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Child maltreatment and adult depressive symptoms: Roles of self-compassion and gratitude

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ABSTRACT

Child maltreatment, including abuse (physical, emotional, and sexual) and neglect (physical and emotional), is positively associated with depressive symptoms in adulthood. However, most studies have been conducted within a psychopathological framework and focused on underlying dysfunctional processes (e.g., insecure attachment styles, maladaptive schemas, and negative attribution styles). Protective factors that affect the relationship between child maltreatment and adult depressive symptoms are underexplored. Guided by emotion regulation theory and the perspective of positive psychology, we examined the roles of self-compassion and gratitude as protective factors in the relationship between child maltreatment and adult depressive symptoms in a sample of 358 college students. Results showed that psychological maltreatment (emotional abuse and emotional neglect) was associated with adult depressive symptoms through decreased self-compassion. Neglect (emotional neglect and physical neglect) and sexual abuse were associated with adult depressive symptoms through decreased gratitude. There was no association between physical abuse and depressive symptoms through either self-compassion or gratitude. Our findings suggest that clinical practices focusing on self-compassion and gratitude might help prevent the development of adult depressive symptoms among clients with a history of maltreatment in childhood.

1. Introduction

Child maltreatment is an adverse experience that includes abuse (physical abuse, emotional abuse, and sexual abuse) and neglect (physical neglect and emotional neglect) suffered in childhood (Bernstein et al., 2003). Child maltreatment has been regarded as a risk factor that can lead to negative developmental outcomes in childhood and adverse effects on mental health (e.g., depression), psychological well-being (e.g., quality of life), substance abuse (e.g., drug use), and suicide attempts in adulthood (for systematic reviews and meta-analyses, see Mandelli, Petrelli, & Serretti, 2015; Norman et al., 2012; Weber, Jud, & Landolt, 2016). Among these negative long-standing consequences of child maltreatment, adult depression – an important indicator of mental health – has received much attention in previous studies (for meta-analysis, see Nelson, Klumpp, Doebler, & Ehring, 2017). Prior studies have consistently shown that child abuse and neglect are strong predictors of adult depression in both general populations and psychiatric patients (Cohen, Menon, Shorey, Le, & Temple, 2017; Gibb, Chelminski, & Zimmerman, 2007; O'Mahen, Karl, Moberly, & Fedock, 2015; Powers, Ressler, & Bradley, 2009; Spertus, Yehuda, Wong, Halligan, & Seremetis, 2003).

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Theories and empirical research have provided insights into the robust association between child maltreatment and adult depression. Based on attachment theory (Bowlby, 2005), empirical studies have consistently shown that individuals with experiences of child emotional abuse and neglect are more likely to develop insecure attachment styles and maladaptive schemas (Coates & Messman-Moore, 2014; Hankin, 2005), which further predicted adult depression (Hankin, 2005; Wright, Crawford, & Del Castillo, 2009). The role of cognitive processes has also been identified in the relationship between child maltreatment and adult depression. Victims of psychological maltreatment, physical abuse, and sexual abuse in childhood are prone to developing negative cognitive processes (e.g., negative attribution styles, automatic thoughts, or maladaptive cognitions about others), resulting in negative interpretations of the suffering they encountered. This in turn increases their vulnerability to adult depression (Gibb, Benas, Crossett, & Uhrlass, 2007; Hankin, 2005; Kaysen, Scher, Mastnak, & Resick, 2005).

Emotion regulation theory (Gratz & Roemer, 2004) provides additional explanations in terms of emotional processes for the association between child maltreatment and adult depression. Individuals with adverse childhood experiences were more likely to have difficulties regulating their emotions, which might further increase their risk of depression (Coates & Messman-Moore, 2014; Huh, Kim, Lee, & Chae, 2017; O'Mahen et al., 2015). However, most of the processes previously studied have been negative (e.g., emotion dysregulation, maladaptive emotion regulation strategies). Few studies have applied the framework of positive psychology to explore the potential effects of positive processes on adult depression (Coates & Messman-Moore, 2014; O'Mahen et al., 2015).

1.1. Potential roles of self-compassion and gratitude

Positive psychology emphasizes the positive influences of protective factors and character strengths (Peterson & Seligman, 2004) on well-being, mental health, and life satisfaction (Kwok, Gu, & Kit, 2016; Tweed et al., 2011). This study investigated self-compassion and gratitude as potential protective factors in the association between child maltreatment and adult depressive symptoms. Both self-compassion and gratitude are highly related to emotion regulation of the self and attitude toward others (Neff, 2003; Peterson & Seligman, 2004). Prior interventions that integrated self-compassion and gratitude have proven effective in preventing depression (Kwok et al., 2016; Neff & Germer, 2013). However, few studies have examined the roles of self-compassion and gratitude in the association between child maltreatment and depressive symptoms in adulthood.

Self-compassion is an important self-regulating strategy to cope with suffering through acknowledging uncomfortable feelings with self-kindness, establishing connections between personal experiences and human experiences, and accompanying pain with clear mindfulness instead of criticizing self, isolating self, or over-identifying with pain (Neff, 2003). Studies have shown that self-compassion is positively associated with individual mental health, well-being, and life satisfaction (Gilbert & Procter, 2006; Neff & McGehee, 2010; Neff, 2003). Individuals who are compassionate toward self are less likely to be depressed (Krieger, Berger, & Grosse Holtforth, 2016; Neff & McGehee, 2010; Raes, 2011). Additionally, longitudinal studies have shown that self-compassion negatively predicted subsequent depressive symptoms in student participants and depressed outpatients (Krieger et al., 2016; Raes, 2011). However, self-compassion is negatively affected by early adverse experiences. For example, people who have been emotionally abused and neglected during childhood displayed lower levels of self-compassion (Tanaka, Wekerle, Schmuck, Paglia-Boak & MAP Research Team, 2011), which led to negative consequences such as emotion dysregulation (Vettese, Dyer, Li, & Wekerle, 2011) and alcohol problems (Miron, Orcutt, Hannan, & Thompson, 2014).

Similarly, gratitude, one of the character strengths highly stressed in positive psychology (Peterson & Seligman, 2004), has been regarded as an affective trait that is associated with psychological well-being, mental health, and life satisfaction (McCullough, Emmons, & Tsang, 2002; Toussaint & Friedman, 2009). Gratitude is an emotional tendency to appreciate other people and events. Grateful people appreciate what they gain (e.g., resources, capacity, and relationships with others); this leads them to focus on the positive aspects of life and demonstrate prosocial behaviors (e.g., forgiveness). Gratitude also can reduce the possibility of immersing oneself in depressive emotions (Neto, 2007; Petrocchi & Couyoumdjian, 2016). Gratitude was found to be negatively associated with depressive symptoms in diverse groups such as university students (Wood, Maltby, Gillett, Linley, & Joseph, 2008), late adolescents (Lin, 2015), marital partners (Chang, Li, Teng, Berki, & Chen, 2013), and individuals suffering from chronic illnesses (Sirois & Wood, 2017). Moreover, research with longitudinal designs and cross-lagged panel designs have shown that gratitude leads to lower levels of depression over time (Sirois & Wood, 2017; Wood et al., 2008). Convincingly, interventions with gratitude as a focus (e.g., writing a gratitude letter) have revealed that gratitude contributes to a decrease in depressive symptoms and an increase in life satisfaction (Kwok et al., 2016; Toepfer, Cichy, & Peters, 2012). Gratitude has been shown to be impaired, however, by early adverse experiences (Coleman, Zawadzki, Heron, Vartanian, & Smyth, 2016; Vartanian, Smyth, Zawadzki, Heron, & Coleman, 2014). Individuals who have been seriously neglected and abused in early childhood experience greater difficulty in developing the ability to appreciate others in adulthood.

Cultural factors should be considered as researchers investigate child maltreatment (Korbin, 1991; Wong et al., 2009). Culture influences individuals' understanding of child-rearing, parenting, and discipline practices (Korbin, 1991). Whether parental discipline practices are viewed as normal or abusive and standards of abuse are affected by the culture in which individuals live (Wong et al., 2009). For instance, strict physical discipline is regarded as a necessity to develop a child's ability to confront hardship in Chinese culture (Wong et al., 2009). Normalization of physical discipline may mitigate the negative effects of harsh parenting practices on children to some extent. This study provides valuable evidence on the specific paths of child maltreatment on adult depressive symptoms within a Chinese community.

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