

Abstract

Evidence suggests a robust association between different types of childhood interpersonal traumas (i.e., sexual abuse, neglect, physical and psychological violence) and depressive symptoms (Briere & Jordan, 2009). Authors suggest that the experience of multiple interpersonal traumas (i.e., cumulative trauma) contributes to a more complex symptomatology (Hodges et al., 2013) and exacerbates the use of maladjusted coping mechanisms such as dissociation (Briere et al., 2010). However, few studies examined the role of dysfunctional strategies such as dissociation in the association between cumulative trauma and depression. Beyond dysfunctional strategies, effective coping mechanisms that could have a protective effect against the development of trauma-related symptoms remain unknown. Mindfulness has recently been proposed as a potential key variable to understand trauma-related symptoms (Thompson et al., 2011). This study examined the role of mindfulness and dissociation in the association between cumulative trauma and depression in a total of 172 adults consulting for sexual difficulties. Structural equation modeling suggests that dissociation and mindfulness are significant mediators of the association between cumulative trauma and depression.

Introduction

- Scientific literature has shown strong links between the experience of interpersonal trauma during childhood (e.g., sexual abuse, neglect, and violence) and a large array of symptoms which are known to have a negative impact on adult psychological functioning (Cloitre et al., 2009), especially symptoms of depression (e.g., Briere & Jordan, 2009).
- Finding also indicate that cumulative trauma, which is the experience of multiple types of childhood interpersonal traumas, could contribute to more severe and complex symptoms than the experience of a single type of trauma (Briere et al., 2010; Hodges et al., 2013), but more information is needed on the mechanisms explaining the links between cumulative trauma and depression to better identify risk and protection factors.
- Briere et al. (2010) suggest that trauma survivors are at greater risk to use existential avoidance such as dissociation to “alter awareness, distract, anesthetize, produce distress-incompatible states, or temporarily forestall negative experiences, thereby redirecting attention away from otherwise overwhelming emotions” (Briere & Scott, 2006, p. 767).
- On the contrary, mindfulness is negatively correlated to cognitive process of dissociation (Baer et al., 2004). In addition mindfulness could potentially be related to fewer depressive symptoms. Yet, to our knowledge, no study has examined the effects of mindfulness and dissociation on the relation between cumulative trauma and depression.
- It seems particularly relevant to examine these associations within a clinical sample of individuals consulting in sex therapy given the high rates of cumulative trauma, dissociation and depression documented in this population, and their impacts of sexual and couple adjustment (Trudel & Goldfarb, 2010).

OBJECTIVE

The current study aims to examine an integrative model in which cumulative trauma is seen as exacerbating the use of dysfunctional avoidance strategies such as dissociation, which in turn, paradoxically, could maintain or worsen the symptoms that survivors try to avoid (e.g., depressive symptoms).

Method

PARTICIPANTS

- N = 176 individuals (57% women)
- Mean age = 38 years old (SD = 13; ranging from 17 to 70 years old)
- 87% Canadians, 82% heterosexuals
- Status: 30% singles; 12% occasional partner(s); 16% with a regular partner; 28% in a common-law relationship; 14% married.
- Education: Elementary 2%; High school 17%; College 42%; University 38%

PROCEDURE

- Patients consulting in sex therapy were recruited via their therapists-Interns in sexology

QUESTIONNAIRES

Cumulative trauma

- From 0 to 8 childhood interpersonal traumas
- Childhood sexual victimization, physical and psychological violence, parental physical and psychological neglect, exposure to physical and psychological parental violence and bullying (Bremner et al., 2007; Godbout et al., 2011)

Depression

- BDI. Beck Depression Inventory-13 (Beck & Beck, 1972; Thériault & Lawson, 1982)
- PSI. Psychiatric Symptom Index (Illfeld, 1976 translated in french by Boyer et al., 1993)

Dissociation: Trauma Symptom Inventory-2 (Briere, 2010)

Mindfulness: Mindful Attention Awareness Scale (Brown & Ryan, 2003)

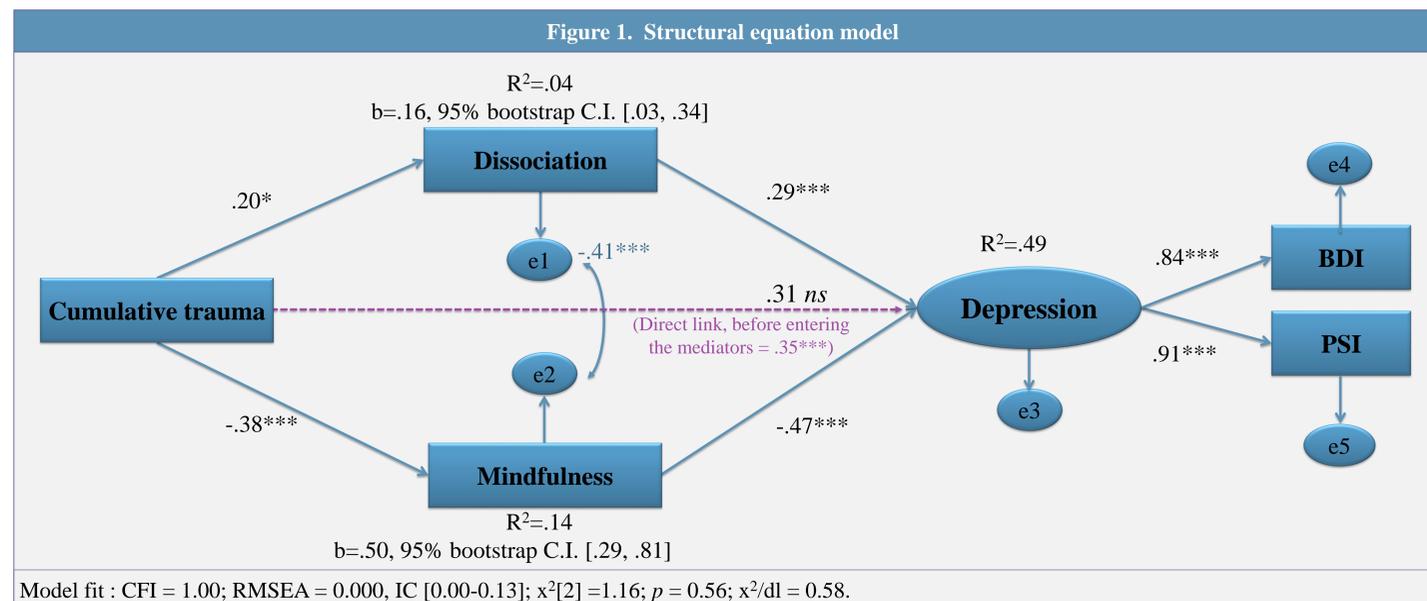
Results

	%
Child sexual abuse	39.6
Parental physical violence	50.0
Parental psychological violence	65.5
Parental physical neglect	29.8
Parental psychological neglect	73.8
Exposure to physical parental violence	18.9
Exposure to psychological parental violence	56.2
Bullying	61.3

	Means	SD	% over the clinical cut-off
Cumulative trauma	3.92	2.14	N/A
Dissociation	58.47	12.85	28.2
Mindfulness	63.19	13.40	N/A
Depression:			
BDI	8.81	7.21	46.2
PSI	7.66	5.07	71.7

	Dissociation	Mindfulness	Depression BDI	PSI
Cumulative trauma	.20**	-.38**	.32**	.29**
Child sexual abuse	.16*	-.21**	.16*	.16*
Parental physical violence	.08	-.26**	.24**	.19*
Parental psychological violence	.16*	-.27**	.27**	.26**
Parental physical neglect	.12	-.23**	.11	.08
Parental psychological neglect	.15*	-.28**	.25**	.22**
Exposure to physical parental violence	.07	-.21**	.11	.14
Exposure to psychological parental violence	.08	-.05	.12	.17*
Bullying	.10	-.22**	.25**	.16*

Note: *p ≤ .05 **p ≤ .01 ***p ≤ .001



Discussion

- Results indicate important rates of psychological distress in individuals consulting for relational or sexual difficulties: close to a third of clients reported clinically elevated dissociative symptoms, also between 46 and 72% of clients were moderately or highly depressed.
- Findings confirm the mediator role of dissociation and mindfulness in the relation between cumulative trauma and depression.
- Mindfulness adds a significant contribution to the model and differs from dissociation.

LIMITATIONS AND RESEARCH AVENUES

- Our results need to be replicated with other samples (e.g., general population). In addition, the model should be tested with a longitudinal design.
- Potential gender differences need to be examined in future studies.

CLINICAL IMPLICATIONS

- This study highlights the importance to assess multiple types of childhood interpersonal traumas given the detrimental effects of cumulative trauma.
- Targeting dissociative symptoms could help to reduce depressive symptoms within childhood cumulative trauma survivors.
- Therapeutic strategies fostering mindfulness might help patients to decrease their depressive symptoms, and act as a protective factor in childhood cumulative trauma survivors.
- Trauma survivors are at greater risk to adopt dysfunctional avoidance strategies that could contribute to maintain or exacerbate their difficulties.
- Hence, therapeutic strategies promoting a healthy contact with their internal world and effective emotion regulation strategies should be considered.
 - While empirical evidence is still needed on efficiency, mindfulness-based and mentalization-based trauma-therapy might prove especially well-suited to reduce distress in trauma survivors.