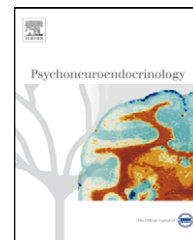




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The influence of attachment on perceived stress and cortisol response to acute stress in women sexually abused in childhood or adolescence

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Summary The long-term implications of sexual abuse in childhood or adolescence (CSA) have been relatively well documented regarding attachment (disorganized attachment in childhood, unresolved trauma in adulthood), stress reactions (altered patterns of stress reactivity under experimental conditions), and psychopathology. Attachment has been shown to mediate the implications of CSA, namely on psychopathology. The implication of attachment on stress responses of abused persons has not been documented. Twenty-seven 20–46 years old women who had experienced episodes of CSA, and 17 controls have been interviewed using the Adult Attachment Interview. Sixty-three percent of abused women presented an unresolved trauma (12% for the controls). Thirty-six women (14 controls and 22 abused) came again to the laboratory for a session involving an experimental stress challenge (TSST). Subjects provided repeated

Abbreviations: AAI, Adult Attachment Interview; ACTH, Adreno CorticoTropic Hormone; AUC, Area Under the Curve; BPD, Borderline Personality Disorder; CSA, Childhood or adolescence Sexual Abuse; DES, Dissociative Experiences Scale; Ds, Dismissing classification at the Adult Attachment Interview; DSM-IV, Diagnostic and Statistical Manual for the mental disorders, version IV; E, Preoccupied classification at the Adult Attachment Interview; ETI, Early Trauma Inventory; F, Autonomous/secure classification at the Adult Attachment Interview; GAF, Global Assessment of Functioning scale; HPA, Hypothalamic–Pituitary–Adrenal axis; ICC, Intra-Class Correlation coefficient; IWM, Internal Working Models of attachment; MINI, Mini International Neuropsychiatric Interview; PTSD, Posttraumatic Stress Disorder; SES, Socio-Economic Status; SNF, Swiss National science Foundation; SSP, Strange Situation Procedure; STI, Severity of Trauma Index; TSST, Trier Social Stress Test; U, Unresolved classification at the Adult Attachment Interview; VAS, Visual Analogue Scale.

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appreciations of perceived stress on visual analogue scales and saliva samples were collected to assay cortisol levels. Whereas abused women with unresolved trauma showed the highest levels of perceived stress, they simultaneously presented the most suppressed cortisol reactions (there were significant post hoc differences between “unresolved abused” and controls on the increase of perceived stress and on cortisol recovery after the acute stress). It is suggested that important stressful experiences (such as CSA), especially when they have not been psychologically assimilated, may cause a disconnection, during subsequent mildly stressful circumstances, between the perception of stress and natural defensive body reactions.

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Unresolved mourning concerning episodes of abuse in childhood or adolescence represents a well-known condition in the adult clinic, with various implications on mental health, including posttraumatic stress disorder (PTSD), depression, and dissociation. The consequences of sexual abuse, experienced in childhood or adolescence (CSA), have been documented; for instance, the psychobiological reactions to stress of CSA victims have been explored, providing essential hints concerning the clinical implications of past abuse, and about factors mediating these consequences. The present study explored perceived stress, as well as psychobiological reactions of adults victims of CSA, when confronted to a psychosocial experimental stress (the Trier Social Stress Test, TSST). The non-resolution/resolution of trauma was explored in the subjects' narratives concerning their childhood, using the Adult Attachment Interview (AAI). It was expected that CSA victims would express altered stress reactions in adulthood, and that the psychological resolution of trauma would alleviate the long-term consequences of CSA on stress reactivity. Responding to such hypothesis might help to better understand the clinical implications of CSA.

1. Background

The rate of women who have experienced sexual abuse in childhood and/or adolescence (CSA) can be approximated to one in seven women, or 16% (Molnar et al., 2001). Girls are at higher risk (around 2.5–3 times) than boys (Finkelhor, 1993; Fergusson et al., 1996; Sobsey et al., 1997).

Most studies on the risk factors of CSA point to the family environment and family dysfunction as important influential variables (Finkelhor, 1993; Mullen et al., 1993; Briere and Elliot, 1994; Fergusson et al., 1996; Sobsey et al., 1997; Rind et al., 1998; Nelson et al., 2002).

No single syndrome can be specified regarding the psychosocial and psychopathological long-term outcomes of CSA (Finkelhor, 1990). Whereas some studies found no relationship between CSA and long-term outcomes in adulthood (Rind and Tromovitch, 1997; Rind et al., 1998), others reported rates of negative psychosocial or psychopathological outcomes in adulthood ranging between 6 and 45% (Browne and Finkelhor, 1986; Finkelhor et al., 1990; Wyatt et al., 1999).

Several authors insisted on individual differences in the risk of developing psychosocial problems after an experience of CSA, independently of its severity (e.g. Finkelhor and Berlinger, 1995; Barker-Collo and Read, 2003; Fassler et al., 2005). Namely, the quality of the family environment (e.g. Fassler et al., 2005) and of the victim's attachment

experiences (e.g. Shapiro and Levendovsky, 1999; Barker-Collo and Read, 2003) have been described as important moderating, or mediating factors on psychosocial and psychopathological consequences of CSA.

Bowlby (1969/1982) described attachment behaviors as resulting from an evolutionary biobehavioral system which provides a survival advantage by keeping young children close to their care providers in times of threat and danger. The experience of the caregivers' sensitivity and responsiveness to distress signals appears to be a key mechanism in the structuring of the subjects' construction of secure “Internal Working Models” (IWM) of the self and others in relationships (Bowlby, 1973/1980). These models develop throughout childhood and are assumed to influence social behaviors into adulthood, namely in adult relationships with peers (Bowlby, 1980; Weiss, 1982; Ainsworth, 1989). IWM have been described in terms of implicit rules to process attachment-related information.

The foremost operational approach of adolescents' and adults' IWM of attachment relies on the Adult Attachment Interview (AAI: Main et al., 1985; George et al., 1985). AAI interviews are categorized in one of three main adult attachment classifications. Adults receiving the “Autonomous” category tend to value attachment relationships, to describe their attachment experiences coherently (whether positive or negative), to consider these experiences as important for their emotional development, and show a significant capacity to reflect on their own thoughts. Adults categorized as “Dismissing” tend to minimize the importance of attachment in their lives; they may unconsciously idealize their childhood experiences. “Preoccupied” adults tend to maximize the importance of attachment; as adults, they are still engrossed and preoccupied with their past experiences and have difficulties to describe them coherently. All three categories correspond to organized “control strategies” (Kobak et al., 1993; Main, 1995) of information processing concerning emotions, especially in attachment-related experiences.

Under certain circumstances, the construction of organized strategies can be challenged. The experience of an extreme fear, and the lack of power in front of distress are thought to affect the attachment system (Main and Solomon, 1986; Kobak et al., 2004). Early in life, when an attachment figure represents both a haven of safety and a source of fear, the child is confused as to whether he/she should approach or avoid that caregiver when distressed (Lyons-Ruth and Jacobvitz, 1999). Maltreated children, for instance, often exhibit disorganized/disoriented attachment behaviors (Carlson et al., 1989; Van IJzendoorn et al., 1999). Because these children experience “fright without solution” (Main, 1995),

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