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Do adverse childhood experiences predict adult interpersonal difficulties? The role of emotion dysregulation

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ABSTRACT

Adverse childhood experiences (ACEs) are risk factors for interpersonal difficulties in adulthood, however the mechanism that underlies this association is unknown. The current study investigated the association of a wide range of ACEs with interpersonal difficulties in adulthood, and tested whether emotion dysregulation mediated the relationship between ACEs and interpersonal difficulties. Patients over the age of 18 were recruited from primary care clinics ($N = 4006$). Participants completed self-report questionnaires that assessed ACEs, emotion dysregulation, and interpersonal difficulties. Results indicated that, after controlling for a range of demographic variables, each type of ACE significantly predicted increased interpersonal difficulties and that cumulative ACEs predicted increased interpersonal difficulties, $F(8, 3137) = 39.68, p < .001, R^2 = 0.09$. Further, emotion dysregulation mediated the association between ACEs and interpersonal difficulties, $B = 0.79, SE = 0.09, 95\% CI [0.64, 0.97]$. These findings emphasize the role of childhood adversity on interpersonal functioning in adulthood, and highlight emotion dysregulation as a mechanism by which this association occurs. Results have the potential to inform preventative and treatment efforts to improve adaptive outcomes among individuals with a history of childhood adversity.

1. Do adverse childhood experiences predict adult interpersonal difficulties? The role of emotion dysregulation

Positive and meaningful connections with others are consistently associated with increased levels of happiness, self-esteem, fulfillment (Cast & Burke, 2002; Lakey, 2013) and, importantly, have been repeatedly shown to buffer the effects of stress (Chao, 2011). Indeed, individuals who engage in positive interpersonal relationships tend to report lower rates of depression (Lakey & Cronin, 2008), fewer posttraumatic stress disorder symptoms (Brewin, Andrews, & Valentine, 2000), and lower rates of negative affect and nonspecific psychological distress (Finch, Okun, Pool, & Ruehlman, 1999; Lakey, Vander Molen, Fles, & Andrews, 2016). Conversely, interpersonal difficulties are often identified as risk factors for the development and maintenance of mental health concerns, including increased levels of stress (Segrin, 2001; Shahar, Joiner, Zuroff, & Blatt, 2004), generalized anxiety disorder (Borkovec, Newman, Pincus, & Lytle, 2002; Eng & Heimberg, 2006), depression (Petty, Sachs-Ericsson, & Joiner, 2004; Vittengl, Clark, & Jarrett, 2003), and eating disorders (Fairburn, Cooper, & Shafran, 2003; Hartmann, Zeeck, & Barrett, 2010; Hopwood, Clarke, & Perez, 2007).

Given the strong associations between interpersonal relationships and various aspects of mental health and wellbeing, researchers have sought to elucidate predictors of interpersonal functioning. One factor that is increasingly recognized as a predictor of

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interpersonal difficulties across the lifespan is exposure to childhood adversity. Approximately 70% of North American adults report exposure to at least one type of adverse childhood experience (ACE), such as abuse, neglect, or household dysfunction (Felitti et al., 1998; Poole, Dobson, & Pusch, 2017a). ACEs have been repeatedly identified as a risk factor for the development of a range of intrapersonal concerns across the lifespan, including mental health problems (e.g., depression, anxiety) and physical health problems (e.g., chronic disease, increased health care utilization) (Chartier, Walker, & Naimark, 2010; Edwards, Anda, Felitti, & Dube, 2004; Poole, Dobson, & Pusch, 2017a; Poole, Dobson, & Pusch, 2017b). Although less attention has been paid to the association between ACEs and interpersonal outcomes, mounting evidence suggests that adults with a history of childhood adversity may experience increased difficulties across a number of interpersonal relationship contexts.

Relative to other types of ACEs, greater attention has been paid to the effects of sexual abuse and physical abuse on interpersonal functioning. As compared to women with no history of abuse, those with histories of lifetime sexual and/or physical abuse tend to report greater interpersonal difficulties, including sensitivity to criticism, inability to hear other viewpoints, and difficulty standing up for themselves (Van der Kolk, Roth, Pelcovitz, & Mandel, 1993). Women who report a history of physical and/or sexual abuse in childhood specifically report greater fear of intimacy and lower quality of past interpersonal relationships as compared to women with no childhood abuse (Davis, Petretic-Jackson, & Ting, 2001). Childhood sexual abuse has also been associated with increased fear of intimacy, difficulty forming trusting relationships, and anxiety in interpersonal relationships (Davis & Petretic-Jackson, 2000; Davis et al., 2001), and childhood physical abuse has been linked to subsequent relationship difficulties, such as lower desires to reveal feelings to others and to engage in close relationships and reduced willingness to share feelings and thoughts with others (Ducharme, Koverola, & Battle, 1997).

While the extant literature provides support for the association between certain ACEs and interpersonal difficulties in adulthood, three limitations can be noted regarding previous findings. First, little attention has been paid to the effects of other types of ACEs, such as physical neglect and emotional neglect and various forms of household dysfunction (e.g., interparental conflict and parental substance abuse, mental illness, criminal activity, and divorce/separation). These types of ACEs are common and have been shown to predict a range of poor intrapersonal outcomes. As such, evaluation of the association of a wider range of ACEs with interpersonal difficulties is warranted. Second, the cumulative effect of co-occurring ACEs on interpersonal functioning has not been adequately evaluated. Past research has consistently demonstrated that ACEs tend to co-occur and that multiple ACEs exert a dose-response effect on health concerns, wherein exposure to multiple types of ACEs corresponds with increased risk of developing health concerns (Felitti et al., 1998; Poole, Dobson, & Pusch, 2017a). Accordingly, many researchers have highlighted the importance of assessing the cumulative effects of multiple ACEs (e.g., Davis et al., 2001; Dong et al., 2004). Finally, despite the relatively well-established associations between certain ACEs and subsequent interpersonal difficulties, the mechanism(s) that underline the association between childhood adversity and adult interpersonal difficulties remain unclear.

1.1. Emotion dysregulation as a mediator

Developmental research has demonstrated that individuals who experience childhood adversity, such as abuse and/or neglect, tend to report impaired abilities to identify, interpret, and/or regulate their emotions effectively (Cloitre et al., 2009; Poole, Dobson, & Pusch, 2017b; Shipman, Zeman, Penza, & Champion, 2000). A review of empirical research indicated that, across studies that employed different methodologies with varying age groups, children living in risky family environments (i.e., those characterized by conflict and aggression and by cold, unsupportive, or neglectful relationships) were more likely than their peers to cope with stressors via maladaptive emotion regulation strategies, such as distraction and escape (Repetti, Taylor, & Seeman, 2002). These results are consistent with theoretical frameworks, which suggest that children who grow up in turbulent or unpredictable environments will develop unique strategies to manage their emotions in order to facilitate adaptation within the immediate social environment (e.g., Campos, Campos, & Barrett, 1989). While these unique emotion regulation strategies (e.g., distraction, suppression) may be adaptive in the short-term, they tend to interfere with successful adaptation outside of the immediate environment and may pose a significant risk for long-term adjustment (Cook, Greenberg, & Kusche, 1994; Rogosch, Cicchetti, & Aber, 1995).

Emotion regulation is conceptualized as one's abilities to identify, monitor, and respond to emotional experiences given the demands of a specific context (Gratz & Roemer, 2004). Emotion regulation influences interpersonal interactions indirectly, as emotion regulation abilities assist in the interpretation of internal and social cues and thereby guide social behavior (Fischer & Manstead, 2008). Emotions also serve communicative and social functions, convey information about others' intentions, and coordinate social encounters (Keltner & Haidt, 2001). Indeed, research suggests that the development of emotion regulation skills enables children to adapt successfully within their social environment, while emotion dysregulation places children at risk for subsequent interpersonal difficulties, including reduced empathy, poor control over affective expression, and reduced acceptance by peers (Cole, Michel, & Teti, 1994; Kim & Cicchetti, 2010).

Research among children has revealed associations among child maltreatment (e.g., neglect and emotional, physical, and sexual abuse), emotion regulation, and peer relations. These data generally support the salient role of emotion regulation as a mechanism by which earlier child maltreatment may lead to later difficulties in peer relations (e.g., Kim & Cicchetti, 2010). To date, however, no research has evaluated the associations among childhood adversity and adult emotion dysregulation and interpersonal difficulties.

1.2. Overview of the current study

The objectives of the current study were twofold. First, we aimed to comprehensively evaluate the associations between a range of ACEs and interpersonal difficulties. Specifically, we hypothesized that (1) there would be a positive association between cumulative

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