

Moderating Role of Psychological Distress in the Relationship between Childhood Trauma and Relationship Quality

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Abstract

Background: One of the factors related to the quality of couple relationships is childhood trauma.

Objectives: The present study aimed to determine the moderating role of psychological distress in the relationship between childhood trauma and relationship quality.

Methods: The current study was conducted based on a descriptive-correlational design. The statistical population included all married people over 18 years old in 2022. The sample size was calculated at 444 subjects who were selected from the statistical population via the available sampling method. Due to the spread of the omicron subvariant of COVID-19, sampling was performed online. The link of the questionnaires, which contained Bernstein's childhood trauma questionnaire (2003), Kessler's psychological distress (2002), and Pierce's relationship quality (1991), was provided to participants on WhatsApp and Telegram virtual networks, and they were asked to answer the questionnaires. The analysis method was correlation and Hayes regression, and the data were analyzed in SPSS software (version 21).

Results: The results of the study pointed out that childhood trauma and psychological distress have a significant role in predicting relationship quality, and the interaction effect of childhood trauma and psychological distress on relationship quality was also significant ($\beta=0.172$; $P<0.01$). The rate of Coefficient Of Determination ($R^2_{\text{change}}=0.0257$; $F=21.58$) was significant, indicating the significant role of the moderator variable ($P<0.01$).

Conclusion: As evidenced by the obtained results, psychological distress moderates the relationship between childhood trauma and the quality of relationships. That is to say, the high or low levels of psychological distress in people with childhood trauma determine the qualitative levels of relationships in married people.

Keywords: Childhood trauma, Psychological distress, Relationship quality

1. Background

One of the most crucial issues in interpersonal relationships is the quality of the relationship, and identifying the factors affecting it is of utmost importance. Relationship quality refers to the quality of marriage, marital satisfaction or dissatisfaction, marital characteristics, and marital conflict, which is a significant indicator in family and developmental research (1). From the perspective of the marital compatibility approach, the quality of the relationship includes the communication characteristics of the couple, including dialogue (expressive behaviors during interaction, including care, warmth, disagreements, and control) and intimacy (emotional closeness of one partner to another partner) (2). Recent research has put an emphasis on the importance of good relationship quality between partners for health, life satisfaction, and well-being (3). Moreover, they regard the negative aspects of the relationship, including criticism, extreme demands, and Crushing each other's nerves, as factors that can endanger people's health (4). Based on related studies, the levels of interpersonal interactions and relationships are affected by several factors, among which we can refer to childhood trauma and psychological distress.

According to the World Health Organization (5), childhood abuse refers to all forms of emotional,

sexual, and physical abuse, as well as emotional and physical neglect, under the age of 18. These issues lead to potential or actual harm to the health, survival, growth, and dignity of the individual in the context of relationships that involve responsibility, trust, and power. These misbehaviors occur in early relationships, and early interactions with important people in life can predict future compatibility or incompatibility in interpersonal relationships. Most of the theories presented in the field of intra-family and interpersonal relationships have highlighted the effective role of interactions between family members in childhood on one's behavior in adulthood and interpersonal relationships (6). Adults with a history of these abuses experience various interpersonal problems, such as mistrust, feeling distant from their partner, and self-sacrifice. They are characterized by such traits as low self-esteem, high interpersonal sensitivity (7), and low self-efficacy (8).

The results of the study by Zamir (2) demonstrated that all types of childhood trauma are generally associated with lower-quality relationships in men and women. The results of a study (9) on cumulative childhood trauma and marital satisfaction pointed out that people with childhood psychological trauma have low levels of marital satisfaction. Moreover, another study (10) on childhood trauma and couple functioning among women suggested that adult attachment, emotion regulation problems, and

depression symptoms act as potential mediators between childhood trauma and various types of couples functioning in the future. The experience of these abuses leaves long-term effects, including emotional, cognitive, and biological symptoms. Compared to the general population, intimate relationships between those who experienced childhood abuse are less stable and of lower quality, and the levels of stress and divorce in these relationships are higher (11). The association between people's mental health and couples' functioning has been extensively studied in both clinical and nonclinical populations. The results of these studies pinpointed that people's mental health may or may not affect romantic relationships (12). Psychological distress can be considered a chain, the beginning of which is mental health and the end of which is mental illness (13). Emotional distress includes unpleasant mental conditions, such as depression, anxiety, and stress, including both emotional and physiological symptoms (14).

Features of depression include apathy, sadness, and hopelessness, while the features of anxiety include restlessness and tension, with such physical symptoms as insomnia, headaches, and lack of energy (15). Symptoms, such as depression, anxiety, and tension, can affect mental health, interfere with daily activities, and lead to cognitive decline (16). These unpleasant feelings and emotions emerge as the most important feature of psychological distress in people who are unable to solve problems successfully, and people tend to ignore them (17). Since they are unable to effectively deal with pressures and threats, they are plagued with emotional storms (15) and instead use ineffective coping strategies, such as self-blame and self-destruction, that are problematic for their mental health. (18), or they use incompatible strategies to solve problems (19). For example, men respond to psychological stress by resorting to aggressive behavior, showing anger, screaming, and raising their

voices (20). Women who experience high levels of distress, show more marital stress. (21) and are more likely to be dissatisfied, sad, hopeless, anxious, and depressed, and therefore less satisfied with their lives (17). Studies have pointed to a negative association between psychological distress and relationship quality in couples (22,23). Research literature review show that, compared to couples without depression, couples with depressed partners had negative relationships, such as blaming, withdrawing, and verbal aggression accounting for a high percentage. Meanwhile, positive behaviors, such as self-disclosure, problem-solving, smiling, and eye contact, were found less frequently (24).

Furthermore, high levels of depression and anxiety are associated with lower relationship satisfaction in nonclinical samples (12). Consequently, stress can lead to poor relationship outcomes by disrupting family routines and limiting social activities and emotional responses (24). Experts believe that people who cannot control their emotional reactions to life events suffer more from these psychological traumas than others (25). Carlson's interpersonal theory attributes mental health problems to interaction patterns. The disorder is considered incompatible behavior due to dissatisfaction with past or present relationships, increasing the likelihood of problems in intimate relationships (21). While mental health plays a decisive role in marital satisfaction and is a predictor of marital satisfaction (26), attention to psychological distress and its treatment increases the quality level of interpersonal relationships (15)

2. Objectives

In light of the aforementioned issues, the present study aimed to determine the moderating role of psychological distress in the relationship between childhood trauma and the quality of interpersonal relationships.

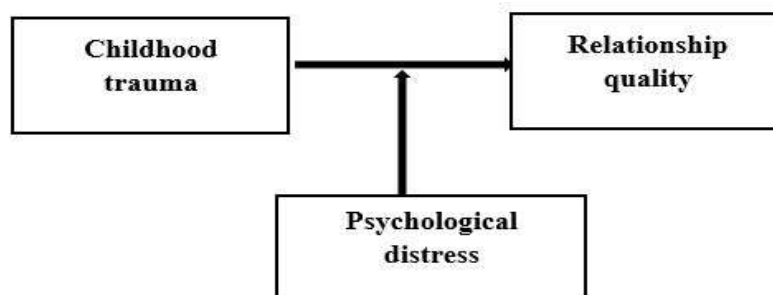


Figure 1. Conceptual model of research

3. Methods

The present study was conducted based on a descriptive-correlational design. The study population included all married people within the age range of 20-60 years in Tehran from 2021-

2022. This study was conducted using an available sampling method with at least 10 observations per predictor variable (27), including 38 observations. The sample size was calculated at 380 cases, and 444 subjects were selected to account for sample attrition. The inclusion and exclusion criteria are

fully explained. The conditions for joining the plan included married people aged 18 or over who had been married for at least one year, and the criteria for withdrawing from the project were those who filed for divorce.

Firstly, the participants entered the research through an invitation to the research plan, which included the inclusion and exclusion criteria and the consent form to participate in the project. Questionnaire link, <https://docs.google.com/forms/d/e/1FAIpQLSftiWhCqI3DXvs1tP2TWYRABT3YGSolwfOKulstwGge2mZfA/viewform?usp=sf>, was provided to participants in the virtual space, especially in Telegram and WhatsApp groups, which included housewives, employees, and students. After entering the demographic information, they answered the questions of the questionnaires and left none of the questions unanswered.

Research instruments

Childhood Trauma Questionnaire: It was published by Bernstein et al. in 2003. The questionnaire comprises 28 questions in five domains: emotional abuse, physical abuse, sexual abuse, mental neglect, and physical neglect. In this questionnaire, each question is rated on a 5-point Likert scale. Questions 5, 7, 13, 19, 28, 2, and 26 are reversely scored. All subscales can, therefore, vary between 5 and 25, and the score of the whole questionnaire ranges from 25-125, with a higher score indicating a greater exposure to child abuse. Cronbach's alpha coefficients on emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect were obtained at 0.87, 0.86, 0.95, 0.89, and 0.78, respectively. Moreover, its concurrent validity with evaluators' rating of the amount of childhood traumas has been reported in the range of 0.59-0.78 (28). In the study by Shahab et al. (29), the reliability coefficient of Cronbach's alpha method was 0.92. In the research by Shohrati & Nemattavosi (30), the reliability of the questionnaire was obtained by calculating Cronbach's alpha coefficient of 0.95. In the present study, Cronbach's alpha coefficient for each of its five components was high and between 0.70 and 0.80, suggesting the appropriate reliability of the tool.

Kessler psychological distress questionnaire: This 10-item scale was developed by Kessler et al. in 2003. Responses are on a 5-point Likert scale with all the time = 4, most of the time = 3,

sometimes = 2, rarely = 1, and never = 0. The range of the scores is between 0 and 40, with higher scores indicating more distress (31). Yaqoubi (32) reported the reliability coefficient of the questionnaire using Cronbach's alpha method of 0.83, and the reliability coefficient of Split-Half and Spearman-Brown was 0.91. In a study (33), reliability was reported using Cronbach's alpha of 0.89, and its construct validity was also obtained using other structural models of about 0.53. In this research, reliability was obtained using Cronbach's alpha method of 0.95.

Pierce Relationship Quality Questionnaire: This questionnaire was developed by Pierce et al. in 1991. This 25-item scale consists of three subscales: perceived social support (7 items), interpersonal conflict (12 items), and relationship depth (6 items). The items are rated on a four-point Likert scale (none: score 1, low: score 2, medium: score 3, and high: score 4). A score between 25 and 50 indicates low relationship quality, a score between 50 and 62 denotes average relationship quality, and a score above 62 signifies high relationship quality. Internal consistency coefficients using Cronbach's alpha for each subscale of the original sample were reported as 0.85, 0.91, and 0.84, respectively (34). In their study, they reported the reliability of this questionnaire using Cronbach's alpha of 0.92 (35). In another study, Cronbach's alpha coefficient ranged from 0.733-0.826 (36). In this research, reliability was obtained by Cronbach's alpha method for each of the subscales between 0.80 and 0.90.

4. Results

Demographic results demonstrated that among the 444 participants, 237 (53.4%) were female and 207 (46.6%) were male. Regarding age, 7 (1.6%) participants were ≤20 years old, 77 (17.3%) cases were 21-30 years old, 193 (43.5%) subjects were 31-40 years old, 136 (30.6%) cases were 41-50 years old, and 31 (0.7%) subjects were 51-60 years old. Moreover, the level of education of 48 (10.8%) participants was a diploma or lower, 53 (11.9%) cases had an associate's degree, 188 (42.3%) subjects had a bachelor's degree, 133 (30.0%) cases had a master's degree, and 22 (0.5%) subjects had a Ph.D. degree.

Table 2. Correlation coefficients, mean, and standard deviation between research variables

Variables	Mean	SD	1	2	3
1. Relationship quality	67.61	7.687	-		
2. Childhood trauma	48.10	14.69	-0.529**	-	
3. psychological distress	22.75	9.378	-0.639**	0.562**	-

*P<0/05 **P<0/01

As illustrated in Table 2, the relationship between childhood trauma and relationship quality is negative

distress and relationship quality is negative and significant ($P>0.0$ -0.639).

Table 3. Data normality test and collinearity between variables

Variables	SK	KU	t	VIF
Relationship quality	0.255	-0.123	-	-
Childhood trauma	0.997	0.816	0.684	1.462
Psychological distress	0.361	0.388	0.684	1.462

*P<0/05 **P<0/01

Before using regression analysis, the distribution of data was tested with the indicator of concordance with the assumptions of the test. According to Table 3, in examining the assumptions of the test, the values of skewness and kurtosis of all components were in the range of ± 2 , and this finding indicates that the assumption of normality of univariate data distribution among the data is valid (37). Table 3 illustrates that the assumption of kurtosis between the data from the current research is justified since the values of the tolerance coefficient of the predictor variables are greater than 0.1, and the variance inflation factor values of each of them are smaller than 10. According to Myers, Gamest, and Guarin (38), a tolerance coefficient less than 0.1 and a variance inflation factor value higher than 10 indicate that the assumption of collinearity is not established. In addition, the assumption of normality of the multivariate data distribution was explored by analyzing information related to the

Mahalanobis distance, and the Mahalanobis distance value was 12.072 compared to the critical value of 13.816, suggesting that the data are normally distributed.

Since the mentioned index in the current research was equal to 2.06 and between 1.5-2.5, it can be stated that this assumption has been met, and the data has the conditions for using regression analysis. To investigate the moderating role of psychological distress in the relationship between childhood trauma and relationship quality, linear regression analysis and Hayes process supplement were used, and the data were analyzed in SPSS software (version 21). Moreover, the Durbin-Watson index was used to evaluate the establishment/non-establishment of the assumption of independence of error variances among predictor variables.

Table 4. Hayes regression analysis to determine the moderating role of psychological distress in the relationship between childhood trauma and relationship quality

Variable	F	P	R	R ²	β	SE	T	p-value
Gender					0.019	0.069	0.277	0.781
Age					0.033	0.039	0.854	0.393
F-Statistic					-0.014	0.163	-0.091	0.927
Childhood T	80.105	0.001	0.691	0.477	-0.346	0.046	-7.417	0.001
Psychological D					-0.426	0.0044	-9.546	0.001
Childhood T* psychological Dis					0.172	0.037	4.646	0.001

Based on Table 4, to control the influencing variables on the criterion variable, gender and age variables were checked first. The results demonstrate that gender and age have no significant role in explaining the criterion variable ($P < 0.05$). To determine the moderating role of psychological distress in the relationship between childhood trauma and relationship quality, we first investigated the role of childhood trauma and psychological distress on relationship quality. The results of the regression analysis pinpointed that childhood trauma ($\beta = -0.346$; $P < 0.01$) and psychological stress ($\beta = -0.426$; $P < 0.01$) play a significant role in the prediction of relationship quality.

The interactive effect of the role of childhood

trauma and psychological stress on relationship quality was also significant ($\beta = 0.172$; $P < 0.01$). The recognition coefficient ($R^2_{\text{change}} = 0.0257$; $F = 21.58$) was significant at a level less than 0.01, indicating the significance of the role of the moderator variable, and psychological distress explains 25.7% of the variance in relationship quality. The significant interactions mentioned illustrated that the association between childhood trauma and relationship quality varies by level of psychological distress (high, medium, and low), and the degree of association between childhood injury and relationship quality depends on the degree of psychological stress. Interactions between childhood trauma, psychological stress, and relationship quality are depicted in Figure 1.

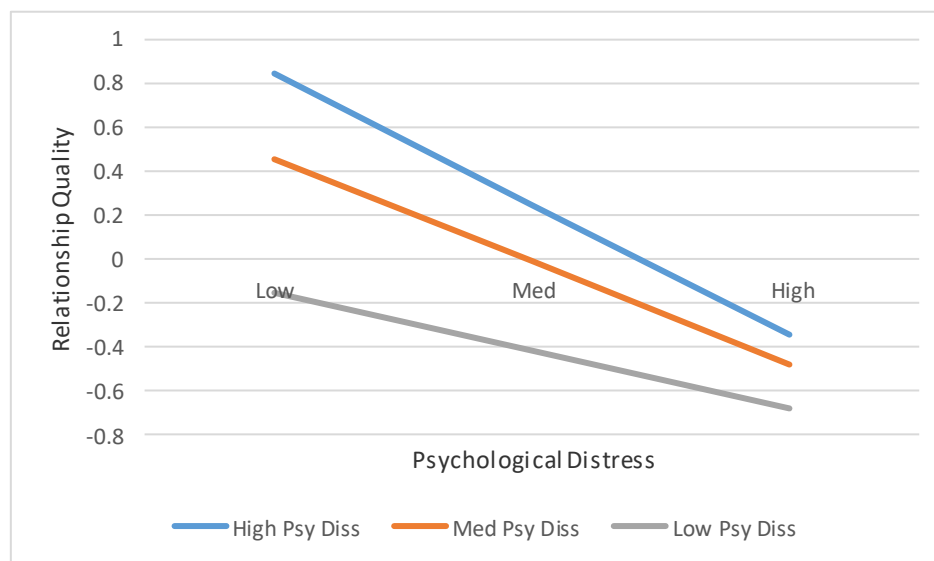


Figure 1. Interaction between childhood trauma and psychological distress in the prediction of relationship quality

As displayed in Figure 1, the negative association between childhood trauma and relationship quality is higher in people with high levels of psychological distress and lower in those with low levels of psychological distress.

5. Discussion

The present study aimed to determine the moderating role of psychological distress in the relationship between childhood trauma and relationship quality in married people. The results pointed to a negative and significant relationship of childhood trauma and psychological distress with the quality of interpersonal relationships. Moreover, childhood trauma and psychological distress play a vital role in predicting the quality of relationships, and psychological distress plays a moderating role in the relationship between childhood trauma and relationship quality. Since no studies have examined the mediating role of psychological distress in the association between childhood trauma and relationship quality, the findings are presented under the theoretical basis of the study and implicitly with some studies.

The results of this research confirmed the moderating role of psychological distress in relationship quality. In other words, the interaction between childhood trauma and psychological distress is a predictor of relationship quality. This finding is consistent with the results of previous research (22). This finding is explained based on the model of adaptation of spouses to stressful events, which emphasizes the two-sided effects of interpersonal psychological distress and its effects on the quality of the relationship between the individual and the life partner. It can be stated that

the emotional distress of the spouse who has experienced a stressful event increases the psychological distress of the other party, and a phenomenon called psychological trauma can occur again. This phenomenon may occur with various mechanisms, including chronic stress caused by living with a person suffering from psychological distress or identification with the traumatic experiences of the first person.

In addition, the second psychological trauma has a two-way effect, and the emotional distress of the second partner can continuously aggravate the distress of the first person. This model assumes that the physiological arousal caused by emotional distress disrupts the quality of relationships due to excessive violence, withdrawal, avoidance of intimacy, and aggressive behaviors. These behaviors prevent the other partner's need for security and disrupt the quality of interpersonal relationships (39). As a result, the combination of these factors creates a negative emotional cycle within them, reducing their ability to adapt to situations and solve problems. Conflict and tension in the relationship affect the quality level of relationships in couples. Victims of childhood abuse have more negative emotions than those without childhood trauma. They have more difficulty dealing with psychological distress (40). These people's avoidance patterns limit their ability to interact and increase conflict. For this reason, cognitive, behavioral, and emotional factors caused by this trauma can automatically overshadow the relationship environment and its quality at both the personal and interpersonal levels, leading to a decrease in the quality of individual's relationships (41).

In explaining this finding, it can be stated that initial interactions play a major role in the compatibility or incompatibility of people in

interpersonal relationships in the future. In addition, since the feeling of mistrust in these people is high due to the sense of insecurity in the initial relationships, with a sense of control and dominance in the relationship, they seek to dominate the relationship (2), leading to the lack of intimate relationships, ineffective communication, and less relationship stability (42). These characteristics, including dominance, ineffective communication, and withdrawal as unhealthy strategies, cause functional inefficiency in people (18). Since individuals with a history of childhood trauma have low self-efficacy, they are more likely to engage in aggressive behaviors that increase the risk of relationship conflict and tension (8). Due to cognitive defects and biased perceptions, they perceive any behavior from the spouse as biased, which can increase the intensity of tension in the relationship and reduce the quality of interpersonal relationships (11).

The results of this research are in agreement with some studies that assessed the negative relationship between psychological distress and the quality of relationships (23,22). Based on this, it can be explained that the most crucial feature of psychological distress is unpleasant feelings and such states as depression, anxiety, and tension, which affect people's daily performance and cognitive functions (16) mostly observed in stressed people. When struggling with and overcoming stress, they are unable to find solutions to their problems and resort to ineffective coping strategies, such as self-blame and self-destruction (18). This problem has caused people to get stuck in a cycle of negative emotions, and a lack of control over emotions causes disruption in relationships, limits social activities, and leads to adverse consequences in relationships. In another explanation, it can be argued that men are trying to control their distress with destructive behaviors, such as substance abuse or anger and aggression (20), which is an inconsistent strategy for solving problems. They tend to ignore their responsibility for problems, and instead of addressing them, they engage in destructive behaviors that damage the relationship. On the other hand, women cannot establish a sincere relationship and provide emotional support to their husbands when faced with distress since the overwhelming feelings of sadness, disappointment, anxiety, and depression cause dissatisfaction with life (17).

Therefore, in such a situation, spouses are incapable of empathy, are faced with suffering, and create negative emotional reactions on the other side. This unhealthy cycle increases the intensity of tension and conflict, causing each couple to pay more attention to their spouse's negative qualities and view the problems as catastrophic, drastically reducing the relationship quality. To overcome

study limitations, we recommend the use of longitudinal studies to examine temporal relationships between variables and other tools, such as interviews, to collect data. At the level of clinical interventions, it is suggested to pay attention to increasing the quality level of relationships between spouses, reducing the amount of psychological distress, and resolving childhood trauma.

6. Conclusion

This research was performed to determine the mediating role of psychological distress in the relationship between childhood trauma and relationship quality in married people. The results pointed out that changes in the quality of quality of relationships can be affected by childhood trauma, and psychological distress as a mechanism can explain this relationship. Among the notable limitations of this study, we can refer to its correlational design. As a result, it was not possible to examine the causal relationships between the variables. Furthermore, data collection was performed only using self-reporting tools, which may be accompanied by biases and limits the possibility of generalizing the results.

Acknowledgments

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Conflicts of interest

The authors declare that they have no conflict of interest.

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