Journal Website

Article history:
Received 10 December 2025
Revised 17 February 2026
Accepted 25 February 2026
Published online 01 May 2026

Iranian Journal of Neurodevelopmental Disorders

Volume 5, Issue 3, pp 1-10

Journal of Neurodevelopmental Disorder

E-ISSN: 2980-9681

The Mediating Role of Shame Proneness and Defensive Communication in the Relationship between Childhood Trauma and Partner Criticism Sensitivity

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A r t i c l e I n f o

Article type:
Original Research

How to cite this article:
Majlesi, N., Abdolali Sarbandi, A., & Naqavi, M. (2026). The Mediating Role of Shame Proneness and Defensive Communication in the Relationship between Childhood Trauma and Partner Criticism Sensitivity. *Iranian Journal of Neurodevelopmental Disorders, 5*(3), 1-10.
https://doi.org/10.61838/kman.jndd.746

A B S T R A C T

Purpose: The present study aimed to examine whether shame proneness and defensive communication mediate the relationship between childhood trauma and partner criticism sensitivity in adults.

Methods and Materials: This study employed a quantitative, cross-sectional, correlational design using structural equation modeling. The statistical population consisted of adults residing in Tehran, Iran, who were currently in a romantic relationship or had experienced one within the past year. A total of 412 participants were selected through convenience sampling. Data were collected using standardized self-report instruments, including the Childhood Trauma Questionnaire (CTQ), Test of Self-Conscious Affect (TOSCA) for measuring shame proneness, a Defensive Communication Scale, and the Perceived Criticism Sensitivity Scale. Data analysis was conducted using SPSS-27 for descriptive statistics and AMOS for structural equation modeling. Model fit indices and bootstrapping procedures were used to assess direct and indirect effects.

Findings: The results of structural equation modeling indicated that childhood trauma had a significant positive effect on shame proneness ($\beta = 0.51$, $p < 0.001$), defensive communication ($\beta = 0.29$, $p < 0.001$), and partner criticism sensitivity ($\beta = 0.17$, $p = 0.001$). Shame proneness significantly predicted defensive communication ($\beta = 0.38$, $p < 0.001$) and partner criticism sensitivity ($\beta = 0.34$, $p < 0.001$), while defensive communication significantly predicted partner criticism sensitivity ($\beta = 0.41$, $p < 0.001$). Bootstrapping analysis confirmed significant indirect effects of childhood trauma on partner criticism sensitivity through shame proneness ($\beta = 0.17$), defensive communication ($\beta = 0.12$), and sequential mediation via both variables ($\beta = 0.08$), indicating partial mediation. The overall model demonstrated good fit ($\chi^2/df = 2.41$, CFI = 0.94, TLI = 0.93, NFI = 0.92, RMSEA = 0.058).

Conclusion: The findings demonstrate that shame proneness and defensive communication serve as significant mediating mechanisms linking childhood trauma to partner criticism sensitivity.

Keywords: *Childhood trauma, shame proneness, defensive communication, criticism sensitivity, romantic relationships, structural equation modeling*

1. Introduction

The study of interpersonal sensitivity within romantic relationships has increasingly highlighted the role of early developmental experiences and affective processes in shaping adult relational dynamics. Among these, sensitivity to partner criticism represents a particularly salient construct, as it reflects individuals' heightened emotional reactivity, defensive responses, and interpretative biases in response to perceived negative evaluation from intimate partners. This sensitivity is not merely a transient interpersonal reaction but is often rooted in deeper psychological vulnerabilities, particularly those associated with early adverse experiences and maladaptive emotional schemas. Recent research has emphasized that criticism sensitivity is closely linked to patterns of attachment insecurity, emotion dysregulation, and maladaptive self-evaluations, all of which can be traced back to early relational environments (Firestone, 2022; Frediani & Migerode, 2023). In this context, understanding the mechanisms through which childhood trauma influences criticism sensitivity is essential for advancing both theoretical models and clinical interventions.

Childhood trauma, encompassing experiences such as abuse, neglect, and emotional deprivation, has been consistently identified as a critical antecedent of later psychological distress and interpersonal dysfunction. Exposure to such adverse experiences disrupts the development of secure attachment and fosters negative internal working models of the self and others. Individuals who have experienced childhood trauma are more likely to perceive social interactions as threatening and to interpret ambiguous cues as critical or rejecting (Chen et al., 2024; Marici et al., 2023). Moreover, trauma-related cognitive and emotional patterns often persist into adulthood, manifesting in heightened vigilance to interpersonal threats and exaggerated responses to perceived criticism. These patterns are particularly pronounced in intimate relationships, where emotional closeness can activate unresolved attachment-related fears and vulnerabilities (Murphy-Oikonen et al., 2023; Wang et al., 2024).

A central mechanism linking childhood trauma to interpersonal sensitivity is the development of shame proneness. Shame, as a self-conscious emotion, involves a global negative evaluation of the self and is often accompanied by feelings of worthlessness, inferiority, and a desire to hide or withdraw. Unlike guilt, which focuses on specific behaviors, shame implicates the entire self and is therefore more pervasive and debilitating (Garofalo et al., 2025; Tittler et al., 2024). The literature suggests that individuals who experience childhood trauma are particularly vulnerable to developing chronic shame, as early environments characterized by criticism, neglect, or abuse communicate implicit messages of defectiveness and unworthiness (Chiu et al., 2022; Dolezal & Gibson, 2022). Empirical studies have demonstrated strong associations between childhood maltreatment and elevated levels of shame proneness, which in turn contribute to a range of psychological difficulties, including depression, anxiety, and interpersonal dysfunction (Garbutt et al., 2023; Jarašiūnaitė et al., 2024).

Shame proneness also plays a critical role in shaping individuals' responses to interpersonal feedback, particularly criticism from romantic partners. Individuals with high levels of shame are more likely to interpret criticism as a confirmation of their perceived inadequacy, leading to intensified emotional distress and maladaptive coping strategies. These responses often include withdrawal, avoidance, or defensive reactions, which can exacerbate relational conflict and undermine communication (Brand et al., 2022; Greenberg, 2024). In couple dynamics, shame has been conceptualized as a key driver of negative interaction cycles, where attempts to seek connection or validation paradoxically trigger feelings of exposure and inadequacy, leading to defensive or disengaged responses (Frediani & Migerode, 2023). This cyclical process highlights the importance of examining shame as a mediating variable in the relationship between early trauma and adult relational sensitivity.

In addition to shame proneness, defensive communication represents another crucial mechanism through which childhood trauma may influence criticism sensitivity. Defensive communication encompasses a range of maladaptive interaction patterns, including denial, blame-shifting, hostility, and avoidance, which serve to protect the individual from perceived threats to self-esteem or emotional safety. These patterns are often rooted in early relational experiences, where individuals learn to adopt defensive strategies as a means of coping with criticism, rejection, or emotional neglect (Cavalera et al., 2022; Wrottesley, 2022). Over time, these defensive tendencies become ingrained and are activated in adult relationships, particularly in situations involving perceived criticism or conflict.

The interplay between shame and defensive communication is particularly noteworthy, as these

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constructs are closely intertwined both theoretically and empirically. Shame often triggers defensive responses as individuals attempt to manage or avoid the painful experience of negative self-evaluation. For example, individuals may engage in denial or externalization of blame to protect their self-concept, or they may withdraw from interactions to avoid further exposure to perceived judgment (Cavalera et al., 2022; Saya et al., 2022). This dynamic suggests that defensive communication may not only be a direct consequence of childhood trauma but also a secondary response mediated by shame proneness. Indeed, research has demonstrated that immature defense mechanisms significantly mediate the relationship between shame and various forms of psychopathology, underscoring the central role of defensive processes in emotional regulation (Cavalera et al., 2022).

Furthermore, contemporary research has increasingly emphasized the relational context in which shame and defensive communication operate. In intimate relationships, partners serve as primary attachment figures, and their feedback carries significant emotional weight. As such, individuals with trauma histories may be particularly sensitive to partner criticism, perceiving it as a threat to relational security and self-worth. This heightened sensitivity can lead to maladaptive interaction patterns, including escalation of conflict, emotional withdrawal, and reduced relationship satisfaction (Kanter & Hassija, 2025; Mirzazade et al., 2025). Studies on couple therapy have shown that addressing underlying shame and fostering emotional safety can significantly improve communication patterns and relational outcomes, highlighting the clinical relevance of these constructs (Mirzazade et al., 2025).

In addition to clinical contexts, the broader literature on trauma and interpersonal functioning provides further support for the proposed relationships among childhood trauma, shame, defensive communication, and criticism sensitivity. Trauma survivors often exhibit difficulties in emotion regulation, self-concept, and interpersonal trust, all of which contribute to maladaptive responses in social interactions (Spitzer et al., 2021; Timblin & Hassija, 2022). These difficulties are compounded by societal and cultural factors that may influence the expression and regulation of shame, as well as the norms surrounding communication and conflict resolution (Raynor et al., 2025; Wang et al., 2024). For instance, cultural expectations regarding masculinity or emotional expression may shape how individuals respond to perceived criticism and whether they engage in defensive behaviors or emotional withdrawal.

Moreover, recent advances in the conceptualization of shame have highlighted its multifaceted nature and its central role in a wide range of psychological processes. Shame has been linked not only to psychopathology but also to adaptive processes such as moral development and social cohesion, depending on how it is experienced and regulated (Folker et al., 2025; Saya et al., 2022). However, when shame becomes chronic or dysregulated, it can have detrimental effects on mental health and interpersonal functioning. This dual nature of shame underscores the importance of examining its role within specific relational contexts and in conjunction with other psychological processes, such as defensive communication.

Additionally, emerging therapeutic approaches have begun to target shame and its associated processes as key components of treatment for trauma-related disorders. Interventions such as acceptance and commitment therapy and emotion-focused therapy emphasize the importance of acknowledging and transforming shame through processes of self-compassion, emotional validation, and psychological flexibility (Greenberg, 2024; Lear & Luoma, 2025). These approaches have shown promise in reducing shame and improving interpersonal functioning, further highlighting the relevance of these constructs for both research and practice. Similarly, trauma-informed and shame-sensitive practices have been advocated as essential components of effective intervention, emphasizing the need to create safe and supportive environments that facilitate emotional processing and relational repair (Dolezal & Gibson, 2022; Fischman, 2025).

The existing body of research, while extensive, has often examined the relationships among childhood trauma, shame, and interpersonal functioning in isolation or within limited frameworks. There remains a need for integrative models that simultaneously consider multiple mediating mechanisms and their interplay in shaping relational outcomes. In particular, the combined roles of shame proneness and defensive communication in linking childhood trauma to partner criticism sensitivity have not been sufficiently explored. Understanding these pathways is critical for developing comprehensive theoretical models and informing targeted interventions aimed at improving relationship functioning among individuals with trauma histories.

Therefore, the aim of the present study is to examine the mediating role of shame proneness and defensive communication in the relationship between childhood trauma and partner criticism sensitivity.

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2. Methods and Materials

2.1. Study Design and Participants

The present study employed a quantitative, cross-sectional, correlational design grounded in structural equation modeling to examine the mediating roles of shame proneness and defensive communication in the relationship between childhood trauma and partner criticism sensitivity. The statistical population consisted of adults residing in Tehran, Iran, who were currently involved in a romantic relationship or had experienced at least one significant intimate relationship in the past year. Using a convenience sampling method combined with online and in-person recruitment strategies, a total of 412 participants were selected. Inclusion criteria required participants to be between 18 and 50 years of age, possess sufficient literacy to complete the questionnaires, and provide informed consent. Exclusion criteria included a self-reported history of severe psychiatric disorders or incomplete questionnaire responses. The sample size was determined based on recommendations for structural equation modeling, ensuring adequate statistical power and model stability. Demographically, participants represented a diverse range of educational backgrounds, occupational statuses, and relationship durations, thereby enhancing the generalizability of the findings within the urban population of Tehran.

2.2. Measures

Data were collected using a battery of standardized self-report instruments with established psychometric properties. Childhood trauma was assessed using the Childhood Trauma Questionnaire (CTQ), a widely used measure that evaluates experiences of emotional, physical, and sexual abuse, as well as emotional and physical neglect. Shame proneness was measured using the Test of Self-Conscious Affect (TOSCA), which captures individuals' tendencies to experience shame across various interpersonal scenarios. Defensive communication patterns were evaluated using the Defensive Communication Scale, which assesses behaviors such as denial, avoidance, and hostility during interpersonal exchanges. Partner criticism sensitivity was measured using the Perceived Criticism Sensitivity Scale, designed to assess individuals' emotional and cognitive reactivity to perceived criticism from intimate partners. All instruments were translated into Persian and, where necessary, back-translated to ensure linguistic and conceptual equivalence. Previous studies have confirmed the reliability and validity of these measures in Iranian samples; however, in the present study, internal consistency reliability was re-evaluated using Cronbach's alpha coefficients, all of which exceeded acceptable thresholds.

2.3. Data Analysis

Data analysis was conducted using a combination of IBM SPSS Statistics version 27 and AMOS software for structural equation modeling. Initially, descriptive statistics, including means, standard deviations, skewness, and kurtosis, were calculated to assess the distributional properties of the variables. Assumptions of normality, linearity, and absence of multicollinearity were examined prior to inferential analyses. Pearson correlation coefficients were computed to explore bivariate relationships among childhood trauma, shame proneness, defensive communication, and partner criticism sensitivity. Subsequently, a structural equation model was specified to test the hypothesized mediating effects. Model fit was evaluated using multiple indices, including the chi-square to degrees of freedom ratio, Comparative Fit Index (CFI), Tucker–Lewis Index (TLI), Normed Fit Index (NFI), and Root Mean Square Error of Approximation (RMSEA). Bootstrapping procedures with 5,000 resamples were employed to assess the significance of indirect effects and to provide bias-corrected confidence intervals for mediation pathways. All statistical analyses were conducted at a significance level of $p < 0.05$.

3. Findings and Results

The findings of the present study are reported in several stages, beginning with a description of the demographic characteristics of the participants, followed by the presentation of descriptive statistics, correlation analyses, structural equation modeling results, mediation analyses, and overall model fit indices.

The demographic characteristics of the 412 participants indicated that 228 individuals (55.34%) were female and 184 individuals (44.66%) were male. The mean age of participants was 29.47 years (SD = 7.82), ranging from 18 to 50 years. In terms of educational level, 96 participants (23.30%) held a high school diploma, 178 participants (43.20%) had a bachelor's degree, 112 participants (27.18%) had a master's degree, and 26 participants (6.32%) held a doctoral degree. Regarding relationship status, 261 participants (63.35%) were currently in a committed relationship, while 151 participants (36.65%) reported

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having experienced a significant romantic relationship within the past year. The average relationship duration was 3.84 years (SD = 2.91). These demographic characteristics suggest that the sample was relatively diverse and suitable for examining interpersonal psychological constructs within an urban adult population.

Table 1 presents the descriptive statistics for the main study variables, including childhood trauma, shame proneness, defensive communication, and partner criticism sensitivity.

Table 1

Descriptive Statistics of Study Variables

Variable	Mean	Standard Deviation	Skewness	Kurtosis
Childhood Trauma	41.73	9.86	0.48	-0.36
Shame Proneness	52.91	8.74	-0.27	-0.41
Defensive Communication	47.65	7.93	0.31	-0.29
Partner Criticism Sensitivity	38.22	6.88	0.56	-0.18

As shown in Table 1, all variables demonstrated acceptable levels of skewness and kurtosis, indicating that the data were approximately normally distributed. Childhood trauma had a mean score of 41.73 (SD = 9.86), suggesting moderate levels of reported early adverse experiences. Shame proneness and defensive communication also exhibited moderate mean values, while partner criticism sensitivity showed relatively lower variability. The distributional properties of the variables met the assumptions required for subsequent parametric analyses and structural equation modeling.

Table 2

Correlation Matrix of Study Variables

Variable	1	2	3	4
1. Childhood Trauma	1			
2. Shame Proneness	0.49**	1		
3. Defensive Communication	0.42**	0.53**	1	
4. Partner Criticism Sensitivity	0.46**	0.58**	0.61**	1

**p < 0.01.

The correlation results indicate that childhood trauma was significantly and positively associated with shame proneness (r = 0.49, p < 0.01), defensive communication (r = 0.42, p < 0.01), and partner criticism sensitivity (r = 0.46, p < 0.01). Shame proneness also showed strong positive correlations with defensive communication (r = 0.53, p < 0.01) and partner criticism sensitivity (r = 0.58, p < 0.01). Additionally, defensive communication demonstrated the strongest association with partner criticism sensitivity (r = 0.61, p < 0.01). These findings provide preliminary support for the hypothesized relationships among the variables and justify the use of mediation analysis.

Table 3

Standardized Path Coefficients in Structural Model

Path	β	SE	CR	p
Childhood Trauma → Shame Proneness	0.51	0.04	12.75	<0.001
Childhood Trauma → Defensive Communication	0.29	0.05	6.12	<0.001
Shame Proneness → Defensive Communication	0.38	0.05	8.21	<0.001
Shame Proneness → Criticism Sensitivity	0.34	0.04	8.56	<0.001
Defensive Communication → Criticism Sensitivity	0.41	0.05	9.02	<0.001
Childhood Trauma → Criticism Sensitivity (Direct)	0.17	0.05	3.44	0.001

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The results of the structural model indicate that childhood trauma had a significant positive effect on shame proneness ($\beta = 0.51$, $p < 0.001$) and defensive communication ($\beta = 0.29$, $p < 0.001$). Shame proneness significantly predicted defensive communication ($\beta = 0.38$, $p < 0.001$) and partner criticism sensitivity ($\beta = 0.34$, $p < 0.001$). Defensive communication also had a strong positive effect on partner criticism sensitivity ($\beta = 0.41$, $p < 0.001$). The direct path from childhood trauma to partner criticism sensitivity remained significant ($\beta = 0.17$, $p = 0.001$), suggesting partial mediation. These findings confirm the hypothesized pathways and highlight the central roles of shame proneness and defensive communication.

Table 4

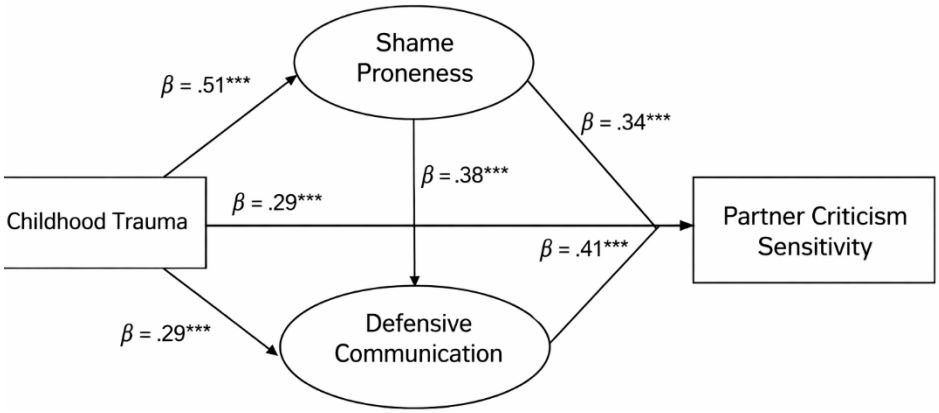
Bootstrapping Results for Indirect Effects

Indirect Path	Effect	Boot SE	95% CI Lower	95% CI Upper
Childhood Trauma → Shame → Criticism Sensitivity	0.17	0.03	0.11	0.23
Childhood Trauma → Defensive → Criticism Sensitivity	0.12	0.03	0.07	0.18
Childhood Trauma → Shame → Defensive → Criticism Sensitivity	0.08	0.02	0.04	0.13

The bootstrapping results demonstrate that all indirect effects were statistically significant, as the confidence intervals did not include zero. The indirect effect of childhood trauma on partner criticism sensitivity through shame proneness was substantial (effect = 0.17), followed by the pathway through defensive communication (effect = 0.12), and the sequential mediation pathway through both shame proneness and defensive communication (effect = 0.08). These findings provide strong empirical support for the mediating roles of both variables.

Figure 1

Structural Model of Relationships among Childhood Trauma, Shame Proneness, Defensive Communication, and Partner Criticism Sensitivity



The overall model fit indices indicated that the proposed structural model demonstrated a good fit to the data, with $\chi^2/df = 2.41$, CFI = 0.94, TLI = 0.93, NFI = 0.92, and RMSEA = 0.058. These values fall within acceptable thresholds, confirming that the hypothesized model adequately represents the observed relationships among the variables. Collectively, the findings provide robust evidence for both direct and indirect pathways linking childhood trauma to partner criticism sensitivity, emphasizing the psychological mechanisms of shame and defensive communication in intimate relationships.

4. Discussion and Conclusion

The present study aimed to examine the mediating roles of shame proneness and defensive communication in the relationship between childhood trauma and partner criticism sensitivity. The findings provided robust empirical support for the hypothesized model, demonstrating that childhood trauma was positively associated with partner criticism sensitivity both directly and indirectly through shame proneness and defensive communication. These results contribute to the growing body of literature emphasizing the enduring impact of early adverse experiences on adult interpersonal functioning and highlight the complex

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psychological mechanisms that underlie sensitivity to relational evaluation.

Consistent with expectations, childhood trauma showed a significant positive relationship with partner criticism sensitivity. This finding suggests that individuals who have experienced higher levels of early maltreatment are more likely to exhibit heightened emotional reactivity to perceived criticism from their partners. Such individuals may interpret even neutral or mildly negative feedback as threatening or rejecting, reflecting a hyperactivation of interpersonal threat detection systems. This pattern aligns with previous research indicating that childhood maltreatment is associated with heightened vigilance to social threat and maladaptive interpretative biases in interpersonal contexts (Chen et al., 2024; Murphy-Oikonen et al., 2023). Furthermore, exposure to early relational adversity often disrupts the formation of secure attachment, leading to enduring expectations of rejection and criticism in close relationships (Marici et al., 2023; Wang et al., 2024). These findings reinforce the notion that criticism sensitivity in adulthood can be understood as an extension of early relational schemas shaped by traumatic experiences.

A central contribution of the present study is the identification of shame proneness as a significant mediator in the relationship between childhood trauma and partner criticism sensitivity. The results indicated that individuals with higher levels of childhood trauma were more likely to exhibit elevated shame proneness, which in turn predicted greater sensitivity to partner criticism. This finding is consistent with theoretical perspectives that conceptualize shame as a core emotional response to early experiences of rejection, neglect, and abuse (Dolezal & Gibson, 2022; Garofalo et al., 2025). When children internalize messages of worthlessness or defectiveness, these beliefs often crystallize into chronic shame, which persists into adulthood and shapes self-perception and interpersonal behavior.

The mediating role of shame proneness can be further understood in light of empirical evidence demonstrating that shame is strongly associated with maladaptive responses to interpersonal feedback. Individuals high in shame are more likely to perceive criticism as a global indictment of their self-worth, rather than as specific feedback about behavior. This tendency amplifies emotional distress and contributes to defensive or avoidant coping strategies (Brand et al., 2022; Greenberg, 2024). Moreover, shame has been linked to a wide range of psychological difficulties, including depression, anxiety, and interpersonal dysfunction, all of which may exacerbate sensitivity to criticism (Jarašiūnaitė et al., 2024; Kesman et al., 2024). The present findings extend this literature by demonstrating that shame not only co-occurs with these outcomes but also serves as a key mechanism through which early trauma influences relational sensitivity.

In addition to shame proneness, defensive communication was found to be a significant mediator in the relationship between childhood trauma and partner criticism sensitivity. Participants with higher levels of childhood trauma reported greater use of defensive communication patterns, which were in turn associated with increased sensitivity to criticism. This finding suggests that defensive communication may function as both a protective and maladaptive response to perceived interpersonal threat. Individuals who have experienced early trauma may develop defensive interaction styles, such as denial, hostility, or withdrawal, as a means of safeguarding their emotional well-being in the face of anticipated criticism or rejection.

This interpretation is consistent with prior research indicating that defensive communication is often rooted in early relational experiences and is closely linked to maladaptive coping strategies (Cavalera et al., 2022; Wrottesley, 2022). Defensive behaviors may initially serve to protect the individual from emotional pain but can ultimately perpetuate relational difficulties by disrupting open and constructive communication. In the context of romantic relationships, defensive communication can escalate conflict, reduce emotional intimacy, and reinforce negative interaction patterns, thereby increasing sensitivity to criticism (Frediani & Migerode, 2023). The present study highlights the importance of addressing defensive communication as a key target for intervention in individuals with trauma histories.

Importantly, the findings also revealed a sequential mediation pathway in which childhood trauma predicted shame proneness, which in turn predicted defensive communication, ultimately leading to increased partner criticism sensitivity. This pathway underscores the interconnected nature of emotional and behavioral processes in shaping interpersonal outcomes. Shame appears to act as a precursor to defensive communication, triggering maladaptive interaction patterns as individuals attempt to manage or avoid the painful experience of negative self-evaluation. This dynamic is supported by research demonstrating that shame often elicits defensive responses, such as externalization of blame or withdrawal, as individuals seek to protect their self-concept (Cavalera et al., 2022; Saya et al., 2022).

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The sequential mediation model provides a more nuanced understanding of how childhood trauma influences relational functioning, suggesting that interventions targeting shame may have downstream effects on communication patterns and criticism sensitivity. For example, therapeutic approaches that focus on reducing shame and fostering self-compassion may help individuals develop more adaptive responses to interpersonal feedback, thereby improving relationship quality (Greenberg, 2024; Lear & Luoma, 2025). Similarly, interventions aimed at enhancing communication skills and reducing defensiveness may mitigate the impact of shame on relational outcomes, highlighting the importance of integrated treatment approaches.

The persistence of a significant direct effect of childhood trauma on partner criticism sensitivity, even after accounting for the mediating variables, suggests that additional mechanisms may also be involved. This finding indicates that while shame proneness and defensive communication play substantial roles, they do not fully explain the relationship between early trauma and criticism sensitivity. Other factors, such as attachment insecurity, emotion regulation difficulties, or cognitive distortions, may also contribute to this relationship and warrant further investigation (Spitzer et al., 2021; Timblin & Hassija, 2022). This underscores the complexity of trauma-related processes and the need for comprehensive models that incorporate multiple pathways.

The present findings are also consistent with broader theoretical frameworks that emphasize the role of self-conscious emotions and interpersonal processes in psychological functioning. For instance, the concept of the "fantasy bond" suggests that individuals may develop defensive relational patterns as a means of coping with unmet emotional needs and fears of rejection (Firestone, 2022). Similarly, attachment-based models highlight how early relational experiences shape expectations and behaviors in adult relationships, influencing how individuals perceive and respond to criticism (Frediani & Migerode, 2023). By integrating these perspectives, the present study contributes to a more comprehensive understanding of the interplay between early trauma, emotional processes, and interpersonal behavior.

Furthermore, the findings have important implications for clinical practice, particularly in the context of couple therapy and trauma-informed interventions. Addressing shame and defensive communication may be critical for improving relational functioning among individuals with trauma histories. For example, emotionally focused couple therapy has been shown to reduce shame and enhance intimacy by fostering emotional awareness and secure attachment (Mirzazade et al., 2025). Similarly, trauma-informed approaches that emphasize safety, validation, and empowerment can help individuals process traumatic experiences and develop more adaptive interpersonal patterns (Dolezal & Gibson, 2022; Fischman, 2025). These approaches highlight the importance of creating therapeutic environments that are sensitive to the role of shame and its impact on communication and relational dynamics.

Another important implication of the present study is the need to consider cultural and contextual factors in understanding the relationships among childhood trauma, shame, and interpersonal functioning. Cultural norms regarding emotional expression, communication, and relational expectations may influence how individuals experience and respond to shame and criticism. For example, societal expectations related to gender roles or emotional restraint may shape the expression of defensive communication and sensitivity to criticism (Raynor et al., 2025; Wang et al., 2024). Future research should explore these cultural dimensions to enhance the generalizability and applicability of the findings.

Overall, the results of the present study provide strong empirical support for the mediating roles of shame proneness and defensive communication in the relationship between childhood trauma and partner criticism sensitivity. By elucidating these mechanisms, the study advances our understanding of the complex pathways through which early adverse experiences influence adult relational functioning and offers valuable insights for both theory and practice.

One limitation of the present study is the use of a cross-sectional design, which restricts the ability to draw causal inferences regarding the relationships among the variables. Although the structural model provides evidence of significant associations and mediation pathways, longitudinal research is needed to establish temporal precedence and to examine how these processes unfold over time. Additionally, the reliance on self-report measures may introduce biases related to social desirability or recall inaccuracies, particularly in the assessment of childhood trauma. The use of a convenience sample from a single urban context may also limit the generalizability of the findings to other populations or cultural settings.

Future research should employ longitudinal and experimental designs to further investigate the causal relationships among childhood trauma, shame proneness,

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defensive communication, and criticism sensitivity. It would also be beneficial to incorporate multi-method approaches, including observational and physiological measures, to capture the complexity of these constructs more accurately. Exploring additional mediators and moderators, such as attachment styles, emotion regulation strategies, and cultural factors, could provide a more comprehensive understanding of the mechanisms involved. Moreover, examining these relationships in diverse populations and clinical samples would enhance the external validity of the findings and inform the development of targeted interventions.

From a practical perspective, the findings of this study highlight the importance of addressing both emotional and communicative processes in interventions aimed at improving relationship functioning among individuals with trauma histories. Clinicians should consider incorporating strategies that target shame reduction, such as fostering self-compassion and emotional acceptance, alongside techniques that enhance effective communication and reduce defensiveness. Couple-based interventions may be particularly beneficial in helping partners understand and respond to each other's emotional vulnerabilities, thereby promoting healthier interaction patterns and reducing sensitivity to criticism.

Authors' Contributions

All authors significantly contributed to this study.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

Acknowledgments

We hereby thank all individuals for participating and cooperating us in this study.

Declaration of Interest

The authors report no conflict of interest.

Funding

According to the authors, this article has no financial support.

Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the study and participated in the research with informed consent.

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