



Research article

Emotion dysregulation mediates the relationship between child maltreatment and psychopathology: A structural equation model[☆]



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ABSTRACT

The present study investigated the mediating effects of emotion dysregulation on the relationship between child maltreatment and psychopathology. An adult sample ($N = 701$) from diverse backgrounds of psychopathology completed the Childhood Trauma Questionnaire (CTQ), the Difficulties in Emotion Regulation Scale (DERS), the Brief Symptom Inventory (BSI), and the negative affect subscale of the Positive and Negative Affect Schedule (PANAS) in a cross-sectional online survey. Correlational analyses showed that all types of child maltreatment were uniformly associated with emotion dysregulation, and dimensions of emotion dysregulation were strongly related to psychopathology. Limited access to strategies for emotion regulation emerged as the most powerful predictor. Structural equation modeling analyses revealed that emotion dysregulation partially mediated the relationship between child maltreatment and psychopathology, even after controlling for shared variance with negative affect. These findings emphasize the importance of emotion dysregulation as a possible mediating mechanism in the association between child maltreatment and later psychopathology. Additionally, interventions targeting specific emotion regulation strategies may be effective to reduce psychopathology in victims of child maltreatment.

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1. Introduction

Child maltreatment (i.e. emotional, physical, and sexual abuse, and/or emotional and physical neglect) has been widely documented as a risk factor for diverse negative consequences in adolescence and adulthood (Cicchetti & Toth, 1995; Sundermann & DePrince, 2015). For adolescents, these consequences include educational problems, heightened rates of law infringement, aggressive behavior, as well as various mental disorders such as mood, anxiety, and eating disorders (Moggi, 2005). Adults who were victims of maltreatment as children are at increased risk for substance abuse, depression, posttraumatic stress disorder (PTSD), borderline personality disorder (BPD), and suicidal behavior (Felitti et al., 1998;

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Gaher, Hofman, Simons, & Hunsaker, 2013; Lilly, London, & Bridgett, 2014). It is therefore an important research task to understand the mechanisms leading to these consequences in order to prevent these negative effects after experiences of child maltreatment. As such, the investigation of mediating variables, which associate child maltreatment with psychopathology in adulthood, is fundamental. The significance of this issue is highlighted by the fact that child maltreatment is also highly prevalent within the general population. Meta-analytic data suggest global rates of 17.4% for self-reported child neglect (Stoltenborgh, Bakermans-Kranenburg, & van IJzendoorn, 2013) and 12.7% for self-reported child sexual abuse (Stoltenborgh, van IJzendoorn, Euser, & Bakermans-Kranenburg, 2011). A representative survey conducted in Germany indicates self-reported rates of 15.0% for experiences of emotional abuse, 12.0% for physical abuse, 12.6% for sexual abuse, 49.5% for emotional neglect, and 48.4% for physical neglect in childhood and/or adolescence (Häuser, Schmutzer, Brähler, & Glaesmer, 2011).

Taken together, child maltreatment is a macrosocial problem with severe consequences and mediating mechanisms associating child maltreatment with psychopathology in adulthood should be investigated. Accordingly, recent research interest has primarily focused on emotion regulation as a possible mediator (e.g. Choi, Choi, Gim, Park, & Park, 2014; Kim & Cicchetti, 2010).

1.1. *The concept of emotion regulation*

The current study is based on Gratz' and Roemer's (2004) widely accepted integrative conceptualization of emotion regulation. The authors distinguish between four key dimensions of emotion (dys-)regulation: (a) awareness and understanding of one's emotions, (b) acceptance of one's emotions, (c) the ability to control impulsive behavior and engage in goal-directed behavior when experiencing negative emotions, and (d) the ability to use emotion regulation strategies flexibly and to modulate emotional responses to attain one's goals. On the basis of this conceptualization, the Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004) was developed to comprehensively assess emotion dysregulation. Since there is no universal definition or explanatory model of emotion regulation (Barnow, 2012), a review of the existing literature is beyond the scope of this article. Readers are instead referred to detailed review articles (Aldao, Nolen-Hoeksema, & Schweizer, 2010; Koole, 2009).

1.2. *Child maltreatment and emotion dysregulation*

Successful emotion regulation is one of the core developmental tasks in early childhood and is highly determined by interactions with primary caregivers (Cicchetti & Toth, 1995). Children acquire emotion regulation skills within the family context via observation, parenting practices such as validating the child's emotions, and the emotional climate of the family (Morris, Silk, Steinberg, Myers, & Robinson, 2007). In a family environment where maltreatment is present, the infant is most likely exposed to caregivers who fail to serve as role models for effective emotion regulation and dismiss or punish their child's emotional responses instead of validating them (Morris et al., 2007). The maltreated child therefore has difficulties in learning which emotions are appropriate and expected in a particular situation. The lack of sensitive interactions between the maltreating caregiver and the child thus impedes the development of effective emotion regulation capacities (Kim & Cicchetti, 2010). In accordance with this, several investigations confirm medium to high correlations between child maltreatment and emotion dysregulation in adulthood (e.g. Moulton, Newman, Power, Swanson, & Day, 2015; Rellini, Vujanovic, Gilbert, & Zvolensky, 2012).

1.3. *Emotion dysregulation and psychopathology*

Emotion dysregulation must also predict psychopathology to qualify as a potential mediator of the relationship between child maltreatment and psychopathology (Baron & Kenny, 1986). In fact, numerous studies relate emotion dysregulation with psychological problems such as PTSD (Bardeen, Kumpula, & Orcutt, 2013), depression vulnerability (Barnow, Aldinger, Ulrich, & Stopsack, 2013), eating psychopathology (Moulton et al., 2015), anxiety (Goldsmith, Chesney, Heath, & Barlow, 2013), and BPD (Limberg, Barnow, Freyberger, & Hamm, 2011). These findings, which indicate that emotion dysregulation affects psychopathology, were confirmed by a meta-analysis (Aldao et al., 2010).

1.4. *Emotion dysregulation as a mediator between child maltreatment and psychopathology*

Taken together, the extant literature suggests an association between child maltreatment and emotion dysregulation, as well as between emotion dysregulation and psychopathology, and therefore gives rise to the idea that emotion dysregulation is a potential mediating mechanism in the relation between child maltreatment and psychopathology. Initial empirical findings support this assumption. Emotion dysregulation was found to mediate the relationship between traumatic experiences in childhood and symptoms of PTSD (Lilly et al., 2014), BPD (Gaher et al., 2013), eating disorders (Moulton et al., 2015), depression (Crow, Cross, Powers, & Bradley, 2014), and anxiety (Goldsmith et al., 2013). However, given the high comorbidity after experiences of child maltreatment (Widom, DuMont, & Czaja, 2007), a simultaneous examination of various aspects of psychopathology seems reasonable. To date, only a few studies have investigated the mediating effect of emotion dysregulation on the relationship between child maltreatment and broadly assessed psychopathology. These studies

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