount of services needed to address these issues resulting from childhood abuse and neglect, there is an urgency to address and solve emotional neglect and other related issues.

Additionally, there is an exceptionally large number of individuals in the United States that have experienced child abuse and neglect each year. According to Shadrick & Joubert (2012), there were “approximately 772,000 substantiated child abuse and neglect victims in the United States” in 2008. Out of all of these

reports of maltreatment, most of them were reports of neglect. Approximately 71% of the incidents were found to be neglect, whether being physical, medical, educational, or emotional neglect.

Local Perspective

Various ethnicities that make up Fresno State University are more prone to victimization of childhood maltreatment, including emotional neglect. Moreover, it has been found that African Americans, Native Americans, Alaskan Native and Hispanic individuals have the highest rates of victimization in comparison to other groups. Data from a study conducted at the University of Berkeley revealed that the “rate of victimization for Fresno County's children of color mirror what was found for the state, with 17.4 incidents for African American, 15.0 incidents for Native Americans, and 8.8 incidents for Hispanic children compared to 6 incidents for Caucasian/White children per 1,000 referrals made” (Race/Ethnicity Detail, 2007, p. 1). As for the Fresno State population, currently 4.1% are African American, 0.5% are American Indian, and 44.3% are Hispanic. Furthermore, 48.9% of the entire population of Fresno State have high risk to emotional neglect and other related experiences.

Additionally, Fresno County has a high rate of poverty, which is a strong predictor of emotional abuse. According to Shadrick & Joubert (2012), the percentage of children living in poverty in 2010, was 22.5% in Fresno County compared to the statewide percentage of 13.7%. Children in Fresno are more likely to have lived in poverty than the state as a whole. Furthermore, students at Fresno State are very likely to have lived in poverty, thus also have a high risk of emotional neglect.

Fresno State has many services that attempt to minimize the problems that result from childhood mistreatment. One of the primary services that are provided for Fresno State students is in the Health and Counseling Center. The purpose of the Fresno State Health and Counseling Center is “to promote the academic and personal success of Fresno State students by encouraging the maintenance of healthy lifestyles and providing affordable and accessible health and psychological care” (Fresno State, Student Health and Counseling Center, n.d., para. 1). Moreover, they utilize a multidisciplinary staff to meet the students where they are at in life and they help to link the student with the necessary resources and to equip them with skills to better their chances for academic success.

Purpose

The purpose of this study is to understand how childhood emotional neglect affects a freshman’s experience and overall well-being in college.

Significance of Study

There are many reasons why individuals should be informed about the effects of childhood emotional neglect on the college student at a freshman standing. First, research is limited on emotional neglect as an adverse childhood experience even though it is identified as an adverse childhood experience. Furthermore, when a child experiences emotional neglect, there is a potential for future mental health outcomes to occur, which could indefinitely interfere with college performance. Previous research has indicated that there is a strong link between adverse child experiences (e.g., abuse, neglect, and family dysfunction) and mental health outcomes (e.g., anxiety, depression, behavioral disorder, and trauma). Currently, there is an abundance of research on the impact of an accumulation of ACEs on an individual’s mental health. It is found that an

individual with an accumulation of several ACEs is more at risk to mental health outcomes than an individual with fewer (Larkin, Felitti, & Anda, 2014). Since these findings are broad, many gaps were developed. It was found that there were several gaps on neglect, especially on emotional neglect. Since there is limited research on the effects of emotional abuse as an ACE, it would be important to conduct studies to measure it.

Next, it is important to understand the various coping mechanisms that college students at a freshman standing use to cope with emotional neglect. As mentioned previously, emotional neglect was measured in perceived parental autonomy support. Other previous findings suggest that adolescents who do not perceive autonomy support from their parents, “have more difficulties regulating their emotions, and may turn to non-suicidal self-injury behaviors as a means to cope” (Emery, Heath, & Rogers, 2017, p. 199). These findings highlight the importance of understanding these experiences and the coping mechanisms used at the various phases of life, specifically college-aged individuals. According to Blimling (2010), college is a time when “young adults begin to integrate their identity, enhance their intellectual development, and internalize a personal set of beliefs and values” (p. 135). Moreover, complex psychological growth and development occurs. One primary aspect that is affected by their development is emotional regulation, which involves the following steps: “(1) awareness of one’s emotions, (2) acting on emotions, (3) receiving feedback on actions, and (4) exercising internal control of actions and integrating emotions” (Blimling, 2010, p. 135). Here, this study will examine the potential emotional regulation strategies that are effective for a freshman in college with a history of emotional neglect. Dialectical Behavioral Therapy (DBT) is a therapy that includes “emotional regulation, which teaches clients how to manage negative and overwhelming

emotions while increasing their positive interests” (Bray, 2013). With the strong emphasis on learning and practicing ways to manage emotions, DBT could be effective in working with those coping with childhood emotional neglect as an adult. Additionally, previous research suggests that DBT is an effective evidence-based form of therapy for those dealing with emotional dysregulation (Emery et al., 2017). Specifically, DBT is effective when there is an invalidating family environment where parents are intolerant to the expression of emotion and do not support children in the regulation of emotions. It has been found to be helpful in situations where an individual’s family system has rigid values, parental criticism, parental alienation, parental support, perceived family invalidation, parental control, and informational justice. These factors are important to address when analyzing a freshman’s experience of emotional neglect. With the understanding of the various coping mechanisms used for an adult dealing with the effects of childhood emotional neglect, college staff can provide the necessary resources to adequately serve the students effected by emotional neglect.

Additionally, it is important to understand how to prevent future emotional abuse from occurring. According to previous studies, there is a tendency for the next generation to also experience similar adverse experiences if the previous generation experiences adversity. According to Larkin et al. (2014), “Childhood adversity is connected to adolescent risk behaviors, which are associated with a reduction in the adolescent’s ability to guard against victimization and greater relational hostility” (p. 5). This behavior is often found in homes where domestic violence is prevalent. Furthermore, family dysfunction may have a strong negative impact on the children’s perspective of life, especially with interpersonal relationships. Future research could help to identify risk factors specifically for emotional neglect.

It is important to recognize the societal impact that experiences of emotional neglect as a child has on college students at a freshman standing. For political action to occur on this, it is necessary to conduct studies to connect the link between public interest and childhood emotional neglect. Moreover, it could be used to help politicians understand the specific impact that it has on the public, thus prompting them to take further action. One primary effort to minimize risk and maximize protective factors of ACEs is the Senate Bill 191 (SB-191), which aimed to address the need for services for those who have experienced or have been affected by ACEs (California Legislative Information, 2017). This legislation that was recently proposed in March 2017 and has been implemented to help children cope with ACEs before they transition into adulthood. According to California Legislative Information (2017), the Senate Bill (SB)-191 encourages a collaboration among learning facilitators to identify diagnostics and predictors of identifiable mental health disorders so that the needs of the students that have been affected can be adequately met before the issues become too severe. Before the SB-191 was implemented, it was identified that there was a lack of intervention and treatment during the onset of a mental health disorder. The next step would be to understand what specific services are needed to address emotional neglect.

Summary

Emotional neglect is complex and lacking in research, especially among college students. Previous studies have addressed this problem merely on the surface at the various levels. At the international level, it has been found that there are fewer instances of neglect in Japan, yet the research does not break down the statistics of emotional neglect into the appropriate categories: physical, medical, educational, and emotional. At a national level, on the other hand, research

suggests that American government is spending an excessive amount of money on services to aid victims of various forms of childhood mistreatment. As evidenced by the amount of money spent, it is necessary to do future research on emotional neglect to minimize this number. On a local level, the population of Fresno State includes many individuals that are at high risk of emotional neglect and other related experiences. It would be important to understand prevention and resiliency strategies to those experiences. This qualitative study, specifically will evaluate this problem at a local level, specifically at Fresno State University. This study aims to understand how childhood emotional neglect affects a freshman's experience and overall well-being in college.

Lastly, there are many factors that contribute to the overall significance of the study. First, it is important to address the gaps in research on ACEs, including those related to emotional neglect. Currently, there is limited research on emotional abuse, especially among college-aged individuals. Next, it is necessary for colleges around the world to understand the various mechanisms used to cope with emotional neglect. Additionally, this chapter will address the necessity for early identification and intervention for emotional neglect and the patterns associated. For example, this chapter showed that there are similar patterns of abuse among generations in a family. Lastly, this chapter will address the necessity for political intervention and awareness of this problem via legislation. The SB-191 was passed to encourage collaboration among school staff in attempt to help identify and intervene with adverse childhood experiences of an individual at an early age to prevent further harm.

CHAPTER 2: LITERATURE REVIEW

Introduction

When an individual experiences childhood emotional neglect, there is a potential for mental health outcomes. An individual's life experiences have the potential to be negatively affected because of emotional neglect. In this study, emotional neglect was measured in terms of parental autonomy support, or when parents support a child's need for autonomy. Emotional neglect is known as an adverse childhood experience (ACE). The patterns of ACEs as they relate to mental health outcomes will give the reader a better understanding of the effects of emotional neglect.

Previous research has indicated that there is a strong link between ACEs (e.g., abuse, neglect, and family dysfunction) and mental health outcomes (e.g., anxiety, depression, behavioral disorder, and trauma). It is found that an individual with an accumulation of several ACEs is more at risk to mental health outcomes than an individual with fewer (Larkin et al., 2014).

ACEs are common among many individuals and can lead to negative outcomes. The main categories of ACEs suggested by previous research include abuse, neglect, and family dysfunction. These categories are consistent throughout various articles and other forms of research. Additionally, ACEs can lead to a multitude of negative outcomes in later years in life. For example, Larkin et al. (2014) mentioned that "[Individuals] who have experienced abuse in both childhood and adulthood have poorer health, fewer social supports and higher depression rates" (p. 4). Depressive episodes and other symptoms associated with distress and impairment of daily functioning are more prevalent among individuals who have experienced ACEs. Moreover, depressive episodes are common among

various disorders, including Major Depressive Disorder, Borderline Personality Disorder, and Bipolar I Disorder (American Psychiatric Association, 2013).

Additionally, previous research also proposed various solutions that could potentially minimize the impact of the ACEs on the daily functioning of an individual. California Legislative Information (2017) suggests that there is a current lack of intervention and treatment during the onset of a mental health disorder. One primary effort to minimize risk and maximize protective factors is the Senate Bill 191 (SB-191), which aimed to address the need for services for those who have experienced or have been affected by ACEs. More specifically, SB-191 encourages a collaboration among learning facilitators to identify diagnostics and predictors of identifiable mental health disorders so that the needs of the students that have been affected can be adequately met before the issues become too severe.

Next, it is important to understand how ACEs occur. If there is one generation that experiences adversity, there is a tendency for the next generation to also experience similar adverse experiences. According to Larkin et al. (2014), “Childhood adversity is connected to adolescent risk behaviors, which are associated with a reduction in the adolescent’s ability to guard against victimization and greater relational hostility” (p. 5). This behavior is often found in homes where domestic violence is prevalent. Furthermore, family dysfunction may have a strong negative impact on the children’s perspective of life, especially with interpersonal relationships.

Additionally, children experiencing adversity may normalize adversity. According to Grusec, (1992), the social learning theory states that the memories that we make are from observations and they become stored into memories that will guide the formulation of rules and norms for behavior for the rest of our lives.

Furthermore, children experiencing family dysfunction may normalize family dysfunction. Many values and behaviors, even if negative, become normalized and are taken with them as they get older and raise a family. Consequently, family dysfunction, an ACE, tends to bleed into the next generation, primarily due to the constant observation and normalization of dysfunction in the family as a child. Without early intervention at the onset of the ACEs, these norms and behaviors may never change.

Since these findings on ACEs are broad, many gaps were developed. It was found that there were several gaps on neglect, especially emotional neglect. There currently is limited research on emotional neglect. Of the limited research, findings suggest that adolescents who do not perceive autonomy support from their parents “have more difficulties regulating their emotions, and may turn to non-suicidal self-injury behaviors as a means to cope” (Emery et al., 2017, p. 199). These findings highlight the importance of understanding these experiences and the coping mechanisms used at the various phases of life, specifically college-aged individuals. According to Blimling (2010), college is a time when “young adults begin to integrate their identity, enhance their intellectual development, and internalize a personal set of beliefs and values” (p. 135). Moreover, complex psychological growth and development occurs. One primary aspect that is affected by this development is emotional regulation, which involves the following steps: “(1) awareness of one’s emotions, (2) acting on emotions, (3) receiving feedback on actions, and (4) exercising internal control of actions and integrating emotions” (p. 140). Emotional neglect can impede the development and maturation of emotional regulation. Previous research suggests that Dialectical Behavioral Therapy (DBT) is an effective evidence-based form of therapy for those dealing with emotional dysregulation (Emery et al., 2017, pp. 199-200). Specifically, DBT

is effective when there is an invalidating family environment where parents are intolerant to the expression of emotion and do not support children in the regulation of emotions. It has been studied to help when the family system has rigid values, parental criticism, parental alienation, parental support, perceived family invalidation, parental control, and informational justice. Since the model of emotional regulation starts with observations from primary support groups, it is hypothesized that emotional abuse or the lack of parental autonomy support has the potential to negatively impact the psychological maturation process of an individual from adolescence to adulthood.

The theoretical and empirical literature reviews aim to identify the theoretical explanations for the patterns and gaps of research associated with emotional neglect and other ACEs, allowing future research to be explored. The theoretical portion of this chapter helps to interpret the patterns among the articles. The primary theoretical frameworks that can be utilized as a tool to analyze the ACEs and its effects are the systems theory and Maslow's hierarchy of needs. Additionally, the empirical review helps to identify themes, gaps in research and research conclusions in studies on the ACEs. The empirical portion will discuss various studies and their purposes, methods, participants used, research tools, findings, and the gaps in research. Additionally, it will recognize the similarities and differences among the articles.

Theoretical Literature Review

Systems Theory

Systems theory would be an appropriate theoretical framework when assessing and analyzing the link between ACEs and mental health outcomes. According to Figure 1, there are many levels at which an individual may be

affected by an internal or external variable in their life. These include the microsystem, mesosystem, ecosystem, and macrosystem. The primary systems that are associated with an individual's experiences with ACEs include family and community. Previous research suggests that family dysfunction and community adversity are the primary associative factors of ACEs (Brandell, 2014). For example, common ACEs associated with family include verbal abuse, physical abuse, sexual abuse, having an incarcerated family member, having a mentally ill family member, having a substance abusing family member, observing domestic violence, absence of a parent due to separation or divorce, homelessness, moving often, and gender discrimination. Additionally, ACEs associated with the community include community violence, verbal abuse, sexual abuse, physical abuse, racism, and gender discrimination. Furthermore, it is evident that family and community systems are associated with ACEs, thus systems theory would be an appropriate theoretical framework to use when analyzing the link between ACEs and mental health outcomes.

Next, systems theory can be used to understand the link and influence on one system to another, whether being positive, negative, or neutral. An individual, as a micro system, is a complex system and may relate to various systems. Systems theory suggests that systems help people identify, define, and address problems between various systems (Brandell, 2014). Strategies including the genogram and ecomap may be used to identify how the systems influence the individual. For example, these strategies may be used by a therapist as a starting ground when helping the client with processing through their ACEs that may have occurred at the family or community level.

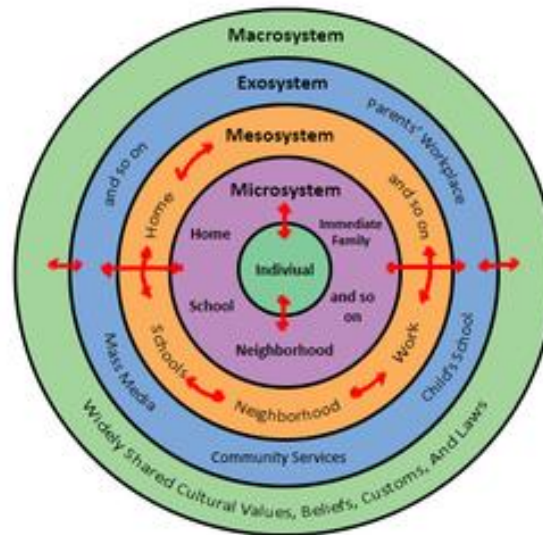


Figure 1. Systems Theory Model (from Deyo, 2014)

Life stress. Additionally, the systems theory suggests that between systems, naturally, there is an ebb and flow that occurs within everyday interactions with systems, especially with long-term interpersonal relationships (Brandell, 2014). Consequently, the ebb and flow cause friction and requires an individual to adapt in order to maintain the homeostasis. According to the systems theory, the imbalance may produce prolonged stress and anxiety, which could then produce distress and impairment in daily living if the individual does not successfully cope and adapt. Simply, stress and anxiety, if not adequately addressed, may lead to prolonged negative mental health outcomes, sometimes equating to a diagnosable mental disorder. According to Larkin et al. (2014), the ability to return to homeostasis and mental development is often negatively impacted due to early life stress, especially neglect and abuse. Additionally, as the body endures continuously pressed stress, the allostatic load becomes so heavy that it has the potential to interfere with both behavioral and physiological functions in the body. When the ebb and flow is significantly offset, especially due to ACEs, individuals

often turn to substance abuse and other health risk behaviors to help cope with the difficulty.

Adaptation. An individual with many dysfunctional systems has a higher likelihood of difficulty in adapting to future additional systems. On the other hand, individuals with success with adapting to many systems have more ease when adapting to future unhealthy systems. According to Brandell (2014), adaptation is the process by which the individual attempts to return to equilibrium after interacting with a system. Moreover, an individual that has more systems around them has more potential for healthy adaptation, as they have been successful at adapting and coping with the stress that results in the interference with the homeostasis. On the other hand, an individual that has more systems also has more potential to acquire more life stress and other negative mental health outcomes if the individual has been unsuccessful at adapting to the stress that is produced. Consequently, those with more ACEs have a higher potential for difficulty with adapting to the stress that is caused by the interaction with the unhealthy systems, thus interfering with many attributes of daily functioning.

Adjustment. Adjustment is a powerful aspect in the systems theory. Adjustment refers to the ability to minimize potentially negative mental health outcomes (e.g., stress, depressive affects, and anxiety) that may result from an adverse occurrence. When family dysfunction occurs, which offsets the equilibrium of the individual, the adjustment level of an individual in a family may be positively impacted by the adjustment level of other individuals in the family. Specifically, if there are individuals in the family who have adjusted to forms of family dysfunction (e.g., divorce of parents or incarcerated family member), then it may facilitate the progression of adjustment for the individual. According to

Jager, Bornstein, Putnick, and Hendricks (2012), “Adolescent and parent adjustment are all clearly linked to the health of the family system” (p. 408). The family system is often one of the strongest, most influential systems that an individual may surround himself or herself with, even if there has been family dysfunction. Furthermore, the level of adjustment often becomes generalized across all aspects of the family system (Jager et al., 2012). A huge indicator of therapeutic success during family therapy is family cohesion. The family is more successful at adjustment when there is more deliberate action to build healthy interpersonal relationships with each other. The product of family cohesion is often generalized adjustment. Generalized adjustment is often manageable for most individuals. On the other hand, those with little to no family cohesion would have more difficulty adjusting than those with family cohesion. Systems theory would suggest that an individual with significant experiences with childhood emotional neglect would have difficulty with adjustment due to the lack of family cohesion in the family. A lack of healthy interpersonal interactions with the caregiver as a child would inevitably result in difficulty adjusting to the changes from adolescence to adulthood, specifically in a college setting. Furthermore, the systems theory would suggest that the transition into college would be especially difficult for those whom have experienced childhood emotional neglect due to the various changes that occur. Moreover, these changes include increased individuality in decision-making, increased social interactions, and increased difficulty in school-related work.

Coping. An individual who has experienced ACEs may have more difficulty in coping with future stress, anxiety, depression or any other mental health outcomes. According to Brandell (2014), the ability to cope with life stress

is dependent on their problem-solving skills and their ability to regulate negative feelings. The belief in one's ability to cope and effectively problem-solve often occurs after partially blocking out negative feelings. Furthermore, individuals that have experienced ACEs may have difficulty, even if the coping strategies are introduced, especially if they have difficulty blocking negative feeling about themselves. In a college environment, an individual with an experience with emotional neglect (e.g., absence of parents, lack of healthy interpersonal interactions, etc.) or other ACEs may have significant difficulty with identifying and using coping strategies to deal with the stress. Problem solving skills and emotional regulation strategies may be absent, especially if the parents have not been interpersonally involved nor supportive.

Additionally, the potential to effectively cope with ACEs may be heightened with early intervention. The SB-191, passed in April 2017, is a bill that will utilize early intervention and help teachers and similar faculty know how to adequately address mental health issues and to properly refer them to the necessary services. The SB-191 “allows a county or a qualified provider, as specified, and a local educational agency to enter into a partnership to create a program, as specified, that targets pupils with mental health and substance use disorders” (California Legislative Information, 2017, p. 1). The SB-191 will aid in reducing the risk factors to mental health outcomes, including suicidal ideation, depression, alcoholism, learning difficulties, cognitive and social emotional problems, low engagement, academic failure, bullying, delinquency, and physical violence. As a result of the implementation of SB-191, ACEs may be more adequately addressed and mental health outcomes may decrease. Further research should explore the effectiveness of SB-191 regarding the effects on future mental health outcomes.

Maslow's Hierarchy of Needs

According to Maslow's hierarchy of needs, there are many obstacles that may get in an individual's way to reach self-actualization and reaching their full potential (McLeod, 2007). Referring to Figure 2, if an individual has needs that are not met on any level of the hierarchy, they may not be able to reach the next level directly following it. For example, if an individual does not achieve their needs regarding love and their sense of belonging, the hierarchy of needs suggests that they will also have difficulty fulfilling their esteem needs, which involves a feeling of accomplishment. As a child, esteem needs are fulfilled through the availability, encouragement and consistency of others, especially with the primary caregivers. Without adequate parental autonomy support, self-efficacy and self-esteem of the individuals may be low due to the lack of availability, encouragement and consistency of the caregivers. Moreover, individuals who have experienced ACEs have difficulty in moving up the hierarchy. Furthermore, after experiencing complex trauma, an individual's ability to interact with systems, cope, and adapt is impaired. Specifically, "some core areas of interpersonal function that are shaped by repeated traumatic experiences include difficulty in trusting others, fear of being unloved or abandoned by others, difficulties in affect regulation, lower satisfaction in intimate relationships, and higher likelihood of revictimization" (Tummala-Narra, Kallivayalil, Singer, & Andreini, 2012, p. 640). It is evident that trauma resulting from adverse experiences may hinder achievement in self-actualization, especially in the areas of esteem needs and belongingness and love needs.

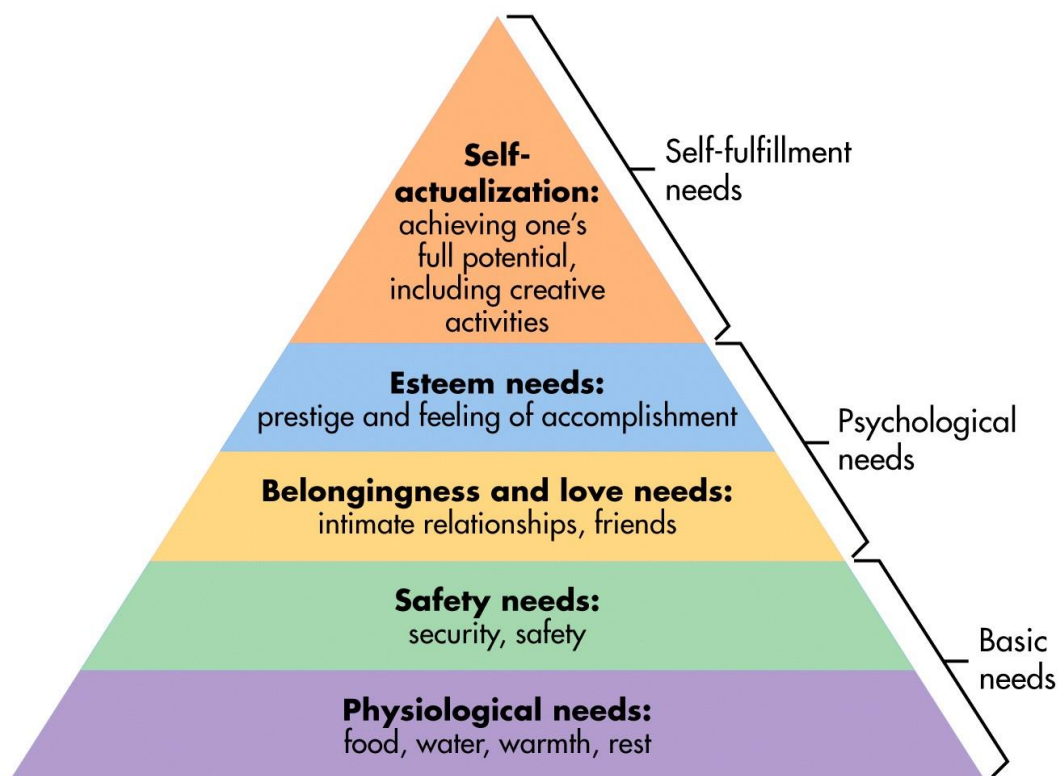


Figure 2. Maslow's Hierarchy of Needs (from Akins, 2015)

Empirical Literature Review

Introduction

After researching several articles on emotional neglect and other ACEs, many themes arose. These themes include the following a link between ACEs and increased likelihood of mental health outcomes, low socioeconomic status as a risk factor, the association between ACEs and disengaging behaviors in high school, a link between childhood neglect and increased distress and substance abuse among college students, a link between lack of parental support and lower perceived peer support among college students, a link between ACEs and regulation difficulties, a link between perceived autonomy support and increased emotional dysregulation in adolescence, the positive impact of early intervention on ACEs, resiliency, the

strong relationship between genetics and ACEs, and a link between emotional neglect and cognitive impairment in adulthood.

ACEs and Increased Mental Health Outcomes

A qualitative study conducted by Seiler, Kohler, Ruf-Leuschner, and Landolt (2016) sought to explore foster children and their exposure to ACEs, their health-related quality of life (HRQoL) and their mental health. Specifically, their study examined the relationship between ACEs and mental health, posttraumatic stress disorder (PTSD), and HRQoL in Chilean foster girls. This study consisted of 27 Chilean foster girls aged 6-17 years old living in Chilean children's home for sexually, emotionally, or physically neglected girls. The tool that was used for the study was a standardized face-to-face interview. ACEs were recorded using the Maltreatment and Abuse Chronology of Exposure (MACE) scale. It measures different forms of abuse and neglect over the first 18 years of life. Topics that are covered using these tools include the following: (1) familial/non-familial sexual abuse, (2) parental verbal abuse, (3) mental health symptoms (4) parental physical abuse, (5) emotional neglect, (6) witnessing interparental physical abuse (7) peer-initiated emotional abuse. According to the article, the MACE scale displayed acceptable-to-good internal consistency. The article did not explore much into the validity of the tool. The MACE scale was affective scale because it was broad, and it contained some primary categories, which helped with the analysis of the results. Like many tools in other articles, the MACE scale grouped and screened for several ACEs. The researchers found that the Chilean girls living in foster care reported considerably more experiences of emotional neglect, physical neglect, family sexual abuse, and nonfamily sexual abuse than the control group, which did not comprise of foster girls. More than 30% of the Chilean foster girls reported

having 2 or more ACEs. Additionally, findings show that those experiencing multiple ACEs are more at risk to externalizing behaviors, including aggressive behaviors and rule-breaking behaviors. Additionally, the Chilean girls in foster care reported significantly poorer HRQoL than the control group. Specifically, on the HRQoL, the girls reported having low scales of physical well-being, psychological well-being, parental relationships and autonomy. Most articles on ACEs and mental health outcomes, including those by Iachini, Petiwala, and DeHart (2016), Stumbo, Yarborough, Paulson, and Green (2015), Nickerson, Bryant, Aderka, Hinton, and Hofmann (2013), and Banyard, Williams, Saunders, and Fitzgerald (2008), come to the same conclusion that there is a strong association between cumulative ACE exposure and mental health outcomes.

Next, a study conducted by Stumbo et al. (2015) intended to compare the effects of ACEs and adverse adult experiences on recovery from serious mental illnesses. The sample had a total of 177 participants from Kaiser Permanente Northwest, including 92 females and 85 males. The participants were 94% White, 34% of them were college graduates, 43% were employed, and 25% received disability insurance. To be part of the study, the participants had to be diagnosed with one of the following: Bipolar Disorder, Affective Psychosis, Schizophrenia, or Schizoaffective Disorder. This mixed methods study designed to focus on the patterns of recovery from mental illnesses. Each member had to participate in an interview and questionnaire over a 2-year period. The data from the analysis came from standardized self-reported measures, including recovery, functioning, quality of life, and psychiatric symptoms. According to the results, the semi-structured interview was somewhat valid. It accurately assessed what the researchers wanted it to measure, although it cannot be generalized from the sample to the population in this study, since a significant amount of the participants were Caucasian.

Specifically, it has content validity, yet it does not have external validity. Additionally, findings suggest that ACEs are strong predictors of worse functioning and serious mental health outcomes later in life. For example, it was suggested that “experiencing serious mental illness or substance use in the household—in childhood—was twice as common as the prevalence of other experiences” (Stumbo et al., 2015, p. 324). This article suggests that there is a specific connection between mental illness and substance use with mental health outcomes. Lastly, the researchers found that among the sample of individuals with the specific mental health outcomes, cumulative life exposure to ACEs was 94%. Most articles on ACEs and mental health outcomes, including those by Iachini et al. (2016), Seiler et al. (2016), Nickerson et al. (2013) and Banyard et al. (2008) come to the same conclusion that there is a strong association between cumulative ACE exposure and mental health outcomes.

Additionally, a study conducted by Nickerson et al. (2013) were interested in the psychological impact of the death of a parent on an individual. This mixed methods study used a survey to investigate the impact of parental loss, specifically the impacts on age, adverse parenting strategies, and time loss on mental health outcomes. This study consisted of 2,823 bereaving adults as participants. Moreover, 40% of the sample were male and 74.89% were White. There were 2 parts of the study. In part 1, all of the participants were interviewed, and the intent of the researchers was to investigate psychological disorders. Part 2 included all of those who met lifetime criteria for a disorder, had subclinical levels of psychopathology for which they had sought treatment, and/or experienced suicidality. As a tool for the study, the National Comorbidity Survey Replication (NCS-R) was used to assess the overall mental health of the person. The NCS-R used the World Health Organization (WHO) Composite International Diagnostic

Interview (CIDI) to assess the demographics, psychopathology, parenting practices, and other related factors. According to the results, the interview and survey were somewhat valid, meaning that it was accurately assessed what the researchers wanted it to measure, although it cannot be generalized from the sample to the population, since a significant amount of the participants were White. Additionally, it was unclear whether the questions used were structured or unstructured. The questions that were used in the survey include the following: (1) How often were you made to do chores that were too difficult or dangerous for someone your age? (2) How often did you go without things you needed like clothes, shoes, or school supplies because your parents or caregivers spent the money on themselves? (3) How much time has it been since you lost your parent? (4) What was your age when your parent had died? and questions in regard to (5) psychopathology, (6) gender of deceased parent, and (7) demographics. As a result, the researchers found that the mean age of first death of parent was 31.31 years, the mean time since the first death of a parent was 21.83 years, and over half of the participants reported experiencing a psychological disorder. The most common disorders were anxiety, mood, depressive, alcohol and phobia disorders. Conclusively, the researchers failed to find a link between early parent death and later psychopathology. On the other hand, these findings suggest that the loss of a parent earlier in life significantly predicts the presence of some disorders, including mood, anxiety, alcohol use, substance abuse, and intermittent explosive disorders. Like other articles, the loss of a parent is identified as an ACE, in which it could potentially have a devastating impact on the child's mental health. Other articles that conclude similar results include the following: Iachini et al. (2016), Seiler et al. (2016), Stumbo et al. (2015), and Banyard et al. (2008).

Low Socioeconomic Status as a Risk Factor

Also, a study conducted by Steele et al. (2016) analyzed the association between ACEs and adults' subjective experiences of stress in the parenting role. Specifically, they sought to determine whether socioeconomic status (SES) was an important factor in the relationship between parenting distress and ACE exposure. Specifically, their hypothesis was that parenting distress increases with exposure to ACEs among all SESs. To conduct the study, the experimenters examined both the exposure to ACEs as well as the parenting distress level. The sample included 33 mothers with a low SES and 85 mothers with a middle or high SES. The instruments that were used to collect data from this quantitative study were the Adult Attachment Interview (AAI) and the ACE questionnaires. Furthermore, there were many items that were assessed during these interviews. Emotional abuse was one primary factor that was measured in the ACE study. A question that measured emotional abuse was the following: Sometimes parents or other adults hurt children. While you were growing up, that is, in your first 18 years of life, how often did your parent, stepparent, or adult in your home (1) swear at you, insult you, put you down? (2) act in a way that made you afraid that you might be physically hurt? Physical abuse was another factor that was measured. A question that the researchers used to measure physical abuse was the following: While you were growing up, that is, in your first 18 years of life, how often did your parent, stepparent, or adult in your home (1) push, grab, slap, or throw something at you? (2) hit you so hard that you had marks or were injured? Sexual abuse was another factor that was measured. Next, a question that was used to measure sexual abuse was the following: "Some people, while they are growing up in the first 18 years, had a sexual experience with an adult or someone at least 5 years older than themselves. These experiences may have involved a relative, family friend or

stranger. During the first 18 years of your life, did an adult, relative, family friend, or stranger ever (1) touch or fondle your body in a sexual way, (2) have you touch their body in a sexual way, (3) attempt to have any type of sexual intercourse with you (oral, anal, or vaginal), or (4) actually have any type of sexual intercourse with you (oral, anal, or vaginal)?" (p. 34). Additionally, other items that were part of the questionnaires include neglect variables (e.g., lack of food and clothes), household dysfunction variables (e.g., separation of parents and domestic violence). According to the research, the questionnaires held both external and content validity, in which it appropriately measured what the researcher wanted to know, and it can be generalized from the sample to the population. Furthermore, the findings suggest that parenting distress and ACEs were significantly higher in the low SES group. Additionally, the research suggests that poverty and ACEs were highly comorbid. Also, they concluded that high ACE exposure, regardless of the class or SES, is a risk factor for parenting in the following generation. Specifically, those with higher scores in the ACE categories of child abuse, neglect, or household dysfunction are more at risk for negative physical and mental health outcomes. Even though this article indicated that ACE exposure is a risk factor for parenting regardless of the SES, it did not specify the primary differences between ACEs among the SESs.

Next, a study conducted by Cambron, Gringeri, and Vogel-Ferguson (2014) sought to understand the composition, needs and attitudes of those accessing public assistance in Utah. A random sample was conducted, and 1,073 adult women voluntarily participated in a single-parent cash assistance program and logistic regression. The intent of this study in relative to the program is to examine the potential associations between self-reported physical, emotional, and sexual abuse during childhood and later life physical and mental health outcomes. To

meet the criteria for the study, the participants had to (a) have received 2 to 9 months of cash assistance in Utah from Jan 1997 to Jan 2006, (b) have participated in a family employment plan through the Family Employment Program, (c) have an open cash assistance case at the time of the interview, and (d) resided in the state of Utah. Additionally, this study was a quantitative study and it used in-person surveys, in which participants were asked a series of questions via telephone. Additionally, data were gathered between January and September of the year 2006. Some of the standardized questions included the following: (1) “Were you ever physically abused before you were 18 years old?” (2) “Were you ever sexually abused before you were 18 years old?” and (3) “Were you ever emotionally abused before you were 18 years old?” (Cambron et al., 2014, p. 224). Additionally, questions about demographics, education level, and the prevalence of ACEs were also included in the survey. According to the research, the in-person survey both held external and content validity, in which it appropriately measured what the researcher wanted to know as well and can be generalized from the sample to the population. The findings suggest that there are significant associations between low-income women’s self-reports of ACEs and current mental health outcomes. The women identified that they experienced ACEs reported physical, emotional, or sexual abuse. The mental health outcomes that were common as a result of the ACEs in this study include the following: current and lifetime anxiety disorder, domestic violence, current posttraumatic stress disorder, bipolar disorder, physical health or mental health issues and any mental health diagnosis. The study conducted by Cambron et al. (2014) suggested that low-income individuals are more at risk to both ACEs and mental health outcomes. This article seemingly fills in the gaps to the research conducted by

Steele et al. (2016) in which this article highlights the specific ACEs and mental health outcomes that those with a lower SES are more at risk to.

ACEs and Experience in High School

Also, a study conducted by Iachini et al. (2016) examined if students with a high risk of school dropout also have had experienced trauma. The researchers conducted a qualitative study in which they analyzed eight different types of trauma associated with students that repeated ninth grade. The sample was obtained through enrollment in ASPIRE, a school mental health early intervention program. This study consisted of 13 high school students with 7 boys and 6 girls. The ages of the participants were from 15-17 years old. Additionally, 51% of the participants were Black, 21% were White, and 4% were Hispanic, and 24% were another race. During this study, the tool that was used to measure results was the Life History Calendar (LHC), which consists of a semi-structured interview guide asking the participants to recall and write down their interpretations of events on the paper calendar. According to the research, the LHC held both external and content validity, in which it appropriately measured what the researcher wanted to know, and it can be generalized from the sample to the population. Using the LHC, 8 different types of ACEs were examined, including emotional abuse, physical abuse, sexual abuse, physical neglect, parental separation/divorce, household substance use, household mental illness, and incarcerated family member. The questions that were asked include the following: Did a parent or other adult in the household often or very often (1) swear at you, insult you, put you down, or humiliate you? or (2) ever hit you so hard that you had marks or were injured? (3) Did an adult or person at least 5 years older than you ever attempt to have oral, anal, or vaginal intercourse with you? (4) Did you often or

very often feel that you did not have enough to eat? (5) Were your parents ever separated or divorced? (6) Did you live with anyone who was a problem drinker or alcoholic? (7) Did a household member go to prison? Lastly, the results indicated that there is a strong correlation between ACEs and disengaging behaviors. They found that 61.5% of the participants have experienced parental separation or divorce, 61.5% experienced living or having lived with an incarcerated household member, and 46.2% of participants experienced living with a household member suffering from a mental illness. Additionally, the researchers found that all the students who experienced at least one ACE also reported experiencing at least one of the 4 disengaging behaviors. Of the 11 participants, 10 of them reported grade changes, 9 reported suspension or attendance issues, 5 reported that they had a history of skipping school, and 3 reported having repeated a grade other than ninth grade. Most of the sample (53.8%) experienced 2 or 3 ACEs. The most commonly reported ACEs experienced by the participants were household incarceration, parental/divorce, and household mental illness. As other articles in this section touched on the surface of the association between ACEs and mental health outcomes, The article written by Iachini et al. (2016) was very thorough and specific to a particular population and risk factors. The study conducted by Iachini et al. (2016) identified that there are risk factors that are different than, yet similar to mental health outcomes such as disengaging behaviors.

Parental Support and College Experience

Additionally, a study conducted by Cohen, Menon, Shorey, Le, and Temple (2017) aimed to examine physical and emotional neglect in a diverse community sample. During this study, 1,042 freshmen and sophomore high school students from various public schools were recruited and given surveys. These self-report

surveys measured childhood maltreatment exposure and mental health issues. The sample was 58.3% female, 31% Hispanic, 28.9% Caucasian, 26.2% African American, 4.3% Asian, and 9.6% biracial and other. Next, the mean age was 18.25. Additionally, 45.5% of the participants reported living with both parents, while 24% lived only with their mother. There were two primary phases in the study. The first phase consisted of a latent profile approach (LPA) to measure and examine patterns of maltreatment related to physical and emotional neglect. In the second phase, an approach using multilevel modeling was utilized to analyze the impact of emotional and physical neglect during late adolescence. The multilevel modeling approach used a Childhood Trauma Questionnaire (CTQ) to measure childhood trauma, physical neglect, emotional neglect, emotional abuse, sexual abuse, and physical abuse. Next, the Center for Epidemiologic Studies Depression screening tool is used to measure depression. Statements that are included in this tool are the following: (1) "I was bothered by things that usually don't bother me." (2) "I did not feel like eating; my appetite was poor." (3) "I felt I was just as good as other people" (Depression Screening, 1999, p. 1). These statements were measured on a scale from rarely to most. Additionally, PTSD was measured using the Primary Care PTSD Screen (PC-PTSD). Questions in the PC-PTSD include the following: "In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you tried hard not to think about it or went out of your way to avoid situations that reminded you of it?" (Prins, Ouimette, & Kimerling, 2003, p. 1). Additionally, anxiety was measured by the Screen for Child Anxiety Related Disorders (SCARED). Statements that are included in this tool are (1) "When I feel frightened, it is hard to breathe," (2) "I worry about people liking me" and (3) "I am nervous" (p. 1). According to Bernstein and Fink, (1997), the CTQ has

showed both good reliability and validity due to the high internal consistency and structural invariance. Additionally, Cohen et al. (2017) reported that they used a Lo-Mendall-Rubin Adjustment Likelihood test and Vuong-LMRT to determine the model fit of the LPA. Findings suggest that a fifth of the individuals grew up in a family environment characterized by caregiver deprivation without abuse. In other words, 16.3% of the sample came from families characterized by emotional abuse. Additionally, the participants exposed to physical and emotional neglect as children had a heightened risk for internalized distress and substance abuse behavior during this developmental period. Similar to Iachini et al. (2016), Cohen et al. (2017) concluded that an adverse childhood experience (e.g., neglect) may result in long-term distress. Next, there are some gaps in research that come from this article. First, the onset of maltreatment and the chronicity of the progression was not assessed in the study. Second, the study failed to address potentially important stressor experiences, including interpersonal peer conflict and academic conflict. Lastly, this study suggests that future studies should look more into the specific developmental pathways rather than the effects of an accumulation of ACEs.

A study conducted by Anderson, Bugayev, Gaetz, Guglielmina, and Kirkegaard (2009) focused on the relationship between college students and the 2 support sources: parents and on-campus peers. They tested the hypotheses that (1) students who perceive high levels of parental support will also perceive high levels of on-campus peer support and (2) upper-class students perceive less levels of parental social support than first-year college students. The participants used in the study were attending St. Olaf College in Northfield, Minnesota. Of the study body, 333 individuals above the age of 18 participated in the study. Among the sample, 31.2% were males, 87.1% were White, and 3.6% were Asian. The tool that was

used for this quantitative study was an online survey questionnaire. The survey used Likert-scale ratings to measure parental and on-campus peer support. The questions in the survey measured belonging, tangible support, self-disclosure, and intimacy. According to the research, the tool intended to achieve face content and concurrent criterion validity. Findings suggest that the students with high levels of parent support also perceive high levels of on-campus peer support. Specifically, 25% of perceived peer support can be explained by high levels of social support from the parents. This would suggest that college students with a lack of parent support would have a lower perceived peer support as well. Additionally, they found that there was little variation with results among the class year and gender. Like the study conducted by Cohen et al. (2017) and Iachini et al. (2016), Anderson et al. (2009) suggested that the lack of support from the parent as a child can have some long-term mental health outcomes in the future. This study suggests that there a gap in research is the relationship between perceived parental support and perceived peer support among college students. This research suggests that there is a perception that the students at St. Olaf are well supported by their parents, which may influence how they respond to the survey. Future research should do a similar study with a sample that is more ethnically diverse and has a different perception of parental support.

ACEs and Regulation Difficulties

Additionally, a quantitative study conducted by Levenson and Grady (2016) aimed to determine the influence of various types of childhood adversity on later sexual deviance and sexually violent behavior. The study consisted of more than 700 convicted sexual offenders in either an outpatient or a confinement-based treatment program throughout the U.S. The sample comprised of 740 participants

in which 93.5% were males and 6.5% were female. 72% of the sample were surveyed in an outpatient treatment program while 28% of the participants were surveyed within the civil commitment treatment program. Additionally, 71% of the participants were white. Furthermore, the primary tool that was used during this study was a 10-item ACE Scale, in which the participants were surveyed about (1) abuse, (2) neglect, and (3) household dysfunction. According to the article, the instruments that were used to measure the data demonstrated both validity and reliability in earlier studies. Another tool that was used to measure the data was the Sexual Deviance Scale (SDS), which used the known risk factors for the recidivism of sex offense and paraphilic pattern indicators. Lastly, the SDS included questions about the use of violence during a sexual crime. Specifically, it asked about the use of force, weapons, or caused injury during a sexual crime. Additionally, the article did not specify whether the questions were standardized or unstandardized. Next, results found that there were significant differences between male sex offenders and female sex offenders. Males were most likely to have victims that were strangers, have more victims, have more sexual crimes, and more general arrests. Additionally, females were less likely to use a weapon during their sexual crime. Results also indicate that sex offenders with male, stranger, prepubescent victims and multiple victims had significantly higher ACE scores. Furthermore, results found that those with an accumulation of trauma have a very high likelihood of sexual and general self-regulation difficulties later in life. Moreover, regulation difficulties include predictors of deviance include childhood sexual abuse, emotional neglect, mental illness in the home, and unmarried parents. Like the article written by Iachini et al. (2016), this article was very thorough and specific to a particular population and risk factors. Similar to Emery et al. (2017) and Borelli, Compare, Snively, and Decio (2015), Levenson and

Grady (2016) suggested that an ACE (e.g., emotional neglect) may produce long-term emotional regulation difficulties. This article identifies that there are risk factors that are different than, yet similar to mental health outcomes such as emotion regulation difficulties.

A study conducted by Borelli et al. (2015) evaluated whether reflective functioning (RF), or the ability to understand that mental states underlie behavior in the self and others, moderates the link between early neglect from primary caregivers and insecure attachment in adolescence. The researchers hypothesized that neglect is less strongly associated with insecure attachment among adolescents with high RF. This study consisted of 79 participants whom were recruited from a community research center. 39 of the participants were male and 40 were female. In this qualitative study, the tool that was used was the Adult Attachment Interview (AAI), a structured interview guide which tested for parental neglect, attachment classification, and RF. AAI asked for the participant to describe difficult experiences in their childhood, such as when they were hurt, ill, and rejected. Additionally, AAI helped to determine the attachment category associated with the individual and their caregiver, including the following: secure, insecure-dismissing, insecure-preoccupied, and insecure-unresolved/disorganized. Questions from the AAI are as follows:

- (1) Why do you think your parents behaved as they did?
- (2) Could you start by helping me get oriented to your early family situation, and where you lived and so on? If you could tell me where you were born, whether you moved around much, what your family did at various times for a living?
- (3) I'd like you to try to describe your relationship with your parents as a young child if you could start from as far back as you can remember?

(4) Now I'd like to ask you to choose five adjectives or words that reflect your relationship with your mother starting from as far back as you can remember in early childhood--as early as you can go, but say, age 5 to 12 is fine. I know this may take a bit of time, so go ahead and think for a minute...then I'd like to ask you why you chose them. I'll write each one down as you give them to me.

(5) When you were upset as a child, what would you do?

(6) Were your parents ever threatening with you in any way - maybe for discipline, or even jokingly?

(7) In general, how do you think your overall experiences with your parents have affected your adult personality?

(8) Are there any other aspects of your early experiences, that you think might have held your development back, or had a negative effect on the way you turned out?

(9) Why do you think your parents behaved as they did during your childhood?

(10) Now I'd like to ask you, what is your relationship with your parents (or remaining parent) like for you now as an adult? Here I am asking about your current relationship.

(11) I'd like to move now to a different sort of question--it's not about your relationship with your parents, instead it's about an aspect of your current relationship with (specific child of special interest to the researcher, or all the participant's children considered together). How do you respond now, in terms of feelings, when you separate from your child / children?

(12) We've been focusing a lot on the past in this interview, but I'd like to end up looking quite a ways into the future. We've just talked about what

you think you may have learned from your own childhood experiences. I'd like to end by asking you what would you hope your child (or, your imagined child) might have learned from his/her experiences of being parented by you? (Borelli et al., 2015, p. 24)

According to the research, the AAI held both external and content validity, in which it appropriately measured what the researcher wanted to know, and it can be generalized from the sample to the population. Findings suggest that RF moderated the association between neglect and attachment. Moreover, neglect was only associated with insecure attachment among adolescents with low to moderate RF. Similar to Levenson and Grady (2016) and Emery et al. (2017), Borelli et al. (2015) suggested that an ACE (e.g., emotional neglect) may produce long-term emotional regulation difficulties. Furthermore, results found that individuals with negative experiences with caregivers (i.e., emotional neglect, pressure to achieve, rejection) were no more likely to have exhibited insecure attachment in infancy or to have shown evidence of problematic parent—child interactions in childhood and adolescence. Even though findings were not statistically significant in finding the positive relationship between childhood neglect and insecure attachment, it still opens up the possibility of further research into the area of neglect and adolescence. Studies into preventative interventions of psychopathology among individuals whom have experienced neglect would be vital since the transition from adolescence to adulthood is a crucial transitional phase.

A study conducted by Emery et al. (2017) intended to see whether perceived parental autonomy support directly and indirectly affects nonsuicidal self-injury (NNSI) through difficulties in emotional regulation. During this Quantitative study, 639 eighth-grade participants with a mean age of 13.38 years completed the *How Do I Deal with Stress Questionnaire* as a screener for NNSI,

the *Perceptions of Parents Scale*, and the *Difficulties in Emotional Regulation Scale*. The participants were split into 2 groups: (1) Participants with history of NNSI (66% female, 34% male) and (2) Participants with no history of NNSI (50% female, 50% male). The NNSI Screening Questionnaire, the *How I Deal with Stress Questionnaire*, utilized a 0 (Never) to 3 (Frequently) Likert scale for the following statements:

- (1) I physically hurt myself on purpose, and
- (2) I have harmed myself without suicidal intent.

Additionally, parent autonomy support was assessed using the *Perceptions of Parents Scale*. It utilized a 1 (Strongly Disagree or Never) to 5 (Strongly Agree or Always) Likert scale for each parent. Items that were used include the following:

- (1) This parent gets upset if I don't do what I'm supposed to right away, and
- (2) "This parent thinks it's OK if I make mistakes."

Next, emotional dysregulation was measured using the *Difficulties in Emotional Regulation Scale* on a 1 (almost never) to 5 (almost always) Likert scale. Some of the questions include to following:

- (1) I pay attention to how I feel (measures nonacceptance of emotional responses and lack of emotional awareness),
- (2) When I'm upset I have difficulty focusing on other things (measures difficulties in engaging in goal-directed behavior), and
- (3) I experience my emotions as overwhelming and out of control (measures impulse control difficulties) (Emery et al., 2007, p. 203).

According to the research, the AAI held both external and content validity, in which it appropriately measured what the researcher wanted to know, and it can

be generalized from the sample to the population. Similar to Levenson and Grady (2016) and Borelli et al. (2015), Emery et al. (2017) suggested that an ACE (e.g., emotional neglect) may produce long-term emotional regulation difficulties. Findings suggest that adolescents who do not perceive autonomy support from their parents, have more difficulties regulating their emotions, and may turn to NSSI to cope. As a result, it is necessary to implement parents into the preventative interventions in therapy for an individual dealing with NSSI.

Early Intervention on ACEs

Next, a study conducted by Dumaret, Constantin-Kuntz, and Titran (2009) intended to discover whether early intervention would decrease adverse outcomes, including alcohol abuse, violence, and child neglect. A family selection was conducted to gather participants. There was a total of 22 families that participated in this study. Each member was Caucasian. All of the families attended a Tuesday Group (TG), which sought to promote parental competence and behavior. The TG taught the members in the family how to successfully nurture their children. The study was taken over a period of 7 years, from 1989 and 1995. To meet the criteria, the families (a) had to be confronted with alcoholism and consistently participating in the group for at least one year, (b) had to have children who were part of the family before the age of 4.5, and (c) participated in assessments for more than 5 years after the participation in the group ended. Furthermore, a qualitative study was conducted with a comprehensive, psychological approach. Data were collected from children's medical and social files (CAMSP), an over 200-day treatment care center for children from birth through 6 years of age with functional difficulties, including motor, mental, and sensory impairment. Additionally, semi-structured interviews were conducted, which asked questions

about family history, financial management, social support, parental roles, health, family resources, and hobbies. According to the results, the semi-structured interview was somewhat valid. Moreover, it accurately assessed what the researchers wanted it to measure, although it cannot be generalized from the sample to the population in this specific study, since the only participants were Caucasian. Specifically, it has content validity, yet it does not have external validity. Furthermore, their findings suggest that early intervention, using the TG, helped the parents recover and identify their sense of social autonomy, or their freedom to make choices within social systems, which then has a positive impact on their abilities to adequately nurture their children. Similar approaches can help to minimize further adverse childhood experiences, especially alcohol abuse, violence, and childhood neglect.

Additionally, a study conducted by Marie-Mitchell, Studer, and O'Connor (2016) sought to gain a better understanding of the perspectives of low-income, minority primary caregivers on mental health issues. Their study had 2 primary groups. One group had a sample of 54 children aged 4 to 5 years who had low Child-ACEs (C-ACE) scores. The second group had 48 children aged 4 to 5 years old who had high C-ACE scores. After the first interview, follow up interviews were conducted for the mothers of 5 participants with low scores and the mothers of 13 participants with high scores. Some questions that were asked during the interview includes the following:

- (1) When did they first realize child had (health problem)?
- (2) Did they get help?
- (3) What community resources would help you and your child?
- (4) What are barriers?

Other items that were assessed includes language expression, behavior problems, and health status. Additionally, it was unclear in the articles if the interviews used standardized or nonstandardized questions, though. Furthermore, the intent of the study was to gather themes and subthemes from the interviews, in which the researchers were successful. According to the research, the interviews held both external and content validity, in which it appropriately measured what the researcher wanted to know, and it can be generalized from the sample to the population. Findings suggest that those with a higher number of ACEs are at a higher risk for mental health problems. Additionally, the researchers mentioned that developmental and behavioral screening could be a vital tool for pediatricians to increase the likelihood of recognizing the risk behaviors of mental health disorders before they cause further impairment and distress. The researchers also discovered that the mothers of the participants reported that the average age of noticing their child's behavioral problems was age 3 and sometimes as early as 6 months. Additionally, they found that only one participant that scored with a low C-ACE score had received any mental health services in the past prior to the study. Marie-Mitchell et al.'s (2016) results act as a starting ground for further research into protective factors and future macro actions to minimize future risk of mental health outcomes.

Also, a study conducted by Banyard et al. (2008) sought to discover the impact of trauma across the lifespan. Specifically, a study was conducted to examine the interconnectedness of various types of trauma in adulthood and childhood from women who have previously obtained social services for family violence. Among the sample there was a subset of 283 mothers who were a subset of a longitudinal study of U.S. Navy families. The total amount of families within the sample was 530. The sample consisted of 58% White, 7.1% Latina, 27%

African American, 2.1% Asian American, and 5.8% other. Additionally, 64% were currently employed. The tool that was used in this study was qualitative interviews from the Trauma Symptoms Inventory (TSI). The TSI includes a 100-item inventory and assesses mental health symptoms. The research indicated that the TSI exhibits both reliability and validity. Additionally, a Symptoms Check List (SCL) was also conducted, which examines symptoms of a psychological distress. The research indicated that the SCL has exhibited adequate reliability and validity in previous studies. Additionally, 4 separate interviews were conducted in this study. The first interview was conducted 2-6 weeks after the report of family violence. The second interview was conducted 9-12 months after the initial assessment. The third was conducted 18-24 months after the initial assessment and the fourth was conducted 36-40 months after the initial assessment. The interview intended to assess child sexual abuse, child physical abuse, witnessed intimate partner violence (IPV), Childhood family violence composite, index of childhood risk, Adult IPV, Adult sexual assault, Psychological IPV, Cumulative Time 1 adult relationship trauma, and markers of protective resources in childhood. Questions that were used in the interviews include the following:

- (1) Were you touched or grabbed in a sexually threatening way?
- (2) Did your mother or father ever choke, burn, scald, lock you up in the closet, threaten you with a knife, use a knife on you on purpose or beat you up?
- (3) Did you ever witness your mother or father use a weapon, hit, or throw things at one another?
- (4) Did you graduate from high school?
- (5) Has your partner ever used force or threat of force to make you have any type of sex?

(6) Has your partner ever decided how all of the money will be spent in the family?

(7) Has your partner ever refused to allow you to get or keep a job?

Since it is not specified whether the interviews were structured or unstructured, we are safe to assume that they are structured because the questions were grouped and labeled specifically. Additionally, the findings indicate that a history of childhood family violence exposure positively predicts levels of childhood risk, subsequent adult relationship trauma, and proximal IPV, and less protective resource markers in adulthood. Specifically, it concludes that experiences of trauma at one point in life is linked to later trauma exposure, cumulative adversity and more negative mental health outcomes. The article written by Banyard et al. (2008) was unique because it was the only article that researched the predictors of future trauma regarding ACEs.

Resiliency

Next, a study conducted by Logan-Greene, Green, Nurius, and Longhi (2014) attempted to examine the relationship of ACEs to physical and mental health. The sample included 19,333 adults who received questions about ACEs in 2009 and 2010. The study sample consisted of 39.5% males and 60.5% females. Additionally, the racial/ethnic composition included all of the following: 87.8% Caucasian, 1.2 African American, 2.2% Asian, 0.3% Hawaiian/Pacific Islander, 1.1% Native American, 4.6% Hispanic, and 2.8% other or mixed race. Additionally, only 21.7% of the sample's household income was \$25,000 or less and 30% of the participants reported having an income of \$75,000 or more. Even though most of the individuals that participated in the study were Caucasian, the sample was equally spread across the levels of income. The individuals that were

eligible to participate in the study had to meet a certain criterion. Moreover, they could participate if (a) they spoke either English or Spanish, (b) were 18 or older, and (c) they were non-institutionalized. This cross-sectional quantitative study used a random-digit-dialed telephone survey, which assessed various measures through standardized questions, including about social economic status (i.e., income), ACEs (e.g., household mental illness, family member incarceration, and witnessing domestic violence), resilience resources (e.g., life satisfaction), physical and mental health. According to the research, the random-digit-dialed telephone survey lacked validity and need more measures with stronger psychometric qualities. The researchers' findings concluded that (1) there was an increase in trends of ACEs among the various groups, especially with family incarceration, substance abuse, and divorce, (2) poorer health among the groups, and (3) resilience resources made a major impact on adaptation to ACEs. Similar to other articles, the loss of a parent is identified as an ACE, in which it could potentially have a devastating impact on the child's mental health. Other articles that conclude similar results include the following: Iachini et al. (2016), Seiler et al. (2016), Stumbo et al. (2015), and Banyard et al. (2008).

Relationship Between Genetics and ACEs

Additionally, a study conducted by van der Meer, van Duijn, Wolterbeek, and Tibben (2014) was designed to investigate childhood experiences and psychological characteristics in offspring of a parent with a genetic disease. This study had a sample of 293 persons. To be part of the study, the participants had to be adults with a parent affected by a neurogenetic disorder. Additionally, the reference group had no family history of genetic disorders. This study was a cross-sectional, quantitative study, in which it used surveys to gather the data. This study

used self-report scales to assess for ACEs, adult attachment styles, mental health, and assessment for psychological symptoms in offspring of a parent with a neurocognitive disorder. After gathering data, the researchers compared the experimental data with the data from the reference group. The items assessed include the following: sociodemographic data, ACEs (e.g., death of a parent, observing domestic violence, drug abuse, and suicide attempts of a parent), attachment anxiety and attachment avoidance. According to the research, the self-report scales for the survey held both external and content validity, in which it appropriately measured what the researcher wanted to know and it can be generalized from the sample to the population. Furthermore, the findings from this study indicated that adult offspring of a parent with a genetic disease may differ in attachment style and mental health from persons without one of these genetic diseases in their family, and that this may be related to ACEs. Van der Meer et al.'s (2014) article was the only article that explored the effects of genetics on ACEs, the individual's attachment style, and mental health.

Childhood Emotional Neglect and Cognitive Impairment

A study conducted by Wilson et al. (2012) sought to test the hypothesis that a higher level of adversity during childhood was associated with a higher risk of cerebral infarction in old age. This study included a questionnaire, in which 1,040 people had completed a questionnaire about adverse childhood experiences. Eligibility was required by a minimum age of 55 years, absence of a diagnosis of dementia, and an agreement to annual clinical evaluation and brain autopsy at death. During the follow-up, 257 individuals had died, and 206 autopsies had been performed. Of the 257, a detailed neuropathological examination had been completed for the first 192 individuals. The tools used to measure the data were

the Childhood Trauma Questionnaire (CTQ) and a neuropathological examination of the brain. The CTQ measured emotional neglect, parental intimidation, parental violence, family turmoil, and financial need. Additionally, the neuropathological examination included brain removal, tissue sectioning, preservation, and quantification of pathological findings. According to Bernstein and Fink (1997), the CTQ has showed both good reliability and validity due to the high internal consistency and structural invariance. Additionally, the neuropathological examination was standard protocol. Findings suggest that childhood emotional neglect may be a major risk factor for cerebral infarction in old age. Additionally, it has been found that childhood emotional neglect is also associated with physiological and psychological distress and cognitive impairment in adulthood. Another finding was that childhood emotional neglect may contribute to poor self-care and poor physical health. Lastly, there are some limitations to the study. This article suggests that future research should examine both hemispheres of the brain rather than one hemisphere so that there can be a better understanding of the overall cognitive impact of emotional neglect. Additionally, future research should explore the possibility that childhood emotional neglect with infarction reflects a more general associated with vascular death.

Gaps in Research

Many of the empirical articles addressed specific gaps in literature, which facilitates the process of future research. One suggestion was to explore other forms of trauma and assess all ACEs other than emotional abuse, physical abuse, sexual abuse, physical neglect, parental separation/divorce, household substance use, household mental illness, and incarcerated family member. Another suggestion that was made was that future studies should look into including men

and families in the study on the study of ACEs. Many current studies on ACEs focus a massive amount of focus on females in the study of ACEs. Additionally, a suggestion that was recognized was that future research should focus more clinical attention on adult adverse experiences rather than so much attention on child adverse experiences. Another study suggested that further studies should assess timing of ACEs and the onset of parental disease in more detail. This current study briefly touched those factors, but not extensively. Additionally, it was suggested that further research should explore the perspectives of individuals in mid-high income and majority groups in regard to ACEs. Many studies have found an association of ACEs with the low-income, minority group and have not found extensive research in other classes of income and ethnicities. Another study suggested that future studies should examine the relationship of age at the time of other ACEs. Next, it was suggested that future research should be conducted using multiple indicators of the traumas, including the frequencies, duration, and perceived severity. Additionally, another article suggested that future research should further investigate the link between childhood neglect and insecure attachment, given that significance for that relationship was not achieved in their study. Moreover, studies into preventative interventions of psychopathology among individuals whom have experienced neglect would be vital since the transition from adolescence to adulthood is a crucial transitional phase. Next, an article suggested that future research should explore the relationship between parental support and perceived peer support in a diverse area, given that their sample was disproportionately Caucasian. Another article suggested that further research should explore and examine cognitive impairment in both hemispheres rather than one. Lastly, an article suggested that future studies should look more into the specific developmental pathways rather than the effects of an

accumulation of ACEs. In other words, the onset and the chronicity of the progression of a specific ACE (e.g., maltreatment, emotional neglect, and physical abuse) should be considered in future research.

This study will specifically examine the effects of emotional abuse on college freshmen at Fresno State University, which evidentially addresses many gaps in research. First, as mentioned, the specific developmental pathways should be examined since there is a lack of research in that area. The developmental stage from adolescence into adulthood can be closely compared to the transition from high school to college. Next, the population of Fresno State University is uniquely diverse, which helps to address the gaps in the research that address perceived parental support among a predominately Caucasian sample.

Summary

This literature review has helped to open pathways of exploration for future research. The theoretical portion is the starting ground to interpreting future data and how the relationship between ACEs and the long term negative outcomes are explained. For example, the explanation of the systems theory has been the primary tool in the theoretical explanation of the presented problem, in which, for instance, explains the impact of childhood emotional neglect on the ability to cope with future life stress. Next, the empirical portion of the literature review has helped to identify certain gaps in research which could ultimately help to launch a new experimental study on the presented problem. For example, one suggestion that was intriguing was for future research to explore the specific developmental pathways rather than the effects of an accumulation of ACEs. Previous research has helped to open opportunities to future research, specifically for this study. Specifically, this study will address gaps and analyze the effects of childhood

emotional neglect of college freshmen. The research design used for this study is qualitative, utilizing an interview for each participant.

CHAPTER 3: METHODOLOGY

Introduction

This chapter will discuss the method used for research, including the purpose of the study, research design, the participants, the research questions, and the methodology that will be used in the study. Other factors that are addressed and analyzed in this chapter are key conceptual and operational definitions, instrumentation, pilot study information, and human subject considerations.

Research Design

The methodological approach that was used to interpret the data from this study is the narrative approach. Moreover, the narrative approach is a methodological approach in qualitative analysis that weaves together a sequence of events from one or more individuals to form a cohesive story (Creswell, 2013, 2013, p. 70). Narrative approach is appropriate for my study because the design of the study and the narrative approach both view the individual's experience in multiple dimensions, specifically, the past, present, and future. Additionally, the narrative approach helps the reader to understand the connection between the selected event and the effects of the event, including both long-term or short-term effects. Like previous research, mental health outcomes may be produced by the experiences of emotional neglect. Furthermore, the type of narrative study that was used for this study is the oral study, which consisted of gathering reflections of events, including both causes and effects, from one individual or several individuals. Lastly, themes were derived from the told stories and experiences of the individuals.

Purpose of the Study

The purpose of this study is to understand how childhood emotional neglect affects a freshman's experience and overall well-being in college.

Research Questions

The first research question that framed this research is (1) "How does emotional neglect experienced as a child affect the experience of an individual at a freshman standing in college?" An additional research question that framed the research is (2) "How does the level of perceived parental autonomy support affect the experience of an individual at a freshman standing in college?" The last research question that framed the research is (3) "What has been helpful for the participant to cope with the negative effects of emotional neglect?"

Definitions

Adverse Childhood Experiences (ACEs)

Conceptual. ACEs are defined as childhood experiences linked with physical and mental health problems in adulthood, as well as unresolved or discordant states of mind. The main categories of ACEs include the following: abuse (i.e. emotional, physical and sexual), neglect (i.e. emotional and physical), trauma, and family dysfunction (e.g., incarcerated family member, mentally-ill family member, and witnessing domestic violence) (Steele et al., 2016, pp. 34-35).

Operational. The conceptual definition will be accepted.

Neglect

Conceptual. Neglect cases reflect a judgement that the parent's deficiencies in childcare were beyond those found acceptable by community and professional standards at the time. Neglect is represented by an "extreme failure to provide adequate food, clothing, shelter, and medical attention to children" (Kaplow & Widom, 2007, p. 178). According to Borelli et al. (2015), "neglect predominately pertains to situations in which a parent neglects his or her relationship with the child, rather than one in which the parent neglects the child's basic physical needs" (p. 26).

Operational. Neglect includes two primary categories: physical and emotional neglect. Physical neglect cases reflect a judgement that the parent's deficiencies in childcare were beyond those found acceptable by community and professional standards at the time. Neglect is represented by "extreme failure to provide adequate food, clothing, shelter, and medical attention to children" (Kaplow & Widom, 2007, p. 178). Emotional "neglect predominately pertains to situations in which a parent neglects his or her relationship with the child, rather than one in which the parent neglects the child's basic physical needs" (Borelli et al., 2015, p. 26).

Parental Autonomy Support

Conceptual. When parents support a child's need for autonomy, they are encouraging a child's capacity to be self-initiating. There are 4 factors involved: (a) providing rationale and explanation for behavioral requests; (b) recognizing the feelings and perspective of the child; (c) offering choices and encouraging

initiative; and (d) minimizing the use of controlling techniques. (Emery et al., 2017, p. 201).

Operational. The conceptual definition will be accepted.

Reflective Functioning

Conceptual. The ability to understand that mental states underlie behavior in the self and others. Research suggests that reflective functioning can be a protective factor against the development of psychopathology among adults who have experienced early abuse and neglect. Reflective functioning can be assessed in terms of an individual's capacity to mentalize for themselves or in the context of other relationships (Borelli et al., 2015).

Operational. The conceptual definition will be accepted.

Mentalization

Conceptual. The developmentally acquired skill that enables an individual to understand that mental states (thoughts, feelings) motivate behavior in the self and others. Attributing mental states to others allows the individual to understand that behavior arises from internal states (Borelli et al., 2015).

Operational. The conceptual definition will be accepted.

Participants

The study consisted of 10 participants. Six of the participants reported to have experienced childhood emotional neglect before the age of 12, are at a freshman standing, and currently do not live with primary caregiver(s). The participants chosen are 18 years old and over. The sample was selected from a

college-prep class at Fresno State University. Additionally, the sampling strategy that was used for the qualitative study is the snowball sampling strategy. Freshmen students from a college-prep class at Fresno State University were selected and asked to participate in the study.

Data Collection Method

One-on-One Interview

The most practical data collection method to use for this study is the one-on-one interview. The interviewer conducted that interview at a group study room at the Fresno State Library, which was private and convenient for both the participant and the interviewer. The interviewer used a voice recorder if the permission was granted by the participant. Next, the interviewer transcribed the data. The one-on-one interviews lasted around 7-15 minutes and consisted of 14 questions, including modified questions from the AAI and other questions. The questions from the AAI asked about how the level of autonomy support from the freshmen's primary caregiver(s) affected their experience in college. The interview questions can be found in Appendix C. The one-on-one interview has some potential drawbacks, though. The participant may have been hesitant to provide information during the one-on-one interview because it was so direct, especially since neglect is a sensitive topic for many individuals (Creswell, 2013, pp. 163-164). The researchers utilized and rented a study room at the Fresno State University library for the qualitative interview. This location is private, spacious, and comfortable. The study rooms were easily accessible and feasible for the study.

Instrumentation

Interview questions were used to gather data from the participants. Some questions used are modified questions from the structured Adult Attachment Interview (AAI) questions. According to Borelli et al. (2015), the AAI held both external and content validity, in which it appropriately measured what the researcher wanted to know, and it can be generalized from the sample to the population. Research question 1, “How does emotional neglect experienced as a child affect the experience of an individual at a freshman standing in college?” was asked through interview questions 1-5, 7-14. Next, research question 2, “How does the level of perceived parental autonomy support affect the experience of an individual at a freshman standing in college?” also was asked through interview questions 1-5, 7-14. Lastly, research question 3, “What has been helpful for the participant to cope with the negative effects of emotional neglect?” was asked through interview questions 4-6.

Pilot Study

A pilot study was conducted at Fresno State University with students from the Social Work 292 class. The intent of the pilot study was to test the instruments and for the fellow classmates to help refine and provide feedback on the study, specifically from the research questions and the study design. As a result of the pilot study, some questions were added, removed, and modified.

Data Analysis

Since the study is a qualitative study, themes were derived from the data. Common themes among the participants’ experiences with childhood emotional neglect provided were derived and organized.

Additionally, the theoretical frameworks that was used to analyze the data include the following: Systems Theory and Maslow's Hierarchy of Needs. Emery et al. (2017) suggests that the self-determination theory, part of the Maslow's Hierarchy of Needs, is important when analyzing the data. Moreover, "self-determination theory is a theory of motivation, personality, and development that posits 3 basic psychological needs of autonomy, competence, and relatedness as being fulfilled via the social context and as essential for optimal growth and functioning for all humans throughout the life span" (Emery et al., 2017, p. 201). It is necessary to use the self-determination theory for many reasons. First, the study targets the experience of adversity during key developmental stages, which is explained within the theory. Next, it suggests that there is potential to persevere through the adversity if the need for autonomy is satisfied, especially through the influence of internal values. Autonomy is another key variable that our study is analyzing. Lastly, the theory supports the idea that increased parental autonomy support fulfills the individual's need for competence and relatedness. Our research questions are based on this aspect of the theory.

Human Subjects Considerations

Benefits

The benefit of serving this population is the potential for colleges and universities to understand the protective and risk factors of emotional neglect. Additionally, this study is designed to help universities understand how to address and provide the necessary support for the individuals that have been deprived from their primary caregiver support.

Risks

It is important to address the risks that may be involved in this study. First, there is potential that the participants may experience distress as a result of answering the interview questions. Additionally, there are little to no social, physical, legal or economic risks involved. Next, there are potential legal risks involved. The International Review Board is concerned about abuse, specifically with sexual abuse. If the participant reports sensitive information that is outside the limits of confidentiality, the researcher is mandated to report it. Even though the questions are designed to ask about parental autonomy support, the participants may not expect that they might share sensitive experiences (e.g., emotional neglect and abuse) as their answers.

Precautions

Since neglect is a sensitive topic, necessary precautions have been made when asking about their experiences with neglect. One necessary precautionary measure was question reframing. Instead of asking about “neglect,” the questions were reframed to ask about “primary caregiver support.” With reframing, the participants are more likely to respond honestly and accordingly, thus reducing risk. Next, it is important to address that some participants may not want to discuss details if they feel too uncomfortable. At the beginning of the interview, the interviewer verbally addressed the sensitivity of the material that is being asked and the potential discomfort that may occur as a result. The participants were informed that they have the right to leave at any time during the interview process and the right to refuse answering any of the questions asked during the interview process. Additionally, the participants were informed about confidentiality and the limits of confidentiality to ensure that the participant understands the potential legal risks involved. Furthermore, the researchers provided the participants with an

accurate and fair description of the risks or discomforts and the anticipated benefits. Since the participant may not expect the questions to be asking about emotional neglect, the researcher acknowledged this in the consent form. Lastly, if needed, counseling sessions are available for all Fresno State students at the Health and Counseling Center. Their phone number is (559) 278-2734.

Compensation to Participants

There was no compensation for participation in the study.

Academic Background and Experience of Investigators

Andrew Parks is the researcher. Andrew Parks is currently pursuing a MSW degree. The primary investigator is Debra Harris. Roger Simpson and Travis Cronin are committee members. Debra Harris, Roger Simpson, and Travis Cronin all have a Ph.D. Additionally, Andrew Parks completed the Human Subjects Assurance Training. The Human Subjects training is designed to address the ethics and rights of human subjects involved in research. Refer to Appendix A for the Certificate of Completion for the Human Subjects Service Training. To ensure that the participant is aware of their rights and understands the intent of the study, a consent form was given to the participants. Refer to Appendix B for the consent form.

Summary

As we explore the experiences of low parental autonomy support among freshmen in college, we will get a better sense of how to treat the mental health outcomes that follow. The developmental shift from high school to college is an extremely important phase of life to explore and the results can benefit college counselors and staff to better serve the students. The narrative methodological

approach was the necessary tool to gather the information to help address the issues that result from low parental autonomy support experienced by childhood. As mentioned, the narrative approach allows for an exploration into a specific phenomenon or experience associated with the past, present, and future. It can help to understand how the past experiences has affected the present and how present preventative actions may affect the future outcomes.

CHAPTER 4: THEMATIC RESULTS

Introduction

This chapter includes a discussion of the coded thematic results derived from the interviews. Data were pulled from the participants' life stories to create an overall idea of the level of impact that childhood emotional neglect has on them navigating through college. The elements that were addressed in this narrative analysis include the following: "interaction (personal and social), continuity (past, present, and future), and situation (physical places or the storyteller's places)" (Creswell, 2013). As the researcher collected the data from the various stories, it was evident that there were commonalities among the experiences.

Aim of Research

The aim of the research was to identify the negative effects and protective factors of childhood emotional neglect, specifically among individuals at a freshman college standing.

Research Tool

The researcher audio recorded and transcribed the interviews. If the researcher could not understand an answer provided by the participant, the researcher asked for clarification. If the participant did not understand a question asked, the researcher asked probing questions following the primary question. The researcher used coding to derive various themes from the interviews. As themes emerged, the researcher compared the themes among the interviews. This process resulted in various categories of meanings.

Demographics

A total of 10 interviews were conducted over a 3-week period. The interviews lasted from 7-15 minutes. All the interviews took place in the Fresno State Library study rooms. Eight of the participants were female and two were male. Three of the participants identified themselves as White, two of the participants identified themselves as Hispanic, one participant identified herself as African American, one participant identified herself as Asian, one participant identified herself as Vietnamese/Mexican, one participant identified himself as African American/White, and one participant identified himself as Mexican. Most participants reported to be middle-class. All participants reported to be at a freshman standing in college. The ages of the participants ranged from 18 to 20 years. Lastly, the reported majors varied among the participants.

Participants

Among the participants, six of the participants reported to have experiences that match with the description of childhood emotional neglect. The process of gathering participants with experiences of emotional neglect was difficult for the researcher. After the researcher gathered over 25 emails from five classes of freshmen, only 16 of the students replied and 10 followed through and met to complete the interview. Three students made appointments but never arrived and three replied to an email sent by the researcher, but the student never confirmed the date and time of the appointment. Out of the 10 participants who completed the interview, four perceived a lack of emotional support from their primary caregiver(s) and met the criteria of experiencing emotional neglect from their primary caregiver(s), two of the participants perceived receiving much support from their primary caregiver(s) and met the criteria for experiencing emotional neglect from their primary caregiver(s), and four of the participants perceived

receiving much emotional support from their primary caregiver(s) and did not meet the criteria for experiencing emotional neglect from their primary caregiver(s). Even though six of the participants meet the criteria for emotional neglect, themes of resiliency were also derived from the other four individuals' interviews.

Research Questions and Themes

Themes were derived from the interviews to answer the following questions: (1) "How does emotional neglect experienced as a child affect the experience of an individual at a freshman standing in college?" (2) "How does the level of perceived parental autonomy support affect the experience of an individual at a freshman standing in college?" and (3) "What has been helpful for the participant to cope with the negative effects of emotional neglect?" The themes from the interviews have been put into three primary categories: current relational difficulties, current mental health outcomes, and resiliency.

Research Question 1: "How does emotional neglect experienced as a child affect the experience of an individual at a freshman standing in college?"

Current Relational Difficulties

Another commonality among the participants with experiences of childhood emotional neglect was current relational difficulties. Trust, showing empathy and communication are three primary aspects in healthy interpersonal connection with others.

Trust difficulties. This study highlighted how experiences of childhood emotional neglect may have a significant impact on an individual's trust for

others. It is evident throughout the findings that the absence of the primary caregiver or caregivers can result in interpersonal issues. Participant 1 specifically mentioned how difficult it is to become emotionally intimate with someone. Specifically, she reported, “I can’t get close to people...I am very timid...[I] think that everyone has these motives and are thinking and talking poorly of me no matter how they portray themselves to me. I feel that there is always something underlying to it.” This participant reported that she blames this lack of trust for others on her grandparents, which were her primary caregivers during a significant period of life as a child. She reported that they were unsupportive and demeaning. The lack of autonomy support from her caregivers as a child resulted in a trust issue. The trust issue also stems from the cognitive distortions that exist within the participant, which include that people are thinking poorly of her no matter how they portray themselves.

Difficulty relating with others. These findings suggest that childhood emotional neglect can have a negative impact on how an individual relates to others. For example, a participant, who reported to have received little emotional support for most of her life, currently has difficulty getting in close relationships with others, difficulty trusting others, and difficulty with asking for advice. Participant 4 mentioned that she is more reserved with sharing personal information because of her experiences with her primary caregivers.

Next, five of the six who expressed experiencing emotional neglect reported that difficulty often occurs in highly emotional situations. Moreover, participant 10 reported that she has difficulty giving empathy to others, especially if someone is crying or in need of emotional support. A participant reported, “[My primary caregiver’s lack of support in my life as a child affected] the emotional

part of me. I don't like things that are sugar coated. I'm very direct and when someone is in need of empathy and need of someone to show them emotion, I don't know how to do that. I'm very awkward when it comes to that." This participant reported that she feels uncomfortable providing empathy because she was never given that kind of support growing up. She feels that she does not know how to show her emotions adequately and effectively to others. In other words, she has difficulty understanding, expressing, and ultimately regulating emotions because it was rarely modeled for her as a child.

Research Question 2: "How does the level of perceived parental autonomy support affect the experience of an individual at a freshman standing in college?"

Current Mental Health Outcomes

After interviewing the participants, the theme that was the most prevalent was the mental health outcomes that existed in adulthood due to the perceived lack of parental autonomy support. The themes that fall under this category include the following: emotional regulation difficulties, emotional distress, and unhealthy coping mechanisms.

Emotional regulation difficulties. Some of the participants had difficulty regulating their emotions. When dealing with pain and being upset, some participants would attempt to ignore or repress it, ultimately resulting in emotional distress. Three of four of the participants with a perceived lack of parental support reported "bottling-up" their emotions, or keeping their feelings and emotions to themselves, which often resulted in negative consequences, including anger outbursts, panic attacks, or overwhelming anxiety. Moreover, a participant reported, "I used to have really bad anger problems. I would yell a lot, I hit things,

I would take it out on myself. I couldn't really talk to my family about it. They didn't really see it as a problem. They thought I was overreacting no matter what it was, so I just kind of kept it to myself for a lot of the time." Some participants, including this participant, found emotional regulation difficult as they found themselves bottling up their emotions because of cultural or familial norms. Participant 4, who identifies as Hispanic, reported that discipline was highly valued by her primary caregivers. The participant felt intimidated to speak to her parents about personal issues. She reported, "I don't talk to them [my primary caregivers] about personal stuff, but I do ask for their [my primary caregivers'] opinions." Her relationship with her primary caregivers seems formal and traditional rather than personal. The nature of their relationship contributed to the lack of emotional connection between the participant and their primary caregivers.

Since the target population did not have their primary caregiver(s) to help them process their pain and distress as a child, many participants reported attempting to cope with it on her own. Three of four participants with perceived lack of support from their primary caregiver(s) reported having difficulty dealing with their pain and distress on their own. Participant 1 mentioned, "I was kind of on my own. My dad was there, and my grandparents were there, but I did everything myself.... I have super bad anxiety, I don't sleep. I just stress and that's how I get through it. I feel that I have to keep completing my tasks and it will kind of go away. I feel like I have to get my stuff done to best cope with it." This participant experienced significant mental health outcomes (e.g., anxiety, difficulty sleeping, and stress) because of the emotional neglect. Another participant reported, "She [My primary caregiver] wasn't around a lot at that point [12 years and younger] in my life...[When I was upset as a child] I would just deal with it on my own." This participant indicated her awareness of the issue. She

recognized that the lack of their involvement resulted in having to deal with being upset all by herself rather than processing it with her primary caregiver(s). In one case, a participant found their emotional support from their siblings rather than their primary caregiver(s). This participant mentioned, “They’ve always been there for me, but because they were busy, I would rely on my older siblings, but they were there for me when I needed them.” The presence of this participant’s siblings to receive emotional support from had a positive impact on this individual. Moreover, she felt that her emotional needs were attended to.

Emotional distress. Four out of four participants with perceived a lack of support from their primary caregivers reported having experienced several negative mental health outcomes. Participant 4 now suffers from anxiety, depression, and agoraphobia. She reported, “They [My primary caregiver(s)] were absent and were not much involved in my personal life. I eventually saw a therapist and I see her now. I suffer from anxiety, depression, and agoraphobia because of that. I guess I could say they weren’t pretty active in my life.” She directly blames the absence and lack of parental involvement in her personal life for these mental health outcomes and difficulties. It has been especially difficult for this participant to navigate through college with these forms of emotional distress. Another participant, who had reported to receive little to no emotional support from their primary caregivers for most of their life, currently has difficulty dealing with her anxiety, has difficulty being in large crowds, has poor self-confidence, has problems with impulsivity, has problems with concentration, and many more issues while being in college. Some of the issues reported by this participant were shared among other participants as well, including poor self-confidence, and difficulty being in large crowds.

Unhealthy coping mechanisms. From the six participants who experienced childhood emotional neglect, three reported using isolation to cope with stress. Isolation includes hiding in an isolating environment (e.g., room, closet, etc.) to escape from the distress in the environment. One of the participants interviewed would run into her room and turn on music when she was upset. The participant reported, “One event that I remember is when I would go and hide in my closet for a bit and then my siblings would come find me and then we would talk it out. I would be ok after talking it out for a little bit. Also, I tend to isolate myself from everything and everyone.” Instead of rushing to their primary caregivers in times of distress or when upset, many of the participants tried dealing with it on their own.

Research Question 3: “What has been helpful for the participant to cope with the negative effects of emotional neglect?”

Resilience

Most of the participants reported navigating through college adequately and effectively, despite having many negative outcomes of the emotional neglect. From the interviews, various themes of resiliency were found. These participants were able to overcome many of the significant obstacles that often result from childhood emotional neglect. These themes include the following: forgiveness and replaced/external support.

Forgiveness. Forgiveness was another theme that was derived from our research but was not found in previous research. Next, another way these participants have been able to cope and navigate successfully through college is through renewed support from their primary caregiver. Six of six of the

participants that have experienced emotional neglect reported to currently receive much support from their primary caregiver(s) and three of six participants reported their primary caregiver(s) as a positive factor to their academic success. Our findings suggest that even if an individual had experienced little to no emotional support from their primary caregiver as a child, emotional support can be brought back from the caregiver, thus minimizing the negative effects often resulting from ACEs.

When an individual can investigate their caregiver(s) and give fault to the circumstances rather than on the individual, forgiveness and resiliency occurs. Some participants reported that their caregiver(s) acknowledge their sincere apologies and the participants forgave them. Two of the participants reported not blaming their primary caregiver(s) for the lack of support that they gave. One of the participants reported blaming her caregiver's parents for what her primary caregiver had done. The other participant reported blaming her caregiver(s)'s circumstances rather than the caregiver(s). The participant reported, "I don't blame them because I understand that [my mom's] husband just died, and she was left with an unborn child... she [was] young and she [didn't] have much experience yet. I think this contributed to how she coped." This participant recognized that there were difficult circumstances that her primary caregiver was going through that contributed largely to her experiences of emotional neglect experienced from the primary caregivers. The shift in blame from the individual to the environmental factors contributed to a development of trust between the participant and the participant's caregiver as the participant navigated through college.

Replaced/external support. The findings suggest that resiliency can occur with replacing the lack of support with another individual or system. Participant 10 reported to seek help and support from another family member in her extended family. This replacement of emotional support could have contributed to the resiliency as she navigated through college. Next, colleges have various systems associated with them to meet the emotional, educational, and career needs of the client. Some participants found their primary source of support from various support groups, classes and organizations in their college. Participant 4 reported, “I have support. I went to HCOP: Health Career Opportunities Program over the summer. We did it for a whole month every day and I met a lot of people. I came to the school knowing people. I also came to TRIO for advising.” These support networks provided by the college campus were used as coping mechanisms to the issues that are common among college students dealing with emotional neglect.

Situating of Self

This researcher chose to pick a topic on emotional neglect among college freshmen after being introduced to a multitude of unique issues presented to him by a client at his MSW internship placement whom had experienced childhood emotional neglect. Since that encounter, the interest has grown as he progressed further on research and findings on this topic.

Again, the main themes that are prevalent among the data include current mental health outcomes, current relational difficulties, and resiliency. First, mental health outcomes and current relational difficulties tend to be the main categories of negative effects in adulthood among those with experiences of childhood emotional neglect. The current mental health outcomes common among the participants range from emotional regulation difficulties, emotional distress (e.g.,

anxiety, depression & phobias), and unhealthy coping mechanisms (e.g., isolation). Next, the relational difficulties that were common among the participants include trust difficulties and difficulty relating to others. The last primary theme that existed among the data was resilience. The secondary themes under resilience include forgiveness of the primary caregiver for being emotionally absent and replaced/external support. Those with awareness and access to support groups in college were able to overcome the obstacles in college commonly associated with childhood emotional neglect. Lastly, an analysis and discussion of the results will be helpful to understand these themes. The next chapter will include an in-depth analysis and discussion of the results.

CHAPTER 5: CONCLUSIONS

Introduction

Childhood emotional neglect is an issue that needs to be addressed, especially in the college setting. Since childhood emotional neglect is seldomly researched, as compared to the other ACEs (e.g., sexual abuse, physical neglect, and family dysfunction), this study will help to bring awareness to it and the issues associated. The first chapter addressed emotional neglect and the problems that they play on a local, national, and international level. Among the studies, it expressed the necessity of further research, early intervention, and political action on every level. The students at Fresno State University were identified in the first chapter as being more susceptible to having experiences of childhood emotional neglect. The high concentration of minorities and individuals classified as lower class in the Fresno County contribute to the high likelihood of experiences of childhood emotional neglect among the student population.

The second chapter helped to identify the patterns associated with childhood emotional neglect and other ACEs. Utilizing the systems theory, the research suggested that patterns of dysfunction within various systems (e.g., family & community) may be predictors of emotional neglect. Furthermore, an individual with many dysfunctional systems has a higher likelihood of difficulty in adapting to future additional systems (e.g., college). As suggested by the first chapter, there is a need for further research, early intervention services and political intervention services. Next, it was suggested by Brandell (2014) that a population with a lack in problem-solving skills and difficulty regulating emotions will have more difficulty coping with life stressors than a neurotypical individual. It was suggested that an individual with an experience with emotional neglect

(e.g., absence of parents, lack of healthy interpersonal interactions, etc.) or other ACEs may have significant difficulty with identifying and using coping strategies to deal with the stress in a college environment. This conclusion was made because problem solving skills and emotional regulation strategies may be absent among the target population, especially if the parents have not been interpersonally involved nor supportive. It was discovered in the fourth chapter that individuals within the target population have emotional regulation difficulties as well as other mental health outcomes. Next, the empirical literature review in the second chapter helped to identify the gaps of research associated with emotional neglect and other ACEs, allowing future research to be explored. Both literature reviews in the second chapter helped with identifying a methodology for the study. The methodology that has been selected for this study is narrative, a qualitative study in which a cohesive story is weaved together from a sequence of events from several individuals (Creswell, 2013, p. 70). A qualitative design, which is address in the third chapter, was selected because it could help to open several future avenues of research on childhood emotional neglect, which is lacking in research.

From this study on college freshmen with experiences of childhood emotional neglect, there were significant findings, new findings, similar findings to previous research, and incongruent findings to previous research. Additionally, this chapter will discuss various implications for social work practice. These findings can be used in social work practice to better equip the social worker for their work with individuals with experiences of childhood emotional neglect. Next, this chapter will discuss strengths and limitations of the study. Lastly, recommendations for future research will be discussed. Recommendations for future research include the following: modifying the tools used in this study to

maximize validity of the study and further exploring the new findings from this study.

Significant Findings

Significant data have been derived from the themes from the previous chapter. One of the primary findings, which are consistent with findings in previous studies, is the long-term mental health effects of childhood emotional neglect. Some mental health outcomes found in this study include the following: depression, irrational fears overwhelming anxiety, panic attacks, anger outbursts, difficulty sleeping, and high stress. Previous research suggested that child abuse and neglect (e.g., emotional neglect) are primarily associated with physical health, high risk behaviors, emotional and mental health, behavioral problems, cognitive difficulties, and social difficulties (Shadrack & Joubert, 2012, p. 10). The findings from this study suggest that other mental health outcomes include emotional regulation difficulties and unhealthy coping mechanisms are common among this target population.

It was hypothesized in previous research that an individual with low perceived parental autonomy support have more difficulty regulating their emotions (Emery et al., 2017). In this study, our findings correspond strongly with the previous findings. Appropriate emotional regulation processing involves the following steps: “(1) awareness of one’s emotions, (2) acting on emotions, (3) receiving feedback on actions, and (4) exercising internal control of actions and integrating emotions” (Blimling, 2010, p. 135). Both the findings in this study and previous findings suggest that individuals with experiences of childhood emotional neglect tend to have difficulty navigating through the steps. They often

have difficulty responding to their own emotions, especially if their primary caregiver(s) rarely modeled that for them.

Additionally, our findings suggest that individuals with experiences of emotional neglect often have difficulty developing coping mechanisms. With the stress that is caused by the natural ebb and flow of life, an individual is forced to develop coping mechanisms, whether being healthy or unhealthy (Brandell, 2014). With emotional support, individuals as children would respond to distress and pain with going to the mother or father and receiving that physical and emotional comfort. Without access to a consistent support, individuals often try to develop and use their own methods of coping with their emotional distress. Previous findings suggest that unhealthy coping mechanisms, including non-suicidal self-injury behavior, is often used to cope with their perceived lack of parental autonomy support (Emery et al., 2017). To cope with the absence of a caregiver as a coping mechanism, our findings suggest that children commonly reach out to their older siblings for emotional support or they isolate themselves. Isolation behavior often includes blocking others out and attempting to address difficulties without the help of others. College is full of new stressors and difficulties that can often be resolved by interacting with other individuals within the institution. When isolation is normalized into adulthood while in college, these findings suggest that it could interfere with the level of distress in college.

The data from this study show that the lack of emotional support from the primary caregiver(s) may result in significant relational difficulties, thus making it more difficult to navigate college, especially since college involves interacting and communicating with several professors and students. Relational difficulties include the following: trust issues, difficulty showing empathy to others, and unhealthy communication. This target population is found to be more sensitive to

dealing with interpersonal conflict, sometimes being a victim to cognitive distortions (e.g., all or nothing thinking and catastrophizing). All or nothing thinking refers to thinking in extremes (Cognitive Behavioral Therapy, Los Angeles, n.d.). Moreover, an individual may be more prone to immediately interpreting someone's actions as against them or untrustworthy without sufficient evidence to prove so. Additionally, these findings suggest that childhood emotional neglect can have a negative impact on how an individual relates to others. Emotional neglect can include the absence of expression of emotions from the caregiver(s) to the child, including empathy. These findings show that empathy is difficult to learn, especially with the absence of empathy expression during childhood from the caregiver to the child.

Our findings suggest that the learned behaviors of individuals with experiences of emotional neglect are often converted into generalizations of their interpersonal interactions with others. According to Grusec (1992), the social learning theory suggests that social norms and formulation of rules originate from our observations and the memories that are created from the observations. Consequently, those with experiences of family dysfunction, neglect, or other areas of distress in the family have a higher likelihood of developing norms of dysfunction, lack of trust, and distress among interpersonal relationships. Furthermore, family dysfunction often results from having many stressors in the family, often many being out of the control of the primary caregiver(s). Some common familial stressors that have been found in this study include financial issues and having large families, which can contribute to a perceived lack of caregiver support. These findings suggest that financial issues, especially, have the potential to pull family members away from each other. Some caregivers work many hours and get paid little, which takes time away from adequately

emotionally investing in their child. Additionally, families with many children sometimes neglect the emotional needs of certain individuals in the family as the primary caregiver(s) attend to the members perceived to have the most emotional needs.

Previous research on trauma highly reflects the findings in this study on experiences with emotional neglect. Numerous studies have been conducted on the effects of trauma, emotional neglect, and other ACEs. Comparing to previous research on trauma, the long-term negative outcomes between trauma and childhood emotional neglect are similar. As mentioned in a previous chapter, “Some core areas of interpersonal function that are shaped by repeated traumatic experiences include difficulty in trusting others, fear of being unloved or abandoned by others, difficulty in affect regulation, lower satisfaction in intimate relationships, and higher likelihood of revictimization” (Tummala-Narra et al., 2012, p. 640). As mentioned previously, the findings from this study show that childhood emotional neglect can result in difficulty trusting others and difficulty in affect regulation, which are common negative outcomes of trauma.

Resiliency is a common theme throughout these findings. The findings from this study suggest that resiliency to significant impairment to functioning during college occurred because of the following factors: caregiver forgiveness and replaced/external support. With forgiveness of the caregiver(s) and their actions, an individual can overcome the lack of emotional connection between the primary caregiver from childhood and regain it during adulthood. Our findings suggest that a relationship between a child and a caregiver that was currently broken in childhood can be rebuilt, which can contribute to high academic achievement if encouragement is utilized by the caregiver. Next, our findings suggest that a freshman student can find the necessary support to succeed

academically from other outlets. Even though support from the primary caregiver(s) is vital in the emotional development of an individual going through college, the findings suggest that an individual can become resilient through other outlets of support. The outlets that were found to be helpful among college students include the following: college-prep classes, mental health services, career-prep services, advising services, and extended family members. Social support, especially, was noted as a factor of resiliency in previous findings and data in the current study. It was hypothesized in previous research that “psychosocial factors such as social support and life satisfaction are established health protective factors and theorized to play important roles in the pathways between early life adversity as well as socioeconomic status and health” (Logan-Greene et al., 2014).

Implications for Social Work Practice

In the scope of social work practice, social workers have the authority to address issues to their corresponding agency and/or community. Moreover, a social worker can address statistical data of effective strategies utilized among similar agencies and proposed solutions to address these issues. As mentioned previously, the California Legislative Information (2017) suggested that there is a lack of intervention and treatment during the onset of a mental health disorder. Currently there are many agencies that have addressed this need and are very effective in their efforts to reach the target population of at-risk college students to mental health outcomes stemming from various ACEs (e.g., emotional neglect, sexual abuse, and family dysfunction). For example, Fresno State implements a Depression Screening Day, which is designed to increase the awareness of depression and the resources that the college has to treat mental health issues.

It is important to recognize the societal impact that experiences of emotional neglect as a child has on college students at a freshman standing. In order for political or local action to occur on this, it is necessary to conduct studies to connect the link between public interest and childhood emotional neglect. If utilized by social workers and other advocates, this research could be used to help politicians, college administrators, and the public to understand the specific impact that it has on the public, thus prompting them to take further action.

Strengths and Limitations of the Study

One of the primary strengths of this study was that the sample is representative of the study population. The sample was primarily Hispanic and White, which is directly reflective of the study population of Fresno State University freshmen students. Additionally, the issues found among the sample were reflective of the study population. Some of the issues that were found both in previous research and this study were the patterns in the following: mental health issues, interpersonal issues, and emotional regulation issues.

Next, the data were relatively easy to analyze. The participants with experiences of childhood emotional neglect gave well detailed accounts of their experiences. Additionally, their diction was clear and easy to understand. This was helpful when deriving themes from the transcribed interviews.

Even though the sample was representative of the study population, the selection process was not well-designed. The target population was freshmen with experiences of emotional neglect. The selection process gathered freshmen participants that were enrolled in a college preparation class. Even though the likelihood of gathering a participant with experiences of childhood emotional neglect from that class was higher than other classes at Fresno State University,

the rate in which the selection process gathered the target sample was 60%. Further assessment of the issue of childhood emotional neglect was not conducted prior to the interview process. Many transcribed interviews had to be removed from the study prior to conducting the interview because of this issue.

Another limitation to this study was the small sample. The intended sample was going to be 10-15 participants so that it would be easier to find commonalities among the participants' narratives. Instead, the final sample was six participants. Most of the circumstances and issues surrounding these participants' narratives varied and it was somewhat difficult to find commonalities among the participants.

Recommendations for Future Research

There are many recommendations for future research on this topic. First, the questions asked during the interview were too broad. The researcher received widely varying stories and themes from each participant. The study would have been simpler if the researcher asked additional probing questions along with each interview question. Moreover, probing questions about coping mechanisms, including both positive and negative coping methods will be important to add in future research on this topic. Since previous research indicated that non-suicidal self-injury behavior is often used to cope, then this would have been important to assess among the target population. Future research should also assess more of the specific mental health symptoms that have been found to be associated with childhood emotional neglect.

Next, future research on this target issue should include more participants. Even though this sample was selected out of at-risk population of college freshmen, there was still difficulty in finding participants that met the criteria for the study. There are many factors that suggest that a larger pool of participants

should be selected for future studies on childhood emotional neglect. First, obtaining participants with experiences of emotional neglect is difficult among college freshmen. Even though this study started with 12 willing participants, only 6 of the participants met the criteria for the study. Even though many college freshmen may have experienced family dysfunction and other ACEs, emotional neglect is an ACE that occurs less frequently than the others. As mentioned previously in a study on ACEs, childhood neglect is less common than childhood abuse and other ACEs both nationally and internationally (Allard, 2009). Furthermore, childhood emotional neglect is reportedly less common than the other forms of neglect, including physical, medical, and educational neglect. This finding suggests the difficulty in finding any target population of individuals with experiences of childhood emotional neglect. Next, there is a need for a larger pool of participants with childhood emotional neglect because the narratives can vary significantly. From these findings, childhood emotional neglect resulted from a variety of factors, which include the following: incarcerated primary caregiver, drug-addicted primary caregiver, death of a primary caregiver, emotionally distant primary caregiver due to cultural norms, etc.

In addition to the tool used to gather qualitative data from the participant, future research should include a tool that is more effective in gathering participants from the target population. For this study, many participants that met some of the desired demographics for this study that were assessed were found to not meet the criteria for experiencing emotional neglect or having a perceived lack of parental autonomy support. An additional tool assessing perceived emotional support from the caregiver(s) as a child should be used to select the target population and minimize any unnecessary additional work from the researcher.

Lastly, an interesting finding was the impact that emotional neglect has on the individual's ability to relate with others while being in college. The findings correspond with the social learning theory. Previous research suggests that there has not been much research done on this target population's ability to relate with other people. Future research should explore this avenue.

Summary and Conclusions

It is important to address the impact of childhood emotional neglect on an individual transitioning into adulthood. This study was successful in gathering data to support previous findings as well as gathering new findings. These findings suggest that individuals with childhood emotional neglect often have difficulty regulating emotions, difficulty developing healthy coping mechanisms, and difficulty with interpersonal relationships. These findings can be helpful for college staff and administration to know, however, there is a great need to further explore this issue. Currently, much research has been done on the impact of trauma, abuse, and ACEs, yet there continues to be scarce data on emotional neglect. In addition to the effects of emotional neglect, there is need to address resiliency factors. With a better understanding of resiliency to the effects of childhood emotional neglect, colleges can help to address the issue and maximize the protective factors among their students via resources and services provided by the school.

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APPENDICES

APPENDIX A: COPY OF ANDREW PARKS'S HUMAN
SUBJECTS ASSURANCE

TRAINING CERTIFICATE OF COMPLETION

Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that Andrew Parks successfully completed the NIH Web-based training course "Protecting Human Research Participants."

Date of completion: 09/06/2017.

Certification Number: 2467874.

APPENDIX B: CONSENT FORM

CONSENT FORM

You are invited to participate in a study conducted by Andrew Parks. We hope to learn how the level of parental autonomy support and/or emotional neglect affects the experiences of a college student at a freshman standing. You were selected as a possible participant in this study because you are a freshman in college.

If you decide to participate, we Andrew Parks and his associates will conduct a one-on-one interview using 14 questions. The interview process should take about 30 minutes. The plan to gather themes from the various interviews that we conduct. After you participate in the interview and sign this form, your participation is complete. We understand that this may be an inconvenience for you and we appreciate your participation.

Since neglect is a sensitive topic, necessary precautions must be made when asking about their experiences with neglect. One necessary precaution that is necessary in this study is question reframing. Moreover, instead of asking about “neglect,” we are reframing the questions to ask about “primary caregiver support.” With reframing, the participants are more likely to respond honestly and accordingly, thus reducing risk. It is important to address that some participants may not want to discuss details if they feel too uncomfortable. At the beginning of the interview, the interviewers plan to verbally address the sensitivity of the material that is being asked via the interview questions and the potential discomfort that may occur as a result. The participants will be informed that they have the right to leave at any time during the interview process. Additionally, the participants will be informed that they have the right to refuse answering any of the questions that are asked during the interview process.

The benefit of serving this population is for colleges and universities is the potential to understand the protective and risk factors of emotional neglect/lack of primary caregiver support. This study is designed to help universities understand how to address and provide the necessary support for the individuals that have been deprived from their primary caregiver support. We cannot guarantee, however that you will receive any benefits from this study.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. If you give us your permission by signing this document, we plan to disclose the results to California State University, Fresno. We see that the results may bring awareness to the challenges that college freshmen endure as a result of emotional abuse and/or lack of parental autonomy support.

Your decision whether or not to participate with not prejudice your future relations with California State University, Fresno, If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without penalty. The Committee on the Protection of Human Subjects at California State University, Fresno has reviewed and approved the present research.

If you have any questions, please ask us. If you have any additional questions later, Andrew Parks, at parksman@mail.fresnostate.edu, will be happy to answer them. Questions regarding the rights of research subjects may be directed to Kris Clarke, Chair, CSU Fresno Committee on the Protection of Human Subjects, (559) 278-4468. Additionally, the telephone of the primary investigator, Dr. Debra Harris, is (559) 278-2966. Lastly, if needed, counseling sessions are available for all Fresno State students at the

Health and Counseling Center. Their phone number is (559) 278-2734.

You will be given a copy of this form to keep.

YOU ARE MAKING A DECISION WHETHER OR NOT TO PARTICIPATE. YOUR SIGNATURE INDICATES THAT YOU HAVE DECIDED TO PARTICIPATE, HAVING READ THE INFORMATION PROVIDED ABOVE.

Date

Signature

Relationship to Subject:

APPENDIX C: INTERVIEW QUESTIONS

Demographic Questions

1. What is your age? _____
2. What is your race/ethnicity? _____
3. What would you consider to be your social economic status?

4. What is your gender/sexual identity? _____
5. What is your major? _____
6. What is your college standing? _____

Interview Questions

1. Could you start by helping me get oriented to your early family situation?
 - a. Where were you born?
 - b. Did you move around much?
 - c. What did your primary caregiver(s) do at various times for a living?
2. Describe the amount of support that you had received from your primary caregiver(s) when you were 12 and younger?
3. When you were upset as a child, what would you do?
4. I'd like you to try to describe your relationship with your primary caregiver(s) as a young child if you could start from as far back as you can remember?
5. Why do you think your primary caregiver(s) behaved as they did during your childhood?
6. Now I'd like to ask you, what is your relationship with your primary caregiver(s) like for you now as an adult?
7. Describe the amount of support that you receive from your primary caregiver(s) since the beginning of college?
8. In general, how do you think your overall experiences with your primary caregiver(s) have affected your adult personality?

9. Are there any aspects of your early experiences, that you think might have had a negative effect on the way you are today?
10. How have you navigated through college?
 - a. What are some common stressors that you have experienced during college?
 - b. How have you coped with stressors during college?
 - c. How much alcohol do you drink?
 - d. What do you enjoy about college?
 - e. How has college been so far?
11. What is your process when making decisions?
12. Do you feel like you have the authority to make the significant life decisions for yourself, including with career choice, choosing your friends, and choosing your partner?
13. How often do you use other people's advice to guide your own decisions?
14. Describe 3 main emotions that you commonly experience while interacting with professors?