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Self-Acceptance in Mid to Late Life: Lingering Effects of Childhood Maltreatment and Positive Contributions of Warm and Supportive Relationships

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Abstract
Attachment theory posits that childhood maltreatment negatively impacts beliefs about the self and those beliefs are carried forward into adulthood. This study examined the long-term effects of three forms of maltreatment (physical abuse, emotional abuse, and emotional neglect) on self-acceptance in adulthood. It also explored the effects of current relationships with family, friends, and spouse. Data were obtained from 4325 participants in the Midlife in the United States (MIDUS) study. We used multilevel models to estimate the independent and interactive effects of a history of childhood maltreatment and quality of relationships with friends, family, and spouse or partner on self-acceptance over three waves of assessment spanning nearly two decades. Key results showed that a history of childhood maltreatment had a negative effect on self-acceptance. Warm and supportive relationships showed positive associations with self-acceptance but only the spouse/partner relationship moderated the effects of emotional neglect.

Keywords Child abuse and neglect · Attachment · Longitudinal analysis · Self-acceptance

Self-acceptance is central to mental health and psychological well-being (Williams & Lynn, 2010). The capacity for self-acceptance (that is, realistic self-evaluation and recognition of both strengths and weaknesses) is strongly influenced by relationships with important others (Mikulincer & Shaver, 2004). Starting in infancy and continuing through childhood and adolescence, humans develop a sense of self based on repeated interactions with important others in their lives (Bowlby, 1969/1982). When this process is disrupted through a vital malfunction of the caregiving environment, such as abuse or neglect, the individual's sense of self is adversely affected (Cicchetti & Banny, 2014). However, development continues throughout the lifespan and change can occur, for better or worse, at any point. Hence, the present study explored self-acceptance across mid to late life, taking into consideration the detrimental effect of childhood maltreatment and the potential for warm and supportive relationships to compensate for these early influences.

Self-acceptance refers to a long-term appraisal of one's personal strengths and weakness, maintaining awareness of one's positive qualities as well as flaws, and accepting both (Ryff & Singer, 2008). The importance of self-acceptance is evident in the writings of humanistic theorists, all of whom view self-acceptance as fundamental for becoming a mature, well-functioning adult (e.g., Allport, 1961; Maslow, 1954; Rogers, 1947). Lifespan theorists also emphasize the importance of coming to terms with the self, including one's past life (Erikson, 1994; Neugarten, 1973). It is one of six dimensions comprising Ryff's model of psychological well-being, an influential paradigm of positive human functioning (Ryff & Singer, 2008). Self-acceptance is a central component in several therapeutic approaches, ranging from rational-emotive behavioral therapy (Ellis & Dryden, 1997) to third-wave cognitive behavioral therapies, such as acceptance and commitment therapy (Hayes et al., 1999), dialectical behavior therapy (Linehan, 1993), and mindfulness-based cognitive therapy (Segal et al., 2002).

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Decades of research findings, mostly conducted from the humanistic perspective but more recently from the framework of mindfulness theory (Brown et al., 2007), support the idea that self-acceptance is fundamental to psychological health. Self-acceptance is consistently associated with reduced levels of psychopathology (for a review, see Williams & Lynn, 2010). People who accept themselves tend to have satisfying social relationships (Broder, 2013), demonstrate effective leadership (Denmark, 1973), and respond less defensively to negative feedback (Chamberlain & Haaga, 2001). High levels of self-acceptance are linked with positive emotions and emotional regulation, and inversely linked with depressive symptoms (Jimenez et al., 2010).

Attachment Theory

According to attachment theory, the enduring emotional bonds that are built up through repeated interactions with significant others, most notably parents and romantic partners, have a profound influence on the way people view themselves. Starting in infancy, when interactions with attachment figures (typically the parents) are generally positive (that is, the attachment figure is available and responsive in times of need), the child develops a view of self as lovable and worthy of care. The impact of early attachment relationships continues into adulthood through a process of incorporating the attachment figures' qualities into one's view of self (Mikulincer & Shaver, 2004). This integration leads people to view themselves in a way consistent with the way they were treated by those figures. As a result, people who generally received warm and positive responses from primary caregivers can "retain a sense of self-worth while recognizing their normal human mistakes, weaknesses, and shortcomings" (Mikulincer & Shaver, 2016, p. 149). In contrast, if the early environment involved abuse or neglect, children are more likely to internalize a view of self as lacking value and worth and a view of others as hostile and unsupportive. As they incorporate qualities of the attachment figure into their view of self (Mikulincer & Shaver, 2004), they are likely to be harshly self-critical, lacking the capacity to reconcile the personal faults and mistakes that comprise the human experience. Consistent with this proposition, decades of research have shown that childhood maltreatment is associated with more negative views of the self in childhood, adolescence, and adulthood (for a review see Zhang et al., 2022). However, most of this work has focused on self-esteem (Zhang et al., 2022) and self-acceptance is distinct from self-esteem. Specifically, self-esteem involves an evaluation of one's personal worth but self-acceptance refers to a long-term awareness and acknowledgement of one's strengths and weaknesses (Ryff & Singer, 2008; Zhang et al., 2022). To our knowledge, no studies have explored the relationship between childhood maltreatment and self-acceptance in mid to late adulthood.

Social Relationships as a Context for Change

Although it is likely that early maltreatment has a detrimental effect on self-acceptance, both attachment theory and the lifespan perspective extend the possibility of change. Attachment theory contends that although the groundwork for self-evaluation is laid early in life, it is not impervious to change (Fraley, 2019). For many people, the primary attachment relationship in adulthood is with a spouse or romantic partner (Ainsworth, 1989; Hazan & Shaver, 1987). If this adult attachment figure is warm, accepting, and responsive, those positive qualities can be incorporated within one's mental representations of self (Mikulincer & Shaver, 2004).

Although the inverse association between childhood maltreatment and marital quality has been well-established (Zamir, 2021), surprisingly little research has explored the possibility that high quality marital relationships might buffer the long-term effects of maltreatment on emotional health (for a review see Whiffen & Oliver, 2013). In support of this idea, some studies have shown that quality of an intimate partner relationship can mitigate the long-term effects of early maltreatment or other adversity. For example, among newlywed couples, spouse support buffered the effects of childhood physical abuse or exposure to intimate partner violence on trauma symptoms among men, but not women (Evans et al., 2014), and among married couples who experienced significant adversity during childhood, marital support was related to greater resilience (Carr & Kellas, 2018). However, other work has failed to demonstrate that the marital relationship can moderate the effect of maltreatment on adult mental health (Fitzgerald et al., 2021), and no studies have explored the potentially moderating effect of the marital relationship on self-acceptance.

Other social relationships that offer warmth and acceptance may also help to compensate for early maltreatment. The lifespan perspective (Baltes, 1987) stresses the interconnected and ever-changing influences of multiple contexts on development. It further recognizes that development is multidirectional and plastic, such that long lasting negative effects of childhood maltreatment can be offset in a positive direction by contextual factors later in life such as social relationships. Social contexts that provide support and closeness may help to explain interindividual variability in the long-term effects of maltreatment. Consistent with these ideas, growing evidence indicates that perceiving support from family or friends can lessen the long-term impact of maltreatment (Beeble et al., 2009; Evans et al., 2014;

Powers et al., 2009). For example, emotional support buffered the effects of early victimization on adult psychological distress (Hill et al., 2010) and perceived social support buffered the effects of self-reported maltreatment on depression among adolescents (Salazar et al., 2011) and adults (Powers et al., 2009; Schuck & Widom, 2001). One of only a few studies using a prospective longitudinal design found that tangible social support buffered the effects of child abuse and neglect on depression in adult women (Sperry & Widom, 2013).

The Present Study

Given the importance of self-acceptance for psychological maturity (e.g., Allport, 1961; Maslow, 1954; Rogers, 1947) and the lack of research on the long-term effects of childhood maltreatment on self-acceptance, this study attempted to fill this gap in the literature. Based on attachment theory and findings from previous studies, we hypothesized that adults who experienced maltreatment as children would report lower self-acceptance than adults who did not report maltreatment. Based on attachment theory and the lifespan perspective, we expected that warm and supportive relationships with friends, family, and spouses would show positive relationships with self-acceptance at each time point. Finally, we hypothesized that warm and supportive relationships would moderate the effects of maltreatment on self-acceptance.

Table 1 Demographics and Summary Statistics from the Original MIDUS Sample and the Analytic Sample

	Original MIDUS Sample	Analytic Sample
Variable		
Observations	7108	4325
Female	51.7%	48.5%
Racial minority (% non-White)	9.3%	7.2%
Physical abuse	23.9%	23.0%
Emotional abuse	11.2%	10.1%
Emotional neglect	8.2%	7.4%
Sexual assault before age 18	0.04%	0.05%
	Means (*SD*)	
Age	46.38 (13.00)	46.33 (12.44)
Education	6.77 (2.49)	6.93 (2.47)
Family relationship quality	3.16 (0.51)	3.19 (0.49)
Friend relationship quality	3.15 (0.45)	3.16 (0.49)
Partner relationship quality	3.18 (0.54)	3.18 (0.54)
Counseling sessions in past year	2.14 (10.76)	1.68 (6.86)
Negative affect	1.54 (0.62)	1.50 (0.59)
Self-acceptance	16.60 (3.49)	16.92 (3.36)

Note. Values presented are based on Wave 1

Method

Study Sample

This study used data from Waves 1, 2, and 3 of the Midlife in the United States study (MIDUS; Brim et al., 2004), a longitudinal investigation of health and aging. The initial wave was conducted in 1995–1996 (MIDUS 1; T1) when a national sample of 7108 English-speaking, non-institutionalized adults was surveyed via telephone using random digit dialing. The original cohort was resurveyed approximately 9 and 18 years later with approximately 70% of respondents participating at each subsequent wave (T2; $n = 4963$ and T3; $n = 3294$). At each time point, a telephone interview was conducted by a trained interviewer and a self-administered questionnaire was mailed to each participant. Our sample included 4325 participants who had complete data on the covariates and outcome variables at one or more of the three waves of assessment. Respondents comprising the analytic sample were less likely to be female (48.5% female) than those in the excluded sample (51.5% female), $\chi^2(1) = 45.33$, $p < .001$and had more years of education ($M = 6.93$, $SD = 2.47$ on a 12-point scale) than excluded respondents ($M = 6.52$, $SD = 2.50$), $t(7090) = -6.72$, $p < .001$. Those in the analytic sample were less likely to have a non-White racial origin (7.2%) than non-included respondents (14.2%), $\chi^2(1) = 75.24$, $p < .001$. There was no significant difference in age between the analytic ($M = 46.33$, $SD = 12.44$) and excluded respondents ($M = 46.50$, $SD = 13.82$), $t(7044) = 0.56$, $p = .58$.

The self-identified racial breakdown of the analytic sample was as follows: 92.7% White, 5.0% Black or African-American, 4.4% Native American, 1.1% Asian or Pacific Islander, and 2.1% Other (total percentages exceed 100 due to some participants identifying as more than one racial category).

Characteristics of the original MIDUS sample and the analytic sample for this study are presented in Table 1. The MIDUS data sets are publicly accessible through the Inter-university Consortium for Political and Social Research, and this study was deemed exempt from institutional review.

Measures

Child Abuse and Neglect

Prior studies examining long-term effects of childhood maltreatment have dichotomized childhood maltreatment measures mainly to capture abuse rather than variations in normative parenting (Dong et al., 2003; Goodwin et al., 2003; Irving & Ferraro, 2006; Springer, 2009). For

consistency with prior research, we used dichotomous indicators of maltreatment.

Childhood exposure to parental emotional or physical abuse was retrospectively assessed at T1 using items drawn from the Conflict Tactics Scale (Straus et al., 1980), which has been widely used in family violence research (Straus, 2007). Emotional abuse was measured by the item: "When you were growing up, how often did your mother/father or the woman/man who raised you, insult you or swear at you; sulk or refuse to talk to you; stomp out of the room; do or say something to spite you; threaten to hit you; smash or kick something out of anger?" Participants responded using a 4-point scale (1 = *never*, 2 = *rarely*, 3 = *sometimes*, 4 = *often*); for this study, emotional abuse was coded as present if the respondent indicated that either parent 'often' engaged in the behavior (Danielson & Sanders, 2018). Physical abuse was measured by the item: "When you were growing up, how often did your mother/father or the woman/man who raised you, push, grab, or shove you; slap you, or throw something at you?" Severe physical abuse was measured by the item: "When you were growing up, how often did your mother/father or the woman/man who raised you, kicked, bit, or hit you with a fist; hit or tried to hit you with something; beat you up; choked you; burned or scalded you?" Physical abuse was coded as present if either parent 'often' engaged in the physically abusive behavior or if either parent 'rarely', 'sometimes', or 'often' engaged in the severely abusive behavior (Danielson & Sanders, 2018). If either item was missing, only the non-missing response was used.

Emotional neglect was assessed at T1 using 14 items from the Parental Affection in Childhood Scales (Rossi, 2001). Participants were asked to rate their relationship with their mother/father during the years they were growing up on a scale from 1 (*excellent*) to 5 (*poor*). Scores were recoded so that higher scores reflected a better relationship and transformed to a 4-point scale. Participants responded to the following six questions separately for their mother and father using a 4-point scale (1 = *a lot*, 2 = *some*, 3 = *a little*, 4 = *not at all*): "How much did she/he understand your problems and worries; how much could you confide in her/him about things that were bothering you; how much love and affection did she/he give you; how much time and attention did she/he give you when you needed it; how much effort did she/he put into watching over you and making sure you had a good upbringing; how much did she/he teach you about life?" Items were reverse coded so that high scores reflected higher levels of parental affection and the mean of the 14 items (seven items for the maternal scale and seven items for the paternal scale) was calculated for cases that had valid values for at least one item on the scale. Internal consistency based on McDonald's omega (Hayes & Coutts, 2020) was $\omega = 0.92$; a mean of 2.0 or less across the 14 items was coded as emotional neglect (Danielson & Sanders, 2018).

Relationship Quality

At all three waves, relationship quality was measured from three sources—family (except spouse/partner), friends, and spouse/partner (if applicable)—using a self-administered questionnaire (Schuster et al., 1990). Similar items were used for each source, with the addition of four items in the spouse measures. For each source, participants responded to the following eight items using a 4-point scale (1 = *a lot*, 2 = *some*, 3 = *a little*, 4 = *not at all*): "how much does [source] really cares about you; how much do they understand the way you feel about things; how much can you rely on them for help if you have a serious problem; how much can you open up to them if you need to talk about your worries; how often do they make too many demands on you; how often do they criticize you; how often do they let you down when you are counting on them; how often do they get on your nerves?" Items were reverse coded so that high scores reflected higher levels of positive relationship quality and the mean for the eight items was calculated. Internal consistency for family relationship quality was as follows: $\omega = 0.82$ at T1, $\omega = 0.80$ at T2, and $\omega = 0.81$ at T3. Omega for friend relationship quality was as follows: $\omega = 0.77$ at T1, $\omega = 0.77$ at T2, and $\omega = 0.76$ at T3. For spouse or partner relationship quality, the following additional four items were included: "How much does he or she really appreciate you; how much can you relax and be yourself around him or her; how often does he or she argue with you; how often does he or she make you feel tense?" Omega for the spouse/partner scale was $\omega = 0.92$ at T1, $\omega = 0.91$ at T2, and $\omega = 0.92$ at T3. The relationship quality measures can be split into separate positive and negative subscales; however, this study was concerned with overall relationship quality and so retained the overall relationship quality scales (e.g., Arenella & Steffen, 2021). For all three relationship quality scales, a mean was computed for cases that had valid values for at least one item on the scale; item-level missingness was less than 1%.

Self-Acceptance

Self-acceptance was assessed at all three waves using the following three items from the Scales of Psychological Well-Being (Ryff, 1989): "I like most parts of my personality; when I look at the story of my life, I am pleased with how things have turned out so far; in many ways I feel disappointed about my achievements in life." Respondents indicated agreement using a scale ranging from 1 (*strongly agree*) to 7 (*strongly disagree*). When an item was missing,

a mean value of the remaining items was imputed to calculate the sum score; item-level missingness was less than 1%. Positive items were reverse-coded and scores were added such that higher scores reflected greater levels of self-acceptance. Omega for this scale was 0.62 at T1, 0.70 at T2, and 0.71 at T3. Although these reliability estimates are low, these three items were the only measures of self-acceptance that were administered across all three waves.

Covariates

Demographic variables included baseline characteristics of age at T1 (continuous), gender (0 = *male*, 1 = *female*), education (ranged from 1 = *no school or some grade school* to 12 = *doctoral degree*), and race (coded 0 = *white*, 1 = *other* because of the small number of minorities in the sample). Based on evidence that psychological therapy can influence attachment patterns (Levy & Johnson, 2018) we also included number of visits to a mental health professional within the previous 12 months as a time-varying covariate. Based on evidence that childhood sexual abuse often co-occurs with other forms of abuse or neglect (Dong et al., 2003), we included sexual assault before age 18 (coded 0 = *no*, 1 = *yes*) as a time-invariant covariate. Finally, to control for respondent mood when completing the self-administered questionnaire, we included negative affect as a time-varying covariate.

Analytic Strategy

To use all three waves of assessment, we used IBM SPSS Statistics (Version 27) to estimate longitudinal multilevel regression models. Because the MIDUS sample has a broad age range (25–75 at T1), we defined time as years since the initial assessment and included age at T1 (centered on the sample mean at T1) as a covariate. Hence, the intercept represents participants' self-acceptance at T1 and the slope of the time variable represents its yearly change. One of the advantages of multilevel modeling is that individuals with missing data points are still included in the analysis because the observed values are used to determine the longitudinal trajectory. In our analyses, any single participant contributed up to three observations (one for each wave of assessment).

Using a model building approach, we started with an unconditional growth model (Model 1), then introduced time invariant covariates to evaluate their effect on both intercept and slope. Model 2 includes the demographic control variables (age at T1, gender, education, race), the childhood maltreatment variables (physical abuse, emotional abuse, emotional neglect), and childhood sexual assault. Model 3 introduced the time-varying covariates of relationship quality for family, friends, and spouse, as well as interactions between the maltreatment variables and relationship quality. Because our hypotheses centered on the fixed effects, we report the marginal pseudo R^2, which is a measure of the proportion of variance explained by the fixed effects only. We also report the conditional pseudo R^2, which expresses the proportion of variance explained by the random effects.

Results

Although SPSS estimates trajectories based on existing data points, it uses listwise deletion for cases that lack valid data for the covariates. Hence, MIDUS participants who did not complete the assessments of maltreatment or the measures of social support were not included in the analytic sample.

As a preliminary analysis, we computed correlations among all study variables; results are presented in Table 2. Results of the multilevel analysis are presented in Table 3. The intraclass correlation indicated that 56% of the variability was between subjects, thereby justifying the use of a multilevel analysis. The unconditional growth model (Model 1) included time (defined as years since T1) as the slope component, but no other predictors. As shown in Table 3, the average self-acceptance score at T1 was 16.90 and on average it decreased by 0.02 each year. There was significant covariance between the intercepts and slopes, indicating that people who started with higher self-acceptance at the initial assessment tended to show slower decline over time.

Model 2 added the time-invariant control variables and the childhood maltreatment variables to the unconditional model. Age was the only demographic control variable that significantly accounted for variance in slope in this or any subsequent model; thus, nonsignificant slope terms for the other demographic controls were not retained and are not included in Table 3. Individuals who experienced physical abuse, emotional abuse, or emotional neglect as children reported lower self-acceptance in midlife, although the rate of change in self-acceptance over time did not differ for these individuals. Because none of the maltreatment variables predicted slope variance in this model, or any subsequent model, slope terms involving the maltreatment variables were not retained and are not presented in Table 3.

Model 3 introduced the time-varying predictors of friend, family, and spouse/partner relationship quality as well as their interactions with the maltreatment variables. Because these variables were specific to the wave of assessment, the coefficients associated with them describe the wave-specific deviation associated with the variable. Each of the relationship quality variables was positive and significant, indicating that when participants reported higher quality relationships, they diverged from their individual trajectories in a positive direction.

Table 2 Correlations Among Study Variables

Variable	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.
1.Age	--												
2.Female	−0.06**	--											
3.Education	−0.05**	−0.09**	--										
4. Racial minority	−0.10**	0.00	−0.03	--									
5.Physical abuse	−0.04*	−0.06**	−0.07**	0.04**	--								
6.Emotional abuse	−0.09**	0.04**	−0.05**	0.02	0.41**	--							
7. Neglect	−0.04	0.10**	−0.07**	0.00	0.23**	0.33**	--						
8.Sexual assault	−0.08**	0.14**	0.00	−0.02	0.08**	0.10**	0.11**	--					
9.Counseling	−0.03	0.03	0.01	0.00	0.06**	0.12**	0.09**	0.06**	--				
10. Negative affect	−0.11**	0.09**	−0.11**	0.02	0.14**	0.20**	0.17**	0.10**	0.22**	--			
11.Family relationship	0.17**	−0.02	0.04*	−0.05**	−0.22**	−0.24**	−0.22**	−0.11**	−0.14**	−0.31**	--		
12.Friend relationship	0.10**	0.16**	0.05**	−0.05**	−0.11**	−0.10**	−0.10**	−0.02	−0.03	−0.26**	0.46***	--	
13.Spouse relationship	0.05**	−0.12**	0.03	−0.05**	−0.10**	−0.10**	−0.10**	−0.04	−0.12**	−0.32**	0.31**	0.26**	--
14.Self-acceptance	0.03	−0.05**	0.19**	−0.01	−0.16**	−0.16**	−0.17**	−0.07**	−0.15**	−0.48**	0.33**	0.29**	0.34**

Note. Time-varying covariates are from Wave 1. Counseling = number of visits to a mental health professional in the previous year

*$p < .01$. **$p < .001$

We explored the possibility that family, friend, or partner relationship quality moderated the effects of maltreatment by entering interaction terms consisting of the product of the relationship quality variable (family, friend, or partner) and each maltreatment type. The only significant interaction was between emotional neglect and partner relationship quality, indicating that persons who experienced neglect experienced an additional benefit from this relationship. We probed this interaction using an online calculator specifically designed for use with multilevel models (Preacher et al., 2006) and results are presented in Fig. 1. The regression coefficient for spouse/partner relationship quality predicting self-acceptance was $b = 1.01$, $p < .05$ for participants who reported no history of exposure to emotional neglect and it was $b = 1.52$, $p < .05$ for those who did report a history of emotional neglect. Nonsignificant interactions are not presented in Table 3. Finally, the marginal pseudo R^2 indicated that Model 3 explained 28.5% of the variability in self-acceptance.

As a sensitivity check, we re-estimated this final model substituting the original Likert-scale measures of childhood abuse and neglect. Results are presented in Supplementary Table 1. Results were substantively unchanged. All forms of maltreatment showed negative associations with self-acceptance and all relationship quality variables (family, friends, and spouse/partner) showed positive associations with self-acceptance. Spouse/partner relationship quality showed a marginally significant positive interaction with neglect ($b = 0.14$, $p = .06$).

Discussion

This study sought to describe long term associations between exposure to childhood maltreatment and self-acceptance during mid to late adulthood. Exposure to childhood maltreatment had a lasting negative effect on self-acceptance. Warm and supportive relationships with family, friends, and spouse or partner had positive associations with self-acceptance, and relationships with spouse or partner moderated the detrimental effect of emotional neglect.

We found support for the hypothesis that warm and supportive relationships with family and friends would show positive associations with self-acceptance. Although on average, adults who had experienced childhood maltreatment had lower self-acceptance, quality relationships partially accounted for variability both within and between persons. The lifespan perspective posits that the life conditions and experiences of an individual can shape the developmental course, and our findings indicate that antecedent conditions (maltreatment) and ongoing experiences (relationships with others) are related to self-acceptance.

Table 3 Summary of Multilevel Analysis Predicting Self-Acceptance Using Binary Maltreatment Indicators

	Model 1	Model 2	Model 3
Intercept	16.90***(0.05)	15.70***(0.16)	10.45***(0.39)
Time slope (years)	-0.02***(0.004)	-0.02***(0.004)	-0.04***(0.004)
Time-invariant covariates			
Age at T1		0.01**(0.00)	-0.01* (0.003)
Age*years		0.001*(0.00)	0.001**(0.000)
Female		-0.00(0.09)	0.08 (0.08)
Education		0.22***(0.02)	0.16***(0.02)
Racial minority		-0.03(0.19)	0.23 (0.16)
Physical abuse		-0.37***(0.12)	0.07 (0.10)
Emotional abuse		-0.83***(0.17)	-0.19 (0.14)
Emotional neglect		-1.49***(0.19)	-2.30***(0.66)
Sexual assault		-0.84***(0.24)	-0.26 (0.20)
Time-varying covariates			
Counseling			-0.02***(0.004)
Negative affect			-1.84***(0.06)
Family relationship			0.69***(0.08)
Friend relationship			0.85***(0.08)
Partner relationship			1.01***(0.07)
Partner*Neglect			0.50*(0.21)
Marginal Pseudo R^2	0.002	0.068	0.285
Conditional Pseudo R^2	0.586	0.586	0.602
Intercept variance	6.31***(0.28)	5.44***(0.27)	3.07***(0.21)
Slope variance	0.003 (0.002)	0.003 (0.002)	0.003 (0.002)
Intercept-slope covariance	0.05**(0.02)	0.06***(0.02)	0.03** (0.14)
Residual variance	5.14***(0.17)	5.15***(0.17)	4.67***(0.15)

Note. Values presented are unstandardized coefficients with standard errors in parentheses
*$p < .05$. **$p < .01$. ***$p < .001$

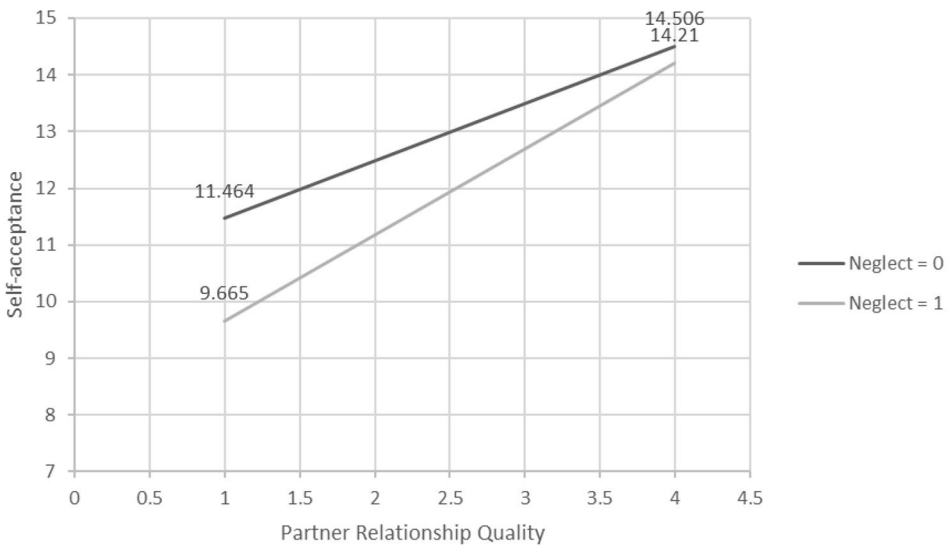

Fig. 1 Effect of Partner Relationship Quality on Self-Acceptance Conditional on Exposure to Childhood Neglect

Decades of research have shown the benefits of positive social connections on mental and physical health (Cohen, 2004; Taylor, 2007). These benefits are thought to occur via the provision of material and emotional support, promoting effective coping with life stress, and directly enhancing positive emotions. In the present context, we speculate that social relationships provide emotional benefits such as feelings of security (Ainsworth, 1989; Hazan & Shaver, 1990), and these feelings may facilitate realistic self-evaluation and acceptance.

Friendships can take many different forms, ranging from congenial acquaintances to close, intimate bonds with select persons (Antonucci et al., 2014). In general, close ties are more important for psychological functioning than peripheral ties, and our measure of friendship quality tapped aspects of the former (e.g., "How much do your friends really care about you?"; "How much can you open up to

them if you need to talk about your worries?"). Presumably close friendships confer a sense of feeling recognized and valued, which is related to greater self-acceptance.

Relationships with family members tend to be enduring, and our results show that ongoing, close relationships with family members are an asset in adulthood. Previous work has shown that people who experienced adversity within their families of origin tended to be resilient when those families evidenced flexibility in dealing with problems, reasonable involvement in each other's lives, and strong communication (Carr & Kellas, 2018). The present study builds upon this work by demonstrating that even when an individual has a history of adversity, warm and supportive family relationships in adulthood have a positive association with self-acceptance.

Finally, spouse/partner relationships showed a positive association with self-acceptance and this effect was amplified for persons who had experienced emotional neglect as children. For most adults, the relationship with one's spouse is the most significant of any social relationship and for many people, the primary attachment figure is a spouse or partner (Ainsworth, 1989; Hazan & Shaver, 1987). Bowlby himself viewed marriage, or its equivalent, as the adult manifestation of attachment, providing emotional security and protection (Bowlby, 1977). Thus, intimate partner relationships should potentially offer a particularly effective resource for individuals with a history of neglect by providing interactions that help to reshape beliefs about the self. Notably, while quality family and friend relationships showed positive associations with self-acceptance, these relationships did not interact with neglect. Although interactions within the family of origin are theorized to lay the foundation for beliefs about the self in adulthood, the influences of family may wane over time as other intimate partner relationships gain prominence. It is also important to note that not all close relationships meet the criteria for attachment relationships (Ainsworth, 1989), and while important for both physical and mental health, relationships with friends may not fulfill these criteria.

Self-acceptance showed gradual decline over time. This pattern has been noted for other aspects of psychological well-being in other longitudinal datasets (Homan & Kong, 2023). Although the decline was statistically significant, it has limited practical significance. The slope coefficient indicated that over the course of the three waves of assessment (nearly 20 years), the average decline was slightly more than one tenth of a standard deviation in self-acceptance.

This study had several limitations. First, although we used attachment theory as a guiding framework for our hypotheses, the MIDUS datasets do not contain measures of attachment. Findings were consistent with attachment theory; nevertheless, future research should include measures of attachment style to determine whether they mediate the longitudinal association between childhood maltreatment and self-acceptance. Second, although the MIDUS sample was recruited via random digit dialing, it was primarily White and relatively well-educated, thereby limiting generalizations across social class and ethnicity. A common difficulty with large surveys such as MIDUS is the need to use existing data which may rely on brief measures with limited reliability and this was a limitation of the present study. Another common difficulty with large surveys has to do with missing data. We assumed that data were missing at random, but our analytic sample was more likely to be male, White, and more educated than the excluded sample. Hence, it is possible that childhood maltreatment was associated with data missingness. Physical and verbal abuse were assessed with only one or two items while emotional neglect was assessed with a more comprehensive measure. It may be that emotional neglect was more accurately identified than the other forms of maltreatment. In addition, childhood maltreatment was retrospectively assessed at the first wave of MIDUS. Although retrospective reports are vulnerable to the frailty of human memory, evidence suggests that under-reporting is more common than over-reporting (Hardt & Rutter, 2004). Finally, data regarding sexual abuse or physical neglect were not available, and the MIDUS items assessing family support did not ask respondents to specify which family members they had in mind.

Despite these limitations, this study adds to the extant literature showing that exposure to childhood maltreatment has long reaching effects on multiple aspects of psychological functioning in adulthood by extending those effects to self-acceptance. Because self-acceptance is a key aspect of psychological well-being, this result implies that practitioners might help adults with a history of childhood maltreatment become aware of their appraisal of self and how it can affect their daily lives. Clinical wisdom generally maintains that high quality relationships can cushion the effects of adversity (Carlson & Dalenburg, 2000; Whiffen & Oliver, 2013) and results of this study support that assumption. Hence, practitioners might also remind clients about the importance of maintaining close and supportive relations with others and help identify ways to promote such relationships. Future research might explore interventions that help to promote relationships and self-acceptance.

In conclusion, relationships with others bestow a fundamental context for development across the lifespan. One's understanding of self can be profoundly shaped, for better or worse, by early interactions with primary caregivers. However, when later relationships with family, friends, and romantic partners are warm and supportive, they offer a context that supports change in a positive direction.

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Declarations

Conflicts of Interest None.

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