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University of Northern Colorado

Greeley, Colorado

EMOTION REGULATION AS A MEDIATOR BETWEEN A HISTORY OF
CHILDHOOD MALTREATMENT AND PRESENT
LEVELS OF SELF-COMPASSION

A Thesis Submitted in Partial
Fulfillment for Graduation with Honors Distinction and
the Degree of Bachelor of Arts

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College of Education and Behavioral Sciences

MAY 2023

EMOTION REGULATION AS A MEDIATOR BETWEEN
A HISTORY OF CHILDHOOD MALTREATMENT AND
PRESENT LEVELS OF SELF-COMPASSION

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04/24/2023

Abstract

Self-Compassion is a rising topic in the world of research. It has three main components: mindfulness, common humanity, and self-kindness (Scoglio et al., 2018). Childhood maltreatment can have long-lasting negative impacts on one's mental and emotional health, which can affect one's levels of self-compassion. Emotion regulation can potentially play a role in this association by mitigating the effects of childhood maltreatment on later self-compassion. In addition, the relations between these three concepts and their subtypes or components were examined to further research on these topics in general. The sample consisted of 113 college students from a lower-level psychology course. They filled out an online survey that included the Childhood Trauma Questionnaire (CTQ), the Self-Compassion Scale (SCS), and the Difficulties in Emotion Regulation Scale (DERS). The data from these questionnaires were cross-correlated to identify significant associations; based on these relationships, a mediation analysis was performed. Most aspects of emotion dysregulation were positively associated with total maltreatment scores, particularly emotional abuse and neglect. There were negative correlations between emotional abuse and self-compassion's self-kindness and mindfulness components and between total maltreatment and self-kindness. There were also negative correlations between all components of self-compassion and emotion dysregulation. Total self-compassion also was negatively correlated with all aspects of emotion dysregulation and emotional abuse. The mediation analysis found that total emotion dysregulation fully mediates the association between emotional abuse and self-kindness. The results of the present study provide insight into how emotion regulation

strategies are useful in increasing self-compassion in survivors of childhood maltreatment.

Acknowledgments

I would like to thank my thesis advisor, Dr. Marilyn Welsh, for everything she has done to support me through the process of this. She has not only guided me through every step but encouraged me to go above and beyond as a scholar. I am so grateful for her pushing me to do better than I thought I could do, and I would not be where I am today without her. I would also like to give a special thanks to my parents, Ron and Kim Renaud, and my best friend, Shay Langley. They all give me daily encouragement and believe in me more than anyone. Without their constant reminders of how much I can accomplish, my research would still be just a thought in my head.

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Emotion Regulation as a Mediator Between a History of Childhood Maltreatment and Present Levels of Self-Compassion

Childhood maltreatment can be defined as harm done by a parent or other caregiver--this can be physical, emotional, psychological, sexual, or neglectful (Slep, et al., 2015). Many people worldwide are affected by this, and childhood maltreatment can have long-lasting impacts on them as they grow up. Because many people experience childhood maltreatment, it is essential to know how this can later affect them. Self-compassion is a growing topic in research and is similar to empathy but is directed toward oneself. As the research on self-compassion is still building, it is helpful to explore whether it is related to life experiences, in this case, childhood maltreatment. This study aims to discover if emotion regulation can serve as a mediator between a history of childhood maltreatment and the present expression of self-compassion to further the research on childhood maltreatment and self-compassion.

Beyond the primary purpose, this study aims to answer several sub-questions about these three topics. The extent to which a history of childhood maltreatment predicts self-compassion and emotion dysregulation is essential, as well as emotion dysregulation's relationship with self-compassion. In addition, the subtypes and components of each of these topics will be studied in order to do a more fine-grained analysis.

While researching, it became apparent that self-compassion is in the early stages of scientific investigation and is increasing in academic popularity. This became the driving topic for the current study, and later, childhood maltreatment came up multiple times in the research. After looking at the past research on the relationship between these

two, emotion regulation had come up many times but never in the way this study looks at—using emotion regulation as the mediator. This gap in literature stood out, so investigating emotion regulation’s role as a mediator between a history of childhood maltreatment and present self-compassion became the topic of this current research.

Childhood Maltreatment and Self-Compassion

Childhood maltreatment is a global public health concern experienced by many children (Zhang et al., 2021). Self-compassion is a rising topic in the world of research. It has three main components: mindfulness (accepting suffering while not over-identifying with the suffering), common humanity (acknowledging that suffering is a common human experience), and self-kindness (treating oneself with kindness rather than self-criticism) (Scoglio et al., 2018). These components come together to reflect the state of being forgiving, understanding, and honest with oneself.

Tanaka et al. (2011) researched this relation and focused on child welfare adolescents (aged 13-19) since this is a high-risk group for childhood maltreatment. Since self-compassion is developed throughout adolescence, authors believed child maltreatment would have a significant effect on that. They concluded that greater childhood emotional abuse, neglect, and physical abuse were associated with lower self-compassion. Physical abuse stands out since it is not emotion-related, but authors hypothesized that physical abuse has large emotional effects on children and can therefore affect self-compassion.

In addition to being researched in terms of how it is affected by earlier childhood maltreatment experiences, self-compassion has been analyzed as a mediator of psychological well-being in survivors of childhood maltreatment in many instances. One

of these studies was done by Messman-Moore and Bhuptani (2020). The purpose of their research was to identify mechanisms of resilience among female survivors of childhood maltreatment. They focused on females because a more significant proportion of women show poor psychological adjustment compared to men who have also experienced childhood maltreatment. Previous research also suggests that females are more negatively affected by less severe child maltreatment than men are. Because self-compassion has been shown to buffer aspects of depression, in this study it was suggested that it might promote resilience in childhood maltreatment survivors. They found that the greater the maltreatment severity, the lower self-compassion. Messman-Moore and Bhuptani (2020) suggested that looking at different components of self-compassion in relation to childhood maltreatment rather than just looking at self-compassion as a unidimensional model can be a helpful next step in research.

Zhang et al. (2021) looked at self-compassion and childhood maltreatment through a meta-analysis across four English and three Chinese databases--using 20 studies in their research. They decided to do this study because self-compassion begins to develop in early childhood, so child-caregiver relationships can easily affect it. They wanted to understand this relationship better to help create appropriate preventative and intervention strategies for people who have experienced childhood maltreatment. They found that overall childhood maltreatment was related to lower levels of self-compassion, with emotional abuse and neglect being moderately associated with reduced self-compassion and physical and sexual abuse having small relations to self-compassion. These findings on subtypes of child maltreatment are relevant to the present study that examined the relations between these subtypes and concepts. A similarity between this

research and the previous analysis is both studies found that emotional maltreatment was related to lower levels of self-compassion compared to other subtypes of child maltreatment. Overall, this study is good background on the relationship between childhood maltreatment and self-compassion.

The above three studies all came to similar conclusions about how childhood maltreatment and self-compassion relate, but one study found inconsistent results. Yundt (2020) did similar research to the previous studies but focused on Adverse Childhood Experiences (ACEs) rather than childhood maltreatment. They also concentrate on self-compassion as a mechanism of resilience leading to psychosocial well-being, similar to Messman-Moore & Bhuptani (2020). They found no significant relationship between ACEs and self-compassion in their research.

Given the correlation between childhood maltreatment and self-compassion is one of the bases of the current study, it is essential to begin with that, even though there are some mixed results in the literature. Without this basis, emotion regulation as a mediator between these two concepts would be difficult to identify because nothing can serve as a mediator between two ideas that do not relate. The current study will dive deeper into this relationship by considering the subtypes of childhood maltreatment and the three components of self-compassion.

Self-Compassion and Emotion Regulation

Emotion regulation is the amount of control one has over their emotions. Most previous literature discusses it in terms of different strategies: acceptance, avoidance, problem-solving, reappraisal, rumination, and suppression (O'Mahen et al., 2014). The main point of self-compassion is accepting emotions as they are and taking them as they

come, which has a lot to do with the control one has over their feelings. If one had no control, it would be difficult to understand what they are feeling. In contrast, if one had more effective control, it might be easier for them to choose to feel those emotions since they know what they are and the appropriate time to express those emotions.

Scoglio et al. (2018) researched emotion regulation, self-compassion, and posttraumatic stress. Their reasoning for self-compassion relating to emotion regulation was that one could not avoid feelings while following the idea of self-compassion, as there is an encouragement to feel negative thoughts and emotions. They focused on the acceptance of negative emotions. Scoglio et al. (2018) stated that self-compassion's self-kindness and common humanity components require an active examination of one's thoughts and feelings, which can impact emotion regulation. This is a good insight into the components of self-compassion in relation to emotion regulation, which is helpful in this current study. They found that self-compassion was negatively related to emotion dysregulation and posttraumatic stress symptoms, as well as a positive correlation to resilience. The authors suggested that the relation to resilience may be the reason behind self-compassion's negative relationship with posttraumatic stress symptoms.

Similar research on emotion regulation, self-compassion, and post-traumatic stress was done by Himmerich and Orcutt (2021). They studied how self-compassion impacts emotion regulation through the acceptance of negative emotions, similar to the previous study. The authors argued that being able to accept any feeling, whether positive or negative, is a large part of self-compassion and can influence emotion regulation. They began by finding the inverse relationship between self-compassion and emotion dysregulation--higher self-compassion relates to lower emotion dysregulation (or greater

emotion regulation). They wanted to see how this relationship could be a successful strategy for managing posttraumatic stress. Their findings were similar to the previous study in that people with greater self-compassion demonstrated fewer symptoms of posttraumatic stress and fewer difficulties in emotion regulation. This research not only found a correlation between self-compassion and emotion regulation but went further into exploring that relationship by focusing on one aspect, acceptance of negative emotions.

In the previous two studies, self-compassion was researched as a mediator, which tends to be the case in most of the relevant research; in the current study, we want to see if emotion regulation can serve as a mediator pathway between childhood maltreatment and self-compassion. A final study demonstrates how emotion regulation could be a mediator when exploring how self-compassion is related to other outcomes. Researchers Inwood and Ferrari (2018) read previous studies on how self-compassion may improve mental health by promoting emotion regulation. Still, they wanted to examine the role of emotion regulation as a mechanism of change in the pathway between self-compassion and overall mental health. Minimal research has been done on emotion regulation mediating self-compassion and other concepts, so this study stood out. They discovered that emotion regulation significantly mediated the relationship between self-compassion and mental health. This research is beneficial as a basis for understanding that emotion regulation can be a mechanism of change in terms of self-compassion.

In most previous research, the relationship between emotion dysregulation and self-compassion has had significant negative correlations. This served as an excellent basis for the current study and provided a foundation to extend this work into more specific components of both self-compassion and emotion dysregulation.

Childhood Maltreatment and Emotion Regulation

Childhood maltreatment is an established risk factor for later emotional problems (O'Mahen et al., 2014). Childhood maltreatment should, therefore, negatively affect emotion regulation because emotion regulation can be a cause of emotional issues and poor mental health. Emotion-regulating skills and strategies are developed most during childhood, so it makes sense that childhood maltreatment can significantly impact this. People who have experienced childhood maltreatment are more likely to engage in these problematic cognitive and behavioral coping responses because children learn by modeling. If their caregivers model inadequate reactions to distress, they will likely do the same in the future (Heleniak et al., 2015).

Researchers O'Mahen et al. (2014) wanted to see how childhood maltreatment and its subtypes were related to specific emotion regulation aspects. Their study involved pregnant women experiencing perinatal depression, which is a limited sample, making this study less generalizable. They found that overall, the women's history of childhood maltreatment and current emotion dysregulation were positively correlated. More specifically, the emotion regulation strategy of avoidance correlated significantly with emotional and physical neglect and sexual abuse. This study is interesting because it considers all subtypes of these two topics, as was done in the current study.

Heleniak et al. (2015) began with the understanding that child maltreatment may be related to a poor ability to modulate the intensity and duration of emotional responses effectively. They also stated that children learn to regulate their emotions by observing when and how adults react to emotional situations. In their research, they wanted to see how childhood maltreatment would affect emotional reactivity and internalizing

psychopathology. Using a community sample of adolescents, childhood maltreatment was found to be related to greater emotional reactivity and higher levels of internalizing psychopathology. Beyond that, emotion dysregulation can serve as a developmental pathway between childhood maltreatment and psychopathology. This is another excellent example of how emotion regulation can be seen as a mechanism of change between two concepts.

Childhood Maltreatment, Self-Compassion, and Emotion Regulation

Two studies have focused on all three concepts of interest in the current research, childhood maltreatment, self-compassion, and emotion regulation together. One study was conducted by Vettese et al. (2011) and a replication of that research was done by Reffi et al. (2019). In the first study, the researchers wanted to see if self-compassion mitigates the association between early maltreatment history and later emotion regulation problems. They aimed to determine self-compassion's role in buffering childhood maltreatment's impacts. The participant pool consisted of people seen at an intake to a substance treatment program, which is a crucial reason why the study was replicated. They found that self-compassion significantly mediated the relationship between childhood maltreatment severity and later emotion dysregulation. Self-compassion also predicted emotion regulation above and beyond maltreatment history (Vettese et al., 2011).

Because of a potential confounding variable of addiction severity in substance abuse in the previous study, Reffi et al. (2019) decided to replicate it with a participant sample that did not abuse or misuse substances--including alcohol. The primary basis of this study, as well as the previous one, was that deficits in self-compassion may be a

pathway for how childhood maltreatment impacts emotion regulation processes. The results of their study were the same as those in the research by Vettese et al. (2011). They also stated that without self-compassion, emotion dysregulation would continue after experiencing childhood maltreatment, which provided a rationale for the current study on whether emotion regulation mediates the pathway between maltreatment history and self-compassion. The authors' conclusions suggest that emotion regulation can be the predecessor to self-compassion.

Conclusion

Bringing all of this research together, more needs to be discovered about all three concepts, especially in relation to each other. According to previous research, both childhood maltreatment and emotion dysregulation predict difficulties with self-compassion, while childhood maltreatment and emotion dysregulation are positively correlated with each other. How the subtypes of childhood maltreatment, components of self-compassion, and emotion regulation strategies relate to each other needs more. It is clear from the minimal research on maltreatment, self-compassion, and emotion regulation that more needs to be done. Looking at it from a new perspective of emotion regulation being the mediator can be helpful in this research. The current research has the potential to add more data on the relationship between childhood maltreatment, self-compassion, and emotion regulation. In addition, the current study seeks to examine emotion regulation as a mediator between childhood maltreatment and self-compassion, which has not been done before.

Methods

Participants

The sample used in the current study was recruited from a lower-level psychology course at the University of Northern Colorado. These undergraduate students had the opportunity to choose this study to complete as part of their research participation requirement for the course. There were a total of 113 valid responses to the study. The ages of participants ranged from 18 to 28, with a mean age of 19.72 ($SD = 1.65$). There were 87 females (77%) and 26 males (23%) who participated. Race and ethnicity had the direction “choose all that apply,” with 87 people reporting as White, 25 as Latine, 12 as Black, and six choosing options Asian, Native American or Alaskan Native, or other. These demographics are mostly consistent with the university’s population.

Procedure

Researchers administered a set of self-report surveys on the website *Qualtrics*. The study was kept completely anonymous, with each participant assigned a number to maintain confidentiality. Participants gave informed consent to begin the survey and started with a demographics questionnaire. Following that were three surveys on the study variables, the *CTQ*, *SCS*, and *DEERS*.

Measures

The following measures were used in the survey.

Childhood Trauma Questionnaire (CTQ)

The *CTQ*, created by Bernstein et al. (2003), is a retrospective self-report of experienced childhood abuse and neglect (See Appendix A). There are 28 items on this survey, scored on a five-point Likert scale (1 = *never true*, 2 = *rarely true*, 3 = *sometimes*

true, 4 = *often true*, 5 = *very often true*). There are five subscales, Emotional Abuse, Emotional Neglect, Physical Abuse, Physical Neglect, and Sexual Abuse. These scores were analyzed separately and together to create a total maltreatment score. Prior to analysis, participants who fail the validity check were eliminated from the sample. Agreement with the three validity items that portray a “perfect family” constitutes a failure of the validity check, and the total sample size reported here does not include these participants.

Self-Compassion Scale (SCS)

The *SCS* was created by Kristen Neff (2003), who has been devoted to self-compassion research for much of her life. This survey measures how one feels about themselves under challenging times. It is a self-report measure comprising 26 items, having participants rank each on a five-point Likert scale (1 = *almost never*, 2 = *rarely*, 3 = *sometimes*, 4 = *often*, 5 = *almost always*) (See Appendix B). There are three subscales, each pertaining to one of the three components of self-compassion: self-kindness, common humanity, and mindfulness. Each subscale was analyzed separately as well as together for total self-compassion.

Difficulties in Emotion Regulation Scale (DERS)

The *DERS*, created by Gratz and Roemer (2004), measures how one reacts to their feelings, especially when upset. This survey is also measured on a five-point Likert scale (1 = *almost never*, 2 = *sometimes*, 3 = *about half the time*, 4 = *most of the time*, 5 = *almost always*) (See Appendix C). There are 36 items measuring total emotion dysregulation and six subscales: nonacceptance of emotional responses, difficulties with goal-directed behavior, impulse control difficulties, lack of emotional awareness, access

to emotion regulation strategies, and lack of emotional clarity. Each subscale was analyzed individually and added together to create total emotion dysregulation.

Results

Associations between Childhood Maltreatment and Self-Compassion

The Pearson's 1-tailed correlational analysis between childhood maltreatment measured by the *CTQ* and self-compassion measured by the *SCS* resulted in four significant negative correlations, three of which involved emotional abuse. The relationship between emotional abuse and self-kindness was the strongest, $r(103) = -.306$, $p = .001$. The next strongest correlation was between emotional abuse and mindfulness, $r(102) = -.257$, $p = .004$. Emotional abuse also significantly correlated with total self-compassion, $r(101) = -.251$, $p = .005$. The total maltreatment score also had a significant relationship with self-kindness, $r(99) = -.210$, $p = .018$. Individuals who had experienced more severe maltreatment, in general, were shown to struggle most with the self-kindness component of self-compassion. Participants who experienced more severe emotional abuse also showed a struggle with using self-kindness and mindfulness along with total self-compassion.

Associations Between Childhood Maltreatment and Emotion Dysregulation

The correlational analysis between childhood maltreatment, measured by the *CTQ*, and emotion dysregulation, measured by the *DEERS*, using Pearson's 1-tailed tests is shown in Table 1. Nonacceptance, poor access to strategies, and total emotion dysregulation had strong positive correlations with emotional abuse and total maltreatment scores. There were two other significant positive relationships between emotion dysregulation and maltreatment. Physical abuse correlated with impulse control

difficulties, $r(104) = .287, p = .001$. Emotional neglect and lack of awareness also had a significant relationship, $r(104) = .167, p = .043$. Greater emotional abuse severity predicted a struggle with all aspects of emotion dysregulation, as well as the total score.

Table 1

Correlations of Childhood Maltreatment and Emotion Dysregulation

	EA	SA	EN	CTQ Total
Nonacceptance	.456**	.168*	.260**	.352**
Goals	.308**	.060	.160	.181*
Impulse	.383**	.220*	.201*	.360**
Strategies	.484**	.229**	.268**	.367**
Clarity	.197*	.121	.089	.220*
DERS Total	.477**	.193*	.276**	.380**

** $p < .01$

* $p < .05$

Note. EA emotional abuse severity, SA sexual abuse severity, EN emotional neglect severity, CTQ Total total childhood maltreatment severity, Nonacceptance nonacceptance of emotional responses, Goals difficulty engaging in goal-directed behavior, Impulse impulse control difficulties, Strategies limited access to emotion regulation strategies, Clarity lack of emotional clarity.

Associations Between Emotion Dysregulation and Self-Compassion

The relationship between emotion dysregulation and self-compassion, analyzed by a Pearson's 1-tailed test, is shown in Table 2. All aspects of emotion regulation had significant negative correlations with all components of self-compassion. The most prominent relationships included total emotion dysregulation, strategies, self-kindness, mindfulness, and total self-compassion. Overall, people who struggled with emotion regulation in all aspects also struggle with self-compassion and its components.

Table 2.

Correlations of Self-Compassion and Emotion Dysregulation

	SK	CH	M	S-C Total
Nonacceptance	-.454**	-.260**	-.414**	-.431**
Goals	-.297**	-.228**	-.356**	-.327**
Impulse	-.298**	-.195*	-.469**	-.361**
Awareness	-.508**	-.320**	-.347**	-.455**
Strategies	-.510**	-.420**	-.605**	-.575**
Clarity	-.410**	-.204*	-.324**	-.357**
DERS Total	-.595**	-.403**	-.618**	-.611**

** $p < .01$

* $p < .05$

Note. SK self-kindness, CH common humanity, M mindfulness, S-C Total total self-compassion, Awareness lack of emotional awareness.

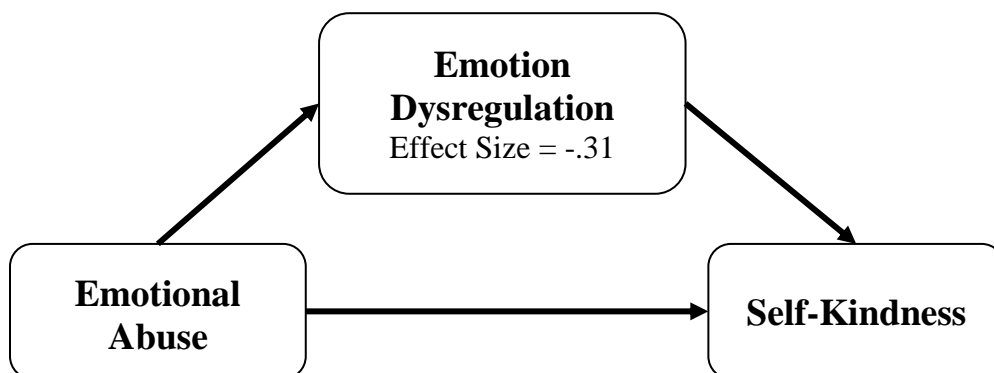
Pathway between CM and Self-Compassion Mediated by Emotion Dysregulation

In determining potential predictors, mediators, and outcomes, all subscales of the variables were considered. Researchers analyzed associations between the *CTQ* (predictor) and the *DERS* (mediator), the *CTQ* (predictor) and *SCS* (outcome), and the *DERS* (mediator) and *SCS* (outcome). The strongest predictor-mediator-outcome pathway was determined to be the *CTQ* emotional abuse score, *DERS* total emotion dysregulation score, and *SCS* self-kindness score based on the pattern of significant correlations. A Hayes PROCESS analysis was used to analyze the direct pathway between maltreatment and self-compassion, and the effect on the pathway by adding the mediator of emotion dysregulation. Results are reported using unstandardized effect sizes (*b*) and lower and upper-limit confidence intervals (LLCI, ULCI) for the pathway and standardized effect sizes (*b*) and LLCI and ULCI for the mediator.

Examining the mediation of the pathway between *CTQ* emotional abuse and *SCS* self-kindness by total emotion dysregulation, the analysis found the direct, unmediated pathway to be significant, $b = -.33$, $t = -3.15$, $p = 0.002$, LLCI ULCI [-.54, -.12]. However, when the mediator, total emotion dysregulation, was entered into the model, the effect of *CTQ* emotional abuse on *SCS* self-kindness became non-significant, $b = -.02$, $t = -.22$, $p = .823$, LLCI ULCI [-.22, .18]. The indirect effect of total emotion dysregulation was $b = -.31$, LLCI ULCI [-.48, -.17] and fully mediated the effect of *CTQ* emotional abuse on *SCS* self-kindness. This mediated pathway can be seen in Figure 1.

Figure 1

DERS Total Fully Mediated the Pathway Between CTQ EA and SCS Self-Kindness



Direct effect of history of EA on Self-Kindness without mediation: effect size = $-.33$. $p < .01$. With mediator, Emotion Regulation, in model: effect size NS.

Discussion

The current study aimed to find associations between childhood maltreatment, self-compassion, and emotion dysregulation, both total scores and more specific components of each construct. First, the current study's findings that the more severe childhood maltreatment someone experiences, the more difficulty they will have with self-compassion was consistent with past research (Tanaka et al., 2011; Messman-Moore & Bhuptani, 2020; Zhang et al., 2021). It was suggested that looking at separate components of self-compassion rather than the score as a whole would be a practical next step (Messman-Moore & Bhuptani, 2020). The present study found significant negative correlations between emotional abuse and neglect and components of self-compassion, aligning with previous research on subtypes of maltreatment (Tanaka et al., 2011; Zhang et al., 2021).

Second, childhood maltreatment severity was positively correlated with emotion regulation difficulties in the current study. This is consistent with previous research finding that maltreatment is an established risk for later emotional problems (O'Mahen et al., 2014; Heleniak et al., 2015). Researchers O'Mahen et al. (2014) looked at maltreatment subtypes, relating neglect and sexual abuse most significantly with emotion dysregulation. This is interesting because it does not align with the current researchers' findings, which suggested that emotional abuse and total maltreatment were most positively correlated with difficulties in emotion regulation. This may be because of the smaller and not as generalizable sample that the current study used.

Third, as found in the current study, previous research suggested that self-compassion and emotion dysregulation were negatively correlated (Scoglio et al., 2018; Inwood & Ferrari, 2018; Himmerich & Orcutt, 2021). No previous research had examined how the components of self-compassion and aspects of emotion dysregulation relate. However, the current study found that all components and aspects have significant negative relationships.

Beyond correlational relationships, emotion dysregulation was investigated as a mediator between a history of childhood maltreatment and present levels of self-compassion. Two studies have examined a similar relationship, using self-compassion as the mediator (Vettese et al., 2011; Reffi et al., 2019). Researchers in the present study took a different approach and viewed emotion regulation skills as more basic processes that were required for self-compassion. The current study found that emotion regulation is a significant mediator in the case of a history of childhood maltreatment and present self-compassion levels. This is fascinating because previous researchers found that self-

compassion significantly mediated between past maltreatment and current emotion regulation difficulties (Vettese et al., 2011; Reffi et al., 2019).

Limitations

An important note is that the present study's sample size was limited. There were only 113 valid participants, which consisted mainly of psychology majors. There was very little diversity in this sample that is representative of any population other than the university's, as this school is a Predominately White Institution (PWI). It is possible that any of these sample limitations could have impacted results. The sample was also mostly female-identifying. Previous research has suggested that females are an excellent population for the collection of data on maltreatment history because more women show poor psychological adjustment compared to men who have also experienced childhood maltreatment (Messman-Moore & Bhuptani, 2020). This could be countered by the fact that 80% female is not representative of our population, so the research would not be generalizable.

Beyond the sample of this research, the measurement of the constructs through self-report surveys is also a limitation. People could easily be under or over-reporting on maltreatment, emotional regulation difficulties, or self-compassion scores. There is no way for researchers to avoid a self-report bias using these surveys, but it is something to consider when looking at this research.

Implications and Directions for Future Research

Extending the current findings using a larger and more representative sample would be helpful in future research. Beyond that, doing a more qualitative analysis in addition to the self-report surveys would be beneficial in explaining why these

connections exist and what about emotion dysregulation causes a mediation pathway between maltreatment and self-compassion. Discovering the reason behind the connections and mediation pathway would also help create a treatment for childhood maltreatment survivors through emotion regulation processes that facilitate greater self-compassion. Examining what kind of emotion regulation support maltreatment survivors need to create more self-compassion skills would also be a fascinating direction for further research. Workshops based on emotion regulation strategies for maltreatment survivors may help facilitate higher levels of self-compassion. However, more generalizable and qualitative research should be done before implementation.

Although the generalizability of the current results must be established by future research, the present study has provided clear support for the connections between childhood maltreatment, emotion dysregulation, and self-compassion as well their subtypes and components. Not only that, but the significant role emotion regulation can play as a mediator in terms of emotional abuse and self-kindness was found.

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Appendix A

Childhood Trauma Questionnaire (CTQ) (Bernstein, et al., 2003)

(1=Never True, 2=Rarely True, 3=Sometimes True, 4=Often True, 5=Very Often True)

When I was growing up...

1. I didn't have enough to eat.
2. I knew that there was someone to take care of me and protect me.
3. People in my family called me things like "stupid," "lazy," or "ugly."
4. My parents were too drunk or high to take care of the family.
5. There was someone in my family who helped me feel that I was important or special.
6. I had to wear dirty clothes.
7. I felt loved.
8. I thought that my parents wished I had never been born.
9. I got hit so hard by someone in my family that I had to see a doctor or go to the hospital.
10. There was nothing I wanted to change about my family.
11. People in my family hit me so hard that it left me with bruises or marks.
12. I was punished with a belt, a board, a cord, or some other hard object.
13. People in my family looked out for each other.
14. People in my family said hurtful or insulting things to me.
15. I believe that I was physically abused.
16. I had the perfect childhood.
17. I got hit or beaten so badly that it was noticed by someone like a teacher, neighbor, or doctor.
18. I felt that someone in my family hated me.
19. People in my family felt close to each other.
20. Someone tried to touch me in a sexual way, or tried to make me touch them.
21. Someone threatened to hurt me or tell lies about me unless I did something sexual with them.
22. I had the best family in the world.
23. Someone tried to make me do sexual things or watch sexual things.
24. Someone molested me.
25. I believe that I was emotionally abused.
26. There was someone to take me to the doctor if I needed it.
27. I believe that I was sexually abused.
28. My family was a source of strength and support.

Appendix B

Self-Compassion Scale (SCS) (Neff, 2003)

HOW I TYPICALLY ACT TOWARDS MYSELF IN DIFFICULT TIMES

Please read each statement carefully before answering. For each item, indicate how often you behave in the stated manner, using the following 1-5 scale. Please answer according to what really reflects your experience rather than what you think your experience should be.

- | Almost Never | | | | Almost Always |
|--------------|---|---|---|---------------|
| 1 | 2 | 3 | 4 | 5 |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |
| 11. | | | | |
| 12. | | | | |
| 13. | | | | |
| 14. | | | | |
| 15. | | | | |
| 16. | | | | |
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| 18. | | | | |
| 19. | | | | |
| 20. | | | | |
| 21. | | | | |
| 22. | | | | |

23. I'm tolerant of my own flaws and inadequacies.
24. When something painful happens I tend to blow the incident out of proportion.
25. When I fail at something that's important to me, I tend to feel alone in my failure.
26. I try to be understanding and patient towards those aspects of my personality I don't like.

1. Nonacceptance of emotional responses (NONACCEPT): 11, 12, 21, 23, 25, 29 2. Difficulty engaging in Goal-directed behavior (GOALS): 13, 18, 20R, 26, 33 3. Impulse control difficulties (IMPULSE): 3, 14, 19, 24R, 27, 32
4. Lack of emotional awareness (AWARENESS): 2R, 6R, 8R, 10R, 17R, 34R
5. Limited access to emotion regulation strategies (STRATEGIES): 15, 16, 22R, 28, 30, 31, 35, 36 6. Lack of emotional clarity (CLARITY): 1R, 4, 5, 7R, 9

Total score: sum of all subscales

**"R" indicates reverse scored item