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## Child Abuse & Neglect



Research article

# Identity and relatedness as mediators between child emotional abuse and adult couple adjustment in women

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### ABSTRACT

The empirical literature indicates that childhood emotional abuse (CEA) produces long lasting impairments in interpersonal relatedness and identity, often referred to as *self-capacities*. CEA has also been shown to negatively impact couple functioning. This study examined the role of identity and interpersonal conflicts in mediating the relationship between CEA and women's report of couple adjustment among 184 French Canadian women from the general population. Path analysis revealed that CEA was related to poorer couple adjustment through its impact on dysfunctional self-capacities and the experience of greater conflicts in relationships. Findings highlight the importance of assessing CEA to better explain couple adjustment in women with relationship difficulties and provide potential intervention targets based on the self-capacities framework.

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### Introduction

Considerable literature demonstrates that childhood emotional abuse (CEA) is associated with difficulties in psychological and relational adjustment in adulthood (Briere & Runtz, 1990; Godbout, Lussier, & Sabourin, 2006; Messman-Moore & Coates, 2007; Riggs, Cusimano, & Benson, 2011; Riggs & Kaminski, 2010). CEA involves a pattern of repeated behavior including criticism, threats, shaming, blame, humiliation, or insults directed toward the child (Briere, Godbout, & Runtz, 2012; Courtois & Ford, 2009; Hart, Brassard, Binggeli, & Davidson, 2002). CEA has often been included within an overall childhood maltreatment variable, without examining its unique sequelae (DiLillo, Lewis, & Loreto-Colgan, 2007; Whisman, 2006). However, CEA appears to be one of the most pervasive and destructive types of childhood maltreatment (Barnett, Miller-Perrin, & Perrin, 2005; Briere, Madni, & Godbout, 2015; Kapeleris & Paivio, 2011; O'Dougherty Wright, 2007). Therefore specific attention to the long-term harmful effects of CEA is much needed.

#### *Child Emotional Abuse and Couple Adjustment*

Compared to non-maltreated individuals, survivors of child maltreatment report increased levels of difficulty in several areas of couple functioning, including intimacy, sexuality, and conflict resolution (DiLillo et al., 2007). However, only a few empirical studies have explored CEA as a unique type of maltreatment with the potential to impact dyadic adjustment (Riggs & Kaminski, 2010). For example, Perry, DiLillo, and Peugh (2007) demonstrated the predictive role of CEA on marital

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satisfaction and emphasized the importance of assessing intermediate variables such as psychological distress, hostility, paranoia, and depression. Similarly, [Petretic-Jackson et al. \(1993\)](#) revealed that CEA survivors' impression of being less "lovable and likable" may contribute to negative self-perceptions that may decrease the quality of their interpersonal relationships. [Riggs et al. \(2011\)](#) also observed that CEA is associated with poor relationship adjustment through anxious and avoidant attachment in a sample of heterosexual college student couples. Similarly, [Paradis and Boucher \(2010\)](#) revealed that survivors of CEA report greater interpersonal difficulties in their couple relationships than non-victims. For example, survivors reported being more cold or distant with their partner, trying to please their partner too much, being too aggressive toward their partner or not being assertive enough. [Riggs and Kaminski \(2010\)](#) showed that CEA predicted dyadic adjustment above and beyond other child maltreatment variables such as sexual abuse, physical abuse, and emotional and physical neglect. Similarly, using a sample of 202 newlywed couples, [DiLillo et al. \(2009\)](#) found that psychological abuse was related to decreases in marital satisfaction over time for both husbands and wives. More recently, [Maneta, Cohen, Schulz, and Waldinger \(2014\)](#) found that each partner's history of CEA was related to their own as well as to their partner's marital dissatisfaction.

Based on these findings, the experience of CEA appears to hamper a survivor's intrapersonal identity and their ability to develop intimacy with significant others later in life ([Davis, Petretic-Jackson, & Ting, 2001](#)), which is potentially detrimental to couple adjustment. This study tested the proposition that CEA would be associated with an impaired sense of self and identity and a proclivity to engage in emotionally upsetting or chaotic relationships, which in turn may contribute to less satisfying relationships with a romantic partner.

### *Childhood Emotional Abuse, Identity and Relatedness*

The relational context in which a child is raised is particularly crucial. Consistent with early childhood development perspectives such as attachment theory ([Bowlby, 1969](#)), positive attachment with parental figures may have significant impacts on the growing child's development of the self as well as later functioning ([Finkelhor, Ormrod, & Turner, 2007](#); [Liang, Williams, & Siegel, 2006](#)). Abusive family environments, on the other hand, prevent the child from developing in a safe and stable environment with emotionally attuned caretakers. Evidence suggests that CEA leads to disturbance in the specific realms of interpersonal relationships and identity ([Briere & Rickards, 2007](#); [Briere & Runtz, 2002](#)), which are aspects of the self-capacities conceptual framework ([Briere, 2000](#); [Pearlman & Courtois, 2005](#)).

The concept of self-capacities, initially rooted in psychodynamic theory ([Kohut, 1977](#)), was later introduced to the trauma field by [McCann and Pearlman \(1990\)](#), and most recently modified by [Briere \(2000\)](#). The notion of altered "self-capacities" ([Briere, 2000](#)) may be understood as encompassing three specific types of disturbance: (1) difficulty in one's ability to access and maintain a stable sense of identity or self (identity disturbance), (2) a lack of ability to regulate and/or tolerate negative emotions (affect dysregulation), and (3) difficulty in forming and sustaining meaningful relationships with others (relational disturbance). Impairments in these areas, in turn, are known to contribute to important psychosocial problems (such as difficulty trusting others, concern over possible abandonment, struggles with intimacy, etc.) ([Allen, 2011](#); [Briere & Rickards, 2007](#); [Godbout, Runtz, MacIntosh, & Briere, 2013](#)).

An important aspect of functioning in individuals who experience CEA is related to the process of identity construction. Indeed, developmental difficulties typically observed in individuals with a history of trauma exposure often relate to the individual's sense of self. For example, survivors may have developed an "other-directed" orientation ([Briere, 1996, 2002](#)) wherein they focus on and accommodate themselves to the needs of others in such a way that may neglect their own needs, well-being, or safety. Survivors of CEA may also complain of feelings of emptiness, lack of self-understanding, contradictory thoughts and feelings, and inability to set goals for the future ([Hamilton, 1988](#); [Kohut, 1977](#); [McCann & Pearlman, 1990](#)). Finally, some survivors may lack the internal self-monitoring and self-awareness that would otherwise provide insight into their own feelings, thoughts, needs, goals, and behaviors ([Briere & Rickards, 2007](#); [Cloitre, Cohen, & Koenen, 2006](#)). These difficulties may harm romantic relationship quality and satisfaction, since a certain degree of insight and self-awareness is necessary for romantic partners to collaborate in setting mutual goals ([Feeney & Noller, 2004](#)) and to establish a satisfactory and fulfilling relationship ([Kessler, 2000](#)).

CEA appears to impact the survivor's capacity to develop and maintain intimate relationships ([Godbout et al., 2013](#); [Pearlman & Courtois, 2005](#)). Because CEA experiences occur early in the lifespan, when representations and expectations of interpersonal relationships are first formed, adult survivors may be particularly sensitive to rejection, and may experience problems trusting others, unstable or chaotic relationships, or ambivalence regarding intimacy ([Briere & Jordan, 2009](#); [Dietrich, 2007](#); [Riggs, 2010](#)). They may be more likely to struggle with managing interpersonal difficulties and thus might develop negative views of others, themselves, and their value in relationships ([Godbout, Dutton, Lussier, & Sabourin, 2009](#); [Pearlman, 2003](#)). Empirical data indicate that survivors are more likely than non-survivors to report interpersonal conflicts ([Briere & Rickards, 2007](#)), difficulties in forming and maintaining close relationships ([Davis et al., 2001](#); [Pearlman & Courtois, 2005](#)), and involvement in distressing relationships ([Messman-Moore & Coates, 2007](#)).

### *Childhood Emotional Abuse and Couple Adjustment in the Context of Self-Capacities*

Despite a growing literature in the field of trauma, few studies have focused on the role of intermediate variables in explaining how childhood trauma might affect later couple adjustment. Previous studies have emphasized the mediating

role of maladapted schemas (e.g., distrust, fear of abandonment) in the relation between CEA and adjustment in adult relationships (Crawford & O'Dougherty Wright, 2007; Godbout et al., 2006; Messman-Moore & Coates, 2007). Yet, despite its relevance, a conceptual framework focused on self-capacities has rarely been used (Briere, 1996; McCann & Pearlman, 1990) to examine the mechanisms whereby CEA might influence couple adjustment.

In a study of the psychometric properties of the Inventory of Altered Self-Capacities (Briere, 2000) across general population, clinical, and university samples, women rated themselves as having greater disturbance in self-capacities than did men (Briere & Runtz, 2002). Similarly, DiLillo et al. (2007) found that women but not men who experienced maltreatment endorsed more relationship difficulties compared to non-survivors. We hypothesized that problems with identity (i.e., lack of self-awareness, feelings of emptiness, suggestibility, contradictory thoughts and feelings) and relatedness (i.e., relationship challenges such as chaotic or emotionally upsetting relationships) would be particularly linked to CEA in women, which in turn is expected to influence on women's perception of their couple adjustment. Specifically, identity and relatedness are expected to mediate the link between CEA and adult couple adjustment in women. With the exception of DiLillo et al. (2009) and Maneta et al. (2014), few researchers have focused exclusively on CEA in relation to couple functioning. Therefore, the goal of this study is to examine the specific role of CEA in an integrative model of intrapersonal (identity) and interpersonal (interpersonal conflicts) variables to explain women's couple adjustment in adulthood. The complex potential relationships between CEA, identity, interpersonal conflicts, and couple adjustment suggest the benefit of a path-analytic approach, where a hypothesized model may be tested and all variables are taken into account simultaneously. Statistical analyses of this type, to test women's perception of couple adjustment in relation to CEA in a model integrative of self-capacities, have not been used thus far.

## Method

### Participants and Procedure

Participants were 184 women from a Francophone sample of the general population of Quebec who were over the age of 18 and involved in an intimate relationship for at least six months. Participants were recruited online through a link for the survey posted on a Facebook page dedicated to the study; an invitation to participate was also distributed through a listserv in Quebec for students, teachers, and other professionals associated with psychology. The questionnaire was hosted on the SurveyMonkey website. The study was described as a confidential and anonymous survey on past experiences of victimization, intrapersonal processes and relationships, and sexual functioning. Participation required 30–40 min. Participants were offered the opportunity to be entered into a prize draw for \$50CAN. The study was approved by the University Institutional Review Board.

The average participant was 28.2 years of age ( $Mdn=26$ ;  $SD=8.04$ ; range = 19–64 years). Most (90%) of the women identified as Canadian, while 7.1% as West Europeans, 1.1% as Africans, and 1.6% as South Americans. A majority were students (52.6%,  $n=82$ ), and 38% ( $n=58$ ) were employed full time. Close to half (47%,  $n=86$ ) of the women reported an average annual income below \$20,000 CAN and 21% ( $n=39$ ) reported an income between \$20,000 and \$39,999 CAN. The majority of participants spoke French as their primary language (94%,  $n=173$ ), 4% ( $n=8$ ) spoke English as their primary language, and for 2% ( $n=3$ ), Spanish was their primary language. Most participants were university educated: 38% ( $n=69$ ) had completed an undergraduate degree and 41% ( $n=75$ ) had completed a graduate degree. Regarding their marital status, 51% ( $n=94$ ) of participants were in a relationship with a regular partner (but not living together), 34% ( $n=63$ ) were in a common-law relationship (i.e., living together but not married), and 15% ( $n=28$ ) were married. The average relationship duration was 4.6 years and ranged from six months to 36 years ( $SD=5.6$ ).

### Measures

**Childhood Emotional Abuse.** Indicators of CEA were derived from the short-form of the Early Trauma Inventory, self-report version (ETISR-SF; Bremner, Bolus, & Mayer, 2007), plus items from previous studies of psychological abuse (Briere & Runtz, 1988; Godbout et al., 2006, 2009). The items are thought to capture the general acts of commission that exemplify CEA (Briere et al., 2012). For the purpose of the study, only a 3-item CEA scale was used ("Were you often put down or ridiculed?", "Were you often ignored or made to feel that you didn't count?", "Were you often told you were no good?"). Using a 7-point Likert scale (0 = never; 6 = every day or almost every day) participants were asked to answer whether they experienced any of the 3 items in a typical year before the age of 18 by a parent or parental figure. The internal consistency reliability of the scale in the current sample was satisfactory ( $\alpha=.87$ ). For the purpose of the current study, the items were summed and the scale was recoded dichotomously (0 = absent; 1 = at least one item of the scale was reported as present).

**Self-Capacities, Interpersonal Conflicts, and Identity.** The 9-item Interpersonal Conflicts (IC) scale of the Inventory of Altered Self-Capacities (IASC; Briere, 2000) was used to assess interpersonal conflicts. This scale evaluates difficulties in relationships with others as well as the extent to which a person tends to be caught up in chaotic and emotionally upsetting relationships (e.g., "Not getting along with people", "Having a lot of ups and downs in your relationships with people"). The 9-item Identity Impairment (II) scale of the IASC was used to assess self-awareness and identity diffusion, which is "the tendency to confuse one's feelings, thoughts, or perspectives with those of others" (Briere & Runtz, 2002, p. 232). Items on the IC

and *II* scales are rated on a 5-point Likert scale (1 = *never*; 5 = *very often*) and total scores can range from 9 to 45. Higher scores reveal greater problems with self-capacities and a *T*-score of 70 or greater on each of the IASC scales indicates “clinically significant impairment”. For the purpose of this study, the IASC was translated into French following an agreement with the publisher (Psychological Assessment Resources; PAR). Once the translation was completed, a back-translation was conducted by a fluently bilingual individual without consulting the English version of the test. Then a back-translation was done and forwarded to PAR and to the author of the original English version for review and approval. The well-demonstrated psychometric qualities of the original version (Briere & Runtz, 2002) were replicated in the French-translation. Cronbach’s  $\alpha$  values from the original scale: IC = .90, II = .93 in the normative sample (Briere, 2000) are comparable to those from the current sample: IC ( $\alpha$  = .87) and II ( $\alpha$  = .92).

**Couple Adjustment.** The 4-item Dyadic Adjustment Scale (DAS-4; Sabourin, Valois, & Lussier, 2005) was used to assess level of relationship satisfaction. The DAS-4 is a standardized, abbreviated version of the 32-item DAS ( $\alpha$  = .94; Spanier, 1976) translated into French by Baillargeon, Dubois, and Marineau (1986). The first three items of the DAS-4, rated on a six-point Likert scale ranging from zero (*never*) to five (*always*), are “How often have you considered divorce, separation, or terminating your relationship?” (reversed scored), “In general, how often do you think that things between you and your partner are going well?”, and “Do you confide in your mate?”. The fourth item is a general indicator of relationship happiness and is scaled on a seven-point Likert scale, ranging from zero (*extremely unhappy*) to six (*perfectly happy*). Global couple adjustment scores on the DAS-4 range from 0 to 21, with higher scores reflecting a higher level of satisfaction regarding the relationship. The shortened version of the DAS was used because it is less time consuming than the DAS-32, and provides equivalent internal consistency and predictive validity. A clinical cut-off of 13 is generally used to differentiate clinically significant distressed individuals from those who are satisfied with their relationship (Sabourin et al., 2005). Previously reported alphas for the DAS-4 ranged from .67 to .84 (Brassard, Lussier, & Shaver, 2009; Peloquin & Lafontaine, 2010; Sabourin et al., 2005). In the present sample, Cronbach’s  $\alpha$  was .73.

#### Data Analyses

Using SPSS 22, descriptive analyses were used to examine prevalence rates of CEA. Next, correlational analyses were conducted to assess the associations among the variables. Finally, path analyses were performed to test our hypothesized model, with CEA as the predictor, identity impairment and interpersonal conflicts as mediators, and women’s perception of couple adjustment as the outcome variable. This method allows the examination of direct and indirect effects among potentially correlated variables (Kline, 2011). Path analyses were conducted using *Mplus*, version 7 (Muthén & Muthén, 1998–2012), which is especially useful as it accounts for missing data by using the full information maximum likelihood estimation. We used a cross-sectional design and the order of entry of variables was based on theoretical grounds (e.g., Self-Trauma Model; Briere, 1996) and temporal sequence (e.g., CEA would have been experienced before self-capacities had fully developed and before adult dyadic adjustment). Often adopted in the trauma literature (e.g., Briere, Hodges, & Godbout, 2010; Godbout et al., 2009) this theoretically grounded analytic strategy is also a routine statistical recommendation for path analysis and structural equation modeling (Byrne, 2013).

The following indices were used to assess the overall model fit: the chi-square statistic, the comparative fit index (CFI; Bentler, 1990), and the root mean square error of approximation (RMSEA; Steiger, 1990). A non-statistically significant chi-square value, a CFI value of .90 or higher, and a RMSEA value below .06 with a 90% confidence interval ranging from .0 to .08 are indicators of good model fit (Hu & Bentler, 1999). Since chi-square tests are sensitive to sample size (Kline, 2011), we also used the ratio of chi-square to degrees of freedom ( $\chi^2/df$ ). Values less than 5 indicate a satisfactory fit but a more conservative cut-off value of 3 is ideal (Ullman, 2001). To examine the significance of indirect effects, we used 95% bootstrap confidence intervals (MacKinnon & Fairchild, 2009). This bias-corrected method is based on a distribution for the product of coefficients and generated confidence limits for the true value of the coefficient for the indirect effect. When zero is not within the confidence interval, the indirect effect is considered significant.

## Results

### Childhood Emotional Abuse, Self-Capacities, and Couple Adjustment: Preliminary Analyses

Examination of the data indicated that all of the continuous variables were normally distributed. MANOVA was conducted to compare participants reporting CEA and those not reporting CEA, on identity impairment, interpersonal conflict, and couple adjustment. Findings revealed a statistically significant main effect of CEA (Wilk’s Lambda ( $\lambda$ ) = .96;  $F(3, 178) = 2.82$ ;  $p = .04$ ;  $\eta^2 = .05$ ). Post hoc comparisons, means and standard deviations for interpersonal conflict, identity impairment, and couple adjustment (for participants with and without a history of CEA) as well as correlations among the variables are reported in Table 1.

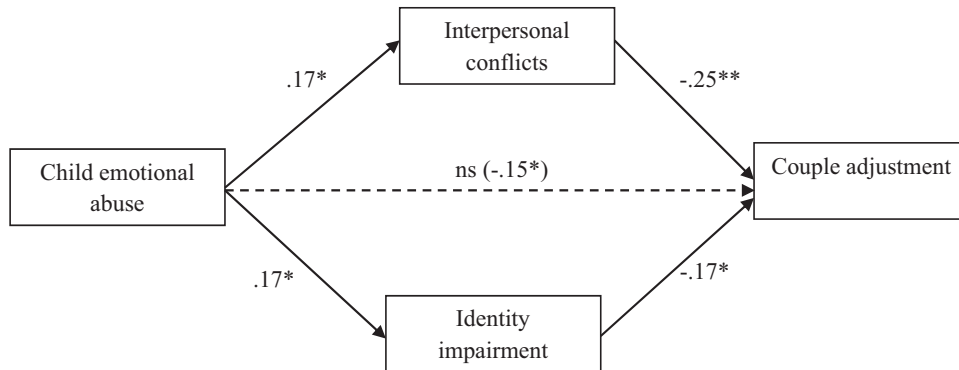
Descriptive analyses revealed a prevalence rate for CEA of 43% ( $n = 79$ ). Based on the clinical cut-off score of the DAS-4, among women with a history of CEA, 34.2% ( $n = 28$ ) reported significant couple distress compared to 29% ( $n = 29$ ) of women without a history of CEA,  $\chi^2(2) = 6.04$ ,  $p = .05$ . Regarding the IC scale, 30% ( $n = 24$ ) reported clinically significant difficulties

**Table 1**  
 Means, standard deviations, and intercorrelations among child emotional abuse (CEA), interpersonal conflicts, identity, and couple adjustment in women.

Variables	CEA		No-CEA		F	$\eta^2$	1.	2.	3.	4.
	M	SD	M	SD						
1. CEA	–	–	–	–	–	–	–	–	–	–
2. Interpersonal conflicts	17.77	5.55	16.00	4.65	5.54*	.30	.17*	–	–	–
3. Identity impairment	16.01	7.30	13.88	5.29	5.20*	.03	.17*	.55**	–	–
4. Couple adjustment	12.92	3.23	13.88	2.89	4.44*	.02	–.15*	–.34**	–.30**	–

Note: Correlations (N ranged between 182 and 184).

\*  $p < .05$ .  
 \*\*  $p < .01$ .  
 \*\*\*  $p < .001$ .



**Fig. 1.** Path analytic model of childhood emotional abuse, self-capacities and couple adjustment (coefficient in brackets is the direct path before inclusion of intermediate variables). \* $p \leq .05$ , \*\* $p \leq .01$  and \*\*\* $p \leq .001$ .

compared to 18% ( $n = 18$ ) of non-abused women,  $\chi^2(2) = 3.61, p = .16$ . Finally, 24% of women with a history of CEA ( $n = 19$ ) reported clinically significant identity impairment versus 12% ( $n = 12$ ) of women without CEA,  $\chi^2(2) = 5.028, p = .07$ .

As expected, statistically significant correlations were observed between childhood CEA, identity impairment, interpersonal conflicts, and couple adjustment. The experience of CEA in childhood was positively associated with interpersonal conflicts and identity impairment, and negatively associated with couple adjustment. Interpersonal conflict and identity impairment were both negatively associated with couple adjustment (see Table 1).

*Integrative Model*

The main hypothesis was that greater interpersonal conflicts and identity impairment would mediate the link between CEA and couple adjustment in women. A test of the direct path from CEA to couple adjustment revealed a significant association ( $\beta = -.15, p = .03$ ). After the inclusion of the mediators in the model, the direct path was no longer significant. The latter was thus removed in order to obtain an identified model allowing the computation of fit indices. This final model, as presented in Fig. 1, provided good fit to the data:  $X^2(1) = 1.50, p = .22$ , Ratio  $X^2/df = 1.50$ , CFI = .99, RMSEA = .05, CI [.00, .21]. Path analyses showed that CEA was positively associated with identity impairment and interpersonal conflicts, which in turn were negatively associated with couple adjustment. Tests of the indirect effects indicated that the product of coefficients for the path from CEA to couple adjustment going through interpersonal conflicts ( $b = -.26, 95\%$  bootstrap CI =  $-.64, -.04$ ) was significant. Similarly, the path from CEA to couple adjustment going through identity impairment ( $b = -.17, 95\%$  bootstrap CI =  $-.56, -.01$ ) was also significant. Overall, the final model explained 13% of the variance in couple adjustment.

Because the dichotomous CEA variable does not take abuse severity into account, the model was also re-tested using a continuous CEA variable (i.e., sum of the three CEA items; range = 0–18). The direct path from CEA to couple adjustment ( $\beta = -.19, p = .02$ ), was no longer significant after the inclusion of the mediators. The model fit indices were also satisfactory:  $X^2(1) = 2.75, p = .10$ , Ratio  $X^2/df = 2.75$ , CFI = .98, RMSEA = .10, CI [.00, .24]. This additional analysis confirmed that the model held independent of the measurement of CEA (i.e., dichotomous or continuous).

Based on previous studies suggesting that age and length of the relationship may be linked to couple adjustment (e.g., Maneta et al., 2014; Vaillancourt-Morel et al., 2015), the data were examined accounting for those sociodemographic variables. Because age and length of relationship were highly correlated ( $r = .71, p < .001$ ), they were tested separately. Results indicated that controlling for those variables did not change the significance or strength of the association between variables and resulted in satisfactory fit indices for both models; age:  $\chi^2(4) = 9.58, p = .05$ , Ratio  $\chi^2/df = 2.40$ , CFI = .95, RMSEA = .09, CI [.01, .16]; length of relationship:  $\chi^2(4) = 6.20, p = .18$ , Ratio  $\chi^2/df = 1.55$ , CFI = .97, RMSEA = .06, CI [.01, .13]. Thus the model held independent of age and length of the relationship.

## Discussion

Results supported our main hypothesis and indicate that CEA contributes to a greater sense of impaired identity and more interpersonal conflicts, which in turn are associated with poorer couple adjustment. Specifically, path analyses showed full mediation of the relation between CEA and women's report of couple adjustment through the hypothesized mediators. Our findings are consistent with the conclusions of Perry et al. (2007), who observed that CEA is associated with later relationship dissatisfaction in adulthood. This is also consistent with prior research suggesting that child maltreatment, including emotional abuse, is associated with relationship dysfunction in women survivors (Colman & Widom, 2004) and with intimacy problems (DiLillo et al., 2007; Mullen, Martin, Anderson, Romans, & Herbison, 1996). As suggested by Briere and Scott (2014), childhood maltreatment may prevent a child from developing adaptive strategies to cope with one's past adverse relationships. Hence, it might jeopardize the survivor's ability to fulfill normal developmental tasks such as the consolidation of one's identity, and the ability to form and maintain significant relationships with others in adulthood.

The present study illustrates the need, as emphasized by Godbout et al. (2013), to merge individual and relational variables in complex models to accurately account for the development of relational distress. Findings suggest that emotional abuse experienced in childhood is linked to women's report of lower couple adjustment through an impaired sense of self. CEA involves actions that may convince a child that he or she is worthless, unlovable, or unwanted (Glaser, 2002) and thus, may alter how a child construes his or her identity across the lifespan. Mullen et al. (1996) showed that, in a comparison of the effects of three different types of childhood abuse, adults with a history of CEA had poorer self-esteem than adults reporting either physical or sexual abuse in childhood. Our findings are also consistent with those of the landmark study of Briere and Runtz (1990) who found a unique association between self-reported CEA and low self-esteem when controlling for other forms of childhood abuse, including sexual and physical abuse. Our results are also consistent with the findings of Teicher, Samson, Polcari, and McGreenery (2006) who highlighted the particularly deleterious effects of parental verbal aggression on dissociation, limbic irritability, depression, and anger–hostility, in comparison to other types of child maltreatment. The current results also suggest that CEA may trigger a negative style of interpersonal communication, which may promote interpersonal conflicts. This interpersonal deficiency might become integrated as a pattern of responses that are carried over into subsequent relationships. Thereby, it could be that this particular behavioral response could occur within the romantic relationship and result in less satisfying couple adjustment.

Since CEA frequently involves repeated negative messages that become internalized, thus inducing in the survivor the perception of being fundamentally flawed, unlovable, and unworthy (Hart et al., 2002), it may therefore contribute to negative self-esteem (Briere & Rickards, 2007; Feiring, 2005; Paivio & Pascual-Leone, 2010), feelings of ineffectiveness, and feeling unimportant and unlikely to be understood by others (Courtois & Ford, 2009). Ultimately, the lack of acknowledgment of one's own value, that is inherent in CEA, is potentially detrimental to couple adjustment and satisfaction as the survivor might not feel that he or she is deserving of love or of having a satisfying relationship (Feeney & Noller, 2004). The emotional abuse survivor may have negative expectations of intimate relationships (Pearlman & Courtois, 2005) and these might also contribute to the likelihood of experiencing romantic relationship difficulties. CEA survivors might not have enough confidence in their own value to pay attention to or be aware of their sense of self. However, having such insight into their own feelings, thoughts, and behaviors (Briere & Rickards, 2007; Cloitre et al., 2006) has been found to be important for the establishment of satisfactory and fulfilling relationships (Kessler, 2000).

Regarding interpersonal conflicts, undergoing emotional maltreatment in childhood may hamper the acquisition of a set of relational skills necessary to form and maintain stable and fulfilling relationships, to cope effectively with the challenges and disagreements that inevitably occur within intimate relationships, and to relate to others in healthy ways (Pearlman & Courtois, 2005). This is especially relevant for the relationship with one's romantic partner. Survivors of early adverse relational experiences are also inclined to develop representations of others as being rejecting and untrustworthy (Godbout, Briere, Sabourin, & Lussier, 2014). These negative perceptions of others are likely to apply to the intimate partner as well, who may be perceived as being unavailable, unsatisfying, and unwilling to respond to the survivor's relational needs.

These perceptions as well as increased levels of interpersonal conflicts are often observed in individuals with insecure attachment (Collins, 1996; Mikulincer & Shaver, 2007). Despite the fact that attachment representations were not specifically studied in the current study, early definitions of adult attachment suggest some similarities among the latter concept and interpersonal conflicts. First, minimizing interpersonal conflicts involves an ability to relate positively to others and to be able to maintain these significant relationships, which may imply the presence of greater attachment security. Second, attachment insecurities, both abandonment anxiety and avoidance of intimacy, are known to contribute to a variety of coping strategies (Pietromonaco, Greenwood, & Feldman Barrett, 2004) that may in turn, result in an increase in interpersonal conflicts. Indeed, experts in the field of adult attachment and couple adjustment acknowledge that attachment insecurity is positively associated with poorer couple adjustment (for a review see Mikulincer & Shaver, 2007). In addition to its contribution to ongoing attachment and relational difficulties, a negative self-appraisal could severely hamper or even deflect the individual's life course, including the ability to relate to others in healthy ways (Pearlman & Courtois, 2005) and especially, to romantic partners.

### Strengths and Limitations

The conclusions derived from this study must be tempered by consideration of certain inherent limitations. First, the cross-sectional nature of this study precludes causal conclusions that would be confirmed only in strong methodological longitudinal studies. Other limitations are that only the women's perspective on the relationship was examined, the absence of a comparison of men's and women's experiences of CEA and couple functioning, as well as comparisons across different races/ethnicities, which further studies should examine. Also, the retrospective design may have contributed to biases in recall of childhood adverse experiences. A flaw that is also noteworthy to mention is that only half of women in the sample are in live-in relationships whereas it is likely that trauma-related issues experienced within couples might be much more significant once they live together. Nonetheless, this study also has some strengths that are worth mentioning. To our knowledge, it is one of the first studies to highlight the important contribution of CEA and its deleterious effect on couple adjustment through dimensions of the self-capacities framework (Briere & Runtz, 2002; McCann & Pearlman, 1990). It is also noteworthy to mention that for the outcomes examined, the variance explained by the model is modest. Moreover, CEA is a distal factor for the studied outcomes, suggesting that other, perhaps more proximal, intervening factors that were not measured in this study may have a significant contribution in our model (e.g., attachment processes, communication skills). However, our study highlights the complex interplay between several potential mediators in our attempts to understand the effects of emotional abuse in childhood on women's later report of couple adjustment, which is consistent with the idea that couple adjustment has multiple determinants. For these reasons, it is crucial to conduct additional studies in order to better highlight the mechanisms that contribute to poorer couple adjustment in those with a history of childhood maltreatment.

### Practical Implications

Increasing our knowledge and understanding of potential markers of couple dissatisfaction is crucial. In adulthood, the couple relationship often becomes the main attachment bond to which an individual refers when experiencing distress (Kiecolt-Glaser & Newton, 2001; Slatcher, 2010). The benefits of being involved in a romantic relationship have been largely documented: increased general well-being (Dush & Amato, 2005), better overall health (Burman & Margolin, 1992), and lower mortality rates (see Kiecolt-Glaser & Newton, 2001). On the contrary, dissatisfaction with one's relationship can become an important stressor that exacerbates difficulties in other life domains (Kiecolt-Glaser & Newton, 2001; Slatcher, 2010). The current findings support the importance of examining the determinants of couple adjustment as negative early interpersonal life events such as child abuse, can prevent one's capacity to assume appropriate adult roles in intimate relationships (Godbout et al., 2009) and potentially decrease couple satisfaction.

Prior research and findings from the current study indicate that survivors of CEA are at risk of developing an impaired sense of self or negative self-appraisal as well interpersonal difficulties that may affect couple adjustment. Furthermore, interest in intermediate variables, such as relatedness and identity, can help researchers and clinicians gain insight into potential targets for intervention. In particular, self-capacities may be key intervention targets with individual survivors as well as couples in which one partner has experienced CEA. Given the current results, treatment that builds on or reinforces a positive sense of self (e.g., Briere & Scott, 2014; Cloitre et al., 2006; Fonagy & Bateman, 2006; Yeomans, Clarkin, & Kernberg, 2015) and that enhances relational skills (e.g., Linehan, 1993; Paivio & Pascual-Leone, 2010) are likely to benefit women survivors' dyadic adjustment.

Also, data suggest that clinicians working with survivors of CEA should assess for symptoms typical of borderline personality disorder (BPD), such as affect dysregulation, impulsivity, suicidality, feelings of emptiness and other identity impairments, chronic interpersonal difficulties, abandonment issues, anger, and dissociation. Indeed, Kuo, Khoury, Metcalfe, Fitzpatrick, and Goodwill (2014) found that even when controlling for other types of childhood abuse, CEA was uniquely associated with the severity of BPD features. Clinicians and researchers have documented the overlap between effects of childhood maltreatment and symptoms of BPD, and have questioned whether BPD was the most appropriate diagnosis to reflect the complex symptomatology of survivors, and on which to base treatments (see MacIntosh, Godbout, & Dubash, 2015, for a critical review). A transdiagnostic, patient-tailored approach based on observed clinical complexity, common to trauma-survivors and those diagnosed with BPD is recommended. Treatment would target deficits in self-capacities that underlie the development of couple difficulties, using approaches that would increase affect regulation skills, reduce experiential avoidance, and promote identity integration (Cloitre, 2015; MacIntosh et al., 2015).

Finally, this project offers a new way to conceptualize the effects of CEA by examining report of couple adjustment in women survivors; that is, it suggests the importance of looking beyond an examination of trauma symptoms and the way that survivors cope and instead to examine the way they relate to others and how they define themselves. By focusing clinical treatment on strengthening survivors' sense of self as well as improving their ability to form and maintain relationships, therapists who provide empathic human contact, validation, and a safe environment (Briere et al., 2010; Briere & Scott, 2014), can help women who experienced emotional abuse in childhood develop a wider repertoire of emotional and behavioral responses that would allow them to experience more satisfying intimate relationships. With the therapist and eventually the partner's support, this validating context might gradually allow the restructuring of internalized relational patterns and foster the development of new, positive relationships, so that the women's interpersonal lives can become less interpersonally chaotic and ultimately more fulfilling.

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