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Depression, Anxiety, Alexithymia and Childhood Psychological Traumas as Predictors of Dissociative Experiences in Lesbian Gay and Bisexual Individuals

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Abstract

Objectives: The study aimed to investigate the relationship between depression, anxiety, alexithymia, childhood psychological trauma, and dissociative experiences.

Method: The study was conducted with 54 Lesbian Gay and Bisexual Individuals[LGB] volunteering participants aged from 18 to 36 years old, who were members of a closed group on Facebook, by the help of Lesbian Gay and Bisexual individuals applying to Private Corlu Reyap Hospital due to various psychiatric complaints. The participants were administered a Demographic Information Form, Beck Depression Inventory, Beck Anxiety Scale, Toronto Alexithymia Scale, Childhood Psychological Traumas Scale, and Dissociative Experiences Scale . Pearson Correlation analysis was used in order to evaluate the study data.

Results: Significant and positive correlations of anxiety with the depressive symptoms, childhood traumas, dissociation, and difficulty in identifying feelings, which is a subdimension of alexithymia, were reached. The depressive symptoms were positively and significantly correlated with childhood trauma, dissociation, and difficulty in identifying feelings, which is a subdimension of alexithymia; however, a negative and significant correlation between the depressive symptoms and externally-oriented thinking was determined. Negative significant correlations of alexithymia were found with emotional neglect, which is a subdimension of childhood trauma, as well as positive significant correlations of alexithymia with dissociation. The correlation between childhood trauma and the difficulty in identifying feelings, which is one of the subdimensions of alexithymia was determined to be positive; whereas, the correlation between externally-oriented thinking and the difficulty in expressing emotions was determined to be negative. Lastly, there was a significant and positive correlation of dissociation with externally-oriented thinking, which is a subdimension of alexithymia, and a significant and positive correlation between dissociation and physical abuse, which is a subdimension of childhood trauma.

Discussion: The results of the study and its significance were discussed along with its limitations in the light of the related information in the literature and emerging ideas were suggested for future studies.

Keywords – Childhood trauma, alexithymia, dissociation, depression, anxiety.

I. Introduction

Alexithymia; lack of emotions was defined as not being able to find the right word for their emotions[1,2]. Some researchers have classified alexithymia as a personality trait and a defense mechanism similar to dissociation developed against traumatic events[3].

According to the World Health Organization[4], while 36% of children suffer emotional abuse, 23% experience physical abuse, and 16% suffer physical neglect; 18% of girls and 8% of boys are exposed to sexual abuse[5]. It is known that a traumatic event, especially in the early period, can have detrimental effects on the psychological and physical health of the individual in adulthood[6]. Positive relationships between childhood traumas and adult substance use disorders[7], post-traumatic stress symptom[8], depression, anxiety disorders[9], and dissociative symptoms[10] have been demonstrated by many studies. Studies have shown that the majority of patients with depressive disorder have a history of childhood trauma and experience more neglect and abuse than the healthy group[11]. In another study, it was found that alexithymia has a partial mediation role between childhood traumas and sub-dimensions, emotional abuse and emotional neglect, and depressive symptoms; On the other hand, it was found that it plays a full mediator role between physical neglect and depressive symptoms[12].

Dissociation means separation, disintegration, dissolution, rupture. Dissociative disorders are not associated with any physical illness or brain damage, but are disorders of the integrity of consciousness, memory, identity, affect, perception, behavior, and perception of the environment[13]. Some researchers suggest that they experience dissociation as a defense mechanism when they encounter a traumatic event that threatens their own psychological and physiological integrity[14]. Depersonalization and derealization symptoms can be seen in anxiety disorders as well as dissociative disorders[15,16,17].

According to the Minority-Stress model[18], discrimination, bullying and negative experiences that Lesbian Gay and Bisexual(LGB) individuals are exposed to from the early stages of their lives suggest that individuals form an expectation of being persecuted from others[17]. In addition to the results suggesting that LGB individuals experience more psychiatric complaints compared to the general population[19], there are also studies[20] suggesting that there is no difference. According to studies, bullying towards LGB identity during adolescence has been found to be associated with depression symptoms in the later stages of life[21].

The aim of this study is to examine the relationships between childhood traumas of LGB individuals and their depressive symptoms, anxiety, dissociation and alexithymia levels in adulthood.

II. Method

The sample of the study consists of 54 LGB people. 14 LGB people who applied to the psychiatry outpatient clinic of Private Reyap Hospital and the rest were collected online from the facebook closed group through these individuals. The ages of the participants ranged from 18 to 36, with 24 female and 30 male. Of the individuals participating in the study, 19 (35.1%) expressed their sexual orientation as lesbian, 21 (38.8%) gay, and 14 (25.9%) bisexual. Considering their educational status, 27 of them are high school graduates, 9 are university graduates and 14 are university students.

Data Collection Tools

Demographic Information Form: It is a questionnaire created by the researchers that includes demographic information such as age, gender, income and marital status of the participants and information about their psychiatric history.

Beck Depression Inventory (BDI):

The scale developed by Beck (1961) consists of 21 items graded between 0 and 3. It aims to measure the physical, emotional, cognitive and motivational symptoms of depression[22]. An increase in the scores obtained from the scale means that the severity of depressive symptoms increases[23]. The scale was adapted to Turkish[24,25]. In validity and reliability studies, the reliability coefficient for the clinical group was found to be 0.61. It has been reported that the power of 17 and above to accurately distinguish cases of depression requiring treatment is 90%[26].

Beck Anxiety Scale(BAS):

Beck et al. (1988)26 It consists of 21 items graded between 0 and 3. The scale was adapted to Turkish. As a result of validity and reliability studies, the Cronbach's alpha coefficient for internal consistency estimation was found to be 0.93[27].

Toronto Alexithymia Scale (TAS-20):

TAS-20, developed by Bagby, Taylor, and Parker (1994), is a 20-item scale graded between 1 and 5[28]. An adaptation study into Turkish was carried out[29] .The scale is divided into 3 sub-dimensions: difficulty in recognizing emotions, difficulty in expressing emotions, and expressive thinking. The internal consistency of the scale, Cronbach's alpha coefficient was 0.78. It has been stated that a score of 59 and above can be considered as alexithymia, and a score of 51 and below indicates the absence of alexithymia[30].

Childhood Psychological Traumas Scale (CPTS):

Scale Bernstein et al. (1994) [31] In this study, the 28-item short form[32] of the scale was used. It was adapted into Turkish[33]. In accordance with the original, it consists of 5 sub-factors as physical abuse, emotional abuse, physical neglect, emotional neglect and sexual abuse and is applied as a 5-point Likert type self-report scale. In addition, there are 3 minimization items in the scale in order to measure the denial of trauma. According to the validity and reliability studies, the Cronbach's alpha coefficient was found to be 0.93 and it was stated that the internal consistency was high[33].

Dissociative Experiences Scale (DIS):

It is a 28-item self-report scale developed by Bernstein and Putnam (1986) [34]. Scoring is done by asking for grading between 0 and 100 at intervals of 10 points. The scale was adapted to Turkish and the Cronbach's alpha coefficient was found to be 0.91 in the validity and reliability study[35]. Scores of 30 and above from the scale should be evaluated in terms of dissociative disorders[35].

Process

Ethics committee approval, numbered 53939333-952.02.07.03-E.406, was obtained from the Istanbul Rumeli University Ethics Committee on 10/05/2018. Informed Consent Form was given to the participants both orally and in writing. Filling the scales takes about 15-20 minutes. IBM SPSS 24 and IBM SPSS Amos programs were used in the statistical analysis of the obtained data. Pearson Correlation Analysis and Path Analysis techniques were used in data analysis.

III. RESULTS

In the study, it was checked whether the normal distribution assumption was provided or not. It was seen that all variables provided this assumption, and it was seen that there was no need for any data cleaning. The results of the correlation analysis are presented in Table 1.

As a result of the Pearson correlation analysis performed to reveal the relationships between the level of anxiety and depression, alexithymia, childhood traumas and dissociative experiences, between the TAS-20 total score and its sub-dimension difficulty in expressing emotions and expressive thinking scores; No significant relationship was found between emotional abuse, physical neglect and sexual abuse, which are CPTS sub-dimensions.

Anxiety level depressive symptoms ($r=.66$, $p<0.05$), difficulty recognizing emotions ($r=.43$, $p<0.05$), physical abuse ($r=.41$, $p<0.05$), emotional neglect ($r=.40$, $p<0.05$); It shows significant correlations with minimization ($r=-.30$, $p<0.05$), CPTS total score ($r=.37$, $p<0.05$) and DIS score ($r=.36$, $p<0.05$).

No significant relationship was found between depressive symptoms and TAS-20 total score, TAS-20 sub-dimensions of difficulty in expressing emotions, and CPTS sub-dimensions of emotional neglect, sexual abuse and minimization. Difficulty recognizing emotions with depressive symptoms ($r=.43$, $p<0.05$), expressive thinking ($r=-.34$, $p<0.05$), emotional abuse ($r=.43$, $p<0.05$). , physical abuse ($r=.30$, $p<0.05$), physical neglect ($r=-.40$, $p<0.05$), CPTS total score ($r=.31$, $p<0.05$) and DIS total scores ($r=.28$, $p<0.05$) show significant relationships.

Table 1. Correlation Coefficients Between Variables

	2	3	4	5	6	7	8	9	10	11	12	13	14
1= Anxiety	.664**	.159	.434**	-.100	-.256	-.099	.415**	.086	.402**	-.028	-.302*	.377**	.368**
2= Depression	-	.065	.434**	-.219	-.342*	.431**	.303*	-.407**	-.014	.106	.20	.316*	.280*
3= Alexithymia Total Score		-	.701**	.464**	.530**	.138	.253	.095	-.385**	-.068	-.107	-.228	.856**
4= Difficulty Recognizing Emotions			-	-.075	-.056	.008	.529**	-.085	-.035	.179	.062	.271*	.824**
5= Difficulty expressing feelings				-	.173	.032	.021	.431**	-.487**	-.013	-.398**	-.515**	.104
6= Expressive Thought					-	.237	-.318*	-.056	-.295*	-.399**	.039	-.423**	.368**
7= Emotional Abuse						-	.048	-.471**	-.577**	-.183	.422**	-.071	.022
8= Physical Abuse							-	.444**	.315*	-.005	-.347*	.702**	.296*
9= Physical Neglect								-	.403**	-.203	-.698**	.239	-.038
10= Emotional Neglect									-	-.315*	-.217	.742**	-.169
11= Sexual Abuse										-	-.241	-.274*	.088
12= Minimization											-	.075	-.021
13= Childhood Psychological Traumas Total Score												-	-.007
14= Dissociative Experiences Scale Total Score													-

*p<.05, **p<.01 , SE: Standard Error, N: 54.

No significant relationship was found between TAS-20 scores and CPTS total score and its sub-dimensions emotional abuse, physical abuse, physical neglect, sexual abuse and minimization. TAS-20 total score, difficulty recognizing emotions (r=.70, p<0.05), difficulty expressing emotions (r=.46, p<0.05), expressive thinking (r=.53, p<0) .05), emotional neglect (r=-.38, p<0.05) and DIS scores (r=.85, p<0.05) were found to be significantly correlated.

No significant relationship was found between the difficulty of recognizing their emotions and the difficulty of expressing their feelings, expressive thinking, emotional abuse, physical neglect, emotional neglect, sexual abuse and minimization. Difficulty recognizing emotions and physical abuse (r=.52, p<0.05), CPTS total score (r=.27, p<0.05) and DIS score (r=.82, p<0.05) significant relationships were observed.

No significant correlation was found between TAS-20 scores and CPTS total score and its sub-dimensions emotional abuse, physical abuse, physical neglect, sexual abuse and minimization. TAS-20 total score, difficulty recognizing emotions (r=.70,

p<0.05), difficulty expressing emotions (r=.46, p<0.05), expressive thinking (r=.53, p<0) .05), emotional neglect (r=-.38, p<0.05) and DIS scores (r=.85, p<0.05) were found to be significantly correlated.

No significant relationship was found between difficulty in expressing emotions and expressive thoughts, emotional abuse, physical abuse, sexual abuse and DIS. Expression of emotions scores and physical neglect (r=.43, p<0.05), emotional neglect (r=-.48, p<0.05). Significant correlations were observed between minimization (r=-.39, p<0.05) and CPTS total scores (r=-.51, p<0.05). No significant relationship was found between expressive thinking and emotional abuse, physical abuse and minimization.

Expressive thinking scores and physical neglect (r=-.31, p<0.05), emotional neglect (r=-.29, p<0.05), sexual abuse (r=-.39, p<0.05)) showed significant correlations with CPTS total score (r=-.42, p<0.05) and DIS total score (r=.36, p<0.05).

There was no significant relationship between emotional abuse and physical abuse, sexual abuse, CPTS and DIS scores. Between emotional abuse score and physical neglect (r=-.47, p<0.05), emotional neglect (r=-.57, p<0.05) and minimination (r=.42, p<0.05) significant relationships were observed. No significant relationship was found between physical abuse and only sexual abuse. Physical abuse vs. physical neglect (r=.44, p<0.05), emotional neglect (r=.31, p<0.05), minimization (r=-.34, p<0.05), CPTS total Significant relationships were found between the score (r=.70, p<0.05) and DIS (r=.29, p<0.05). There was no significant relationship between physical neglect and sexual abuse, CPTS total score and DIS. A significant relationship was observed between physical neglect score and emotional neglect (r=.40, p<0.05) and minimization (r=-.69, p<0.05).

No significant correlation was found between emotional neglect and minimination and DIS score. Significant relationships were observed between emotional neglect and sexual abuse (r=-.31, p<0.05) and CPTS total score (r=.74, p<0.05). No significant correlation was found between sexual abuse and minimination and DIS scores. A significant correlation was observed between sexual abuse and CPTS total score (r=-.27, p<0.05). There was no significant relationship between minimization and CPTS total score and DIS score.

No significant correlation was observed between CPTS total score and DIS total score (Table 1). The predictive analysis results of anxiety, depression, alexithymia, and childhood psychological traumas on dissociative experiences are given in Table 2.

Table 2. Path coefficients between dependent and independent variables

Predictive Variable		**Predicted Variable**	**B**	**SH**	**β**	***t***	***p***
Anxiety	->	Dissociative Experiences	1.18	.38	.24	3.12	.00
Depression	->	Dissociative Experiences	.88	.32	.24	2.72	.01
Difficulty Recognizing Emotions	->	Dissociative Experiences	3.32	.61	.45	5.44	.00
Difficulty expressing feelings	->	Disiosiyatif Yaşantılar	.56	1.11	.04	.51	.61
Expressive Thought	->	Dissociative Experiences	7.73	.67	.68	11.60	.00
Emotional Abuse	->	Dissociative Experiences	-5.93	2.43	-.31	-2.45	.01
Physical Abuse	->	Dissociative Experiences	2.61	1.48	.16	1.76	.08
physical neglect	->	Dissociative Experiences	7.49	.87	.27	8.63	.00
Emotional neglect	->	Dissociative	-1.43	1.29	-.18	-1.11	.27

		Experiences					
Sexual Abuse	->	Dissociative Experiences	8.02	2.40	.29	3.34	.00
Minimization	->	Dissociative Experiences	5.36	1.07	.38	4.99	.00

SE: Standard Error, N: 54.

According to the analysis results, from BAS (β=.24, p<.05); from BDI (β=.24, p<.05); TAS-20 sub-dimensions of difficulty in recognizing emotions (β=.45, p<.05) and expressive thinking (β=.68, p<.05); CPTS emotional abuse (β=-.31, p<.05), physical neglect (β=.27, p<.05), sexual abuse (β=.29, p<.05), and minimization (β=.38) , p<.05) sub-dimensions have a statistically significant predictive effect on the total mean scores obtained from DIS.

However, TAS-20 sub-dimension difficulty in expressing emotions (β=.04, p>.05), CPTS physical abuse (β=.16, p>.05) and emotional neglect (β=-.18, p>. 05) sub-dimensions did not have a statistically significant predictive effect on the total score averages obtained from DIS.

According to the findings, as the anxiety, depression, difficulty in recognizing emotions, expressive thinking, exposure to physical neglect, exposure to sexual abuse and minimination levels of the participants increased, their dissociative experiences also increased; It can be stated that as the level of exposure to emotional abuse increases, their dissociative experiences decrease.

IV. Discussion

When we look at the relationships between anxiety and other variables, it is seen that as the depressive symptoms increase, the level of anxiety also increases. In the "Tripartite model" proposed by Clark and Watson (1991), the frequency of co-occurrence of depression, anxiety and stress is stated[36]. Considering other studies, it can be said that the result of this study is in parallel with the literature[37,38].

According to the findings, it is seen that the level of anxiety increases with childhood traumas. In a study conducted in the field of childhood traumas, it was shown that exposure to any neglect and/or abuse in the early period of life increases the frequency of co-occurrence of anxiety and depression[39]. In another study examining the longitudinal relationships between childhood traumas and depression, no significant relationship was found between sexual abuse and persistent depression and anxiety[40]. For this reason, it can be said that the positive relationship between the level of anxiety and childhood traumas and the fact that the level of sexual abuse does not have any relationship with anxiety is in line with the literature.

Considering the relationship between anxiety and alexithymia, the level of anxiety was found to be positively related only to the difficulty of recognizing emotions, which is a sub-dimension of alexithymia. Berthoz et al. (1999) found a positive correlation between state and trait anxiety and difficulty in recognizing emotions[41]. Although there are studies suggesting a direct relationship between anxiety and alexithymia[42], it seems that the information in the literature is not consistent.

When the relationship between anxiety and dissociation is examined, it is known that there are positive and significant relationships between the two in both the clinical sample[43] and the healthy sample[44]. In this respect, it can be said that the results obtained support the literature. However, since dissociative symptoms occur in different ways in anxiety disorders[15]; It is thought that studies with groups such as social phobia, specific phobia and generalized anxiety disorder will provide important information.

According to the findings, it is understood that as childhood traumas increase, depressive symptoms increase. In addition, emotional abuse, physical abuse and physical neglect sub-dimensions are also positively associated with depressive symptoms. Looking at the literature, in a study conducted with patients with major depressive disorder, 79.9% of people experienced at least one of the childhood trauma types; It has been shown that the types of physical neglect, emotional abuse and emotional neglect are the most intense traumas, respectively. In this study, it was also reported that the age of onset of depression was much earlier in the group that experienced childhood traumas than in the group that did not experience childhood trauma[45].

In a study conducted in our country, it was found that all sub-dimensions of childhood trauma and depression were experienced at a significantly higher intensity than the healthy group; It has been reported that there is a strong relationship between the onset of depression at an early age and the experience of childhood trauma[11]. Although the result obtained in the study does not allow to establish a cause-effect relationship, it is evaluated in parallel with the conclusion in the literature that the frequency of depressive symptoms in adult life of individuals who have experienced childhood traumas is higher than those who do not have such experiences.

Another result of the study is that surprisingly, there was no relationship between the level of sexual abuse and depressive symptoms. In the study of Cougle et al.(2010), while sexual abuse was associated with anxiety and depression[46]; In the study of Hovens et al.(2012), sexual abuse was not found to be associated with this co-occurrence[40]. As can be seen, there are conflicting information about the relationship between sexual abuse and depressive symptoms and anxiety in the literature.

When the relationship between depressive symptoms and alexithymia is examined; It was concluded that the difficulty of recognizing emotions, one of the sub-dimensions of alexithymia, was positively related, while expressive thinking was negatively related. It is noteworthy that the results of the studies in the literature are mixed. Saarijärvi, Salminen, and Toikka(2001) in their study with patients diagnosed with major depressive disorder, showed that alexithymic characteristics increase as the level of depressive symptoms increases[46]. Difficulty in recognizing and expressing emotions, a sub-dimension of alexithymia, was associated with the level of depressive symptoms.

Few studies have been found in the literature investigating the relationship between depressive symptoms and dissociation. In a study conducted, no significant relationship was found between depressive symptoms and dissociation in a non-clinical sample[47]. Evren and Ögel (2003) found a positive and significant relationship between depressive symptoms and dissociation in their study with patients diagnosed with substance addiction[48]. The sample diversity in the studies may cause differences in the results. In our study, it is seen that as depressive symptoms increase, dissociation increases.

According to our findings, a significant relationship was observed between the total score of alexithymia and emotional neglect, which is only the childhood trauma subscale. Positive correlations were found with the sub-dimensions of alexithymia, difficulty recognizing emotions, difficulty expressing emotions, and total score of introspective thinking and childhood traumas.

When we look at the relationship between alexithymia and dissociation, it is seen that there is a strong and positive relationship between them. De Berardis et al(2009) found that individuals with alexithymic characteristics in their study conducted with a non-clinical sample experienced significantly more dissociative symptoms than those who did not[49]. It can be said that the fact that dissociation was found to be positively associated with anxiety, depression and alexithymia in our study also supports the results of previous studies.

Özkol(2014) examined childhood traumas, dissociation, and traumatic symptoms in his study, that physical neglect, physical abuse and sexual abuse experiences in childhood predict psychoform dissociation in adulthood; revealed that physical abuse and neglect, emotional and sexual abuse predict somatoform dissociation in adulthood[50]. Considering the sub-dimensions of childhood traumas, it is seen that dissociation scores increase as physical abuse increases. Looking at the literature, it can be said that this result is unexpected. It is known that features such as the age of onset and duration of childhood abuse are associated with the level of dissociative symptoms, and there are studies suggesting that the younger the exposure, the more severe it will become, and the stronger the relationship[16]. The reason why no relationship was found in this study may be that childhood mental traumas are seen at a later age or that they are not chronic. In order to make this interpretation clearly, it is necessary to know exactly the mentioned variables. However, it is known that neglect and abuse may lead to post-traumatic growth in adulthood, according to some variables[45]. Studies investigating the relationship between negative childhood experiences in LGB individuals and their psychological complaints and psychological well-being in adulthood are ongoing.

Although many studies have been conducted on psychological disorders and symptoms with clinical samples in our country, very few studies have been conducted with LGB individuals. The most surprising result of the study is that there was no significant relationship between dissociation and childhood traumas. Since no other study with LGB individuals was found in the clinical sample in Turkey, we do not have any comparable findings.

The biggest limitation of the study is that the participants consisted of individuals who applied to only one hospital. Another limitation of this study is that the data were collected through self-report measurement tools. Although reliable measurement tools have been used, it is thought that clinical interviews by a professional mental health specialist will contribute to reliable results in future studies. Another limitation of the study is that the psychiatric disorders of the participants were not controlled in this study. Since psychopathologies such as dissociative disorders, mood disorders and anxiety disorders may have confusing effects for future research on variables, it is thought that it would be useful to examine psychopathologies such as these by forming separate groups. Another limitation of the study is that the results obtained due to the method followed in the research do not allow to establish a causal relationship. It is thought that longitudinal and control group studies instead of cross-sectional studies for future research will be guiding for the cause-effect relationships to be established.

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