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How is childhood emotional abuse related to major depression in adulthood? The role of personality and emotion acceptance

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ABSTRACT

Accumulated evidence provides support that childhood emotional abuse (CEA) is related to adult major depressive disorder (MDD) outcomes. However, the psychological mechanisms of this relation are still not well understood. Changes in personality and emotion regulation are indicated to play a mediating role what should be examined in this paper. A sample of 123 MDD inpatients was examined in a prospective observational study with two times of measurement. Patients provided data on childhood trauma history, personality disorder (PD) traits and emotion acceptance. Self- and expert-ratings of depressive symptoms were assessed at baseline and at the end of treatment. Treatment duration as an objective indicator of treatment outcome was additionally considered. Partial correlation analyses revealed associations between CEA and self-ratings of MDD symptom severity and symptom improvement independent of sexual and physical abuse. Expert-ratings of depression and treatment duration were not related to CEA. Mediation analyses revealed that particularly the factors borderline psychopathology as well as acceptance of pleasant emotions mediated the association of CEA and self-rated MDD symptoms. Passive-aggressive PD traits mediated the link between CEA and a lower self-rated symptom improvement. CEA affect specific personality traits and acceptance of emotions. This association may play a critical role for self-reported depressive symptoms with implications for prevention, psychoeducation, and treatment of MDD.

1. Introduction

Child maltreatment is known to be a risk factor in development of MDD (Driessen, Schroeder, Widmann, Schönfeld, & Schneider, 2006; Silverman, Reinherz, & Giaconia, 1996) and a predictor of a negative course of MDD treatment (Harkness, Bagby, & Kennedy,

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2012; Nanni, Uher, & Danese, 2012; Tunnard et al., 2014). A growing body of evidence provides support that particularly childhood emotional abuse (CEA; including emotional neglect) is related to the symptoms and course of MDD (Chapman et al., 2004; McLaughlin et al., 2010; Suija, Aluoja, Kalda, & Maaroos, 2011; Widom, DuMont, & Czaja, 2007). However, the psychological mechanisms of this relation are still not well understood possibly due to the fact that until recently, research focused on "more obvious" subtypes of maltreatment, predominantly sexual and physical abuse. Thereby, evidence indicates that the impact of CEA is at least comparable to childhood sexual and physical abuse with regard to the risk of onset of depression (Carr, Martins, Stingel, Lemgruber, & Juruena, 2013; Chapman et al., 2004; Infurna et al., 2016; Liu, Alloy, Abramson, Iacoviello, & Whitehouse, 2009) and symptom severity of MDD (Carvalho Fernando et al., 2012; Martins, Baes, Tofoli, & Juruena, 2014; Spertus, Yehuda, Wong, Halligan, & Seremetis, 2003). Remarkably, results of a recent systematic review and meta-analysis suggest that the risk of developing a depressive disorder across life-span is almost double that of survivors of CEA compared to survivors of childhood physical abuse (Norman et al., 2012). Given the relatively high prevalence of CEA in the population and the adverse effects in relation to MDD (Taillieu, Brownridge, Sareen, & Afifi, 2016), our study aims to shed more light on the psychological mechanisms beyond this relation.

Although the intermediate pathways between CEA and MDD outcomes still remain unclear, different psychological consequences of child maltreatment have been described, which may explain the link to MDD, e.g. altered emotion regulation strategies (Cicchetti & Toth, 2005), decrease of self-esteem (Finzi-Dottan & Karu, 2006), and a dysfunctional attributional style which can foster a negative cognitive style (Alloy, Abramson, Smith, Gibb, & Neeren, 2006; Gibb et al., 2001). Referring to hopelessness theory of depression by Abramson, Metalsky, & Alloy (1989) it is hypothesized that specifically CEA contribute to the development of negative cognitive styles. Thus, CEA may work as a crucial risk factor for psychological dysfunction across life-span.

1.1. The impact of personality traits/disorders to the association between CEA and MDD

It has been demonstrated that sexual and physical abuse (Brown & Anderson, 1991) but also CEA are associated with several personality disorder traits/PDs in non-clinical (Tyrka, Wyche, Kelly, Price, & Carpenter, 2009) and clinical samples (Cohen et al., 2014; Wingenfeld et al., 2010). Particularly, borderline personality disorder (BPD) was found to be strongly affected by experiences of childhood sexual abuse, physical abuse (Brown & Anderson, 1991) and by CEA (Zanarini et al., 1997). Several studies revealed associations between experiences of CEA and different areas of personality dysfunction: In a sample of psychiatric inpatients Lobbestael, Arntz, & Bernstein (2010) showed that emotional abuse was independently associated with paranoid, schizotypal, borderline, and cluster C PDs; emotional neglect was independently associated with histrionic and borderline PD. In accordance with Lobbestael's findings Cohen et al., (2014) showed that emotional abuse was specifically associated with cluster C personality traits in a mixed sample of psychiatric patients. A recent review investigated the specific contributions of child abuse subtypes to adult psychiatric disorders (Carr et al., 2013). The authors reported that emotional abuse was associated with borderline, narcissistic, and passive-aggressive PDs. Nevertheless, the vast majority of latter presented literature captured associations between personality traits/disorders and CEA within non-representative samples. In this regard, Taillieu et al. (2016) investigated a nationally representative sample from the United States (n = 34.653): The authors showed that CEA was associated with an increased risk of a lifetime diagnosis of several axis II mental disorders. In sum CEA seem to foster dysfunctions with regard to various personality domains, which suggests that it affects socio-emotional competence as a superordinate concept of all personality clusters (e.g., Saarni, 1999).

In addition, several epidemiological studies have demonstrated that the prevalence of comorbid PDs in MDD inpatients is much higher (20–50%) compared to the general population (6–10%; Corruble, Ginestet, & Guelfi, 1996) and that these depressed patients with comorbid PDs tend to show poorer treatment outcomes (Newton-Howes, Tyrer, & Johnson, 2006). More specific, cluster B and C PD traits appear to be critical for an unfavorable course of MDD (Iacoviello, Alloy, Abramson, Whitehouse, & Hogan, 2007).

Taken together, empirical findings suggest that changes in personality functioning may mediate the link between child maltreatment and adult MDD, which is in line with studies examining samples of adolescents (Gibb et al., 2001), a study of an epidemiological sample (Sato, Uehara, Narita, Sakado, & Fujii, 2000), and with studies in clinical MDD samples (Huh, Kim, Yu, & Chae, 2014; Kounou et al., 2013). However, there is still a lack of studies investigating the specific contribution of CEA to PD traits, which may mediate the link between CEA and MDD, beyond the effects of further child maltreatment subtypes.

1.2. The meaning of emotion regulation to the association between CEA and MDD

In a comprehensive review it was highlighted that emotion regulation strategies should be of interest to understand the link between child CEA and MDD (Alloy et al., 2006). Emotion regulation is defined as a psychological process including various skills such as acceptance of emotions, awareness of emotions, the ability to control impulsive behaviors, the ability to act in line with desired goals when experiencing negative emotions and to choose the appropriate emotion regulation strategy as required by an emotionally challenging situation (Gratz & Roemer, 2004). Several adverse effects of child maltreatment on emotion regulation in children are postulated by Cicchetti and Toth (2005) and Maughan and Cicchetti (2002), worth mentioning here are difficulties in discrimination of emotional expressions, a response bias to angry emotional expressions, and affective lability as well as socially inappropriate emotion expressions. Previous studies have proven evidence for the persistence of such emotion regulation deficits in a sample of children (Kim & Cicchetti, 2010) and in a sample of women with histories of child adversities (Cloitre, Miranda, Stovall, & Han, 2005). Regarding the specific impact of CEA on adult emotion regulation, Burns, Jackson, & Harding (2010) showed that emotional abuse was a stronger predictor of a range of emotion regulation difficulties compared to physical and sexual abuse. In agreement with this finding Carvalho Fernando et al. (2014) observed in a clinical sample that emotional abuse and neglect were