



**ORIGINAL RESEARCH PAPER**

**Psychology**

**IMPACT OF CHILDHOOD ADVERSITIES AND EMOTIONAL PROCESSING ON PATIENTS WITH DISSOCIATIVE DISORDER.**

**KEY WORDS:** Dissociative Disorder, Childhood Adversities, Emotional Processing

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**ABSTRACT**

**Background:** Childhood adversities, including experiences of abuse, neglect, and family dysfunction, are known to impact psychological functioning and contribute to the development of various mental health disorders. Dissociative Disorder is characterized by disruptions in consciousness, memory, identity, and perception, often stemming from severe trauma during childhood. **Materials & Methods:** This research aims to explore how specific childhood adversities influence emotional processing in individuals diagnosed with Dissociative Disorder. Standardized measures were used to assess childhood adversities, emotional processing difficulties, and dissociative symptoms. Participants include a sample of 100 patients diagnosed with Dissociative Disorder, recruited from clinical settings. **Results:** Majority of the female patients use more emotional processing but above age group shoes more emotional processing. **Conclusion:** The findings of the current study were focussing the need of the routine assessment of traumatic experiences in patients with dissociative symptoms and the need of the adequate therapeutic support (e.g. trauma-focused therapies) to manage and resolve these difficulties.

**INTRODUCTION**

The development of dissociative disorders is the reaction to some trauma, used as a coping mechanism to avoid thinking about difficult memories. Dissociation may affect a person subjectively in the form of thoughts, feelings, and actions. These are thoughts or emotions seemingly coming out of nowhere, or finding oneself acting as if it were controlled by a force other than oneself. Dissociative disorders are increasingly considered as a chronic complex post-traumatic psychopathology closely related to childhood abuse or neglect. Most commonly, repetitive childhood physical and/or sexual abuse and other forms of trauma are associated with the development of dissociative disorders. In the context of chronic, severe childhood trauma, dissociation can be considered adaptive because it reduces the overwhelming distress created by trauma. Subjects with dissociative disorders frequently report childhood traumas. One of the core problems for the person with a dissociative disorder is affect dysregulation, or difficulty tolerating and regulating intense emotional experiences. This problem results in part from having had little opportunity to learn to soothe oneself or modulate feelings, due to growing up in an abusive or neglectful family, where parents did not teach these skills. Problems in affect regulation are compounded by the sudden intrusion of traumatic memories and the overwhelming emotions accompanying them. The relationship between dissociative disorder and trauma is well established. However, individuals with seemingly comparable traumas may differ greatly in the extent to which they dissociate.

**MATERIAL AND METHOD**

**Sample and Procedure:** Sample of 100 dissociative patients from the OPD of Psychiatric Hospital Srinagar referred by psychiatrists and the patients were diagnosed with dissociative disorder according to ICD-10 having a duration of not less than one year. Later they were screened out by the Personal Information Schedule and other tools were used the subjects were briefed about the research work and informed consent has taken before administrating the tests.

**Tools Used**

The personal information related to the participants was

collected with the help of questions related to age and gender.

**Adverse Childhood Experiences (Felitti,1985):** It is a 10-item self-reported questionnaire designed to identify childhood experiences. The Reliability of the test was found .88 with test-retest reliability of .79 and the validity was found to be .47(Karatekin et, al 2014).

**Emotional Processing Scale (EPS 25) (Baker 2007):** It is a 25-item five-factor self-report questionnaire designed to measure emotional processing styles. Internal consistency was found to be .94 with a split-half reliability of .90 with concurrent validity of .70(Baker et, al 2007).

**Results and Interpretation**

**Table-1 Two Way ANOVA (Descriptive Statistics) for Adverse Childhood Experience**

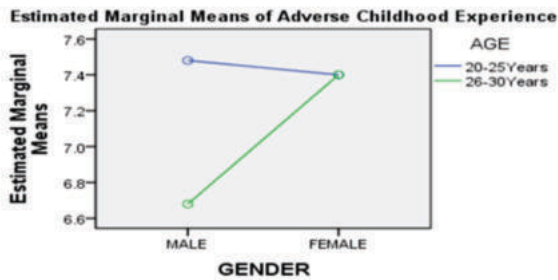
Gender	Age	Mean	Std. Deviation	N
Male	20-25Years	7.48	.586	25
	26-30Years	6.68	1.069	25
Female	20-25Years	7.40	.866	25
	26-30Years	7.40	.816	25
Total		7.24	.900	100

Dependent Variable: Adverse childhood experience

**Table- 1.1 ANOVA Summary**

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	10.560a	3	3.520	4.850	.003
Intercept	5241.760	1	5241.760	7221.713	.000
Gender	2.560	1	2.560	3.527	.063
Age	4.000	1	4.000	5.511	.021
Gender * Age	4.000	1	4.000	5.511	.021
Error	69.680	96	.726		
Total	5322.000	100			
Corrected Total	80.240	99			

a. R Squared = .132 (Adjusted R Squared = .104)



In table-1, a two-way ANOVA was run to examine the effect of Gender (Male and Female) and age difference (20-25 and 26-30 years) on Adverse Childhood Experiences. The main effect of gender (Table 1.1) was found non-significant,  $F(1, 96) = 3.527, p > .01$ . However, the main effect of age (table-1.1) was found significant,  $F(1,96)=5.511, p < .05$ . In table-1.1 Mean scores shows that dissociative patients whose age between 20-25 years shows more childhood adverse experiences ( $N=100, M=7.44, SD= .733$ ) as compared to patients whose age group between 26-30 years ( $N=100, M=7.04, SD=1.00$ ).

The interaction effect between the scores of Gender by Age was found significant  $F(1, 96) = 5.511, p < .05$ , and the sample effect analyses show that female patients of age 26-30 years show more adverse childhood experience compared to female patients whose age was 20-25 years. However male patients in an average age group between 20-25 years show more adverse childhood experiences as compared to their respective age group i.e., between 26-30 years.

**Table 2 Two Way ANOVA (Descriptive Statistics) for Total Emotional Processing**

Gender	Age	Mean	Std. Deviation	N
Male	20-25years	161.2000	7.51110	25
	26-30Years	170.7600	8.97812	25
	Total	165.9800	9.50937	50
Female	20-25years	167.8400	9.35272	25
	26-30Years	174.7600	8.05854	25
	Total	171.3000	9.32027	50
Total	20-25Years	164.5200	9.04014	50
	26-30Years	172.7600	8.68158	50
	Total	168.6400	9.74163	100

Dependent Variable: Total Emotional Process

**Table-2.1 ANOVA Summary**

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	2448.560a	3	816.187	11.280	.000
Intercept	2843944.960	1	2843944.960	39303.175	.000
Gender	707.560	1	707.560	9.778	.002
Age	1697.440	1	1697.440	23.459	.000
Gender * Age	43.560	1	43.560	.602	.440
Error	6946.480	96	72.359		
Total	2853340.000	100			
Corrected Total	9395.040	99			

a. R Squared = .261 (Adjusted R Squared = .238)

In table-2, a two-way ANOVA was run to examine the effect of Gender (Male and Female) and age difference (20-25 and 26-30 years) total emotional processing. The main effect of gender (table6.1) was found significant,  $F(1, 96) = 9.778, p < .01$ . Mean scores show that female patients show more use of emotional processing ( $N=100, M=171.300, SD= 8.05$ ) when compared to their male counterparts ( $N=100, M=165.980, SD= 9.50$ ). The main effect of age (table-6.1) was found significant,  $F(1,96)=23.459, p < .001$ . Table6 Mean scores

show that patients aged between 26-30 years show more emotional processing ( $N=100, M=172.7600, SD= 8.681$ ) as compared to patients whose age group between 20-25 years ( $N=100, M=164.520, SD= 9.040$ ). The interaction effect between the scores of Gender by Age was non-significant  $F(1,96) = .602, p > .01$ .

**DISCUSSION**

The main purpose of conducting the current study was to examine less severe forms of dissociation and their relationship to sub-clinical emotional processing, adverse childhood experiences, and the role of different parenting styles in their lives. Dissociative disorders, as conceptualized along a continuum, are not distinguished by a single symptom or set of symptoms that would 106 distinguish normal from pathological dissociation; rather, the frequency and intensity of dissociative experiences along a continuum quantitatively distinguish normal from pathological dissociation (Kihlstrom et al., 1994). The demographic variables like gender, and age in a nonclinical population were pointed out who endorsed dissociative symptoms. The study used a total of  $N=100$  patients of both males and females equally distributed with varying age groups visiting Govt Medical College Srinagar in the department of psychiatry for treatment in the OPD. All the patients were diagnosed with dissociative disorder according to ICD-10 having duration of not less than one year. The present study has used a purposive sampling technique to achieve the target sample.

The Adverse Childhood Experiences between males and females were revealed with the help of 2-way ANOVA. The sample effect analyses show that female patients aged 26-30 years show more adverse childhood experiences as compared to female patients aged 20- 25 years. The study has consistent findings with the study done by (Turner, Wolf, Barra, Müller, Gregório Hertz, Huss, & Retz, 2021) have found a greater proportion of adult females fell into the clinically significant category for dissociation than male offenders.

However, male patients in an average age group between 20-25 years show more adverse childhood experiences as compared to their respective age group i.e., between 26-30 years. The current findings were confirmed by the study done by (Semiz, Basoglu, Ebrinc, & Cetin, 2007) that young adult males who experienced Adverse childhood experiences reported significantly more dissociative symptoms and 50.4% of them reported pathological levels of dissociation. This must be understood that Adverse childhood experience improves understanding of vulnerability and should inform diagnostics of psychopathology like, dissociation in adult psychiatric patients (Schalinski, Teicher, Nischk, Hinderer, Müller, & Rockstroh, 2016).

The total score of emotional processing shows a significant main effect on gender and it was revealed that female patients use more emotional processing when compared to their male counterparts. The observed findings were supported by (Feeny, Zoellner, & Foa, 2000) who have seen high levels of emotional processing in young female victims of dissociation. The significant main effect of age shows that patients aged between 26-30 years show more emotional processing as compared to patients whose age group is between 20-25 years. The observed findings were supported by (Mavrou, 2021) in his qualitative research that during interaction and dissociations patients show a high level of emotional vocabulary.

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