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We Shall Overcome: The Association Between Family of Origin Adversity,
Coming to Terms, and Relationship Quality in African Americans

Kylee Marshall

A thesis submitted to the faculty of
Brigham Young University
in partial fulfillment of the requirements for the degree of
Master of Science

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ABSTRACT

We Shall Overcome: The Association Between Family of Origin Adversity, Coming to Terms, and Relationship Quality in African Americans

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Master of Science

Because adverse childhood and family of origin experiences may have implications for adult relationships, it is important to understand what can help buffer potential negative effects. The current study was designed to understand the relationship between childhood family of origin adversities, coming to terms with family of origin issues and events, and adult romantic relationship quality for African Americans ($N = 1613$). A path analysis was conducted using data from the RELATE assessment (see www.relate-institute.org). Results indicated that, taken together, coming to terms, self-esteem, and depression likely partially mediated the relationship between family of origin adversity and adult relationship quality. Results also suggested that if African Americans were able to come to terms, they reported less depression and higher levels of self-esteem. Clinicians may find it useful to focus on assisting African American individuals in coming to terms with childhood family of origin adversity as part of treatment for depression, self-esteem issues, and adult romantic relationship problems. Additional clinical implications and directions for future research are discussed.

Keywords: family of origin adversity, self-esteem, depression, coming to terms, relationship quality, African Americans

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We Shall Overcome: The Association Between Family of Origin Adversity,
Coming to Terms, and Relationship Quality in African Americans

Research specific to African American and other racial/ethnic minority couple relationships is lacking. Culturally sensitive, strength-based research on these populations is even less common. Research on couple relationships in general has suggested several important variables that are associated with relationship quality, including depression (Roberson, Lenger, Norona, & Olmstead, 2018; Rehman, Evraire, Karimiha, & Goodnight, 2015) and self-esteem (Doyle & Molix, 2014; Valerio & Lepper, 2009). Furthermore, adverse family of origin experiences have been found to be associated with poor adult relationship satisfaction for African Americans in particular (Chen & Busby, 2018). Additionally, while not specific to African Americans, the way that an individual comes to terms with past difficulties in their families of origin also seems to be associated with relationship quality (Martinson, Holman, Larson, & Jackson, 2010). Coming to terms is briefly defined as a process of finding healing, meaning, and peace in difficult past experiences (Martinson et al., 2010). In examining African Americans relationships, it is critical to recognize the unique cultural history of this group. Lynching, slavery, and discriminatory social structures used to oppress Blacks in America historically still have a lasting impact on African American lives today (Wilkins, Whiting, Watson, Russon, & Moncrief, 2013). Because of this distinctive history it is important to study African American couples, as family of origin adversity, depression, self-esteem, and coming to terms may have unique implications for this population.

The impact of coming to terms, depression, and family of origin adversity has been studied in other historically-oppressed and marginalized population relationships. In fact, Dagley, Sandberg, Busby, & Larsen (2012) published a study examining Native Americans and

the relationship between family of origin (FOO) adversity and relationship quality, while considering the potential influence of coming to terms and depression. Although this study focused on Native Americans, we have decided to replicate the Dagley et al. (2012) study with African Americans due to the similar history of marginalization and oppression. As such, all variables are used in this replication study; however, the current study will additionally examine self-esteem given that it is discussed in the literature at large and may have specific implications for African Americans due to their experiences with racism, stereotypes, oppression, and so forth (Doyle & Molix, 2014; Mahilik, Pierre, & Wan, 2006). The current study aims to provide clinicians with a starting point for helping African Americans to address FOO adversities and related issues. Understanding how coming to terms with FOO issues impacts depression and self-esteem may also be helpful for clinicians when working with African American couples.

Literature Review

Theoretical Underpinnings

One central interpersonal process unifying this project comes from Bowen family systems theory and is called multigenerational transmission. Kerr and Bowen (1988) state that:

Multigenerational trends in functioning reflect an orderly and predictable relationship process that connects the functioning of family members across generations ...

multigenerational emotional process...includes emotions, feelings, and subjectively determined attitudes, values, and beliefs that are transmitted from one generation to the next (p. 224).

Because this process involves the handing down of emotional functioning, beliefs, attitudes, and values, this theory is important for clinicians to consider in working with historically oppressed/traumatized groups. Literature on multigenerational transmission of trauma for

marginalized or oppressed groups suggests that an individual's culture provides a necessary psychological defense and that stripping away a people from their culture has consequences relationally and psychologically both at the time of the trauma and beyond (Salzman, 2005). Bowen's theory of multigenerational transmission also provides insight as to how family of origin issues may influence romantic relationship quality, where those with family of origin hardships inherit less productive means of handling emotion and internalized negative attitudes, processes which they take into subsequent relationships (Kerr & Bowen, 1988). It is with these theoretical underpinnings in mind that we approach the current study to examine the consequences of family of origin adversity on adult romantic relationships, especially in groups that have been influenced by elements of historical trauma.

African American Relationships in Context

When examining the modern-day adversity faced by African American families, it is vital to consider the implications of historical trauma, such as oppression and discrimination. This is because Black family functioning and well-being cannot be understood without recognizing the traumatic historic events (such as slavery), systematic oppression, and discrimination as factors of influence. In fact, professional literature has demonstrated that groups with historically traumatic group history, such as Black Americans, do not need to directly experience the abusive events their ancestors went through to feel the effects (Wilkins et al., 2013). The idea of collective multigenerational trauma transmission suggests that because of mass historical traumatic events, oppressed groups may have greater difficulty working through challenges experienced within their lifetime. Historical oppression and its modern implications help explain why African Americans today may experience a general feeling of mistrust. During the historical period associated with slavery, emotional closeness was even dangerous, as family ties were

intentionally broken by slave holders (Swift, 2011). However, African Americans have also developed survival techniques and strengths in the process of facing historical trauma (Crawford, Nobles, & DeGruy Leary, 2003), suggesting unique resilience in modern day and historical African Americans.

For generations, African Americans have faced issues of oppression and inequality, beginning with the traumatic experiences of slavery and dehumanization upon being brought to the United States. Throughout the journey and upon arrival, African slaves were met with hostility, violence, and a slew of justifications related to enslavement. For example, early African Americans were referred to by Whites as those that “occupied the lowest position of the evolutionary scale,” thus stripping them of their value and any chance of being seen as having equal worth (Wilkins et al., 2013, p. 17).

This violence, dehumanization, and label of inferiority did not end with emancipation. A post-slavery world for Blacks in the U.S. involved denial of education and land, lack of government assistance, Jim Crow laws, and indentured servitude. Furthermore, any attempt to resist the social order was met with violence (Wilkins et al., 2013) and thus began the lynching era. Lynching was perpetuated as Blacks were painted as criminals (Stewart, Mears, Warren, Baumer, & Arnio, 2018) and Whites justified lynching as “self-help” or a protective measure (Phillips, 1987, p. 363). Discrimination, violence, social powerlessness, low wages, high unemployment, high prison enrollment, and crime victimization are modern-day effects of this era in American history (Wilkins, et al., 2013). Although time has passed since the slavery and lynching eras, these painful modern-day processes serve as a structurally embedded continuation of the more overt and obviously violent traumatic events of the past and for many, serve to emphasize feelings of fear, anger, suffering and discouragement amongst African Americans.

Although not explicitly measured in the current study, the concept of historical trauma is an important aspect of African American adversity that can cause Blacks to experience greater stress levels and hardship when compared to other U.S. racial groups, particularly related to race (Utsey, Giesbrecht, Hoot, & Stanard, 2008). Race-related stress, or race-related adversity, can be defined as interactions between individuals and their environment that stem from racism and put strain on the individual's resources and negatively impact well-being (Tovar-Murray & Munley, 2007). Instances of racism and race-related stress have been found to produce negative psychological and emotional distress comparable to those in combat zones or those who have experienced interpersonal trauma (Danzer, Rieger, Schubmehl, & Cort, 2016). Examples from the literature highlight how policies such as stop-frisk-search, stereotypes such as the criminality and the dangerousness of Black men, and the trivialization of painful experiences with discrimination can re-traumatize and serve as further stressors to African American individuals (Aymer, 2016). This is important as instances of racism and discrimination have been found to lead to increased likelihood of developing psychological disorders, lower self-esteem and life satisfaction, and less academic success (Pierre & Mahalik, 2005). It is estimated that 90% of Black individuals in America have experienced overtly racist events in their lifetime (Danzer et al., 2016). African Americans that experienced race-related media hostility were found to have heightened cortisol activation and stress reactivity responses, which may lead to more infectious disease (Richman & Jonassaint, 2008). Furthermore, the greater levels of stress that are born from experiencing oppression both in modern times and connecting this oppression back to painful events historically have led to difficult social adjustments, problems with physical health (Pierre & Mahalik, 2005), and lower relationship quality (Kerr et al., 2018; Riina & McHale, 2010). Race-related stress seems to be more likely to predict psychological difficulties than

stressful life events because it is “pervasive, perpetual, and systematic”, whereas the impact of stressful life events may be time limited (Utsey et al., 2008, p. 58). Race related stress is distinct from general stressful life events in that racial injustices are often targeted attacks and are not experienced by everyone. Race-related stress events commonly reinforce historically traumatic themes, perhaps exacerbating and intensifying modern-day pain.

African Americans and Relationship Quality

In general, relationship quality refers to how happy, satisfied, and stable individuals experience their relationships as being. First, relationship quality is important for individuals in that, across ethnic backgrounds, relationship quality has been found to be closely linked to good physical health (McShall & Johnson, 2015). High quality relationships are also linked to emotional health, bringing comfort and stress-relief (Collins & Feeney, 2000). Secondly, relationship quality is important for families. One study found that parents who were in high quality relationships had children with less behavioral problems, in comparison to those children whose parents had low relationship quality (Goldberg & Carlson, 2014). Furthermore, parents that are happy and satisfied with their relationships foster more positive interaction with their children (Carlson & McLanahan, 2006). Lastly, relationship quality is important for society at large. High relationship quality has been linked to greater levels of social responsibility in terms of conscientiousness and self-efficacy (Thornton, 2015).

In examining families of African descent, it is important to recognize that African American couples and families often have “extended kinship systems,” as traditional family units were not always possible during the slavery era (Hines, 2005, p. 9). Kinship networks include extended family and those in the community that come together to support families, help provide childcare, and come to one another’s aid during times of crisis or struggle (Mills, Usher, &

McFadden, 1999). African American couples often have a spiritual or religious element that contributes to their marital satisfaction, with both husbands and wives reporting higher spirituality being linked to greater relationship quality (Fincham, Ajayi, & Beach, 2011).

Furthermore, Black couples with more egalitarian gender roles and division of labor experience high levels of relationship quality (Stanik & Bryant, 2012; Stanik, MacHale, & Crouter, 2013).

For African Americans, much of the research on couples and families focuses on negative relationship quality and family challenges. Although perhaps unintentional, this research strengthens Black stereotypes and reinforces the narrative that African American families are broken and weak. It is not necessarily surprising that most of the research has focused on the notable difficulty for African American relationships today. However, it is important to not only overtly highlight the ways in which African American relational distresses is informed by trauma and oppression, but also examine patterns of resilience, support seeking, and mobilizing to meet challenges.

Despite the fact that extant research overemphasizes negative aspects and challenges of Black marriages, some research findings are still important to consider and provide insight and direction for future inquiry. It is important to the current study to understand what African American couple relationships look like. Some research suggests that Black couples have much lower marital well-being than their White counterparts (Amato, 2011). However, as we have discussed, there are unique factors that may influence Black couples which must be considered. For instance, high levels of internalized racism can further negatively impact Black individual's relationship quality (Wesley, 2018). African American women have consistently reported lower levels of relationship quality than African American men (Barr, Culatta, & Simons, 2013; Bryant, Taylor, Lincoln, Chatters, & Jackson, 2010). In examining this phenomenon for African

American couples, some researchers have speculated that this may be because men may receive more benefits from marriage, women bear the emotional burden of financial strain, or differing expectations for men and women (Bryant et al., 2010). Along with the unique challenges that Black couples may face, come unique ways that Black couples handle relational distress. Blacks in the U.S. are more likely than Whites to think about getting divorced; however, they are less likely to actually divorce (Broman, 2002), perhaps suggesting the importance of marriage and commitment. Further examination of African American marital relationships suggests that Black couples tend to keep relationship issues private, but when they do turn to outside help, they are most likely to turn to a spiritual/religious leader (Vaterlaus, Skogrand, & Chaney, 2015).

When Black couples are thriving, unique benefits are reflected. For example, research has demonstrated that for Black couples, a high-quality, warm relationship can buffer the negative health effects related to hostile and cynical attitudes that Black's often experience from others, showing the importance of attachment in Black relationships (Guyl, Cutrona, Burzette, & Russell, 2010). In this vein of thinking, other African American reported their family and marital relationship to be close, supportive, understanding, and capable of resolving conflict. For these couples, reports specifically focused on the idea of freedom of self-expression, supported by encouragement from their loved ones (Kane & Erdman, 1998). Although African American couples have specific challenges, they also have unique strengths that are vital to consider while studying and examining relationship quality.

Family of Origin Adversity and Relationship Quality

Family of origin adversity can include a myriad of experiences including parental conflict, financial strain, abuse, loss/bereavement, illness/medical trauma, war, drug and alcohol use, etc. In the adverse childhood experiences (ACE) study, four major domains of ACEs are

identified including emotional, physical, and sexual abuse, as well as family/household dysfunction (Felitti et al., 1998). In children, the more trauma that one experiences, the greater levels of behavioral problems, such as emotional reactivity, rule breaking, social problems, attention issues, and aggression (Greeson et al., 2014). Those that have experienced adverse childhood experiences often have greater unresolved mourning. However, despite these negative FOO adversities, research has found that 51% of those with four or more adversities in childhood experienced attachment security in adulthood, suggesting the ability of individuals to be resilient (Thomson & Jaque, 2017).

It is unsurprising that traumatic and adverse childhood experiences influence future relationships. One explanation espoused by the larger literature regarding why childhood trauma leads to poorer relationship quality is that those with poor family of origin relationships may not learn skills necessary for healthy relationships in adulthood. Another explanation suggests that adversity in childhood, such as emotional abuse, does not allow children to develop healthy self-images, believing themselves to be unworthy of love and others to be unreliable (Gaskin-Wasson et al., 2017). These impacts are long-lasting, as those with high levels of psychological abuse/maltreatment during childhood often reported greater psychological issues and marital dissatisfaction when they were older (Perry, DiLillo, & Peugh, 2007). Along with negative attitudes about self, those suffering from more abuse/adversity in childhood often develop negative attitudes about relationships in adulthood (Busby, Gardner, & Taniguichi, 2005). Even conflicts within marriage seem to be passed from one generation to the next. Amato and Booth (2001) found that reports of parent's marital conflict in 1980 predicted their children's reports of their own marital conflicts 20 years later. Although high family functioning was most strongly

associated with resilience, even those that were low in optimism and efficacy were likely to be resilient as adults if they were in a supportive and close marriage (Carr, 2013).

In African American populations specifically, parenting in childhood seems to be especially relevant to fostering positive interactions in adult romantic relationships (Simons, Simons, Landor, Bryant, & Beach, 2014). This suggests that FOO adversities derived from parental issues such as substance abuse, violence, and extreme poverty, leave African American children more vulnerable to poor relationship quality in adulthood. One study showed that Black Americans' negative family of origin experiences had a direct adverse effect on relationship satisfaction in adulthood and that relationship quality was further impacted by other sociopolitical factors specific to African Americans (Chen & Busby, 2018).

Research has suggested that ethnic minority and/or low SES children are exposed to more family of origin adversities than wealthy and/or majority race children (Slopen et al., 2016; Utsey et al., 2008). These early adversities lead to children who are disadvantaged in terms of "schools, employment, housing, justice, and health" (Slopen et al., 2016, p. 52). This exposure to FOO adversity comes with many consequences. For example, Black individuals exposed to adverse childhood experiences have been reported to be three times more likely than those without adverse childhood experiences to engage in heavy drinking (Lee & Chen, 2017). Furthermore, children's experiences with early abuse, discord, and conflict in their parent's relationship may be more likely to have negative marital patterns in their own adulthood (Whitton, et al., 2008).

Family of origin adversity and depression. Another variable that is vital to consider when studying the connection between childhood trauma and adult relationship quality is depression. In the larger body of literature, some studies have shown that depression is a

predictor of low relationship quality more often than an outcome of poor relationship quality (Rehman et al., 2015; Roberson et al., 2018). Depression most often takes an emotional toll on the couple; however, qualitative reports also mention the negative effects of decreased romance and sexual intimacy, open communication, and connectivity (Sharabi, Delaney, & Knobloch, 2016). Those that report depression symptoms and relational uncertainty also report higher levels of topic avoidance, exacerbating the already difficult relationship and depressive symptomology and making communication difficult (Knobloch, Sharabi, Delaney, & Suranne, 2016).

Early traumatic experiences in childhood have been consistently linked to the development of depression symptomology in adulthood (Docter, Zeeck, von Wietersheim, & Weiss, 2018). Some studies suggest that this link is due to rumination, or overly focusing on negative feelings and their possible causes or consequences (Kim, Jin, Jung, Hahn, & Lee, 2017). Other studies have tried to explain this relationship by suggesting that low emotional regulation mediates the relationship between family of origin adversity and depression. This suggests that family of origin trauma or adversity can lead to decreased levels of emotional regulation which may then contribute to the onset of depressive symptoms (Hopfinger, Berking, Bockting, & Ebert, 2016). In the current study, we are interested in further exploring the mechanisms by which childhood adversity and outcomes such as couple distress and depression are connected. Emotional regulation is a process with many components, one of which may be making sense of and accepting difficult events. We are interested in how coming to terms with FOO adversities may be one part of an emotional regulation process employed in response to adverse events.

Depression for African Americans may be influenced by contextual factors such as discrimination and oppression, leading to feelings of powerlessness (Wilkins et al., 2013). For example, a longitudinal study of African Americans who did not report any previous depressive

symptomology reported depressive symptoms if living in a neighborhood with higher levels of discrimination (Russell, Clavél, Cutrona, Abraham, & Burzette, 2018). Furthermore, for African Americans and other racial and ethnic minority groups, depression often comes with other burdens. For example, depression treatment for Black men in America is highly stigmatized, in part due to mistrust of the healthcare system (Hankerson, Suite, & Bailey, 2015). African American women may face other challenges in the mental health sector. Black female scholars often call this interplay between race and sex “intersectionality,” as it leads to both gender and racial oppression (Carastathis, 2016). This is also sometimes referred to as a double minority and leads to loneliness and more serious symptoms of anxiety and depression (Chang, 2018). Racial discrimination also has personal mental health implications for African Americans, including internalized anti-Black bias. High levels of anti-Black bias in African Americans was linked to higher levels of depressive symptoms amongst African American men (Chae et al, 2017). Additionally, consistent discriminatory experiences cause individuals to seek out methods of coping, which may cause further problems. For example, some Black Americans exert high amounts of energy to cope with and fight against racial prejudice and discrimination, a phenomenon sometimes referred to as John Henryism. Such high-level coping can be exhausting for the individual and may lead to increased depression symptomology, especially in African American men (Hudson, Neighbors, Geronimus, & Jackson, 2016).

Family of origin adversity and self-esteem. Self-esteem is an important construct for both individual and relationship functioning. Self-esteem may be threatened by self-criticism, which is vital to consider as those who experience childhood adversities are more likely to develop attitudes of self-criticism in adulthood (Pagura, Cox, Sareen, & Enns, 2006; Valerio & Lepper, 2009). Some literature suggests that perhaps this is due to negative self-attributions and

blame that victims assign themselves after experiencing traumatic events (Littleton, Magee, & Axsom, 2007). These attributions seem to be pervasive throughout an individual's life. Other literature explains this by suggesting that family adversity negatively impacts family functioning, which then leads to lower levels of self-esteem (Yen, Yang, Wu, & Cheng, 2013). Less positive self-esteem has been associated with lower levels of romantic relationship functioning (Doyle & Molix, 2014; Valerio & Lepper, 2009). Long-term relational and personal implications for self-esteem issues vary by gender. For women, self-esteem is often negatively impacted when relationship quality is poor, leading to more depressive symptoms; however, for men, if self-esteem is high, they are less likely to develop depressive symptoms, even if marital quality was low (Culp & Beach, 1998). Although lack of self-esteem can contribute negatively to several areas of one's life, high levels of self-esteem also have significant implications. For example, higher levels of self-esteem have been found to buffer the impacts of depression and anger in sexually abused teens, suggesting that self-esteem plays a role in resilience (Asgeirsdottir, Gudjonsson, Sigurdsson, & Sigfusdottir, 2010).

Self-esteem is an especially important concept when studying minority and oppressed groups, as discrimination stress has been found to lead to poorer self-image. This negative self-image is also tied to poor relationship quality in African Americans (Doyle & Molix, 2014). As race is a vital component of self-schemas, racial attitudes seem to have an impact on self-esteem. For example, Black young men that felt at peace with their racial identity and Blackness report greater self-esteem, as opposed to those who feel that they need to conform to White standards (Mahalik et al., 2006). Aside from racial identity, African American parents can also contribute to the development of self-esteem in their children. High levels of mother involvement in

children's lives, regardless of FOO adversity, lead to increased levels of self-esteem in African Americans (Rodney & Rodney, 1996).

Coming to Terms

Coming to terms is an important variable to consider in the examination of painful or adverse family of origin experiences. The concept of coming to terms is under-researched in most fields, and even more so when considering racial minority groups such as African Americans. Martinson et al. (2010) define coming to terms as a healing process which "involves individuals' efforts to interpret, understand, find meaning in, re-story, reframe, come to a resolution, and to be at peace with difficult past experiences" (p. 208). For a population such as African Americans, whose collective and individual pasts are often riddled with difficulty and adversity, coming to terms may be a particularly important process.

It is unsurprising that difficulty in families of origin can cause later difficulties in romantic relationships. There is a significant difference in relationship satisfaction between those who come to terms with difficult experiences in their families of origin and those who do not (Martinson et al., 2010). On the other hand, research has also suggested high quality relationships can aid in the process of coming to terms with past negative FOO experiences (Busby et al., 2005).

Closely related to the concept of coming to terms is resilience. We conceptualize coming to terms as a process with resilience being one potential outcome. In one study, highly resilient individuals were found to experience and report more positive emotions and less negative emotions. Furthermore, resilience was consistent across time, regardless of the negative circumstances that may have been encountered, suggesting that resilience is an outcome that is long lasting (Karairmak & Figley, 2017).

One way that African American parents have typically nurtured resilience in their children is through racial socialization or discussing historical and family traumas that serve as a framework for children to understand the realities of the world and prepare them for negative discriminatory experiences. This educational component protects children and helps them to understand what is expected of them. It may also help children come to terms with difficulties and trauma in their ethnic backgrounds and histories (Hughes et al., 2006). Furthermore, coming to terms by openly discussing and expressing emotions associated with present and past negative oppressive experiences within a safe family context allows children to connect to their ancestors' experiences, instilling a narrative of strength and overcoming. Further resilience can be nurtured through connecting to positive family and cultural strengths. This can be done through family rituals. These family rituals allow African American children to interact with their history and culture in positive ways and can help children develop more refined emotional regulation skills (Bockneck, 2018).

In Dagley et al., (2012), which the current study has replicated, coming to terms was assessed for Native Americans in particular. They emphasized the importance of this variable in terms of the ways people “make sense of, or fail to make sense of, [their] experiences” (Dagley, et al., 2012, p. 484). This research highlights the importance of coming to terms as part of the healing process. As with the Native Americans in Dagley's study, it is especially important to recognize coming to terms as a potential avenue to healing for African Americans to process and make meaning of family of origin experiences, which, as previously discussed, may be influenced by larger issues such as historical oppression, discrimination, and race-related stress.

In summary, because of historical trauma and oppression, African Americans experience higher levels of adversity and race-related stress, which can lead to more adversity in their

families of origin. These high levels of adversity can have negative implications for adult romantic relationship quality, self-esteem, and mental health. Coming to terms has been studied as a mediator of negative childhood experiences in previous studies, including studies examining other historically oppressed and traumatized groups (Dagley et al., 2012). The current study will aim to assess whether there is an association between family of origin adversity and relationship quality in a sample of African American individuals. Furthermore, the possibility of multi-mediation will be examined through two-layers of mediational variables, namely 1) coming to terms and 2) depression and self-esteem. Specifically, this study will address the following research questions examining direct and indirect effects:

1. Does variation in family of origin adversity associate with variation in coming to terms, depression symptoms, self-esteem, and relationship quality?
2. Are there significant indirect effects (signifying potential mediation) between family of origin adversity and relationship quality through coming to terms, depression symptoms or self-esteem?
3. Are there significant indirect effects (signifying potential mediation) between coming to terms and relationship quality through depression symptoms or self-esteem?
4. When accounting for gender differences in the model, are there significant differences for men and women in any of the regression paths?

Methods

Sample

Data from this study was analyzed using a sample of 1613 Black individuals in committed relationships who participated in the RELATionship Evaluation (RELATE) questionnaire. Of the participants, 966 (59.9%) were female and 627 (38.9%) were male and 13

participants' genders were undeclared, comprising 0.8% of the sample. The mean age was 33 (SD 9.76), ranging from participants aged 18-79. Within the sample, 40% of the sample had completed at least an Associate's degree, with the median of the sample earning a Bachelor's degree. The median yearly gross income fell in the \$20,000-\$39,999 range, with 69.1% of the sample earning below \$60,000. The religious composition of the sample was comprised of 56.5% of participants self-identifying as Protestant (Methodist, Lutheran, Episcopalian, Baptist, etc.). Three percent of the participants reported that they were casually dating their partner, 28% reported seriously dating, 42% engaged or committed to marry (mostly cohabitating), and 28% of the sample reported being married.

Procedure

Data was drawn from the RELATE questionnaire (Holman, Busby, Doxey, Klein, & Loyer-Carlson, 1997) from 2000-2013. This questionnaire covers broad categories of relationship formation and quality and consists of 300+ items. The RELATE questionnaire studies couples in four major dimensions: individual, couple, family, and social. Participants either sought out or were referred to the RELATE questionnaire by therapists, professors, and clergymen and paid \$20 per person to take the survey. Participants who completed RELATE received an evaluation of their assessment that interpreted their results.

Measures

After thorough testing, the RELATE measures was found to be both valid and reliable. Test-retest and internal consistent reliability have been established, as well as content, construct, and concurrent validity (Busby, Holman, & Taniguchi, 2001). The variables used in this study were drawn from existing scales nested in the RELATE questionnaire about respondent's family of origin experiences, depression, self-esteem, and coming to terms.

Family of origin adversity. The family of origin adversity subscale aimed to understand what difficulties respondents experienced while they were growing up and was measured using the Family Stressors scale. The Family Stressors scale consisted of four items in domains such as emotional issues, financial strains, physical strains, and addiction. Family of origin adversity was measured on a scale from “Never” to “Very Often”. Examples of the subscale items include: “There were physical strains such as member(s) being physically handicapped, hospitalized for a serious physical illness or injury, or becoming premaritally pregnant” and “There were family members who experienced emotional problems such as: severe depression, anxiety attacks, eating disorders, or other mental/emotional problems.” In this measure, higher scores indicated more family stressors or family of origin adversity. The standardized Chronbach’s alpha for this scale was 0.70.

Self-esteem. Self-esteem was measured using a four-item subscale that includes questions such as “I think I am no good at all” and “I feel I am a person of worth.” A five-point Likert scale ranging from “Strongly Disagree” to “Strongly Agree” was used. Higher scores indicate higher levels of self-esteem. Standardized Chronbach’s alpha for this scale was 0.81, suggesting good internal consistency.

Depression. Levels of depression were measured by using the Happiness Scale. The scale was comprised of three items asking how often a person felt “sad and blue”, “hopeless” and “depressed”, with answers ranging from “Never” to “Very Often”. Higher scores suggest higher levels of depression. The internal consistency of this scale was good, with a standardized Chronbach’s alpha of 0.81.

Coming to terms. Coming to terms was measured by the mean score of the Family Influence scale, which measures how strongly the respondent feels that their negative past

experiences impact them today. The scale consisted of three items. For example, one question asked, “There are matters from my family experience that I am still having trouble dealing with or coming to terms with”. Responses ranged from “Strongly Disagree” to “Strongly Agree”. Higher scores indicated higher perceptions of coming to terms with family of origin difficulties. The standardized Chronbach’s alpha for this scale was 0.74.

Relationship quality. Relationship quality was an observed variable consisting of the summed items of the mean Relationship Stability and the mean Relationship Satisfaction subscales. Relationship stability was comprised of three items measured using a 5-point Likert scale ranging from “Never” to “Very Often”. Examples of the specific items include “How often have you thought your relationship (or marriage) might be in trouble?” Relationship satisfaction was comprised of 7 items including questions regarding physical intimacy, love a person experiences, time together, and how communication and problem solving occurs. This subscale used the same 5-point Likert scale with scores ranging from “Very Dissatisfied” to “Very Satisfied”. The Chronbach’s alpha score for this combined relationship quality measure was 0.91, suggesting excellent reliability and internal consistency.

Control variables. Due to the theoretical and research-based associations between education, religion, age, and income and potential marital quality, we ran the model with the aforementioned control variables. Only income and education were significant and were thus included in the final model. Income was measured in \$20,000 increments using the following breakdown: 0 = None, 1 = Under \$20,000, 2 = \$20,000-39,999, 3 = \$40,000-59,999, 4 = \$60,000-79,999, 5 = \$80,000-99,999, 6 = \$100,000-119,999, 7 = \$120,000-139,999, 8 = \$140,000-159,999, 9 = \$160,000-199,999, 10 = \$200,000-199,999, and 11= \$300,000 or above. Education was measured as follows: 1 = less than high school, 2 = high school equivalency

(GED), 3 = high school diploma, 4 = some college, not currently enrolled, 5 = some college, currently enrolled, 6 = Associate's degree, 7 = Bachelor's degree, 8 = graduate or professional degree not completed, and 9 = graduate or professional degree, completed.

Analytic Strategy

A path analysis was used to analyze the data because it provided a method for testing both direct and indirect relationships among several different variables that may be correlated. The model was designed so that the family of origin adversity variable predicted variation in coming to terms, depression symptoms, and self-esteem. Coming to terms also predicted variation in depression symptoms and self-esteem to allow for a test of multi-mediation with two layers of potential mediating variables. All four predictors had regression paths directed toward relationship quality. Finally, income and education were controlled in the outcome of relationship quality. The statistical packages SPSS for Windows version 23.0 released in 2015 (IBM Corp., Armonok, NY) and AMOS (Analysis of Moment Structures) were used to analyze the data (Byrne, 2001; Kline, 2005) (see Figure 1).

Results

Univariate and Bivariate Results

Means, standard deviations, and bivariate associations are reported for key variables (see Table 1). For example, depression was negatively associated with relationship quality, self-esteem, and coming to terms ($r = -.34, p < .001$; $r = -.60, p < .001$; $r = -.34, p < .001$ respectively). On the other hand, relationship quality was positively associated with self-esteem and coming to terms ($r = .26, p < .001$; $r = .14, p < .001$ respectively). Overall, results suggest the sample scored high in terms of self-esteem, coming to terms, and relationship quality. The sample also exhibited fairly low levels of depression and family stressors.

Model Fit

To test the goodness of fit we used the following fit statistics: CFI (Comparative Fit Index), TLI (Tucker-Lewis Index), RMSEA, and chi-square (χ^2). According to these criteria the model fit the data adequately (CFI = .878, TLI = .896, RMSEA = .063, $\chi^2 = 7.18$, $df = 6$, $p = .00$). In this model, thirteen percent of the variation in relationship quality was explained by the model in aggregate ($R^2 = .13$).

Regression Paths in the Multivariate Model

The model tested ten direct effects in five main categories: family of origin adversity, coming to terms, self-esteem, depression and relationship quality. Two paths were used to test the control variables of income and education. Bivariate results indicated that there was a significant correlation between family of origin adversity and relationship quality ($r = -.10$, $p < .001$; see Table 1). However, in the context of the model, the association between family of origin adversity and relationship quality was not significant (see Figure 1). Our model indicated that family of origin adversity was significantly associated with coming to terms ($\beta = -.40$, $p < .001$, $SE = .006$) and depression ($\beta = .01$, $p < .001$, $SE = .015$), suggesting that for Black individuals, family of origin adversity is related to lower levels of coming to terms and higher levels of depression. Family of origin adversity was not significantly associated with self-esteem or relationship quality. In addition, coming to terms was positively and significantly associated with self-esteem, suggesting that as coming to terms is higher, self-esteem also higher ($\beta = .29$, $p < .001$, $SE = .058$). Coming to terms was also negatively and significantly associated with depression ($\beta = -.30$, $p < .001$, $SE = .055$) meaning as coming to terms is higher, depression scores are lower. The model further indicated that for Black individuals, depression was significantly and negatively associated with relationship quality, as expected ($\beta = -.28$, $p < .001$,

SE = .048). In examining self-esteem, the results suggest that self-esteem was not associated with relationship quality. Both income and education control variables were significantly associated with relationship quality ($\beta = -.07, p < .05, SE = .042$; $\beta = .09, p < .001, SE = .159$) with higher income associated with lower relationship quality and higher education levels being positively associated with relationship quality. The R^2 values, or proportion of variation in endogenous variables explained by the model, are presented in Figure 1.

Direct and Indirect Paths

In addition to the regression paths described above, results indicated several direct and indirect effects as well (see Table 2). Because of the inclusion of missing data in the model, AMOS was not able to produce confidence intervals and thus significance levels for the direct, indirect, or total effects. Again, in our bivariate analysis, we noted a significant correlation between family of origin adversity and relationship quality. We highlighted an absence of a significant regression path between the two variables in the context of the model, however, analysis of the direct and indirect effects showed a small direct effect $NDE = -.01$ and a larger indirect effect $NIE = -.08$. These findings, in concert, suggest the possibility that taken together, self-esteem, coming to terms and depression may operate as mediators conveying at least part of the effect from family of origin adversity to relationship quality indirectly. Furthermore, the indirect effect from coming to terms to relationship quality was $NIE = .11$ (which was larger than the direct effect of $NDE = .02$). The indirect being larger than the direct effect suggests the possibility that depression symptoms and self-esteem may partially mediate the association between coming to terms and relationship quality. The indirect effect between family of origin adversity and self-esteem was $NIE = -.12$ suggesting that coming to terms may mediate this

association given that it was larger than the direct effect of $NDE = -.03$. Lastly, the indirect effect between family of origin adversity and depression symptoms was $NIE = .12$ indicating that coming to terms may mediate this association being larger than the direct effect ($NDE = .10$).

Group Differences by Gender

Due to the very small number of individuals who did not identify gender (less than 1%), these participants were not included in this section of the analysis. In examining group differences by gender, only one significant difference between men and women in the sample emerged. For men, coming to terms had a positive and significant association with relationship quality but for women, no significant association emerged ($\beta = .399, p = .008$; $\beta = -.132, ns$; respectively, $z = -2.777$). This indicates that for men, higher levels of coming to terms with past childhood experiences may equate to greater self-reported relationship quality. For women, there was no relationship between coming to terms with past childhood experiences and adult relationship quality.

Table 1

Univariate Characteristics and Bivariate Correlations between Study Variables

Scale	N	Mean	SD	Range	1	2	3	4	5	6	7
1. Income^a	1590	2.89	2.08	0-11	—						
2. Education^b	1612	6.66	1.97	1-9	.36***	—					
3. Adversity	1607	8.33	3.78	4-20	-.10***	-.12***	—				
4. Depression	1608	6.44	2.19	3-15	-.15***	-.13***	.22***	—			
5. Self-Esteem	1611	18.04	2.27	6-20	.10***	.14***	-.15***	-.60***	—		
6. CTT	1612	3.46	1.01	1-5	.08**	.06*	-.40***	-.34***	.30***	—	
7. Rel. Quality	1594	14.65	3.46	4.43-20	.02	.12***	-.10***	-.34***	.26***	.14***	—

Note. Adversity = Family of Origin Adversity; CTT = Coming to Terms; Rel. Quality = Relationship Quality; * $p < .05$ ** $p < .01$ *** $p < .001$

^aIncome measured as follows: 0 = None, 1 = Under \$20,000, 2 = \$20,000-39,999, 3 = \$40,000-59,999, 4 = \$60,000-79,999, 5 = \$80,000-99,999, 6 = \$100,000-119,999, 7 = \$120,000-139,999, 8 = \$140,000-159,999, 9 = \$160,000-199,999, 10 = \$200,000-199,999, and 11= \$300,000 or above

^bEducation measured as follows: 1 = less than high school, 2 = high school equivalency (GED), 3 = high school diploma, 4 = some college, not currently enrolled, 5 = some college, currently enrolled, 6 = Associate's degree, 7 = Bachelor's degree, 8 = graduate or professional degree not completed, and 9 = graduate or professional degree, completed

Table 2

Decomposition of Standardized Effects from the Path Model

Variable	Direct	Indirect	Total
<i>Effects on Relationship Quality</i>			
Family of Origin Adversity	-.01	-.08	-.09
Coming to Terms	.02	.11	.13
<i>Effects on Self Esteem</i>			
Family of Origin Adversity	-.03	-.12	-.14
<i>Effects on Depression Symptoms</i>			
Family of Origin Adversity	.10	.12	.216

Discussion

Results of the path analysis indicated that family of origin adversity and coming to terms were negatively associated. For African Americans in the study, the more family of origin adversity reported, the lower the reports of coming to terms. This is consistent with previous literature studying historically oppressed groups (Dagley et al., 2012). These results suggest that the more difficult the experiences in one's family of origin, the more difficult it may be to make sense of the experience and find meaning in it.

Family of origin adversity was also positively associated with depression in the path model. This is consistent with previous research on adverse childhood experiences, depression and emotional regulation (Docter et al., 2018; Hopfinger et al., 2016). Furthermore, this finding is also consistent with professional literature on historically oppressed groups and depression (Wilkins et al., 2013), perhaps linking depression with discrimination and oppression, which can contribute to the family of origin adversity many Black individuals experience.

The path model also indicated that coming to terms and self-esteem were positively associated. African Americans in the study with higher levels of coming to terms also reported

higher levels of self-esteem. Perhaps coming to terms can safeguard against poor self-esteem as those that are able to work through and make meaning of their negative experiences may be less likely to experience low self-esteem. However, the inverse relationship may also be true. Those with higher self-esteem levels may be more likely to come to terms, as their high levels of self-esteem may protect against negative internalizing. Longitudinal research is needed to understand the directionality of these two variables.

Coming to terms was also negatively associated with depression in the path model. The less an individual had come to terms, the more likely he or she was to report depression. These results are consistent with past literature which state individuals that were more resilient reported less negative emotion (Kararmak & Figley, 2017).

In addition, depression was negatively associated with relationship quality in the path model suggesting those who report more depression are likely to report poorer relationship quality. Previous literature consistently links relationship quality and depression, with depression more often a predictor of poor relationship quality than an outcome of poor relationship quality (Rehman et al., 2015; Roberson et al., 2018; Sharabi et al., 2016). These results are not surprising, as it is often harder for individuals to connect when they are depressed.

Past research, using a less complicated analysis, suggests that coming to terms is a mediator between family of origin adversity and relationship quality (Dagley et al., 2012). The current study used a multi-mediation model to understand the impact of coming to terms, self-esteem, and depression on relationship quality when participants reported adverse childhood experiences. Because we examined the direct and indirect effects using all three mediators in aggregate, it is still unclear which variable conveys possible mediation. One potential explanation, which needs to be further explored statistically, is that the positive influence of

coming to terms on self-esteem and depression may help to buffer the negative effects of family of origin adversity on relationship quality. The next important research question would be how does coming to terms positively impact self-esteem and depression. Nevertheless, clinicians may wish to look into how coming to terms may be beneficial for their individual clients.

When examining gender group differences, only one distinction was discernable. The association between coming to terms and relationship quality was positive for men and was not present for women. It may be the quality of a current relationship with a partner is more heavily informed by family of origin resolution work for men than for women. This could be because women have other ways of supporting their relationship quality, such as other forms of social support (Berkman, Vaccarino, & Seeman, 1993).

Clinical Implications

The results of the current study suggest several implications for clinicians. The overarching implication of this research suggests that family of origin adversity is a sociocultural issue that is bigger than one individual African American family. Family of origin adversity has a significant impact on relationships. Coming to terms, self-esteem, and depression may be potential mediators of this relationship. Understanding this potential mediation gives clinicians important directions for intervention. First, coming to terms may be an important part of treatment for depression, self-esteem issues, and couple relationship therapy (see also Dagley et al., 2012). Helping a client make sense of her/his past influences client's mental and relational health. These associations may be particularly relevant for African American clients, whose adverse family of origin experiences can be influenced by historical trauma and oppression (Danzer et al., 2016; Pierre & Mahalik, 2005; Stewart et al., 2018; Wilkins et al., 2013). Coming to terms for African American clients may involve not only making sense of the difficult realities

of childhood experiences, but also the ways in which those experiences are rooted in a traumatic and oppressive history across generations. Connecting family of origin experiences to larger issues of historical oppression may be a crucial coping technique as African American clients deal with the feelings of grief and rage that can accompany these experiences (Hardy & Laszloffy, 2005). In addition, coming to terms with adverse family of origin experiences could be viewed as a positive coping mechanism. For African Americans, poor coping mechanisms have been found to lead to increases in depression (Hudson et al., 2016). Interventions that aim to help clients make sense of family of origin experiences can be helpful in protecting against the development of depressive symptoms. For example, clinicians may include a focus on emotional regulation education and positive coping skills.

This added complexity requires clinicians to not only be aware of the coming to terms process, but to be culturally sensitive to the larger scale societal issues that have influenced the family of origin environment. Clinicians should seek understanding of both the African American client's adverse experiences and the sociopolitical context in which they were raised. Kelly and Boyd-Franklin (2009) suggest that two fundamental skills for therapists working with Black individuals include noticing ethnic and cultural positives and strengths and labeling relevant racism, cultural differences, and stressors. Silence on the topic of racism is not an effective or appropriate strategy in therapy with Black clients. Clinicians may need to help clients understand how their family of origin adversity is nested within a larger historical trauma and oppression. This idea is in line with professional literature centered on working with African American clients, which focuses on the need for clinicians to promote critical racial introspection (Hardy, 2008).

There are several general models of family therapy that incorporate elements of coming to terms, such as Bowen family systems theory, which centers on understanding multigenerational transmissions, both of emotional processes and trauma (Kerr & Bowen, 1988). Another model that may closely align with the coming to terms process is narrative family therapy, which helps clients understand the dominant stories that inform their lives and the meaning derived from them (Nichols & Davis, 2016).

However, for African Americans in particular, testimony therapy may be one model that can help clients come to terms with adverse childhood experiences and historical trauma. Makungu Akinyela (2008) describes testimony therapy as being rooted in oratory, a method that African Americans have used for generations to communicate and discuss various experiences. Testimony therapists focus on understanding victorious moments or exceptions to stories of defeat and powerlessness. As testimony therapists further explore victorious moments, clients can place difficult experiences within the greater context of their lives and draw new meaning from them. This is often done through asking a series of four healing questions, which include: “1. What happened to you? 2. How does what happened to you affect you today? 3. After all that’s happened to you and the effect that this has had on you, what gives you the strength to hold on? 4. What do you need to heal?” (Akinyela, 2008, p. 359). This process is closely aligned to the process of coming to terms and is centered around the African American cultural experience and value system.

The coming to terms process can also be seen in the work of Paulette Moore Hines (2008). Hines suggests that it is vital to connect African American clients to their historical and cultural past, which can be riddled with themes of struggle, hope, and endurance. The history of African Americans suggests “that we can call on the story of the collective and draw strength and

direction” (Hines, 2008, p. 369). African Americans have historically undergone “unrelenting struggle—people searching for a way to be happy, to function at their fullest potential, and to be free from the scars of the past and the restrictions of the present” (Hines, 2008, p. 369). The coming to terms process is seen in the African American collective story across the generations and can be used as a resource in therapy. This collective story may be an important part of individual coming to terms. Clinicians can help African American clients understand their part in that common collective story and foster feelings of hope and self-efficacy to create stories of resiliency and growth of their own.

Limitations/Implications for Future Research

This study has various limitations. First, the sample was well-educated and non-distressed, with access to the internet RELATE survey. This sample is likely not representative of the African American population at large, as it would be difficult to generalize results to more distressed individuals. However, this sample highlights a strong African American population that is well educated, enjoys quality relationships, and experiences high levels of self-esteem. More research to understand how this community sample thrives may be beneficial and provide significant insights. Another limitation is that no variable in the current study measured historical or cultural trauma. Although the study conjectured that there are links between family of origin issues and historical trauma and sociopolitical climate, there were no specific items that indicated to what extent this may or may not have been true for the sample.

Furthermore, research indicates that coming to terms may be an important aspect of clinical attention; however, the literature does not make it clear how to do this, especially with oppressed groups. A culturally sensitive treatment manual, protocol, or model may be helpful in

allowing clinicians to guide their marginalized clients through the coming to terms process and may serve as a direction for future research.

Conclusion

The purpose of this study was to understand the connection between African American's adverse family of origin experiences, coming to terms, and adult romantic relationship quality. This study supports the larger body of literature that suggests coming to terms with family of origin adversity can be a beneficial process for later positive outcomes in adulthood. Future research is needed to examine the role of historical trauma and the role that it plays in early family difficulties. Finally, these results suggest to clinicians that using culturally sensitive models and strategies, such as testimony therapy and connecting marginalized clients to their collective story, assists clients in the coming to terms process and can be beneficial not only for clients' relationship quality, but for treatment regarding depression and self-esteem as well.

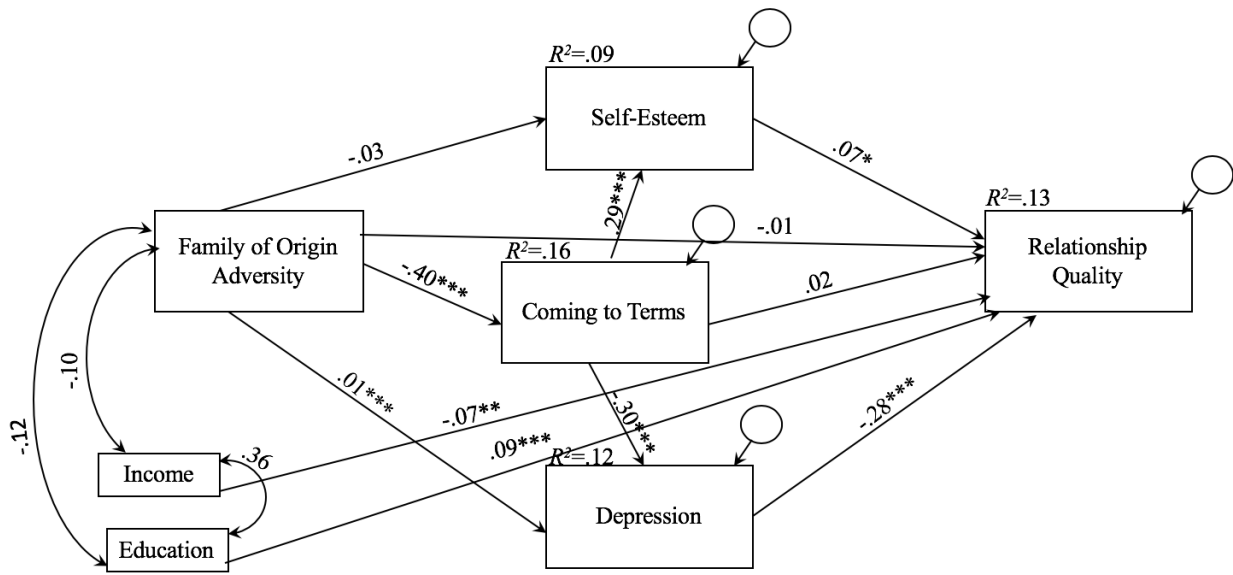


Figure 1. Path model showing standardized beta and correlation coefficients.

Note. *p < .05, ** p < .01, ***p < .001

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