



Emotion dysregulation as a mediator between childhood emotional abuse and current depression in a low-income African-American sample[☆]

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ABSTRACT

Abuse and neglect in childhood are well-established risk factors for later psychopathology. Past research has suggested that childhood emotional abuse may be particularly harmful to psychological development. The current cross-sectional study employed multiple regression techniques to assess the effects of childhood trauma on adulthood depression and emotion dysregulation in a large sample of mostly low-income African Americans recruited in an urban hospital. Bootstrap analyses were used to test emotion dysregulation as a potential mediator between emotional abuse in childhood and current depression. Childhood emotional abuse significantly predicted depressive symptoms even when accounting for all other childhood trauma types, and we found support for a complementary mediation of this relationship by emotion dysregulation. Our findings highlight the importance of emotion dysregulation and childhood emotional abuse in relation to adult depression. Moving forward, clinicians should consider the particular importance of emotional abuse in the development of depression, and future research should seek to identify mechanisms through which emotional abuse increases risk for depression and emotion dysregulation.

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Abuse and neglect in childhood have been consistently linked to a range of mental health problems later in life. Childhood maltreatment is a risk factor for later depression, panic disorder, social phobia, generalized anxiety, substance abuse, post-traumatic stress disorder (PTSD), and personality disorders, to name a few (Bradley et al., 2008; Fossati, Madeddu, & Maffei, 1999; Johnson, Cohen, Brown, Smailes, & Bernstein, 1999; Medrano, Zule, Hatch, & Desmond, 1999; Safren, Gershuny, Marzol, Otto, & Pollack, 2002; Yehuda, Halligan, & Grossman, 2001). Given the well-established association between childhood maltreatment and later psychological problems, it is important to examine the specific pathways whereby early maltreatment increases risk. One way to do this is to look at the differential impacts of different types of maltreatment on subsequent development of psychopathology.

In examining particular types of childhood maltreatment, researchers have historically focused most on physical and sexual abuse and paid less attention to emotional abuse. Despite this relative lack of research on emotional abuse, there is growing evidence suggesting its importance relative to other abuse types with respect to various negative outcomes. For example, emotional abuse was the only type of childhood maltreatment that predicted women's unhealthy adult eating

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attitudes when controlling for neglect, physical abuse, and sexual abuse (Kent, Waller, & Dagnan, 1999). A large study of risk factors for relationship violence in undergraduates showed similar results, as childhood emotional abuse emerged as a stronger predictor of both perpetration and victimization compared with childhood physical abuse, sexual abuse, and domestic violence exposure (Berzenski & Yates, 2010). Furthermore, a cross-sectional study of young adults (Teicher, Samson, Polcari, & McGreenery, 2006) examined the effects of physical, sexual, and emotional abuse on several psychiatric measures. When the authors examined individuals who had experienced only one of these three abuse types, they found that exposure to only emotional abuse (specifically parental verbal aggression) was consistently strongly related with all outcome measures, especially dissociation.

Relative to other maltreatment types, emotional abuse in childhood has also been found to be a strong predictor of depression and depressive symptoms. For instance, in a large study of health maintenance organization members, childhood emotional abuse was a stronger predictor of recent and lifetime history of depressive disorders than every other adverse childhood experience examined, including physical and sexual abuse (Chapman et al., 2004). Similarly, one study showed that women healthcare professionals with a history of psychological abuse had significantly higher depression symptom scores compared with non-abused women (Ferguson & Dacey, 1997). In a sample of adult psychiatric outpatients, depression diagnoses were more strongly related to emotional abuse than to physical or sexual abuse (Gibb, Chelminski, & Zimmerman, 2007). Finally, in a sample of women presenting to a primary care practice, childhood emotional abuse and neglect were significant predictors of depressive symptoms, even after partialling out the variance accounted for by physical abuse, sexual abuse, and lifetime trauma exposure (Spertus, Yehuda, Wong, Halligan, & Seremetis, 2003). Taken together, these studies suggest emotional abuse is an important risk factor for depression.

Despite the growing literature suggesting a robust relationship between childhood emotional abuse and later mental health problems, potential mediators in this complex relationship are not well understood. Wright, Crawford, and Del Castillo (2009) propose that the link between childhood emotional abuse and later psychopathology can be understood in the context of attachment theory by examining negative schemas, damaging beliefs about the self and others that can arise as a result of such abuse. The authors found that some of these damaging beliefs, specifically schemas of vulnerability to harm, self-sacrifice, and defectiveness/shame, partially mediated the relationship between child emotional abuse and later symptoms of anxiety and depression. Similarly, a longitudinal study by Calvete (2014) using the same measure of maladaptive schemas showed that the relationship between depression scores and emotional bullying, which is another type of emotional maltreatment, was mediated by early maladaptive schemas, specifically disconnection/rejection, in a sample of adolescents.

In examining mechanisms whereby childhood abuse might increase risk for later depression, other studies have focused on particular negative cognitions and cognitive styles. Maciejewski and Mazure (2006) found in a case-control study that the association between childhood emotional abuse and adult onset depression was mediated by fear of criticism and rejection, a subtype of sociotropy that the authors found specifically mediated this relationship, while another subtype of sociotropy, preference for affiliation, did not. Another cognition, hopelessness, was found to be a mediator between childhood emotional abuse and depression in a longitudinal study of adolescents recruited in primary care offices (Courtney, Kushwaha, & Johnson, 2008).

Another possible mediator between emotional abuse in childhood and later depression is emotion regulation problems. The term *emotion regulation* can be ambiguous because different authors tend to use it in slightly different ways (Gross & Thompson, 2007), but one highly cited definition of emotion regulation is “the ability to respond to the ongoing demands of experience with the range of emotions in a manner that is socially tolerable and sufficiently flexible to permit spontaneous reactions as well as the ability to delay spontaneous reactions as needed” (Cole, Michel, & Teti, 1994, p. 76). Theory and research suggest that deficits in emotion regulation are both associated with and predictive of psychopathology, including depression (Aldao, Nolen-Hoeksema, & Schweizer, 2010; Cole & Hall, 2008). A growing body of literature suggests that much of the capacity for emotion regulation develops early in life, in an interpersonal context; a caregiver and child experience synchronous emotional exchanges, regulating one another’s emotional states (Feldman & Greenbaum, 1997). Based on converging evidence across studies and methodologies, the quality of these caregiver-child exchanges is thought to be an important determinant of the child’s later ability to regulate his or her own emotions (see Cole, Martin, & Dennis, 2004, for a full discussion).

Within this context of caregiver sensitivity, childhood maltreatment, including emotional abuse, could constitute a rupture in the development of healthy emotion regulation abilities. Several studies indeed suggest that childhood maltreatment is associated with subsequent problems with emotion regulation (Alink, Cicchetti, Kim, & Rogosch, 2009; Burns, Jackson, & Harding, 2010; Maughan & Cicchetti, 2002). Shipman et al. (2007) found that there are differences in emotion regulation strategies between children of physically maltreating mothers and those with non-maltreating mothers. Compared with non-maltreating mothers, maltreating mothers provided less validation and emotion coaching and more invalidation during an interaction task in which they talked about emotionally arousing situations with their child. This relative lack of *emotion socialization* by the maltreating mothers mediated the relationship between maltreatment status and children’s adaptive emotion regulation strategies. Maltreated children also showed more emotion dysregulation, specifically lability and negativity, than non-maltreated children.

As previously discussed, experiencing emotional abuse is often a strong predictor of later pathology relative to other types of maltreatment, and a few studies suggest this may also hold true in predicting emotion dysregulation. For example, emotional abuse was a stronger predictor of emotion regulation difficulties than both sexual and physical abuse in a sample

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