



A STUDY ON CORRELATION BETWEEN CHILDHOOD ABUSE AND DISSOCIATION.

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ABSTRACT

Objective: The aim of this study was to examine the relationship between childhood sexual abuse, childhood physical abuse and dissociation in an adult population

Methods: Study sample consists of 70 female patients who attend the psychiatry out patient department in ASRAM hospital completed self-report questionnaires on measures of dissociation Dissociative Experience scale [DES] and histories of sexual and physical abuse Childhood trauma questionnaire(CTQ)and Each subject completed a semi-structured face-to-face interview that included measures of childhood sexual abuse, childhood physical abuse on a semi-structured pro forma.

Study period-November 2017- September 2018

Results: In this study it was found that incidence of dissociative disorder was most common among married(68.3%), age group of 18-29years(58.3%) the people who score >30(high score) in dissociative experience scale(85%), There was significant change in the incidence of dissociative disorder in regard with patients who experienced childhood physical, emotional abuse and neglect.

KEYWORDS : Conversion, dissociation, childhood sexual abuse, physical abuse.

INTRODUCTION:

Dissociation is defined as a disruptions of the normal integration between memories of the past, awareness of identity and immediate sensations and control of bodily movements. Physical disorders do not explain the symptoms and evidence for underlying psychological factor is required to make a diagnosis of Dissociative disorder. The presenting symptoms are unintentional and may mimic a neurological disorder.

Although dissociation is a common experience those with an actual dissociative disorder almost universally have a background of childhood trauma especially sexual and physical abuse. Over 99% of those diagnosed with dissociative disorder have a history of prolong and severe childhood sexual abuse usually with an early age of onset and the abuser being one or more of the care givers.

This relationship has been studied in a variety of ways, and most studies indicate an association between proneness to dissociation and childhood abuse. Although physical abuse has generally been reported to be linked with dissociative symptoms, not all studies show this. Sexual abuse, on the other hand, is believed by many to be specifically causally linked with adult dissociative symptoms. This belief has now reached the point where some investigators assume the link has been satisfactorily demonstrated and focus their research on what characteristics of the abuse result in the use of dissociation. Other researchers, however, still argue about whether or not a direct link between early sexual trauma and markers of high dissociation has been compellingly established¹

Some Indian studies have focused on the clinical characteristics in conversion disorder. They have emphasized on the role of stressors in conversion disorder. "Role model"; has been reported in conversion disorder in some earlier studies. A role is an automatic learned, goal-directed pattern or sequence of acts developed under the influence of significant people in a growing child's environment. Patients with conversion disorder may unconsciously model their symptoms on those of someone important to them².

There has been no genetic link indicated. This is probably because everybody is capable of dissociation as a young child but few people are in the situation of having to use it on a regular basis.

The hypothesis that dissociation occurs in response to trauma has a long tradition in psychiatry, beginning with Janet around the turn of the century³. The beliefs is that trauma (particularly in childhood, when the capacity for dissociation may be at its highest) is responsible for

inducing the defensive use of dissociative processes. The dissociation is initially used as a means of defence or an attempt to adapt to the pain; if the extent of the abuse is sufficient, then the dissociative response regularly becomes relied on as a defence mechanism and the individual's mental processes become intermittently fragmented⁴.

However new studies have shown that dissociation is a biological phenomenon- brain imaging has shown that associative pathways in the brain are shut down during the dissociative experience. This suggests that the dissociative experiences may well be real as opposed to imaginative.

EPIDEMIOLOGY:

Epidemiological studies indicate that incidence and prevalence of Dissociative disorder vary across various countries and communities. They are more prevalent in developing countries compared to the developed western countries. Most studies have reported that dissociative disorders occur mostly in people younger than 30 years and the mean age to be 22 to 25 years. However Stone and colleague from the UK reported that the mean age of patients with dissociative motor disorders was higher than the mean age of the patients with dissociative convulsion.

Epidemiological studies in north America, Europe and Asia have found dissociative disorders to be common in samples of general population as well as in samples of psychiatric in-patients and out-patients.

MATERIALS AND METHODS

Seventy new cases (every second) admitted to the Dept. of Psychiatry, Asram Medical College and Hospital, Eluru, in time period of November 2017- September 2018 who fulfilled the inclusion criteria of the study were enrolled for the study.

Inclusion criteria

Subjects of both sexes of age 6 years and above and fulfilling diagnostic criteria of dissociative (conversion) disorder according to ICD-10 were included.

Patients who were willing to give proper consent for the study were included.

Exclusion criteria

Patients not willing to take part and those with comorbid physical illnesses, like diabetes mellitus, hypertension, stroke, neuropathies, movement disorders were excluded and comorbid other psychiatric

illness, e.g., anxiety disorder, depressive disorder, etc., were excluded.
Tools used

1. The ICD-10 classification of mental and Behavioural disorders
2. A semi-structured pro forma to record socio-demographic details, including age, marital status.
3. Modification of Dissociative experience scale-2(DES-2) by Eve Bernstein Carlson, Ph.D. & Frank W. Putnam M.D.
4. Childhood trauma questionnaire(CTQ)

It is a brief, self-reported measure of the frequency of dissociative experiences. The scale was developed to provide a reliable, valid, and convenient way to quantify dissociative experience and . A response scale that allows subjects to quantify their experience for each item was used so that score could reflect a wider range of dissociative symptomatology than possible, using a Dichotomus (yes/no)format.

Procedure of study

All the study subjects were thoroughly evaluated on the basis of history and mental status examination, and the diagnosis was confirmed by a senior psychiatrist.

Then, the consent was taken from every patient before enrolling into the study. All the patients and their attendants were then evaluated to elicit necessary information required in our semi-structured pro forma. Analysis of data

Data were analyzed by using Karl Pearson's correlation coefficient (Chi-square test).Data collected were analyzed using SPSS 20.

RESULTS:

Table 1- Marital status

Marital status					
		Frequency	Percentage	Valid Percentage	Cumulative Percentage
Valid	unmarried	19	31.7	31.7	31.7
	married	41	68.3	68.3	100.0
	Total	60	100.0	100.0	

In this study it was found that incidence of dissociative disorder was most common among married(68.3%) than unmarried (31.7%).

Table 2- Age of patient

Age of patient					
		Frequency	Percentage	Valid Percentage	Cumulative Percentage
Valid	6-17	7	11.7	11.7	11.7
	18-29	35	58.3	58.3	70.0
	30-41	14	23.3	23.3	93.3
	42-53	4	6.7	6.7	100.0
	Total	60	100.0	100.0	

In this study it was found that incidence of dissociative disorder was common among age group of 18-29years(58.3%) followed by 30-41years(23.3%), 6-17years(11.7%) and 42-53years(6.7%).

Table 3- Dissociative experience scale

Dissociative experience scale					
		Frequency	Percentage	Valid Percentage	Cumulative Percentage
Valid	<30	9	15.0	15.0	15.0
	>30	51	85.0	85.0	100.0
	Total	60	100.0	100.0	

In this study it was found that incidence of dissociative disorder was most common among the people who score >30 in dissociative experience scale(85%).

Table 4- Emotional abuse

Emotional abuse					
		Frequency	Percentage	Valid Percentage	Cumulative Percentage
Valid	low	9	15.0	15.0	15.0
	moderate	5	8.3	8.3	23.3
	severe	46	76.7	76.7	100.0
	Total	60	100.0	100.0	

In this study it was found that incidence of dissociative disorder was common among patients who experienced emotional abuse in childhood in severe form (76.7%) followed by low(15%), moderate(8.3%).

Table 5 - Physical abuse

Physical abuse					
		Frequency	Percentage	Valid Percentage	Cumulative Percentage
Valid	low	9	15.0	15.0	15.0
	moderate	7	11.7	11.7	26.7
	severe	44	73.3	73.3	100.0
	Total	60	100.0	100.0	

In this study it was found that incidence of dissociative disorder was common among patients who experienced physical abuse in severe form(73.3%) followed by low and moderate.

Table 6 -Sexual abuse

Sexual abuse					
		Frequency	Percentage	Valid Percentage	Cumulative Percentage
Valid	none	18	30.0	30.0	30.0
	low	19	31.7	31.7	61.7
	moderate	11	18.3	18.3	80.0
	severe	12	20.0	20.0	100.0
	Total	60	100.0	100.0	

In this study it was found that incidence of dissociative disorder was almost same in low(31.7%), none(30%).

Table 7 - Emotional neglect

Emotional neglect					
		Frequency	Percentage	Valid Percentage	Cumulative Percentage
Valid	low	9	15.0	15.0	15.0
	moderate	6	10.0	10.0	25.0
	severe	45	75.0	75.0	100.0
	Total	60	100.0	100.0	

In this study it was found that incidence of dissociative disorder was most common among patients who experienced emotional neglect in severe form (75%) followed by low(15%) and moderate(10%).

Table 8- Physical neglect

Physical neglect					
		Frequency	Percentage	Valid Percentage	Cumulative Percentage
Valid	low	8	13.3	13.3	13.3
	moderate	4	6.7	6.7	20.0
	severe	48	80.0	80.0	100.0
	Total	60	100.0	100.0	

In this study it was found that incidence of dissociative disorder was most common amongpatients who experienced physical neglect in severe form (80%) followed by low(13.3%) and moderate(6.7%).

variables	variants	n(%)	X2	P
Age (in years)	6-17	11.7%	6.443 df=3	0.092 Not significant
	18-29	58.3%		
	30-41	23.3%		
	42-53	6.7%		
Marital status	Married	68.3%	0.14 df=1	0.907 Not significant
	unmarried	31.7%		
Emotional abuse	Low	15%	46.754 df=2	0.000 Significant
	Moderate	8.3%		
	severe	76.7%		
Physical abuse	Low	15%	36.595 df=2	0.000 Significant
	Moderate	11.7%		
	severe	73.3%		
Sexual abuse	none	30%	6.703 df=3	0.082 Not significant
	Low	31.7%		
	Moderate	18.3%		
	severe	20%		

Emotional neglect	Low	15%	46.492 df=2	0.000 Significant
	Moderate	10%		
	severe	75%		
Physical neglect	Low	13.3%	54.118 df=2	0.000 Significant
	Moderate	6.7%		
	severe	80%		

In this study it was found that incidence of dissociative disorder was most common among married(68.3%) than unmarried(31.7%), common among age group of 18-29years(58.3%) followed by 30-41years(23.3%), 6-17years(11.7%) and 42-53years(6.7%), the people who score >30(high score) in dissociative experience scale(85%), common among patients who experienced emotional abuse in childhood in severe form (76.7%) followed by low(15%), moderate(8.3%), experienced physical abuse in severe form(73.3%) followed by low and moderate, patients experienced emotional neglect in severe form (75%) followed by low(15%) and moderate(10%), experienced physical neglect in severe form (80%) followed by low(13.3%) and moderate(6.7%).

In this study it was found that incidence of dissociative disorder was almost same in patients who experienced sexual abuse low(31.7%), none(30%).

There was significant change in the incidence of dissociative disorder in regard with patients who experienced physical abuse(36.595, df=2, $X^2=0.000$, Significant), emotional abuse(46.754, df=2, $X^2=0.000$, Significant), physical neglect(54.118, df=2, $X^2=0.000$, Significant) and emotional neglect(46.492, df=2, $X^2=0.000$, Significant).

There was no significant change in the incidence of dissociative disorder in patients who experienced sexual abuse(6.703, df=3, $X^2=0.082$). No significant change according to age of the patient(6.443, df=3, 0.092, Not significant) and marital status (0.014, df=1, $X^2=0.907$).

Discussion and Conclusion:

The high rates of physical and sexual abuse in this study are similar to other reports of clinical populations with posttraumatic and dissociative disorder^{11,12,13}.

In this study, childhood emotional abuse, childhood physical abuse, childhood emotional neglect and physical neglect were all related to high scores on the Dissociative Experiences Scale. There was no significant effect of childhood sexual abuse leading to dissociative disorder. On other hand, childhood emotional abuse, childhood physical abuse, childhood emotional neglect and physical neglect, was directly related to high scores on the Dissociative Experiences Scale. Younger age group patients were related to high score on the dissociative experiences scale. In this study, incidence of dissociative disorder is more among Age group of 18-29 years(80%) followed by 30-41 years age groups. Study of This corresponds with the findings by Vyas *et al.*¹⁰, Bagadia *et al.*⁹ and Choudhury *et al.*⁸.

Many of the findings from this study are consistent with other studies concerning dissociation related to physical and sexual abuse^{14,15}. There appears to be a particular subset of severely and chronically abused patients with high rates of dissociation.

These findings call into question the hypothesized direct effects of childhood abuse on dissociation and suggest that any causal influence of childhood sexual abuse on dissociation is likely to be indirect and mediated by more general linkages between childhood sexual abuse and risks of mental disorder. These findings contradict most published results from studies that have looked at this relationship. An important reason for this may be that our study is one of few, to our knowledge, that have examined this relationship in randomly selected general population samples. Using a clinical sample, as most studies have done, may introduce substantial bias.⁶

Further research will need to focus on the following issues :

- further elaboration of the theoretical conceptualization.
- empirical validation of the emerging concepts
- applying the concept to clinical questions, in particular to aspects of classification, differential diagnosis, pathogenetic mechanisms and therapeutic relevance, possibly from a transcultural perspective.
- evaluation of the concept utility to the other domains involving

dissociation, e.g. ASD, PTSD or borderline personality disorder.

Recent developments in the field will help to further establish the importance of dissociation in psychiatry, psychotherapy and psychosomatic medicine.

Limitations of study:

Study sample was small. subjective bias can be present. As this was a cross sectional study, the pattern of symptomatology in subsequent recurrence could not be studied thereof.

Further studies needed to properly evaluate stressors and significance of that stressors on the present problem.

Ethical approval:

This study was approved by the Institutional Ethical Committee of the ASRAM Medical College, Eluru, A.P.

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