

Mediating role of Dysfunctional attitudes in the Relationship between Childhood trauma and Marital satisfaction

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Abstract

The early childhood life experiences have been recognized as a significant predictor of various negative outcomes in adulthood, including relationship difficulties and diminished marital satisfaction. This study aimed to explore the mediating effect of dysfunctional attitudes in the association between childhood trauma and marital satisfaction. A sample of 91 married individuals (38 males, 53 females). The Dysfunctional Attitude Scale, Couple Satisfaction Scale, and Childhood Trauma Questionnaire were employed for data collection and analysis. The results revealed a direct detrimental effect of childhood trauma on marital satisfaction, irrespective of the level of dysfunctional attitudes. In conclusion, childhood trauma emerged as a potent predictor of diminished marital satisfaction, underscoring the critical need for interventions targeting individuals with such histories to enhance relationship quality.

Keywords: *Childhood trauma, relationship satisfaction, dysfunctional attitudes*

Introduction

Human life is an intricate blend of trying to strike a balance between our childhood aspirations and present world dynamics. Childhood, one of the most pivotal developmental and formative years of our existence, often gets scarred by the imprints of life altering events or incidents. Trauma, can be described as a lasting emotional response that results from experiencing distressing events as a child, such as neglect, abandonment, sexual

abuse, insecurity or even social issues like bullying and discrimination. Trauma, as being part of the growing years may influence our forthcoming relationships and interactions in some way or the other. The institution of marriage, while often woven in threads of love and interdependency, may get tangled in the bitter-sweet experiences of childhood. As a couple, two individuals thrive together within a marriage, their personal lives and lived experiences may have a direct or indirect influence on their overall shared relationship.

Marital satisfaction is characterized as a state in which couples meet each other's needs, fostering understanding, support, and endorsement from both partners. It is a psychological condition that requires concerted efforts from both individuals rather than emerging spontaneously. Notably, marital satisfaction tends to be precarious, particularly during the initial years of marriage, posing significant challenges to relationships if not talked through. Recognizing the impact of experiences of childhood trauma or abuse on adult relationships is essential to help individuals and couples, identify and address potential obstacles to establishing healthy and sustainable relationships.

While rigorous research evidence has asserted the pervasive and perpetual influence of childhood trauma on mental health (Carr et al., 2013; Norman et al., 2012). This influence further manifests into the interpersonal realm of individuals, extending into marital context eventually. Partners who experienced abuse or trauma often face difficulties in creating and maintaining secure attachment styles with their partners, often establishing challenges of trustful and fulfilling relationships (Norman et al., 2012). Childhood trauma scars can often lead to the adoption of maladaptive coping mechanisms and strategies, such as impaired communication styles and emotional regulation responses, which can in turn impede the development of a strong marital bond (Schumm et al., 2014; Whisman et al., 2006). While struggling to maintain the strands of their marital life, partners with experience of trauma may struggle with intense feelings of worthlessness or inadequacy of their partnership, contributing to a difficulty in supporting the needs of themselves or their partner (Paivio & Cramer, 2004). Additionally, it is imperative to acknowledge the implications of childhood trauma on marital life is not uniform across couples, as individual experiences, received support network, resolution of issues, therapeutic interventions, resilience factors may significantly alter the implications (Ruscio et al., 2002).

Extensive research has been conducted on the lasting effects of childhood trauma experiences and maltreatment on mental health and overall quality of life, as highlighted by Felitti et al. (1998). In the realm of intimate relationships, adverse experiences during childhood such as neglect, emotional, sexual or physical abuse, and familial dysfunction have been found to influence marital life, leading to increased marital suffering, disputes, and divorce (Felitti et al., 1998; Ford et al., 2014). The beliefs and feelings of both the partners have intricate implications on marital adjustment experience (REBT; Ellis, 1958, 2003; Ellis & Dryden 1997). Partners often tend to adopt negative and rigid attitudes which reinforce them with the musts, demands, absolute musts, needs, and have to, among other things (Dryden, 2009), as a result they suffer extreme pain and hurt, due to extreme ideas, such as awfulizing beliefs (thinking situations are terrible), beliefs characterized by a low threshold for frustration (thinking one can't bear particular situations), and depreciation beliefs (thinking oneself, others, or life are poor). Irrational thinking may result in dysfunctional and maladaptive emotions such as anxiety, unhealthy anger, sorrow, guilt, and shame when presented with a negative occurrence. These distorted views and negative biases may cloud one's experience of relationships, encouraging suspicion, resentment, and defensiveness (Baumeister et al., 2001). For example, a person who holds the dysfunctional thought "People I love inevitably leave me" may engage in dominating or aggressive behaviors in their marriage, tearing down the very closeness they seek.

The current study seeks to explore how dysfunctional attitudes mediate the relationship between childhood trauma and marital satisfaction. By conducting a thorough investigation and analysis, the present status seeks to determine the complex cognitive mechanisms that could link the results of early trauma to adult relationships, offering significant data for preventative and therapeutic intervention.

Review of Literature

Extensive research has focused on the influence of childhood trauma on adult intimate relationships and marital satisfaction. In their study, Gobout et al. (2020) examined the mediating role of mindfulness in the connection between childhood trauma and couple satisfaction. Their findings suggested that mindfulness played a significant role in mediating this relationship, particularly facets such as describing and non-judgement of inner experiences. Additionally, they observed that men tended to have lower levels of mindfulness and higher levels of childhood trauma compared to women.

In addressing the challenges faced by couples dealing with PTSD, Monson et al. (2012) investigated the effectiveness of cognitive-behavioral conjoint therapy (CBCT). Their study revealed notable improvements in both PTSD symptoms and relationship satisfaction among couples who underwent CBCT, highlighting the importance of integrating therapeutic interventions for PTSD within the context of improving relationship dynamics.

Understanding the predictors of marital conflicts is crucial in therapeutic interventions. Sedaghatkhan et al. (2022) explored the role of dysfunctional attitudes and emotion regulation in predicting marital conflicts. Their findings indicated a significant positive correlation between dysfunctional attitudes and marital conflicts, with emotion regulation playing a mediating role, underscoring the importance of addressing these factors in marital therapy.

The influence of childhood trauma on empathic accuracy and marital satisfaction can be substantial. Maneta et al. (2015) found that childhood traumatic experiences were associated with both individual and partner marital satisfaction. Moreover, the mediation of empathetic accuracy concerning negative

emotions underscores the intricate relationship between childhood emotional abuse and marital satisfaction, elucidating the multifaceted dynamics between early experiences and adult intimate relationships.

For veteran couples grappling with PTSD, Pukay-Martin et al. (2022) examined the efficacy of CBCT as a therapeutic intervention. Their research illustrated notable reductions in PTSD symptoms and enhancements in relationship satisfaction among participants who underwent CBCT, underscoring the promising advantages of this intervention for veteran couples grappling with PTSD.

Even among married students, couple focused cognitive-behavioral (CBCT) has shown promise. Soltaninezhad et al. (2021) found that CBCT led to reductions in dysfunctional attitudes and improvements in marital adjustment among married students, highlighting its effectiveness in addressing relationship challenges within this population.

Childhood maltreatment may also contribute to the development of dysfunctional attitudes and depression, especially in individuals with a trauma history. In their study, Jugessur et al. (2021) noted connections between childhood trauma, dysfunctional attitudes, and depression, highlighting the importance of addressing childhood trauma in therapeutic interventions aimed at addressing dysfunctional beliefs and depression.

Lastly, dysfunctional relationship beliefs have been connected to marital conflict. Möller et al. (2001) explored this association in a non-Western context, finding a positive correlation between dysfunctional beliefs and marital conflict, thus emphasizing the importance of addressing these beliefs in marital therapy. Collectively, these studies highlight the intricate interplay between childhood trauma, PTSD, dysfunctional attitudes, and marital satisfaction, with the effectiveness of interventions such as CBCT in addressing these complex issues within intimate relationships.

Methods

Aim

To explore how dysfunctional attitudes mediate the link between childhood trauma and marital satisfaction.

Hypothesis

H1: Childhood Trauma brings about the development of Dysfunctional Attitudes, which in turn affects Marital Satisfaction

Participants

For the study, a non-probability convenience sample of English-speaking adults, aged between 30-70 years was recruited. The participants were invited for the study using Google form invitations and were informed of a digital survey about trauma, attitudes and marital satisfaction. The eligibility criteria for the study was included, currently married for five years as the minimum. Interested participants were encouraged to click on a hyperlink, leading to a brief questionnaire exploring childhood trauma, dysfunctional attitudes and marital satisfaction. The study initially collected 115 responses, where 91 participants met the inclusion criteria and further processed to participate in the study.

Procedure

The data was collected using three instruments, Trauma History Screen by Carlson et al., Dysfunctional Attitude Scale by Weissman and Beck, Couples Satisfaction Index by Funk and Rogge. Google forms were chosen as the appropriate mode for circulating the questionnaires. The instruments were digitized and converted into Google forms for the participants to fill. The final forms were circulated among the participants via social media platforms. The instructions and eligibility criteria, both, were mentioned in the forms itself. All the respondents were informed about the purpose of the study, the voluntary nature of the study and the fact that they can discontinue at any point of time. It was also made sure that the participants knew that their responses were confidential and were only being used for

academic purposes. Finally, after all the data was collected, the forms were analyzed and interpreted using statistical tools.

Measures

The self-report measures included in the study are presented below.

Dysfunctional Attitudes. The Dysfunctional Attitude Scale, authored by Weissman and Beck (1978) is a measure of dysfunctional attitudes, assessing 8 areas and attitudes of couples in values such as approval, love, achievement, perfectionism, entitlement, omnipotence, and autonomy. It has 35 items and is a self-reporting questionnaire which has a degree of agreeableness from strongly agree to disagree very much. A positive score in a subset represents an area where you are psychologically strong and vice versa.

Marital Satisfaction. Couple Satisfaction Scale (Fincham & Bradbury, 1987) is a 32-item scale designed to measure one's satisfaction in a relationship. The scale comprises various items with diverse response scales and formats. Additionally, the authors have indicated that the scale can be condensed to either a 16-item or even a 4-item format, depending on the requirements of the researcher.

Childhood Trauma. Childhood trauma experiences were assessed using the Childhood Trauma Questionnaire (CTQ), a 70-item self-administered inventory developed by Bernstein and colleagues (Bernstein & Fink, 1998; Bernstein et al., 1994). The CTQ employs multiple Likert-type items to construct dimensional scales, thereby improving reliability and statistical power. In response to the need for a more time-efficient screening tool for maltreatment histories, efforts were made to develop a shortened version of the CTQ that could be completed in under 5 minutes by individuals, facilitating rapid screening in both clinical and non-referred populations.

This abbreviated version of the scale aimed to address some of the limitations associated with the longer form. The CTQ assesses childhood

and adolescent experiences through items rated on a 5-point Likert-type scale, ranging from "Never True" to "Very Often True." It comprises five clinical scales—physical, sexual, and emotional abuse, as well as physical and emotional neglect—derived empirically.

Results

The data was analyzed using the SPSS version 27 software and fulfilled the criteria for normality. The normality was assessed using the Shapiro-Wilk test. Mediation analysis was analyzed using AMOS ver 24, Andrew Hayes Process macro ver 4.5. A sample size of 91 married people (married males (N=38) and females (N=53)).

Table 1

Path coefficients of the correlation between childhood trauma and marital satisfaction mediated by dysfunctional attitude

Mediator variable					Dependent variable				
M (Dysfunctional attitude)					Y(Marital satisfaction)				
	Unstd. Coeff			Std. Coeff					Std. Coeff
Antecedent		SE	p			Coeff	SE	p	
X (Childhood Trauma)	a					-			
	-0.622	0.608	0.36	-0.107	c'	1.723	0.636	0.007	-0.273
M (Dysfunction total)									
					b	0.166	0.11	0.291	0.107

The association between childhood trauma (X) and dysfunctional attitude (M) is characterized by a negative association. The unstandardized coefficient for this path (a) is -0.622 (SE = 0.608, $p = 0.360$), indicating a non-significant effect. However, the standardized coefficient (-0.107) suggests that as childhood trauma increases, dysfunctional attitude tends to decrease, albeit to a small degree.

When assessing the impact of childhood trauma (X) on marital satisfaction (Y) while controlling for dysfunctional attitude (M), the

unstandardized coefficient for path c' is -1.723 (SE = 0.636, $p = 0.007$). This negative and significant effect (-0.273 standardized coefficient) implies that childhood trauma exerts a substantial direct negative influence on couple satisfaction, even when the level of dysfunctional attitude is held constant.

Regarding the relationship between dysfunctional attitude (M) and marital satisfaction (Y) (path b), the unstandardized coefficient is 0.166 (SE = 0.11, $p = 0.291$), indicating a non-significant effect. The

standardized coefficient (0.107) suggests a positive but weak association between dysfunctional attitude and marital satisfaction, although this relationship does not reach statistical significance.

The results indicate that childhood trauma has a direct negative impact on marital satisfaction, independent of its association with dysfunctional attitude. While dysfunctional attitude may

mediate the link between childhood trauma and couple satisfaction, its direct impact on satisfaction does not reach statistical significance. These findings emphasize the intricate nature of the relationship among childhood trauma, dysfunctional attitude, and marital satisfaction, indicating a necessity for additional research and intervention strategies to comprehend and address these complex dynamics within intimate relationships.

Figure 1
Mediation analysis diagram

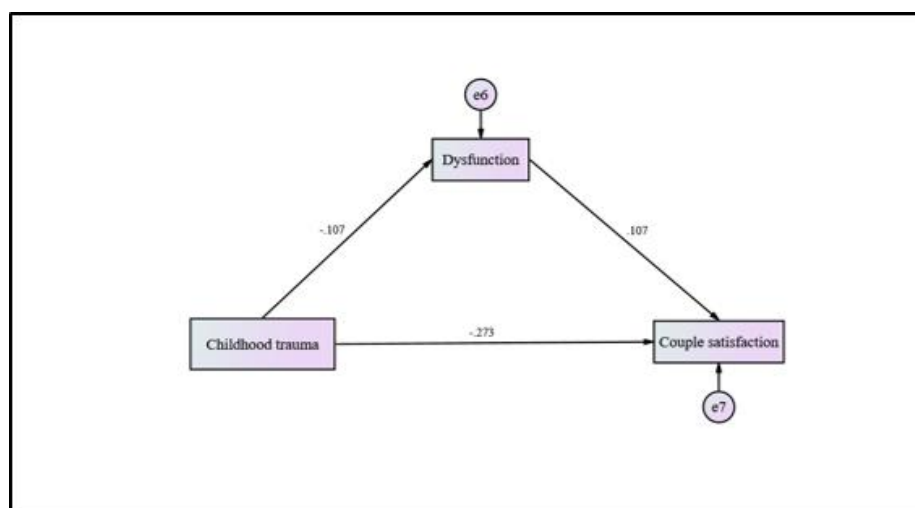


Table 2
Direct, indirect (mediation) and total effects on couple satisfaction

	Direct effect (c')			Indirect (mediation effect (ab))			Total effect (c = c'+ab)		
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Mediator variable	Coeff	SE	p	Coeff	SE	p	Coeff	SE	p
dysfunctional attitude {total}	-1.723	0.759	0.028	-0.072	0.104	0.212	-1.795	0.756	0.024

Table 2 shows the direct, indirect (mediation), and total effects on marital satisfaction which were assessed with regard to childhood trauma (X), dysfunctional attitude (M), and marital Satisfaction (Y). The findings are summarized as follows:

Direct Effect (c'): The effect of childhood trauma (X) on Couple Satisfaction (Y), while controlling for dysfunctional attitude (M), was statistically significant (coefficient = -1.723, SE = 0.759, $p = 0.028$). This suggests that childhood trauma has a direct negative impact on couple satisfaction, even when the degree of dysfunctional attitude is held constant.

Indirect Effect (Mediation Effect): The indirect effect, representing the mediation effect of dysfunctional attitude (M) on the association between childhood trauma (X) and Couple Satisfaction (Y), was not statistically significant (coefficient = -0.072, SE = 0.104, $p = 0.212$). This suggests that dysfunctional attitude does not play a significant mediating role in the connection between childhood trauma and couple satisfaction.

Total Effects (c): The total effect of childhood trauma (X) on Couple Satisfaction (Y), considering both the direct effect and the indirect effect through dysfunctional attitude (M), was statistically significant (coefficient = -1.795, SE = 0.756, $p = 0.024$). This implies that childhood trauma has a substantial negative impact on couple satisfaction, regardless of the presence of dysfunctional attitude as a mediator.

The results indicate that childhood trauma has a significant direct effect on couple satisfaction, independent of dysfunctional attitude. Although dysfunctional attitude doesn't seem to serve as a mediator in the connection between childhood trauma and couple satisfaction, the combined direct and indirect effects highlight the detrimental influence of trauma during childhood on relationship quality. These findings underscore the significance of addressing childhood trauma in interventions aimed at promoting healthy couple dynamics

and improving overall satisfaction in relationships.

Discussion

The findings of the study illuminate on the intricate interplay between childhood trauma, dysfunctional attitude, and marital satisfaction within intimate relationships. The discussion of these results underscores several key points:

Direct Impact of Childhood Trauma on Marital Satisfaction

The analysis reveals a significant negative direct impact of childhood trauma on marital satisfaction, even when controlling for the level of dysfunctional attitude. This suggests that the impact extends beyond its association with dysfunctional attitude and directly influences the quality of marital relationships. This finding emphasizes the need for interventions targeting childhood trauma to improve overall relationship satisfaction among couples. This finding is in accordance with prior research highlighting sexual abuse as a significant factor influencing feelings of being unloved and invalidation, conversely reinforcing the individual in an obsessive pursuit of external validation, emotional fulfillment and professional accomplishment (Briere & Elliott, 1997). The imprints of physical neglect from childhood may contribute to internalized feelings of lack of self-worth, workaholic tendencies and perfectionism, as potential mechanism to cope with lack of affirmative acceptance and validation in their growing years (Cole & Cole, 2001; Bland, Lambie & Best, 2018).

Limited Mediation by Dysfunctional Attitude

Despite the hypothesis that dysfunctional attitude would mediate the link between childhood trauma and marital satisfaction, the findings reveal an insignificant indirect effect. This implies that dysfunctional attitude might not entirely clarify the adverse influence of childhood trauma on marital satisfaction. Additional factors unexamined in the study, such as coping strategies or personal resilience, could

potentially contribute to this association. Further investigation is warranted to uncover additional mediators that could elucidate how childhood trauma impacts marital satisfaction.

Total Effect of Trauma during Childhood on Marital Satisfaction

The total effect analysis demonstrates a significant adverse effect of childhood trauma on marital satisfaction, considering both the direct and indirect pathways through dysfunctional attitude. This highlights the overall detrimental influence of trauma during childhood on relationship quality and emphasizes the importance of addressing childhood trauma in interventions aimed at improving couple dynamics and relationship satisfaction.

Complexity of the Relationship Dynamics

The results highlight the complexity of the relationship dynamics involved in the link between trauma during childhood, dysfunctional attitude, and marital satisfaction. While dysfunctional attitude may play a crucial part in this relationship, its influence appears to be weaker than anticipated. This suggests that other factors, such as individual coping strategies, communication patterns, or socio-cultural influences, may also collaborate to the observed outcomes. This finding is similar with prior research highlighting, individuals who experience neglect often experience difficulty in establishing and maintaining secure relationships with their partners (Johnson et al., 2022). Future research should consider a more comprehensive approach to examine these multifaceted dynamics. Childhood trauma is found to be significantly contributing to dysfunctional emotional regulation and ineffective styles of communication, detrimental in feeling fulfilled in a marital bond (Cole & Cole, 2001).

Implications for Interventions

The findings have significant applications for clinical practice and intervention strategies aimed at promoting healthy couple dynamics and improving overall satisfaction in relationships. Addressing childhood trauma directly in therapeutic interventions may be crucial for enhancing marital satisfaction and fostering healthier relationship outcomes. Moreover, interventions targeting dysfunctional patterns within couples should consider the broader context of trauma during childhood and its potential impact on relationship dynamics.

The study's findings suggest that childhood trauma negatively impacts dysfunctional attitudes and marital satisfaction. Given this, cognitive-behavioral therapy (CBT) interventions aimed at improving self-regulation skills and executive function may offer promising avenues for mitigating the adverse effects of trauma during childhood on mental health and relationship outcomes (Lee & Brown, 2022; Murray et al., 2015).

The limitations of the study include, the data was self-reported which may be subject to recall bias and social desirability effects. Additionally, a predominantly female, urban sample hinders generalizability, replication with diverse demographics, including men and rural residents, is necessary. Caution is warranted due to the limited sample representation, suggesting the need for larger, more representative samples. Future studies are warranted to explore interactions between childhood trauma, dysfunctional attitudes, and marital satisfaction, expanding to include diverse relationship types, longitudinal studies, and cultural considerations for effective interventions.

As childhood trauma casts a cloud over adult relationships, it becomes paramount to understand its pervasive influence on dysfunctional attitudes and marital satisfaction. Interventions at the individual and couple levels are critical, with an emphasis on therapeutic approaches that address trauma, improve healthy coping mechanisms, and foster effective communication skills within the dynamic.

Mental health professionals and couples therapists must liaise to provide comprehensive assistance, supporting healing and resilience in intimate relationships affected by imprints of childhood.

Conclusion

This study illuminates the intricate link between childhood trauma, dysfunctional attitudes, and marital satisfaction within intimate relationships. The findings underscore the enduring impact of childhood experiences on adult relationship dynamics, emphasizing the need for tailored interventions. Integrating cognitive-behavioral therapy (CBT) approaches into therapeutic interventions can offer effective strategies for addressing dysfunctional attitudes and fostering healthier communication patterns (Durães et al., 2020). Moving forward, it is crucial to continue exploring these complex dynamics across diverse populations and relationship types to inform more targeted interventions. By addressing childhood trauma and dysfunctional attitudes, we can pave the way for healing, resilience, and ultimately, greater fulfillment within closer connections.

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