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Elucidating the relation between childhood emotional abuse and depressive symptoms in adulthood: The mediating role of maladaptive interpersonal processes

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ABSTRACT

Objective: The purpose of this study is to assess the potential unique and relative mediating effects of three interpersonal risk factors (i.e., excessive reassurance-seeking [ERS], negative feedback seeking [NFS], and rejection sensitivity [RS]) in the relationship between childhood emotional abuse (CEA) and depressive symptoms.
Method: One hundred eighty-five undergraduates were followed over a four-month interval. Participants completed assessments of childhood abuse history, ERS, NFS, and RS, and depressive symptoms at baseline, as well as depressive symptoms at four-month followup.
Results: Findings from single-mediator analyses indicated that RS and NFS, but not ERS, mediated the relationship between CEA and prospective depressive symptoms, after accounting for childhood sexual and physical abuse, as well as baseline depressive symptoms. In our multi-mediator model, only RS remained a significant mediator of the relationship between CEA and prospective depressive symptoms.
Conclusions: The current study provides preliminary evidence that negative behavioral styles may function as a mechanism linking prior experiences of CEA to subsequent depressive symptoms. Clinical implications of these findings suggest that targeting maladaptive behavioral tendencies, particularly RS, may be an effective adjunct in behavioral modification treatments of CEA victims at risk for depression.

1. Introduction

Substantial research has implicated a link between childhood maltreatment and psychological disorders such as depression. Although most studies have focused on the role of childhood physical abuse (CPA) and childhood sexual abuse (CSA) (Trickett, Mennen, Kim, & Sang, 2009), a growing body of literature points to childhood emotional abuse (CEA) as an important contributor to the development of depression (Gross & Keller, 1992; Spertus, Yehuda, Wong, Halligan, & Seremetis, 2003). Despite evidence of this link, little is known about the processes by which CEA predicts later depression. Elucidating these pathways is necessary to clarify targets for clinical intervention and reduce rates of depression among CEA victims.

Some theorists have suggested that the way individuals interpret negative life events, or cognitive styles, may mediate the relationship between CEA and depression (Rose & Abramson, 1992). Specifically, CEA may contribute to the development of depressogenic cognitive styles, leaving these individuals at heightened risk for developing depressive symptomology. Moreover, it has been hypothesized that CEA is more predictive of the development of negative cognitive styles than CPA or CSA. According to Rose and Abramson (1992), with CEA, negative cognitions are directly provided to the child by the abuser. With CPA and CSA, however, children must form their own attributions regarding the cause of the abuse, allowing increased potential for more adaptive attributions. A number of studies have found support for this model (see Gibb, Alloy, Abramson, & Marx, 2003; Gibb et al., 2001; Spasojevic & Alloy, 2002).

Although the negative cognitive styles that confer risk for depression among CEA victims have been established, no known studies have examined this model in the context of depressogenic *behavioral* risk factors, particularly interpersonal ones. Extending Rose and Abramson's (1992) theory, since victims of CEA tend to

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internalize the negative attributions directly supplied to them by their perpetrators, these individuals may be more accustomed to forming their sense of self-worth via a verbal, interpersonal medium. As such, it stands to reason that repeated experiences of CEA may heighten risk for developing interpersonal styles that involve evaluating and measuring one's self-worth verbally/interpersonally. In the current study, three such behavioral tendencies previously implicated in depression were examined as potential mediators of the relation between CEA and depressive symptoms: (1) excessive reassurance seeking; (2) negative feedback seeking; and (3) rejection sensitivity.

1.1. Excessive reassurance seeking

Excessive reassurance-seeking (ERS), a negative behavioral style associated with depression, refers to "the relatively stable tendency to excessively and persistently seek assurances from others that one is lovable and worthy, regardless of whether such assurance has already been provided" (Joiner, Metalsky, Katz, & Beach, 1999, p. 270). As outlined in Coyne (1976)'s interpersonal model of depression, depressed individuals try to assuage their feelings of low-self worth by enlisting others for reassurance. However, individuals with depression tend to doubt the initial feedback they receive, causing them to seek further affirmation. The subsequent pattern of soliciting and dismissing reassurance can cause others to become frustrated and lead to deterioration of these relationships (Joiner, Alfano, & Metalsky, 1992). As a result of this pattern of behavior, depressed individuals unsuspectingly confirm their negative self-perceptions and perpetuate social isolation (Evraire & Doizois, 2014; Joiner & Metalsky, 2001). Several studies support this model, showing a positive association between ERS and both concurrent and future symptoms of depression (for a meta-analysis, see Starr & Davila, 2008).

1.2. Negative feedback seeking

In addition to seeking positive reassurance, depressed individuals also solicit negative, self-confirmatory feedback through negative feedback seeking (NFS). According to Swann's self-verification theory, depressed individuals seek out disapproval, criticism, and disparagement from others because it is confirming of their negative self-concept (Swann, 1987). Unlike ERS, which is emotionally satisfying but cognitively dissonant, NFS is emotionally dissatisfying but cognitively confirming (Knobloch, Knobloch-Fedders, & Durbin, 2011). Evidence linking this behavioral tendency to depression has been found in a number of studies. Compared to non-depressed individuals, depressed individuals express more interest in negative feedback (Casbon, Burns, Bradbury, & Joiner, 2005), solicit more negative feedback (Swann, Wenzlaff, Krull, & Pelham, 1992), and prefer to surround themselves with people who view them negatively (Swann et al., 1992).

1.3. Rejection sensitivity

A third interpersonal risk factor for depression is rejection sensitivity (RS). In their RS model, Downey and Feldman (1996) assert that rejection-sensitive individuals are more likely to anxiously expect, perceive, and overreact to social rejection (Downey & Feldman, 1996). Previous studies have found RS to be a stable risk factor for depression. Indeed, greater interpersonal sensitivity is associated with higher depressive symptom count (Ayduk, Downey, & Kim, 2001; Downey & Feldman, 1996), greater severity and duration of current major depressive episodes (Posternak & Zimmerman, 2002), and among individuals with clinical depression, decreased likelihood of clinical remission at 1-year follow-up (Boyce et al., 1992).

In summary, the current study aimed to address several gaps in the literature. First, despite growing evidence of the association between CEA and depression, relatively few studies have examined the processes that account for this link. Moreover, although maladaptive *cognitive* styles have been shown to mediate the relationship between CEA and depression, no studies to date have considered *behavioral* risk factors such as ERS, NFS, and RS. Thus, the present study builds on the extant literature by assessing three interpersonal risk factors (i.e., ERS, NFS, and RS) as potential mediators of the relationship between CEA and depressive symptoms. First, we will use a single-mediator model to assess whether ERS, NFS, and RS separately mediate the link between CEA and depressive symptoms. Then, we will use a multi-mediator model to examine the relative and unique meditational effects of each risk factor.

2. Method

2.1. Participants

Participants in the current study were 185 undergraduates recruited from introductory-level psychology courses at Temple University. The mean age of participants was 19.65 (SD = 1.48) and 75.1% were females. The ethnic composition of the current sample was 55.7% Caucasian, 24.3% African-American, 12.4% Asian-American, 5.4% Latino-American, and 1.6% other ethnicity. Participants received either course credit or a small monetary compensation.

2.2. Procedures

Participants were assessed at two time-points separated by a four-month interval (M = 117.28 days, SD = 9.67). During the initial assessment (T1), participants completed self-report measures of depressive symptoms, childhood abuse, and interpersonal risk factors. At the follow-up assessment (T2), participants completed the same measure of depressive symptoms. They also completed a semi-structured diagnostic interview.

2.3. Measures

2.3.1. Depression history

The Schedule for Affective Disorders and Schizophrenia-Lifetime Interview (SADS-L; Endicott & Spitzer, 1978) is a semi-structured interview used to assess current and lifetime history of Axis I disorders. The original version was modified for the current study to meet DSM-IV-TR (American Psychiatric Association, 2000) criteria for major and minor depression (for details, see Alloy et al., 2012). The modified SADS-L has excellent inter-rater reliability, with $\kappa \geqslant .90$ for depression diagnoses (Alloy et al., 2000). The modified SADS-L was conducted by research assistants and clinical psychology doctoral students who had received extensive training in diagnostic interviewing, including didactic instruction, role-playing, and observation and practice of live interviews. Within the current sample, 33.5% had a lifetime history of major or minor depression. This lifetime prevalence rate is comparable to those reported in a previous study utilizing the same recruitment source (Alloy et al., 2000) and another study utilizing an undergraduate sample (Carver, Johnson, & Joormann, 2013). In addition, 3.8% of the sample met criteria for major or minor depression.

2.3.2. Depressive symptoms

The Beck Depression Inventory II (BDI-II; Beck, Brown, & Steer, 1996) is a 21-item self-report measure of current depressive symptoms, with higher scores reflecting greater symptom severity. In