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Childhood Maltreatment and Mindfulness: Implications for Older Adult's Marital Outcomes

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ABSTRACT

Childhood maltreatment has well-established links to poorer marital functioning. Mindfulness has been shown to improve marital relationships and may buffer the effects of maltreatment. Using the Midlife Development in the United States (MIDUS) data, the current study examined whether mindfulness buffered the effects of maltreatment on marital quality, support, and strain in a sample of 560 married men and women. Moderation analysis revealed that mindfulness buffered the relationship between childhood maltreatment and adults' marital quality, marital support, and marital strain. Mindfulness-based interventions may help adults who were maltreated improve their relationships. Clinical implications are discussed.

KEYWORDS

Childhood maltreatment; mindfulness; marital quality; support; strain

There has been a proliferation of clinical and empirical interest in mindfulness over the past several decades. Although there are varying conceptualizations of mindfulness (Keng et al., 2011), a common conceptualization is espoused by Baer (2003), who suggests that mindfulness is “the nonjudgmental observation of the ongoing stream of internal and external stimuli as they arise” (p. 125). Empirical work has consistently found mindfulness to improve relational well-being (McGill et al., 2016). Despite evidence for relational well-being, there has been far less research into the effects of mindfulness on older adults' marriages. Mindfulness may be particularly helpful for older adults because they often experience declining physical health and psychological stressors and are often grieving the loss of loved ones (Allen et al., 2017; Creswell et al., 2012).

Marital functioning among adults has been consistently linked to mental and physical health outcomes (Proulx et al., 2007; Robles et al., 2014), and mindfulness may buffer the effects. The omission of research on mindfulness in older adults represents a missed opportunity to understand

practices that can promote marital well-being, particularly at a time when adults are vulnerable to morbidity and mortality. Mindfulness may be one such practice that can enhance marital functioning and improve long-term outcomes. Several theoretical (Atkinson, 2013; Kozlowski, 2013) and empirical works (Adair et al., 2018; Carson et al., 2004; Jones et al., 2011) have suggested that mindfulness can enhance the couple relationship in both distressed and non-distressed couples. Research has explored both dispositional mindfulness (trait mindfulness) as well as the practice of mindfulness (Carson et al., 2004; Jones et al., 2011) in the context of adults' relationships and marriages.

Childhood maltreatment, or abuse and neglect in the first 17 years of life, is a toxic form of interpersonal stress implicating adult marital functioning (Banford-Witting & Busby, 2019; Colman & Widom, 2004; DiLillo et al., 2007; Whisman, 2006, 2014). Although there is a significant body of literature documenting the adverse effects of maltreatment on adult marital functioning, there are fewer studies noting mindfulness as a practice buffering the effects of maltreatment on marital outcomes. Mindfulness has been widely found to reduce depression, anxiety, post-traumatic stress disorder, stress, and emotional dysregulation among adults who were maltreated in childhood (Earley et al., 2014; Gallegos et al., 2015; Kimbrough et al., 2010), but the exploration into mindfulness with regard to relational outcomes is not well understood. Therefore, the current study examined the mindfulness frequency as a buffer of the relationship between maltreatment on adult marital outcomes, including quality, support, and strain in a sample of older adults.

Literature Review

Research into mindfulness has been rapidly expanding over the past several decades, and health benefits have been documented (see Tomlinson et al., 2018 for review). Mindfulness practice can take on various forms, including sitting meditation, walking meditations, body scans, and yoga/gentle stretching (Kimbrough et al., 2010). Mindfulness practice is centered around two primary elements: (1) internal awareness of emotions, sensations, and thoughts and (2) nonjudgment of internal experiences (Keng et al., 2011). Internal attention and awareness are underscored by characteristics of acceptance, openness, curiosity, and self-compassion.

Shonin and Van Gordon (2016) proposed numerous way in which mindfulness is beneficial. They suggest that mindfulness facilitates positive changes in brain structure (i.e., hippocampus, anterior cingulate, insula) and dampens automatic arousal (i.e., heartbeat and breathing). Second, they suggested that mindfully observing their internal experiences creates

an internal separation from their experiences, fostering emotional regulation as well as increased self and situational awareness. Last, they suggested that mindfulness practice increases connection to spirituality. Mindfulness may be particularly effective because it addresses physiological, psychological, cognitive, relational, and spiritual components of the human experience. Accordingly, numerous psychotherapies are centered around or have adopted mindfulness-based practices including Mindfulness-Based Cognitive Behavioral Therapy (MB-CBT; Segal & Teasdale, 2018), Mindfulness-Based Stress Reduction (MBSR; Kabat-Zinn, 2003), and Internal Family Systems (Schwartz & Sweezy, 2019).

Theoretical work has suggested that mindfulness may increase marital functioning. Kozlowski (2013) and Atkinson (2013) commonly argue that aspects of mindfulness, including nonjudgment, awareness, and compassion, cultivate empathy and understanding for partners' perspectives and their own emotional regulation, which can mitigate emotional reactivity to their partners' behavior. Second, mindfulness has been widely shown to improve mental health (Baer, 2003; Keng et al., 2011). Mental health functioning has been shown to predict functioning in adult relationships (DiLillo et al., 2007), including more positive and fewer negative interactions (Fitzgerald et al., 2020). Third, mindfulness has been suggested to shape the attributions adults make about their partner's behavior whereby more mindful adults make fewer negative attributions (Kimmes et al., 2017). It may also be that mindfulness is an isomorphic process where the way in which adults relate to their spouses mirrors how they relate to themselves. Adults who are compassionate, accepting, and nonjudgmental of their own internal experiences are likely to also be that way with their partners, while adults who are critical, judgmental, and closed-minded internally will manifest those same characteristics externally. In support of theoretical work, mindfulness has also been shown to improve adult relationships (McGill et al., 2016). Research has shown that mindfulness can improve relationship stability (Saavedra et al., 2010); intimacy, closeness, and acceptance (Carson et al., 2004); relationship quality (Burpee & Langer, 2005); and responsiveness to partners.

Childhood Maltreatment

More than one in three adults in the United States were either abused or neglected in childhood (Centers for Disease Control, 2016). Adults who were maltreated are at risk for lower marital functioning (Colman & Widom, 2004; DiLilio & Long, 1999; Dube et al., 2005; Whisman, 2006). Research has found that maltreatment is linked to emotional distance and domineering behavior (Paradis & Boucher, 2010), poorer-quality

relationships (Colman & Widom, 2004), more negative and fewer positive interactions (Whisman, 2014), less trust (DiLillo & Long, 1999), poorer communication (Banford-Witting & Busby, 2019), less intimacy (DiLillo et al., 2007), and fewer provisions of emotional support (Fitzgerald et al., 2020). However, there is little research on midlife and older adults investigating the relationship between maltreatment and relational functioning. A disproportionate number of studies focus on relationships and marriages of adults in their 20s and 30s (e.g., DiLillo et al., 2007; Paradis & Boucher, 2010), and because of numerous qualitative differences between younger and older adults, including health status, relationship length, retirement, and launching of children, it is important to discern whether maltreatment remains influential into the later stages of adult development.

Mindfulness practice may improve marriages in adults who were maltreated. Gallegos et al. (2015) found that adults who were maltreated in childhood who employed mindfulness practice increased their ability to observe and describe their internal experiences, acted with increased awareness, decreased judgment of their experiences, and were less reactive. Adults who are better able to identify and describe their internal experiences, are more aware, and are less judgmental of their internal experiences have more positive interactions with their partners. For example, mindful adults have been shown to have higher level of acceptance, support, and flexibility rather than avoidance and rigidity (Burpee & Langer, 2005). Flexibility, support, and acceptance are, in many ways, the antithesis of maltreatment, which is characterized by powerlessness, subjugation, rejection, hostility, and pain (Finkelhor & Browne, 1985). Becoming aware of the pain and beliefs that were caused by maltreatment may help adults interrupt those same dynamics in their marriage and consequently have more positive interactions, fewer negative interactions, and higher-quality marriages.

The Present Study

Prior research suggests that childhood maltreatment is linked to poorer-quality marriages among older adults, and mindfulness practice may be efficacious in buffering the effects of maltreatment on marital functioning. The aim of the current study was to examine the moderating role of mindfulness practice as a buffer between childhood maltreatment and adult marital outcomes, including relationship quality, marital support, and marital strain. It is hypothesized that a more frequent mindfulness practice will moderate the association of childhood maltreatment and marital functioning including quality, support, and strain.

Table 1. Descriptive characteristics of the sample.

Demographics	<i>M (SD)</i>	<i>n (%)</i>
Age	63.50 (10.76)	
Female		278 (49.6)
Education	7.88 (2.43)	
White		507 (90.5%)
Parental divorce		88 (15.7%)
Income	\$104,517 (\$71,883)	
Ever on welfare		19 (3.4%)
Lived with alcoholic as a child		111 (19.8%)
Married alcoholic		78 (13.9%)
Depression	0.44 (1.49)	
Anxiety	0.06 (.57)	
Physical health	2.42 (1.05)	

Methods

The current study utilized data from Midlife Development in the United States (MIDUS), a longitudinal data set. Using a national sample of adults between the ages of 25 and 75, the first wave of MIDUS data collection started in 1995–1996 (MIDUS 1) and recruited adults using a random digit dial ($n = 3,487$) and siblings of those in the random digit dial, an oversampling of metropolitan cities ($n = 757$), and finally a random digit dial of twins ($n = 1,914$). Following MIDUS 1 are two longitudinal follow-ups, with the second wave of data collection occurring in 2004–2006 (MIDUS 2) and the third wave in 2013–2015 (MIDUS 3). The three waves were collected using a self-administrated questionnaire (SAQ) and a telephone interview. In addition to the SAQ and telephone interviews, the second wave of data collection also included a biomarker study ($n = 1,255$) consisting of additional collection of questionnaires and biological samples (i.e., fasting glucose). Data from the current study were extracted from both the MIDUS 2 biomarker study and MIDUS 3. Childhood maltreatment was assessed in the MIDUS 2 biomarker study, and mindfulness and marital outcomes were assessed in MIDUS 3. Although MIDUS 1 has assessments of childhood maltreatment including frequency of emotional and physical abuse, the MIDUS 2 biomarker study provides a more comprehensive assessment of maltreatment that also includes sexual abuse, emotional neglect, and physical neglect as well as providing an index of severity. Participants were included in the current study if they participated in the MIDUS 2 biomarker study and MIDUS 3 SAQ and telephone interview and were married at MIDUS 3. The final sample included 560 adults. Participant demographics are displayed in Table 1 and are reflective of participant characteristics at MIDUS 3 (Figures 1–3).

Measures

Childhood Maltreatment

Participants' history of childhood maltreatment, including emotional, physical, and sexual abuse and emotional and physical neglect, were assessed

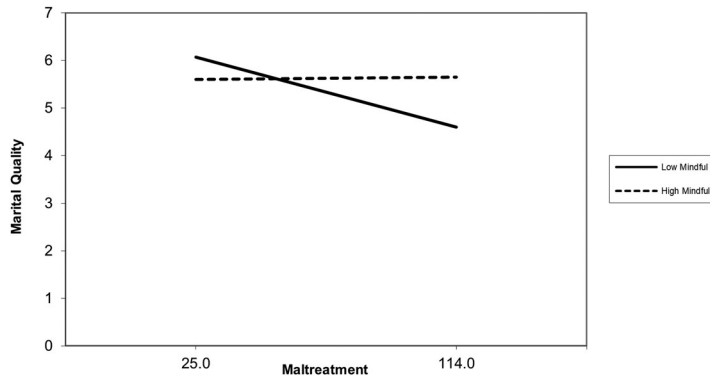


Figure 1. Interaction plot of maltreatment, mindfulness, and marital quality.

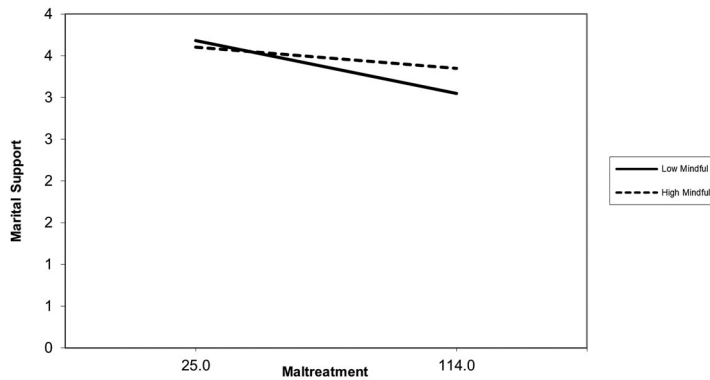


Figure 2. Interaction plot of maltreatment, mindfulness, and marital support.

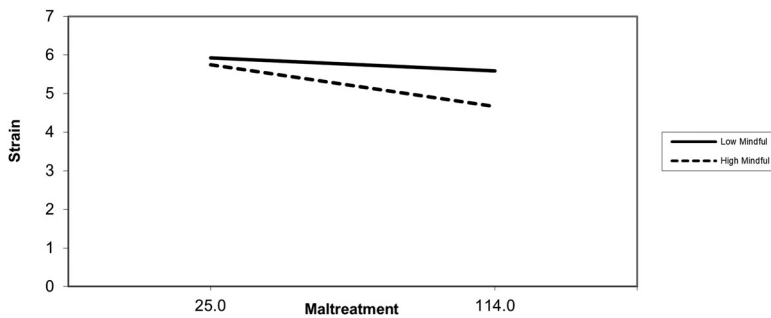


Figure 3. Interaction plot of maltreatment, mindfulness, and marital strain.

using the Childhood Trauma Questionnaire (CTQ; Bernstein et al., 1994). The CTQ is a 28-item scale assessing childhood maltreatment prior to the age of 18. Items were scored on a 5-point Likert scale, ranging from *never* (1) to *very frequently* (5). Example items included “I felt that someone in my family hated me,” “I was punished with a belt, a board, a cord, or some other hard object,” “Someone tried to make me do sexual things or watch sexual things,” “There was someone in my family who helped me feel that

I was important or special,” and “My parents were too drunk or high to take care of me.” Cronbach’s alpha for the CTQ in the current study was adequate ($\alpha = .915$).

Mindfulness

Mindfulness was assessed with a single item, “In the past 12 months, either to treat a physical health problem, to treat an emotional or personal problem, to maintain or enhance your wellness, or to prevent the onset of illness, how often did you use relaxation or meditation techniques?” The question was rated on a 5-point Likert scale ranging from *a lot* (1) to *never* (5). The item was reverse-coded such that higher scores are reflective of more frequent mindfulness.

Marital Quality

Marital quality was assessed using one item, “How would you rate your marriage or close relationship these days?” The item was rated on a 0–10 scale where 0 was the worst possible marriage or relationship and 10 means the best possible marriage or relationship.

Marital Support

Support was assessed with 6 items. Each item was assessed using a 4-point Likert-type scale ranging from (1) *a lot* to (4) *not at all*. Because items were originally coded such that higher scores reflected lower support, items were reverse-coded so that higher scores reflect higher support. Example items included “How much does your spouse or partner really care about you?” and “How much does he or she understand the way you feel about things?” Items were summed together, with greater score indicating higher levels of support. Cronbach’s alpha for our measure of marital support was adequate ($\alpha = .881$).

Marital Strain

Strain was assessed using 6 items. Each item was rated using a 4-item Likert-type scale ranging from (1) *often* to (4) *never*. Items were coded such that lower scores are reflective of lower levels of strain, so items were reverse-coded so that higher scores are reflective of greater strain. Example items include “How often does your spouse or partner make too many demands on you?” and “How often does he or she make you feel tense?” Cronbach’s alpha for our measure of marital strain was adequate ($\alpha = .856$).

Control Variables

The current study used sociodemographic covariates as well as other covariates of maltreatment and marital functioning. Race was coded as a dichotomous variable (White/racial minority), education was entered as an ordinal variable ranging from (1) *no formal schooling* to (12) *doctorate*, and respondents' age and income were entered as continuous variables. Several other covariates were entered as dichotomous variables (yes/no), including living with alcoholic in childhood, parental divorce, ever being married to an alcoholic, and ever being on welfare. Finally, continuous scores for mental and physical health were controlled for, including a summation of dichotomous indicators of depressive symptoms (range, 0–7) and anxiety symptoms (range, 0–8); self-evaluated physical health was assessed with one question assessing adult's subjective evaluation of their overall physical health; scores ranged from (1) *excellent* to (5) *poor*.

Statistical Analysis

Descriptive statistics were examined prior to running moderation analysis; descriptive statistics included correlations, means, and standard deviations. Following descriptive statistics, hierarchical regression was used to examine the moderating effect of mindfulness on adult's history of maltreatment and marital outcomes. To examine the potential moderating effect, a stepwise procedure was used where control variables were entered into the first step, and centered independent variables (i.e., mean of all continuous variables is 0) were entered into step 2. The maltreatment by mindfulness interaction term was then entered into step 3. The stepwise procedure tests whether variables in step 2 and 3 account for unique variance in the marital functioning above and beyond what has been accounted for in the previous steps. IBM SPSS 25.0 was used for all analysis. In the current sample, there were relatively few missing data for all variables including childhood maltreatment (.2%), mindfulness (0%), marital support (1.6%), marital strain (1.6%), and marital quality (1.2%).

Results

Table 2 presents correlations, means, and standard deviations. Higher levels of childhood maltreatment were positively associated with a more frequent mindfulness practice and marital strain as well as lower levels of marital quality and support. Mindfulness was not associated with marital quality, marital strain, or marital support. The relationships among marital quality, marital support, and marital strain were all significant. Specifically, marital support and strain were positively associated with each other, and both were negatively associated with marital strain.

Table 2. Correlations, means, and standard deviations among study variables.

	1.	2.	3.	4.	5.	<i>M</i>	<i>SD</i>
1. Maltreatment	—					36.48	13.19
2. Mindfulness	.207**	—				1.52	1.06
3. Marital quality	−.141**	−.114**	—			8.50	1.71
4. Marital support	−.144**	−.116**	.804**	—		3.66	.51
5. Marital strain	.152**	.156**	−.640**	−.669**	—	2.07	.62

Note. * = $p < .05$, ** = $p < .01$.

Table 3. Hierarchical regression examining the moderating effect of mindfulness on child maltreatment and marital outcomes.

	Marital quality		Marital strain		Marital support	
	<i>B</i>	<i>SE</i>	<i>b</i>	<i>SE</i>	<i>b</i>	<i>SE</i>
Step 1	$R^2 = .126^{***}$		$R^2 = .088^{***}$		$R^2 = .122^{***}$	
Intercept	5.939***	1.112	2.418***	.406	3.237***	.337
Gender	−.145	.146	.026	.055	−.094*	.045
Age	.030***	.007	−.003	.003	.006*	.002
Education	−.059	.032	.017	.012	−.023**	.010
Lived with alcoholic as child	−.190	.189	.014	.070	−.071	.058
Income	.001	.000	.001	.000	.001*	.000
Parental divorce	.161	.201	−.039	.075	.000	.062
Ever on welfare	.339	.411	.144	.149	.116	.124
Married an alcoholic	.384	.216	−.285	.081	.156*	.067
Depression	−.242*	.050	.049**	.019	−.065***	.015
Anxiety	.048	.126	.066	.047	−.025	.039
Physical health	−.036	.076	.035	.028	−.021	.023
Race	−.018	.246	−.048	.092	.019	.076
Step 2	$\Delta .007$		$\Delta .019^{**}$		$\Delta .007$	
Mindfulness	−.133	.070	.083**	.026	−.014	.022
Maltreatment	−.010	.006	.005*	.002	−.004	.002
Step 3	$\Delta .008^*$		$\Delta .013^{**}$		$\Delta .014^{**}$	
Maltreatment X mindfulness	.008*	.004	−.004**	.001	.003**	.001
Total variance explained	$R^2 = .142$		$R^2 = .121$		$R^2 = .142$	

Note. $\Delta = p < .06$, * = $p < .05$, ** = $p < .01$, *** = $p < .001$.

Results of the hierarchical regression for each of the outcome variables can be seen in Table 3. In step 1, only depressive symptoms ($b = -.242$, $p < .001$) and age ($b = -.099$, $p < .001$) were significant predictors of marital quality, such that adults who reported greater depression reported lower-quality marriages, while older adults reported higher-quality marriages. Step 1 accounted for 12.6% of the variance in marital quality. In step 2, neither childhood maltreatment ($b = -.010$, $p = .110$) nor mindfulness ($b = -.133$, $p = .058$) were associated with marital quality; step 2 accounted for an additional 0.7% of the variance in marital quality. In step 3, the maltreatment by mindfulness interaction term was significant ($b = .008$, $p = .027$) and accounted for an additional 0.8% of the variance in marital quality. The positive slope indicates that a more frequent mindfulness practice buffered the effects of maltreatment on marital quality.

Regarding marital strain, among the covariates in step 1, depression ($b = .049, p = .01$) and being married to or living with an alcoholic were significant ($b = -.285, p < .001$). Adults who reported greater depression and being married to or living with an alcoholic were associated with greater marital strain. The first step accounted for 8.8% of the variance in marital strain. In step 2, both childhood maltreatment and mindfulness predicted marital strain. Childhood maltreatment and ($b = .005, p = .042$) and mindfulness ($b = .083, p = .002$) were both positively associated with marital strain, where adults who reported more severe childhood maltreatment and more frequent mindfulness reported higher levels of marital strain. Step 2 accounted for an additional 1.9% of the variance in marital strain. In step 3, the interaction term of childhood maltreatment and mindfulness was significant ($b = -.004, p = .006$) and accounted for 1.3% of variance in marital strain. The negative slope of the interaction terms suggests that mindfulness buffered the effects of childhood maltreatment severity on marital strain.

Finally, marital support numerous covariates were significant. Among the covariates, gender ($b = -.096, p = .041$), age ($b = .099, p = .011$), education ($b = -.023, p = .018$), and household income were significant ($b = .001, p = .048$). Based on the coding of variables, males, older adults, less educated adults, and those with high levels of household income reported greater marital support. Step 1 accounted for 12.2% of the variance in marital support. In step 2, neither childhood maltreatment ($b = -.004, p = .06$) nor mindfulness ($b = -.040, p = .065$) were associated marital support; step 2 accounted for an additional 0.7% of the variance of marital support. Finally, in step 3, the mindfulness–maltreatment interaction term was significant ($b = .003, p = .005$) and accounted for an additional 1.4% of the variance in marital support. The positive slope of the interaction term suggests that a more frequent mindfulness practice buffers the effect of childhood maltreatment on marital support.

Discussion

A mindfulness practice has been found to improve adult relationships and marriages, yet research has not examined mindfulness as a practice aimed at helping adults who were maltreated to improve their marriages. Given the importance of marriages in understanding older adults' mental and physical health, the objective of the current study was to examine mindfulness as a moderator of childhood maltreatment and adult marital outcomes. Results indicate that mindfulness moderated the relationship between maltreatment on all marital outcomes including marital support, marital strain, and marital quality.

One of the notable contributions of the current study is identifying the potential buffering effect of mindfulness practice on marital quality, marital support, and marital strain among adults who were maltreated as children. Consistent with prior research, we found that childhood maltreatment was associated with poorer marital functioning (Colman & Widom, 2004; Dube et al., 2005; Whisman, 2006, 2014) and adults with a more frequent mindfulness practice demonstrate stronger relationships (Burpee & Langer, 2005; Carson et al., 2004). There are two primary ways that mindfulness may contribute to stronger marriages. The first is that mindfulness can increase individual well-being, which then positively influences the marriage. At the intrapsychic level, mindfulness directs attention to the adult's internal thoughts, sensations, and emotions with acceptance and openness (Follette et al., 2006). Underlying relational problems stemming from maltreatment, there are individual experiences, including fear, shame, guilt, powerlessness, inadequacy, and negative beliefs about themselves and others (Alexander, 1992; Finkelhor & Browne, 1985). If adults are able to focus on internal reactions to couple processes (i.e., negative beliefs about their partner or extreme reactions to conflict) and observe them with compassion, curiosity, and openness, it will enable adults to create internal separation from these beliefs and help adults regulate their emotions. Therefore, more mindful adults may then engage with their partners in a more positive and less negative way. For example, more mindful adults make more benign attributions about their partner's behavior and are more empathic, validate and accept their partner, and focus on the present moment (Carson et al., 2004; Fruzzetti & Iverson, 2011; Kozlowski, 2013). Likewise, mindfulness has been shown to decrease mental health problems (Tomlinson et al., 2018), which often contribute to marital problems among adults who were maltreated in childhood (Fitzgerald et al., 2020). Decreases in psychopathology stemming from a more frequent mindfulness practice may lead to fewer negative and more positive interactions. The intrapsychic process of mindfulness is intimately intertwined with relational outcomes including support, strain, and the overall quality of the relationship.

In addition to the couple relationship benefiting from individual changes facilitated by mindfulness (Atkinson, 2013; Kimmes et al., 2017; Kozlowski, 2013), mindfulness is also a relational process. Scholars have also suggested that mindfulness is a dyadic process where adults can be mindful in the context of their relationships (Kimmes et al., 2018). Adults who were maltreated in childhood may be less mindful of their relationship because they may be preoccupied with either fear that their partner will reject or abandon them or, contrastingly, worry about their partner getting too emotionally close (Kimmes et al., 2018). These processes may impede the ability to be present in their relationship, accept each other, spend time with each

other in a present-minded and appreciative way, and be aware of their partner's emotional and behavioral experiences. Instead, adults may behave without thinking or are not fully present during couple interactions. For example, adults who were maltreated in childhood may not be attuned to their partners and miss nonverbal cues of happiness or distress. They may also struggle to connect their partner's behavior to their own reactions, or they are judgmental and non-accepting of their partner (Fruzzetti & Iverson, 2011). This lack of relationship mindfulness can result in misattuned or judgmental interactions or impulsive and reactive behavior which turn opportunities for support into either neutral or negative interactions, leading to a poorer-quality relationship (Kimmes et al., 2018).

Limitations

Despite several strengths of the article, including the use of a large sample, measurement of multiple forms of maltreatment across childhood, and several marital outcomes, this study is not without limitations. First, reports of childhood maltreatment are retrospective in nature and subject to recall bias (Liang et al., 2006). Second, our measurement of mindfulness assessed only the frequency of mindfulness and did not measure the duration of their mindfulness sessions or their expertise or training in mindfulness (i.e., novice). A third limitation is that the study is cross-sectional in nature so the effects of mindfulness on changes in marital functioning over time cannot be stated. A fourth limitation is that we used a cumulative measure of maltreatment, so we are unable to attest to the contributions of specific forms of maltreatment. It remains unclear whether specific forms of maltreatment have an influence on adults' practice of mindfulness and marital functioning.

Clinical Implications

The results of the current study have several implications for clinical practice. First, our study is among the first to document that mindfulness may be effective for adults who have marital difficulties and were maltreated in childhood. Childhood maltreatment potentiates negative internalized representations of themselves (e.g., defectiveness, shame) and others (e.g., untrustworthy), and these representations are brought forth into their marriages and govern cognition, emotions, and behaviors. Clinicians can integrate mindfulness-based practices and interventions directly into their therapeutic practice as well as recommend it as an adjunctive intervention. There are numerous mindfulness-based models of therapy that may be effective in helping couples including MB-CBT (Segal & Teasdale, 2018),

MBSR (Kabat-Zinn, 2003), dialectical behavioral therapy (Linehan, 2020), and Internal Family Systems (Schwartz & Sweezy, 2019). As an adjunctive treatment, mindfulness takes a variety of forms including meditation, walking meditation, yoga, breathing exercises, relaxation techniques, and stretching, and using a combination of these practices can best help buffer the effects of maltreatment on marital functioning.

Another way clinicians can help couples is to guide them to become mindful of their interactions with their partner during sessions (Kimmes et al., 2018). Points of contention in relationships may be more difficult to be mindful of and prohibit support, acceptance, and validation (Fruzzetti & Iverson, 2011). Fruzzetti and Iverson (2011) discuss helping couples become aware of their emotional reactivity, identify and label their experiences, and offer validation to their partners. During sessions, clinicians can track sequences of interaction between the couple and, when they notice emotional reactivity, they help the couple mindfully describe their affective and cognitive experiences to each other. Partners who are able to label and describe their moment-to-moment experiences during couple interactions enables internal separation from any extreme emotions or beliefs and promotes emotional regulation. The internal separation allows adults to communicate in a more mindful way whereby instead of automatic reactions, judgment, or criticism, there is thoughtfulness, intentionality, validation, and empathy (Fruzzetti & Iverson, 2011). Couple therapists may want to use this process with both positive interactions to help adults notice when they feel connected to their partner as well as negative interactions to help them more effectively solve their problems. Adults who were maltreated in childhood struggle with maladaptive cognitions, emotional dysregulation, and negative internalized representations of relationships. Using relationally based mindfulness interventions can connect adults' history of maltreatment to their current cognitions, emotions, and behavior in their marriages, and practicing mindful communication will help adults interact in the present moment rather than from beliefs and emotions stemming from childhood maltreatment.

Disclosure statement

The authors declare no conflict of interest in the publication of this manuscript.

Data availability

Data from this study are from the Study of Midlife Development in the United States (MIDUS) data. These data are publicly available from the Inter-university Consortium for Political and Social Research (ICPSR).

References

- Allen, T. D., Henderson, T. G., Mancini, V. S., & French, K. A. (2017). Mindfulness and meditation practice as moderators of the relationship between age and subjective well-being among working adults. *Mindfulness*, 8(4), 1055–1063. <https://doi.org/10.1007/s12671-017-0681-6>
- Atkinson, B. J. (2013). Mindfulness training and the cultivation of secure, satisfying couple relationships. *Couple and Family Psychology: Research and Practice*, 2(2), 73–94. <https://doi.org/10.1037/cfp0000002>
- Baer, R. A. (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and Practice*, 10(2), 125–143. <https://doi.org/10.1093/clipsy.bpg015>
- Banford-Witting, A., & Busby, D. (2019). The long arm of trauma during childhood: Associations with resources in couple relationships. *Journal of Marital and Family Therapy*, 45(3), 534–549. <https://doi.org/10.1111/jmft.12354>
- Bernstein, D. P., Fink, L., Handelsman, L., & Foote, J. (1994). *Childhood Trauma Questionnaire (CTQ)* [Database record]. San Antonio, TX: APA PsycTests. <https://doi.org/10.1037/t02080-000>
- Burpee, L. C., & Langer, E. J. (2005). Mindfulness and marital satisfaction. *Journal of Adult Development*, 12(1), 43–51. <https://doi.org/10.1007/s10804-005-1281-6>
- Carson, J. W., Carson, K. M., Gil, K. M., & Baucom, D. H. (2004). Mindfulness-based relationship enhancement. *Behavior Therapy*, 35(3), 471–494. [https://doi.org/10.1016/S0005-7894\(04\)80028-5](https://doi.org/10.1016/S0005-7894(04)80028-5)
- Centers for Disease Control. (2016). Adverse childhood experiences. <https://www.cdc.gov/violenceprevention/acestudy/index.html>
- Colman, R. A., & Widom, C. S. (2004). Childhood abuse and neglect and adult intimate relationships: A prospective study. *Child Abuse & Neglect*, 28(11), 1133–1151. <https://doi.org/10.1016/j.chiabu.2004.02.005>
- Creswell, J. D., Irwin, M. R., Burklund, L. J., Lieberman, M. D., Arevalo, J. M., Ma, J., Breen, E. C., & Cole, S. W. (2012). Mindfulness-based stress reduction training reduces loneliness and pro-inflammatory gene expression in older adults: A small randomized controlled trial. *Brain, Behavior, and Immunity*, 26, 1095–1101. <https://doi.org/10.1016/j.bbi.2012.07.006>
- DiLillo, D., Lewis, T., & Loreto-Colgan, A. D. (2007). Child maltreatment history and subsequent romantic relationships: Exploring a psychological route to dyadic difficulties. *Journal of Aggression, Maltreatment & Trauma*, 15(1), 19–36. https://doi.org/10.1300/J146v15n01_02
- Dube, S., Anda, R., Whitfield, C., Brown, D., Felitti, V., Dong, M., & Giles, W. (2005). Long-Term Consequences of Childhood Sexual Abuse by Gender of Victim. *American Journal of Preventive Medicine*, 28(5), 430–438. <https://doi.org/10.1016/j.amepre.2005.01.015>
- DiLillo, D., & Long, P. J. (1999). Perceptions of couple functioning among female survivors of child sexual abuse. *Journal of Child Sexual Abuse*, 7(4), 59–76. https://doi.org/10.1300/J070v07n04_05
- Earley, M. D., Chesney, M. A., Frye, J., Greene, P. A., Berman, B., & Kimbrough, E. (2014). Mindfulness intervention for child abuse survivors: A 2.5-year follow-up. *Journal of Clinical Psychology*, 70(10), 933–941. <https://doi.org/10.1002/jclp.22102>
- Finkelhor, D., & Browne, A. (1985). The traumatic impact of child sexual abuse: A conceptualization. *American Journal of Orthopsychiatry*, 55(4), 530–541. <https://doi.org/10.1111/j.1939-0025.1985.tb02703.x>

- Fitzgerald, M., Hamstra, C., & Ledermann, T. (2020). Childhood maltreatment and adult's provisions of emotional support given to family, friends, and romantic partners: An examination of gender differences. *Child Abuse & Neglect*, 106. <https://doi.org/10.1016/j.chiabu.2020.104520>
- Fitzgerald, M., Ledermann, T., Grzywacz, J. G., & Hamstra, C. (2020). Childhood Abuse and Positive and Negative Relationship Quality in Women: The Role of Depression. *Journal of Relationships Research*, 11. <https://doi.org/10.1017/jrr.2020.6>
- Follette, V., Palm, K. M., & Pearson, A. N. (2006). Mindfulness and trauma: Implications for treatment. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 24(1), 45–61. <https://doi.org/10.1007/s10942-006-0025-2>
- Fruzzetti, A., & Iverson, K. (2011). Mindfulness, acceptance, validation, and “individual” psychopathology in couples. In S. Hayes, V. Follette, & M. Linehan (Eds.), *Mindfulness and Acceptance: Expanding the Cognitive-Behavioral Tradition* (pp. 168–191). Guilford Press.
- Gallegos, A. M., Lytle, M. C., Moynihan, J. A., & Talbot, N. L. (2015). Mindfulness-based stress reduction to enhance psychological functioning and improve inflammatory biomarkers in trauma-exposed women: A pilot study. *Psychological Trauma: Theory, Research, Practice, and Policy*, 7(6), 525–532. <https://doi.org/10.1037/tra0000053>
- Jones, K. C., Welton, S. R., Oliver, T. C., & Thoburn, J. W. (2011). Mindfulness, spousal attachment, and marital satisfaction: A mediated model. *The Family Journal*, 19(4), 357–361. <https://doi.org/10.1177/1066480711417234>
- Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice*, 10, 144–156.
- Keng, S. L., Smoski, M. J., & Robins, C. J. (2011). Effects of mindfulness on psychological health: A review of empirical studies. *Clinical Psychology Review*, 31(6), 1041–1056. <https://doi.org/10.1016/j.cpr.2011.04.006>
- Kimbrough, E., Magyari, T., Langenberg, P., Chesney, M., & Berman, B. (2010). Mindfulness intervention for child abuse survivors. *Journal of Clinical Psychology*, 66, 17–33.
- Kimmes, J. G., Jaurequi, M. E., May, R. W., Srivastava, S., & Fincham, F. D. (2018). Mindfulness in the context of romantic relationships: Initial development and validation of the Relationship Mindfulness Measure. *Journal of Marital and Family Therapy*, 44(4), 575–589. <https://doi.org/10.1111/jmft.12296>
- Kimmes, J. G., Durtschi, J. A., & Fincham, F. D. (2017). Perception in romantic relationships: A latent profile analysis of trait mindfulness in relation to attachment and attributions. *Mindfulness*, 8(5), 1328–1338. <https://doi.org/10.1007/s12671-017-0708-z>
- Kozlowski, A. (2013). Mindful mating: Exploring the connection between mindfulness and relationship satisfaction. *Sexual and Relationship Therapy*, 28(1-2), 92–104. <https://doi.org/10.1080/14681994.2012.748889>
- Liang, B., Williams, L. M., & Siegel, J. A. (2006). Relational outcomes of childhood sexual trauma in female survivors: A longitudinal study. *Journal of Interpersonal Violence*, 21(1), 42–57. <https://doi.org/10.1177/0886260505281603>
- Linehan, M. M. (2020). *Dialectical behavior therapy in clinical practice*. Guilford Publications.
- McGill, J., Adler-Baeder, F., & Rodriguez, P. (2016). Mindfully in love: A meta-analysis of the association between mindfulness and relationship satisfaction. *Journal of Human Sciences and Extension*, 4, 89–101.

- Paradis, A., & Boucher, S. (2010). Child Maltreatment History and Interpersonal Problems in Adult Couple Relationships. *Journal of Aggression, Maltreatment & Trauma*, 19(2), 138–158. <https://doi.org/10.1080/10926770903539433>
- Proulx, C. M., Helms, H. M., & Buehler, C. (2007). Marital quality and personal well-being: A meta-analysis. *Journal of Marriage and Family*, 69(3), 576–593. <https://doi.org/10.1111/j.1741-3737.2007.00393.x>
- Robles, T. F., Slatcher, R. B., Trombello, J. M., & McGinn, M. M. (2014). Marital quality and health: A meta-analytic review. *Psychological Bulletin*, 140(1), 140–187. <https://doi.org/10.1037/a0031859>
- Saavedra, M. C., Chapman, K. E., & Rogge, R. D. (2010). Clarifying links between attachment and relationship quality: Hostile conflict and mindfulness as moderators. *Journal of Family Psychology*, 24(4), 380–390. <https://doi.org/10.1037/a0019872>
- Schwartz, R. C., & Sweezy, M. (2019). *Internal family systems therapy*. Guilford Publications.
- Segal, Z. V., & Teasdale, J. (2018). *Mindfulness-based cognitive therapy for depression*. Guilford Publications.
- Shonin, E., & Van Gordon, W. (2016). The mechanisms of mindfulness in the treatment of mental illness and addiction. *International Journal of Mental Health and Addiction*, 14(5), 844–849. <https://doi.org/10.1007/s11469-016-9653-7>
- Tomlinson, E. R., Yousaf, O., Vittersø, A. D., & Jones, L. (2018). Dispositional mindfulness and psychological health: A systematic review. *Mindfulness*, 9(1), 23–43. <https://doi.org/10.1007/s12671-017-0762-6>
- Whisman, M. A. (2006). Childhood trauma and marital outcomes in adulthood. *Personal Relationships*, 13(4), 375–386. <https://doi.org/10.1111/j.1475-6811.2006.00124.x>
- Whisman, M. A. (2014). Dyadic perspectives on trauma and marital quality. *Psychological Trauma: Theory, Research, Practice, and Policy*, 6(3), 207–215. <https://doi.org/10.1037/a0036143>