



## Impact of child maltreatment on meaning in life in psychiatric patients



Sébastien Weibel<sup>a,\*</sup>, Sonia Vidal<sup>a</sup>, Emilie Olié<sup>c,d,e</sup>, Roland Hasler<sup>a</sup>, Catherine Torriani<sup>a</sup>,  
Paco Prada<sup>a</sup>, Philippe Courtet<sup>c,d,e</sup>, Sébastien Guillaume<sup>c,d,e</sup>, Nader Perroud<sup>a,b</sup>,  
Philippe Huguelet<sup>a,b</sup>

<sup>a</sup> Department of Mental Health and Psychiatry, University Hospitals of Geneva, Geneva, Switzerland

<sup>b</sup> Department of Psychiatry, University of Geneva, Geneva, Switzerland

<sup>c</sup> Department of Emergency Psychiatry and Post-Acute Care, CHRU Montpellier, France

<sup>d</sup> Inserm, Université Montpellier, U1061 Montpellier, France

<sup>e</sup> Fondamental Foundation, Foundation of Scientific Cooperation, France

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### ABSTRACT

Child maltreatment (CM) worsens prognosis and quality of life in several psychiatric conditions. Meaning in life is a construct which relates to the sense of purpose that one can perceive in life, and is a key aspect of recovery in psychiatric patients. The lasting impact of CM on meaning in life and its mediating variables have not been studied in patients with chronic persistent psychiatric conditions. One hundred and sixty-six patients with bipolar disorder (N=35), psychotic disorder (N=73), anorexia nervosa (N=30) or borderline personality disorder (N=28) were assessed for meaning in life (revised version of the Life Regard Index (LRI-R)), for CM (Childhood Trauma Questionnaire (CTQ)) and for internalized/externalized psychopathology. CM was associated with a lower LRI score. Structural Equation Modeling showed that internalized psychopathology (depression, hopelessness and low self-esteem) was the main mediator of the impact of CM on meaning in life. The direct effect of CM on meaning in life was not significant. Having suffered from negligence or abuse during childhood is associated with lower meaning in life in adults with persistent and pervasive psychiatric disorders. Treating depressive symptoms and improving self-esteem may improve meaning in life in patients with severe mental disorders who were affected by CM.

### 1. Introduction

Child maltreatment has an important impact on well-being in adulthood (Currie and Widom, 2010; Gilbert et al., 2009). Community studies indicate that childhood adversity and maltreatment are risk factors for the development of various mental disorders, including mood disorders, substance use disorders, anxiety disorders, borderline personality disorder (BPD) and even psychotic disorders (MacMillan et al., 2001; McLaughlin et al., 2010; Silverman et al., 1996; Zlotnick et al., 2008). Child maltreatment refers to different types of maltreatment: physical abuse, sexual abuse, emotional abuse and neglect. According to worldwide studies, child maltreatment is common, with the higher prevalence for emotional abuse (36%) (Kessler et al., 2010; Stoltenborgh et al., 2012). Although most studies have specifically focused on the impact of sexual and physical abuse (Teicher et al., 2006), prospective studies suggest that the different types of abuse and neglect are equally harmful on psychopathological outcomes (Vachon et al., 2015).

Besides being a risk factor for the development of adulthood psychiatric disorders, child maltreatment worsens the prognosis of a large range of disorders, with worst psychopathological outcome in patients: younger age at onset, higher number of mood episodes, more psychotic episodes and symptoms, history of suicide attempts, higher number of hospitalization (Alvarez et al., 2011; Gil et al., 2009; Gunderson et al., 2006; Larsson et al., 2013; Sala et al., 2014; Teicher and Samson, 2013; Uçok and Bikmaz, 2007; Vrabel et al., 2010). Beyond psychopathological outcomes, child maltreatment is generally associated with a lower quality of life (Erten et al., 2014; Lysaker and LaRocco, 2009). Hence it is interesting to understand more precisely how child maltreatment affects quality of life in patients. One determinant element of quality of life is psychological well-being, that is related hence different from psychological symptoms (Debats et al., 1995; Zika and Chamberlain, 1992).

Psychological recovery, as conceived and described by consumers themselves, includes four key processes: (1) Finding hope, (2) Re-establishing identity, (3) Finding meaning in life, and (4) Taking

\* Correspondence to: Department of Mental Health and Psychiatry, University Hospitals of Geneva, Rue de Lausanne 20 b, 1201 Genève, Switzerland.  
E-mail address: [weibelse@gmail.com](mailto:weibelse@gmail.com) (S. Weibel).

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responsibility for recovery (Andresen et al., 2003). Thus, experiencing meaning in life is an important step in recovery. Psychotherapists have for long developed concepts and approaches related to meaning, most often based on philosophical literature and case studies. Spinelli (2007) underlines that the “distinguishing characteristic of being human” is that we require meaning from the world. Consequently, we are disturbed by a lack or loss of meaning. The search for meaning is the ultimate goal of a multitude of psychotherapeutic techniques (Antonovsky, 1993; Corrie and Milton, 2000). The concept of meaning in life, whilst grounded on philosophical and psychotherapeutic principals, has also been operationalized to be used for scientific purposes (Battista and Almond, 1973). This implies that there is not one “univocal” meaning, applicable to everyone, but instead that meaning has to be contextualized to incorporate culture, history and personal values, in a relativistic manner. Battista and Almond developed a scale, the Life Regard Index, that takes into account two dimensions of meaning in life, namely, the *framework*, which considers the ability to see one's own life in a particular perspective and to set one's goals in accordance, and the *fulfillment*, which considers the achievement of these goals. This scale has the advantage of avoiding the exposure of respondents to cultural or normative contents and thus allows for a generally applicable scientific approach of the study of meaning in life, e.g. to identify its determinants.

Meaning in life has scarcely been studied in populations with psychiatric disorders. Our group has recently specifically focused on the determinants of meaning among subjects facing severe mental disorders, and developed a general framework linking one's bio-psycho-social context with values and meaning (Huguelet, 2013; Huguelet et al., 2016). This study showed that suffering from a chronic mental condition was associated with reduced meaning in life and impaired values. Moreover, level of depression and hopelessness was associated with lower meaning in life (Huguelet et al., 2016). In this perspective, one might think that it exists an association between child maltreatment and meaning in life, appearing in a multitude of persistent psychiatric disorders, and limiting the potential of recovery in these subjects.

The first aim of the present study was to explore the effects of childhood maltreatment on meaning in life among patients suffering from severe mental disorders. In order to study this effect, which is suspected to be independent of specific psychiatric disorder, we assessed meaning in life and child maltreatment in different samples of patients with persistent psychiatric disorders. Psychiatric disorders were chosen to be long lasting, with a long-term impact on the life of patients within different life domains. We also chose disorders that necessitate frequent hospitalizations. Psychotic disorder (PSY), bipolar disorder (BD), anorexia nervosa (ANO) and borderline personality disorder (BPD) are known to be impacted by child maltreatment (Alvarez et al., 2011; Gunderson et al., 2006; Sala et al., 2014; Vrabell et al., 2010). We hypothesize that the experience of childhood trauma will be associated with a lower patient's meaning in life in adulthood.

The second aim was to know how psychological symptoms could modify this relation. According to the bio-psycho-social paradigm (Engel, 1977), various biological (e.g. genetic and epigenetic), psychological (e.g. mood), an social (e.g. adversity) issues influence individual ability to act according values and then achieving a sense of meaning. Biological consequences of early-life stress, e.g. epigenetic modifications, explain a part of the increased risk of depression of patients with child maltreatment history (Labonte et al., 2012; Radtke et al., 2015; Teicher et al., 2012; Weder et al., 2014), suggesting a direct effect of maltreatment on psychopathologic variables as depression. Meanwhile, in our previous research, we found that internalized symptoms (depression, hopelessness, low self-esteem) was associated with lower meaning in life (Huguelet et al., 2016). Hence, we tested a model in which the effect of child maltreatment was mediated by psychological symptoms. We considered both internalized and externalized symp-

toms, first because these dimensions are the two broad factors that underlie common psychiatric disorders (Krueger, 1999), and second because child maltreatment impact non-specifically these two dimensions (Vachon et al., 2015). Hence, on one side we explored the mediating effect of internalized symptoms, related to depression, including low self-esteem and hopelessness. On the other side, as externalized symptoms as anger and impulsivity are strongly associated with maltreatment (Kendall-Tackett, 2002), we explored the mediating effect of externalized symptoms in order to know if there is an effect on meaning in life, that was never studied previously. To explore if maltreatment has a direct or indirect effect on meaning in life in patients with psychiatric disorders, we sought to fit a single model with the two mediating effects, using structural equation modeling.

## 2. Methods

### 2.1. Subjects

One hundred and sixty-six French-speaking patients were recruited (73 PSY, 28 BPD, 30 ANO and 35 BD). Participants met the ICD-10 (World Health Organization, 1992) criteria for schizophrenia (N=67) or other chronic psychotic disorders (schizoaffective disorders: N=6 and persistent delusional disorders: N=2) (PSY), borderline personality disorder (BPD), anorexia nervosa (ANO), or bipolar disorder, type I (N=18) or II (N=17) (BD). Participants were adult patients recruited from two public outpatient facilities in Geneva Switzerland and two psychiatric units in Montpellier France. Among the Geneva outpatient facilities, one was specialized in the treatment of BPD and the other one treated patients with psychosis in an outpatient clinic or in community treatment. The third and fourth psychiatric facilities were a hospital unit admitting patients suffering from eating disorders and an outpatient clinic assessing BD in Montpellier. The BD patients being assessed had mostly been stable for several months and thus very few were suffering from current depressive and/or manic/hypomanic episodes. The study was approved by the ethics committee of the University Hospital of Geneva. All participants received detailed information about the study and gave their written consent.

### 2.2. Assessment of psychopathology

Clinical interview led by psychiatrists were completed by the Mini-International Neuropsychiatric Interview (MINI) (Sheehan et al., 1998) for PSY, BIP and ANO patients and the Diagnostic Interview for Genetic Studies (DIGS) (Nurnberger et al., 1994) for BPD patients. In addition BPD subjects were assessed by the Structured Interview for Axis II disorders (SCID-II) BPD part (First et al., 1995).

Symptomatology was assessed with French translated self-rating scales. Internalizing dimensions were assessed with the Beck Depressive Inventory for current depression (BDI II) (Beck et al., 1996), Beck Hopelessness scale (BHS) (Beck et al., 1974) and the Rosenberg's Self-Esteem Scale (RSE) (Lecomte et al., 2006; Rosenberg, 1965). Externalizing dimensions were assessed with the State-Trait Anger Expression Inventory (STAXI) (Spielberger and Sydeman, 1994), and the Barratt Impulsivity Scale (BIS) (Patton et al., 1995). The STAXI is a 57-item scale that gives seven sub-scores. In our study we used the trait anger subscale (15 items), in order to assess the role of anger in the long-standing history of the patient.

### 2.3. Assessment of child maltreatment

Childhood maltreatment history was elicited through the French version of the Childhood Trauma Questionnaire short form (CTQ) (Bernstein et al., 2003; Paquette et al., 2004). The CTQ is a 28-item self-report questionnaire scored on a 5-point Likert scale assessing experience of abuse and neglect in childhood. It is composed of five subscales; three eliciting abuse (emotional, physical and sexual); and

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