CHAPTER 4

# Parental Emotion Regulation: The Role of Parents' Own Childhood Maltreatment

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> "Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom."
>
> Viktor Frankl

Emotion regulation processes are prone to disruption during periods of transition. Such processes may occur during negative events, as well as through transitions considered common and natural or during periods perceived as positive. Those undergoing transitional periods experience many emotions that are often conflicting and complex (Stern & Bruschweiler-Stern, 1998), thus requiring specific tools. The transition into parenthood is often perceived as a positive experience involving aspects of growth and development (Mercer, 2004). Nevertheless, it is also a time of adjustment during which emotion regulation plays a particularly strong role due to the emotionally demanding nature of parenthood. Adjustment and adaptation to parenthood are likely challenging for all individuals. However, in this chapter, I focus on survivors of childhood maltreatment, who may find this period especially challenging (e.g. DiLillo, 2001).

## 4.1 Childhood Maltreatment: A Dark Cloud during the Transition into Parenthood

According to the World Health Organization, child maltreatment (CM) is abuse and neglect of individuals under 18 years of age. It includes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment, or commercial or other exploitations that result in actual or potential harm to the child's health, survival, development, or



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dignity in the context of a relationship of responsibility, trust, or power (World Health Organization, 2014). CM is highly prevalent and globally widespread among both clinical and nonclinical populations. A meta-analysis of more than two hundred studies among nonclinical populations identified that approximately 23% of the participants reported childhood physical abuse, 13% reported childhood sexual abuse, 36% reported emotional abuse, 16% reported physical neglect, and 18% reported emotional neglect (Stoltenborgh et al., 2015).

The long-lasting nature of the negative psychological effects of CM has been previously established by studies that have examined the impacts of CM in adulthood. Among these effects are a higher risk for depression (Talmon et al., 2019), anxiety disorders (Talmon et al., 2020), eating disorders (Talmon & Tsur, 2021; Talmon & Widom, 2021), self-harm behaviors (Talmon & Ginzburg, 2018b), and other manifestations of distress (Talmon & Ginzburg, 2017, 2018a, 2018b, 2019b; Talmon et al., 2022). Further studies have also suggested that those who were maltreated as children are at significant risk for several adverse mental health outcomes during adulthood, including depressive disorders, anxiety disorders, conduct disorder, oppositional defiant disorder, attention-deficit/hyperactivity disorder, posttraumatic stress disorder, and substance abuse (Famularo et al., 1992; Livingston et al., 1993; McLeer et al., 1998).

Individuals exposed to CM are often at the receiving end of continuous negative messages that may stimulate their sense of shame (Talmon & Ginzburg, 2017), which can endure many years after the traumatic experience(s) have ended. These messages may have been delivered explicitly or implicitly and possibly relied on the child's perception of having been involved in behaviors considered to be deviant, disgraceful, or dishonorable (Finkelhor & Browne, 1985; Rahm et al., 2006; Wilson et al., 2006). Consequently, abusive experiences may affect children's self-perceptions, and they may begin to perceive themselves as evil, worthless, or shameful (Finkelhor, 1987; Janoff-Bulman, 2010). For example, O'Mahen et al. (2014) concluded that CM is an established distal risk factor that triggers the development of proximal maladaptive cognitive and behavioral styles, increasing the risk for individual vulnerability to psychological dysfunction. Subsequently, when child survivors of CM transition into adolescence and adulthood, in particular during major life changes, such as the transition to parenthood, some of their previous core beliefs about themselves might be triggered and reactivated.

### 4.2 Parenting against the Backdrop of Childhood Maltreatment

Becoming a parent is a very common life transition. In general, this transition can elicit emotions ranging from positive, such as joy, love,

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contentment, pride, and relief, to negative, such as anger, frustration, disappointment, worry, fear, and guilt (Bradley et al., 2013). These feelings may be oriented toward oneself vis-à-vis the child (e.g. being angry at oneself for not sufficiently attending to the child's needs) or directed toward the child (e.g. being angry at the child for fussing) (Dix et al., 2004; Leerkes et al., 2016). Therefore, the transition into parenthood may constitute the basis for various manifestations of growth and well-being, but at the same time for various manifestations of distress.

Surprisingly, research on the transition into parenthood against the backdrop of CM is limited, and the existing studies have focused on aspects other than these parents' adjustment and well-being. Instead, the topic has been explored from the children's perspective, mainly regarding how the parents' history of maltreatment may affect their children. This phenomenon has also been examined in relation to the obstetric outcomes of women with a history of abuse and the implications of CM history for the newborn and their development (e.g. Buss et al., 2017). Other researchers have adopted a similar perspective, aiming to understand the cycle of abuse and the mechanism that "turns" a maltreated child into an abusive parent (e.g. Bly, 1988; Dixon et al., 2005). Additionally, some studies have focused on CM and its impact on parental decision-making skills. In these studies, it was found that maltreated mothers were often young (e.g. Anda et al., 2002; Becker-Lausen & Rickel, 1995) and demonstrated poorer parenting skills and abilities than mothers who were not maltreated as children (e.g. DiLillo & Damashek, 2003).

The absence of studies that focus on the experiences of parents with a history of CM is apparent. Based on the existing studies, however, adults with a history of CM appear to have specific challenges in transitioning into parenthood. Encouragingly, research over the past few years has increasingly begun to move in a different direction that considers the previously abused parent as the focal point of investigation. Recent findings from a systematic review have suggested that, indeed, CM is a risk factor for additional challenges when transitioning into parenthood (Christie et al., 2017). Namely, during the transition into parenthood, those with a history of CM may experience a range of mental health problems, adverse physical effects, and more negative views of their child (or children), compared to parents without a history of CM. In some cases, those with a history of CM have also reported negative experiences regarding their identity as a parent, manifested by high levels of self-criticism and low levels of self-esteem. In addition, recent studies have pointed to the implications of CM for a plethora of distress arenas, including an increased sense of fear of giving birth among mothers-to-be (Talmon & Ginzburg, 2019a), a lower sense of maternal efficacy, and a heightened risk for developing postpartum depression (Greene et al.,

2020; Schuetze & Eiden, 2005; Talmon et al., 2019). One potential explanation for the challenges faced by parents with a history of CM is that exposure to CM often impairs one's emotion regulation (ER), which is a crucial tool for resilience prior and during parenthood.

### 4.3 Childhood Maltreatment and Its Impact on the Development of Emotion Regulation

Emotion regulation is defined as "how we try to influence which emotions we have, when we have them, and how we experience and express these emotions" (Gross, 2008, p. 497). Eisenberg et al. (2010) refer to childhood as a critical period for the development of ER skills and regulatory processes through which individuals modulate their emotions, both consciously and unconsciously (Bargh & Williams, 2007; Rottenberg & Gross, 2003), to effectively respond to environmental demands (Gross & Muñoz, 1995). The severe psychological implications of CM may reflect damage to a significant internal mechanism of ER (Dvir et al., 2014). Indeed, a clear link has been established between CM and impaired ER. Specifically, children exposed to CM might have their development or effective behaviors undermined. Therefore, they could be more susceptible to adopting ineffective ER strategies that, subsequently, have a negative impact on emotional functioning (Briere & Jordan, 2009; Shields & Cicchetti, 2001; Spasojević & Alloy, 2002). Previous studies in which this link was examined revealed that CM exposure was commonly correlated with maladaptive ER strategies, such as behavioral avoidance, rumination, and brooding (O'Mahen et al., 2014).

Behavioral avoidance, which includes various behavioral attempts to reduce environmental events that are emotionally punishing (Aldao et al., 2009), has been identified as a likely occurrence in environments with low positive reinforcement and high negative reinforcement and punishment (Manos et al., 2010). Behavioral avoidance tends to take place in neglectful and abusive environments where positive emotions are not reinforced, leading children to develop negative coping mechanisms to survive their environment. Given that the literature has shown an association between CM and behavioral avoidance, it can be argued that such avoidant characteristics are endemic to abusive and neglectful environments. As such, children experiencing CM end up engaging in withdrawal behaviors, as well as using avoidance as a mechanism to reduce emotional and physiological arousal. Although these connections have not been examined directly, it seems plausible that this type of ER is highly associated with exposure to a history of abuse and/or neglect.

Childhood emotional abuse and neglect, as well as sexual abuse, have also been linked with rumination, which refers to an individual's

repetitive focus on the causes and consequences of experiences and emotions (Crane et al., 2007; Nolen-Hoeksema et al., 2008; Spasojević & Alloy, 2002). Explicitly, rumination is an ER strategy potentially developed among those exposed to CM as a result of their experiences. Thus, the inconsistency, manipulation, and uncertainty associated with emotional and sexual abuse might shed light on the development of the tendency to ruminate (Conway et al., 2004; Spasojević & Alloy, 2002).

As previously mentioned, another common negative ER strategy is brooding. Treynor et al. (2003) identified brooding (i.e. the maladaptive component of rumination, characterized by feeling worthless in consideration of an unattained standard) as being associated with a history of CM. In addition to these findings, strong links have been reported between emotional abuse and concurrent depressive symptoms, with brooding acting as a mediator in this relationship (Raes & Hermans, 2008).

It is important to view CM as a springboard for ER strategies, whether positive or negative. Although using negative ER coping strategies may be a matter of survival for children during the maltreatment (e.g. a child does whatever they can to avoid meeting their father in the house to avoid being beaten), as adults, they may bring these strategies into parenthood, when ideally they should no longer need them. Perpetuating the use of these negative strategies can be potentially damaging for themselves and their loved ones, namely the child who is now involved. Given the available literature on the linkage between CM and dysregulated ER, it is not surprising that some individuals with a history of CM face challenges with ER processes during the transition into parenthood as well as during parenthood. This is particularly apparent when observing the transition into parenthood through the lens of exposure to childhood abuse and neglect and the psychological weight of their previous trauma (Hajal & Paley, 2020).

### 4.4 Emotion Regulation among Parents Who Have Experienced Childhood Maltreatment

Parenting is a particularly unique and challenging milieu during which a person is responsible for and directly influences the emotional well-being of another, often requiring sophisticated ER abilities. Indeed, children are hugely impactful on their parents' emotional lives (Rutherford et al., 2015) and evoke a broad range of emotions in both mothers and fathers (Hajal & Paley, 2020), which call for the parents' use of ER. This is true in both direct parent–child interactions, such as times of achievement or tantrums, and indirect parent-related tasks, such as thinking about one's children when they are not present or preparing and developing activities

for them. Such a connection and the related responsibilities may be daunting against the background of CM as the parents may not have experienced healthy emotional responses and attachment patterns themselves in their childhood.

The examination of attachment patterns of parents with a CM history forged with their caregivers in childhood is important in understanding the potential repetitive cycle of such behaviors. Parents with a history of CM often have a heightened risk of attachment difficulties with their children (Khan, 2017). For example, it was found that some mothers were unable to provide a secure emotional connection for their young children as a result of their experiences of maltreatment (Main & Solomon, 1990; Pajulo et al., 2012). It has also been suggested that mothers who experienced CM and had insecure attachment patterns with their caregivers were more likely to have difficulties bonding with others in general and, specifically, to have more disruptions in their attachments to their children (Cicchetti & Barnett, 1991).

Given that the quality of the parent–child attachment is critical for the child's ability to build healthy and adaptive relationships with other individuals over time (Kerns & Barth, 1995), CM may have long-term negative effects on parental regulatory processes. For example, mothers' experience of rejection by their caregivers was found to be related to their rejection of their own children (Fonagy et al., 1991). Furthermore, in some cases, this behavior has been linked to their children's avoidant behavior.

Another link that connects CM history and patterns of insecure and anxious mother–child attachment is maternal psychopathology, particularly depression, which is an influencing factor in ER processes (Brown et al., 1999; Hipwell et al., 2000; Seng et al., 2013). It has been reported that women who experienced CM were three times more likely to develop depression than women who had not experienced CM (Brown et al., 1999). Maternal depression, in turn, has a negative effect on the parenting of young children (Goodman, 2007) as well as mother–child attachment (Hipwell et al., 2000; Martins & Gaffan, 2000). It should be noted that a limitation of this finding relates to the difficulty in determining whether parenting performances are a direct reflection of the parents' own childhood experiences or evidence of their attempts to navigate between their own struggles to overcome the impact of the abuse and the demands of parenting. In addition to insecure attachment and depression being individually assessed, researchers have also found significant associations between mothers' depression and insecure and anxious mother–child attachment (Hipwell et al., 2000; Muzik et al., 2012). According to Perry (2001), mother–child bonding is part of the process through which attachment is formed. Given that researchers have found significant associations between mothers' depression and problematic mother–child

bonding, it could be that depression is a significant predictor of developing an insecure attachment between mother and child.

Another aspect of parenting that can be impacted considerably by the combined factors of a history of CM, anxious attachment, and depressive symptoms is parental self-efficacy (PSE). PSE is "the beliefs a parent holds of their capabilities to organize and execute the tasks related to parenting a child" (Montigny & Lacharité, 2005, p. 387). Indeed, major depression has been found to mediate the relation between attachment insecurity (i.e. anxious and avoidant attachment) and PSE. This could be because severe depression leads to lack of interest and, therefore, an inability to carry out daily functions for oneself and one's child. Attachment anxiety and avoidance have also been found to predict low PSE through the mediating pathway of depression (Kohlhoff & Barnett, 2013). Such findings are consistent with those from a previous study (Caldwell et al., 2010) in which an association was found between early maladaptive parenting experiences and PSE. Moreover, these findings also relate to the significant association between maternal depression and attachment insecurity in the development of PSE.

These findings align with prior research suggesting that maternal attachment vulnerability can have a prominent role in predisposing women to early PSE difficulties, particularly in the presence of maternal depression. Dix et al. (2004) explored the dynamics of families in which a depressed parent was present. They concluded that depressed mothers tended to be disengaged during conflicts with their child, and if the child's behavior became highly aversive, the mothers displayed a high degree of distress. These findings suggest that parents with depressive symptoms exhibit both disengaged and overactive parenting behaviors that do not lead to healthy parent–child dynamics.

Aside from the apparent influence of depression in various contexts of ER during parenting, other psychopathological conditions like borderline personality disorder (BPD) may also affect these processes. BPD is fundamentally a developmental disorder, characterized by disturbances in ER processes (Herman & van der Kolk, 1987), with a well-established etiology of childhood abuse history and insecure attachment during childhood (Prados et al., 2015). The characteristics of those diagnosed with BPD are similar to those diagnosed with complex posttraumatic stress disorder. Specifically, the main manifestation is severe disturbances in affect (emotion) and impulse control, with impairments in interpersonal relationships and sense of self, which are all crucial elements for healthy functioning as a parent.

The connection between parenting outcomes (e.g. parenting stress, feelings of competence, and discipline strategies) stemming from depression and individual types of CM, such as a history of childhood sexual

abuse (CSA), has also been examined in various studies. Schuetze and Eiden (2005) reported that women with a history of CSA who experienced depression and/or partner violence as adults were at the greatest risk for adverse parenting outcomes, including negative maternal attitudes and disciplinary strategies. Moreover, it was found that CSA was associated with increased maternal depression and increased partner violence. CSA, maternal depression, and current partner violence were also linked with more negative parental perceptions and punitive discipline. Therefore, the experience of CM – in this case, specifically CSA – is significantly linked with depression and partner violence, which further predicts negative parenting outcomes. However, maternal depression and domestic violence not only affect the involved adults and their parental attitudes but also hold additional risks for negative implications in the development of the children present (Kitzmann et al., 2003; Petterson & Albers, 2001). It should be noted that the literature has primarily focused on mothers' experiences of this transition rather than fathers', yet a study that focused on the impact of CM on fathers found that fathers with maltreatment histories were also at risk of developing psychopathological symptoms, such as anxious and depressive feelings, during the transition into parenthood (Skjothaug et al., 2014).

### 4.5 Childhood Maltreatment, Emotion Regulation, and Parenting: Implications for the Child

The effects of CM do not end with the parents and often carry over to their children, as CM is known to have intergenerational effects. According to Chamberlain et al. (2019), the perinatal period is critical for parents with a history of childhood maltreatment trauma. Parents may experience a "triggering" of trauma responses during perinatal care or when caring for their distressed infant. The long-lasting relational effects of their tumultuous past may then impede the parents' capacity to nurture their children, leading to intergenerational cycles of trauma. Moreover, according to Haapasalo and Aaltonen (1999), one factor implicated in the etiology of CM is the parents' own childhood experiences of abuse. It is estimated that a maternal history of abuse accounts for up to one third of the variance predicting CM.

Parents who have experienced some form of abuse during their lifetime are more likely to engage in negative responses and abusive behavior toward their children than parents who have not experienced abuse (Dixon et al., 2005). Such responses and behaviors could be considered an instance of failed ER. However, clear evidence regarding the mechanisms involved in the intergenerational transmission of CM is still lacking

(Ertem et al., 2000). Nevertheless, it is known that mothers who were abused have a lower threshold for tolerating their children's misbehavior than mothers without such a history. This lower threshold can manifest in the use of harsh discipline (Pears & Capaldi, 2001). Furthermore, this reactive propensity can create a situation in which even minor infractions are likely to set off a series of negative mother–child interactions. By way of explanation, it may be that parents who failed to discipline their children experience higher stress and frustration levels in dealing with their children than those with better discipline skills. When this stress is combined with a history of physical abuse, the outcome is more likely to result in the transmission of abuse from one generation to the next (Pears & Capaldi, 2001).

Parental CM history has also been known to increase the risk for nonabusive yet poor caregiving. In this case, children are not provided with adequate opportunities to observe healthy parenting behaviors. In addition, a mother's CM history has been found to compromise her ER abilities, impairing her capacity to respond sensitively to her child's needs (DiLillo & Damashek, 2003). Such responses include hostility, intrusiveness, inconsistency, decreased involvement, and rejection (e.g. Bailey et al., 2012).

Another outcome of a history of CM for parents is increased mental health issues, social isolation, inappropriate developmental expectations, and aggressive response biases in adulthood, all of which increase the risk of engaging in abusive parenting behaviors (e.g. Berlin et al., 2011). Bandura's (1973) paradigm of social learning through the lens of social cognitive theory may also be relevant regarding the intergenerational effects of CM. In accordance with this model, abusive and neglectful parenting are learned behaviors, passed on from parent to child. Namely, abused children perceive negative behaviors that they have learnt from their early life experiences, such as through harsh parenting, as successful methods for getting one's needs met (i.e. obedience and the release of frustration). Such behavior may later translate into how they react to current and future negative interactions, particularly in regard to negative interactions between themselves and their own children (Bert et al., 2009).

There have been attempts in several theoretical models to explain these intergenerational effects, especially regarding ER, as it could be a trans-diagnostic factor, albeit an important one. Such effects could explain (1) the importance of parental ER for children's emotional development and (2) the increased risk for psychiatric disorders among individuals with a history of CM (Ferrari, 2002; Greene et al., 2020). Hajal and Paley (2020), building on a previously established theoretical model, pointed to parental behaviors as the motivating force behind children's emotional

socialization. For parents to be successful emotional socialization agents for their child, they must be able to express their own emotions and react to their child's emotions (Bariola et al., 2011), as many children look to their parents for guidance on how to cope with uncomfortable social situations (Morris et al., 2007). Other models in the literature have addressed parenting styles and the emotional climate of the family as driving forces behind children's social development.

These ideas have been further supported by recent findings showing that higher levels of maltreatment and difficulties with ER are associated with an increased likelihood of behaving in an unsupportive way, such as responding to a child's distress in a neglectful, aggressive or disciplinary manner, which increases the child's use of emotional inhibition (Cabecinha-Alati et al., 2022). Although more research is required, an association has been found between parents' mentalization of their child's behaviors (e.g. believing that their child was intentionally annoying or bothering them) and their child's functioning (Wang, 2021). In yet another study, the biological impact on trauma-exposed children was examined and it was found that a decrease in parental avolition (goal-directed behavior) negatively affected the child's heart rate variability reactivity (a physiological measure of children's self-regulation; Osborne et al., 2022).

These findings suggest that children are influenced not only by direct parenting behaviors (unsupportive responses) but also by indirect parenting behaviors (parental avolition). Reinserting the CM concept into the formula captures a possible underlying cause of such behaviors. Regardless of whether it is abuse or neglect perpetrated on the child, these behaviors will shape the child's sense of self and eventually be echoed in the (now adult) child's parental ER. This can manifest not only in how these parents relate to their children but also in the ways they relate to themselves during this period.

### 4.6 "Ghosts in the Nursery": From Maltreated Child to Parent

In summary, extensive research has been conducted on the developmental psychopathology theory, which offers a framework for considering parental CM as a predictor for increased mental health risks for these parents' children. It has been suggested that exposure to negative environmental influences (i.e. CM) can lead to (1) permanent disruptions in stress regulation abilities via the functioning of physiological systems involved in stress reactivity (e.g. hypothalamic-pituitary-adrenal axis, autonomic nervous system); (2) changes in the structure and functioning of brain areas involved in mental health (e.g. amygdala, prefrontal

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cortex); (3) impaired cognition and emotional and behavioral regulation abilities; and (4) diminished capacity to develop healthy relationships with peers and adults (e.g. Cloitre et al., 2009; Maughan & Cicchetti, 2002). These effects have been found to be particularly robust when CM exposure occurs in early life (e.g. Enlow et al., 2009), as demonstrated in Figure 4.1.

The relation between CM and parenting is complex and involves, as previously mentioned, difficulties in attachment styles, bonding, and the propensity toward using harsher discipline. In addition, there is the possibility of having more negative parent–child interactions and greater negative effects on children's ER processes than for parents without a history of CM. Exposure to the aforementioned caregiving patterns has been found to increase mental health risks across childhood (Sroufe, 2005). Connections have also been made between parental CM and ER as mediators contributing to a risk for psychiatric disorders in children. As one study concluded, children of maltreated mothers were at an increased risk of emotional and behavioral problems by age 7 (Bosquet Enlow et al., 2018). Moreover, it has been found that maltreated mothers experience increased stress and diminished social support, potentially negatively influencing the caregiving context and the relationship with their child. This combination of physiological and neurocognitive vulnerabilities, the diminished ability to self-regulate, continued exposure to maltreatment and other stressors, and limited access to mitigating social support, leave children of maltreated parents vulnerable to experiencing a trajectory of poor mental health (Bosquet Enlow et al., 2018).

The connections between parents' CM, ER, the outcomes for children's mental health and the children's own ER processes are significant and have been thoroughly examined in the literature. However, parents' demographics as possible factors in abuse exposure, parenting, and ER have yet to be considered. This lacuna in the literature presents a considerable limitation, as parents' race, gender, culture, and socioeconomic situation have been known to be linked to CM (e.g. Wertheimer et al., 2008). Therefore, we – namely, society, policymakers, parents, clinicians, and researchers, collectively – must take such factors into account in terms of prevention and intervention. Specifically, we must consider ethnicity, socioeconomic status, gender, and culture regarding parenting disciplinary practices as well as parental and child ER processes in circumstances where the parents have a history of CM.

1w?>Every nursery is inhabited by either the ghosts (Fraiberg et al., 1975) or the angels (Lieberman et al., 2005) of the parents' childhood, as echoes of the parents' own childhood history permeate their child's environment and experiences. The long-lasting outcomes of CM can be devastating, and parenting might trigger the reopening of hidden scars.

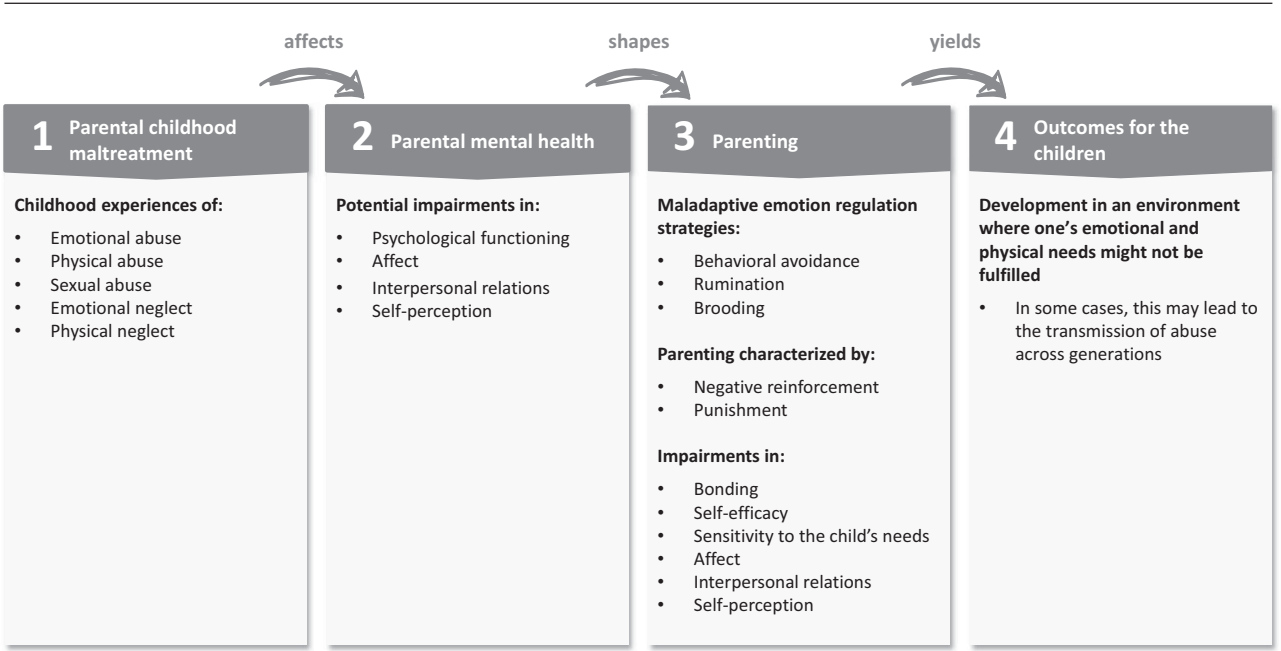


Figure 4.1 Illustration of the different impact of CM on ER and parenting

This triggering, in turn, brings to the fore some extremely challenging scenarios as parents are forced to deal with their past, which can become almost like an "additional child," with all the attendant burden and emotional engagement one would expect. At the same time, these parenting experiences can provide CM survivors an opportunity for true recovery as they embrace feelings of love, empathy, and connection (Arriaga et al., 2021). Recent studies have revealed that psychological interventions targeting ER and mentalization in parents increased their caregiving quality, bonding with their children, and both parents' and children's well-being. However, these interventions are not specific to the CM population, which often has different needs and challenges. Parenting may provide such individuals with a chance to do the difficult inner work necessary to establish a stable and regulated identity and self and, thereby, fill their toolbox with positive skills for their children to emulate. In the words of John F. Kennedy, "the best time to repair a roof is when the sun is shining." As the sun potentially never shines so bright as when a parent brings a child into the world, perhaps it is during the transition into parenthood that individuals with their own painful childhood histories can best make these crucial repairs. In so doing, they will contribute to the long-term health, happiness, and well-being of their families.

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