

Types of childhood trauma and spirituality in adult patients with depressive disorders

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Abstract

Objective: The aim of this study was to investigate the differences in spirituality among adult patients with depressive disorders, who had suffered various types of abuse or neglect in childhood.

Methods: A total of 305 outpatients diagnosed with depressive disorders completed questionnaires on socio-demographic variables, childhood trauma history, and spirituality. We used the Childhood Trauma Questionnaire-Short Form (CTQ-SF) to measure five different types of childhood trauma (emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect) and the Functional Assessment of Chronic Illness Therapy-Spiritual Well-being Scale (FACIT-Sp-12) to assess spirituality.

Results: Depressive symptoms and total CTQ-SF scores showed a negative correlation with spirituality. In the regression model, being older and belonging to a religion significantly predicted greater spirituality. Depressive symptoms significantly predicted lower spirituality. From among the five types of childhood trauma assessed by the CTQ-SF, only emotional neglect significantly predicted lower spirituality.

Conclusion: A history of childhood emotional neglect was significantly related to lower spirituality, especially in the case of the Meaning aspect of spirituality. This finding suggests the potential harmful influence of childhood emotional neglect on the development of spirituality in psychiatric patients. Investigating different aspects of childhood trauma might be important in order to develop a more comprehensive psychiatric intervention that aids in the development of spirituality.

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1. Introduction

Childhood trauma refers to an unpleasant and painful traumatic event causing extreme psychological stress that may significantly impair neurodevelopmental and psychosocial developmental processes [1–6]. Child abuse and neglect have been found to be associated with an increased risk for current major depressive disorder (MDD) in young adulthood [7]. Furthermore, examining each type of trauma in terms of influence on later psychological functioning, emotionally abused children were found to be more likely to have had an eating disorder and to have been a psychiatric inpatient [8]. Physically abused children were found to have aggressive behavioral problems and externalize problem behaviors in adulthood [8,9]. Childhood sexual abuse was found to be

associated with an increased risk of psychiatric disorders like posttraumatic stress disorder (PTSD) in young adults [10]. Meanwhile, abandoned or orphaned children with socio-emotional deprivation showed impaired brain development and lowered cognitive and emotional development [5,11]. According to a study by Hovens et al. [12], emotional neglect in childhood was the only significant predictor of the occurrence of depressive disorders and other comorbid disorders. Additionally, physically neglected children have been found to have more severe academic deficits and social withdrawal than physically abused children are [13].

Such trauma may disrupt order, stability, and peace in everyday life and may negatively affect the perceptions of self, others, God, and the world that one has had before the trauma [14,15]. In the DSM-5, Criterion D for PTSD includes seven symptoms related to “negative alterations in cognitions and mood associated with the traumatic event(s),” and Criterion D2, in particular, requires the concerned individual to manifest “persistent and exaggerated negative beliefs or expectations about oneself, others, or the world” in order to be diagnosed [16]. According to a study by Reiland et al. [17], people who

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reported physical abuse, sexual abuse, or neglect in childhood had lower self-esteem than those who did not report these experiences. A study by Huh et al. [18] suggested that childhood emotional trauma had a greater influence on interpersonal problems in adult patients than did childhood physical trauma.

Meanwhile, Cook, the first executive director of the National Interfaith Coalition of Aging (NICA), wrote: “Spiritual well-being is the affirmation of life in a relationship with God, self, community, and environment that nurtures and celebrates wholeness” [19]. Since trauma may result in changing the victim’s perspective about his or her self, others, God, and the world, it may also affect the spiritual well-being of the traumatized person [14–16]. Muldoon et al. [20] stated that spirituality is “the way in which people understand and live their lives in view of their ultimate meaning and value.” Spiritual well-being was found to be associated with quality of life (QOL) and the ability to enjoy life, and was found to have some protective effect against end-of-life despair in terminally-ill cancer patients [21–23]. Meanwhile, “majority of well-conducted studies found that higher levels of religious involvement are positively associated with indicators of psychological well-being (life satisfaction, happiness, positive affect, and higher morale) and with less depression, suicidal thoughts and behavior, drug/alcohol use/abuse” [24]. According to Bai’s systematic review [25], the Meaning/Peace factor of spiritual well-being measured by the FACIT-Sp-12, but not, Faith factor, had a positive association with QOL. Recently, there have been studies that increasingly highlight the effect of trauma on the victim’s spirituality. The relationship between childhood trauma and spirituality in adulthood, too, is being more actively studied and reported. Walker et al. [26] recognized that there was more evidence suggesting a decline in religiosity and spirituality in adulthood as a result of child abuse, than the evidence suggesting an increase in religiosity and spirituality in adulthood as a result of it.

In their previous study, Sansone et al. [27,28] revealed that internal medicine patients who had experienced physical or sexual abuse in childhood showed low religious and spiritual status in adulthood, and that better parental caretaking in childhood is related to higher levels of self-reported religiosity/spirituality. According to a study by Bierman [29], a negative relationship exists between childhood maltreatment and religiosity. Interestingly, abuse by a child’s father is correlated with the reduction of religiosity, and abuse by those who are outside the family is related to higher self-ratings of spirituality. Similarly, the characteristics of abuse types may affect the spirituality of victims differently.

Meanwhile, in a systematic review by Bonelli et al. [30], there is good evidence that religious/spiritual involvement is associated with better mental health in depression, substance abuse, and suicide. On the contrary, there is some evidence in neurotic and stress-related disorders. Koenig [31] explicated that anxiety/fear drive people toward religion and at the same time, religiosity/spirituality may increase

anxiety/fear by its threats or punishment. McCoubrie et al. [32] found that there was a negative correlation between existential well-being and anxiety and depression but, no correlation between religious well-being and anxiety or depression. Likewise, the relationship between anxiety and spirituality may show mixed results. Thus we studied the patients with depressive disorder who are well-known to be related to spirituality and hypothesized that different types of childhood trauma are more related to a side of spirituality.

Religion refers to beliefs, practices, and rituals related to the Transcendent or the Divine [31]. Koenig explains that spirituality is exhibited by a deeply religious and spiritual person, is connected to the transcendent, and overlaps with religion. However, recently, spirituality is often viewed positively and personally in contrast to religion, which is viewed negatively and politically [33]. The evaluation of religiosity usually includes checking religious attendance and formalities, or having a devoted attitude to life/daily living [34,35]. Although spirituality overlaps with religiosity, we were concerned that our patients with depressive disorders felt some pressure about responsibility or guilt related to measurement of religion [33]. Due to our interests in the spiritual well-being, we focused on spirituality and not on religiosity, and measured spirituality using the FACIT-Sp-12, which assesses spiritual well-being.

Though numerous studies suggest that an impairment in religiosity and spirituality occurs as a result of childhood trauma, there are hardly any studies on the relationship between the five types of trauma (e.g., emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect) and the three factors of spirituality (e.g., Meaning, Peace, and Faith) [26–29,36]. We hypothesized that specific types of childhood trauma would relate to impaired development of spirituality in patients with depressive disorders and the characteristics of childhood trauma types would impair the spirituality differently. Generally, child abuse and neglect lead long term to psychological effects in traumatized children [1–13,37]. Multiple traumas tend to relate with more severe symptoms of PTSD and depression than does a single event [38]. Additionally, children who experienced chronic, interpersonal trauma that begins early in life show more severe trauma-related symptoms than do others [39]. On the other hand, psychiatric symptoms in child survivors of the floods showed “substantial decrease in overall symptom severity ratings of anxiety, belligerence, somatic symptoms, and agitation” when they grew up [40]. Here, we hypothesized that the development of spirituality would be more related to changes in perspectives resulting from insidious, chronic, and persistent trauma that takes place in the day-to-day life, like child abuse or neglect, rather than other non-interpersonal, random, and uncontrollable traumatic events. In this study, we investigated whether specific types of childhood trauma were related to the current spirituality of adult patients with depressive disorders, and if so, whether specific types of childhood trauma were related to the factors of spirituality.

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