The Role of Self Disgust in the Relationship between Childhood Trauma and Dissociation

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Abstract

In this study, it was aimed to examine the mediating role of self-disgust in the relationship between childhood traumas and dissociation in adults. 376 participants between the ages of 21-50 participated in the study. “Sociodemographic Information Form”, Childhood Mental Trauma Scale 33-item Form, Dissociation Scale and Self-Disgust Scale were used on the participants. In the study, Pearson Correlation was applied to examine the relationship between childhood traumas, dissociation, and self-disgust. Mediator role analysis was conducted to examine the mediating role of self-disgust in the effects of childhood traumas on dissociation levels. Based on the findings obtained in the study, it was found that the childhood traumas of the participants had a positive and significant relationship with dissociation and self-disgust. In line with the mediator role analysis findings, it was concluded that childhood traumas do not have a direct effect on dissociation and the effect is significant in the presence of self-disgust. Self-disgust can be considered as a triggering factor for individuals with a childhood traumatic history to have dissociative symptoms. It is thought that the results obtained can be supported by further research and the evaluation of self-disgust may be effective in the evaluation of the dissociation risk in individuals with a childhood traumatic history in clinical practice.

Keywords: Childhood traumas; dissociation; self-disgust; trauma

INTRODUCTION

The severity of events that may threaten the life of the person or disrupt the integrity of the self during childhood and the inconvenience of family and environmental conditions in which they occur can turn these experiences into a traumatic process (Chu et al. 1999). A traumatic situation is a vital imbalance between objective threat and subjective coping power (Herman, 2011). Trauma, specific to the situation to which the individual is exposed, caused by conflicts between stress factors and coping mechanism; accompanied by feelings of helplessness (Van der Kolk et al, 1996). Psychological traumas are critical experiences that create a permanent shock to the individual's perception of himself and his environment. Overwhelming and traumatic experiences that cannot be overcome with defense mechanisms and coping strategies have specific effects on the mental structure of individuals and are called "psychic trauma" (Ruppert, 2011).

Repetitive and traumatic experiences that begin at an early age constitute the main reason for dissociation When the previous literature is examined, it is understood that there is a relationship between the dissociation symptoms of individuals under traumatic stress (Terr, 1979; Yehuda, Spertus and Golier, 2001). Two functions of dissociation against trauma have been described previously. Firstly, dissociation distances the person from the traumatic effects of the event for the moment. Secondly, it enables postponing the necessary self-regulation process through detachment. Thus, even if one is in a state of helplessness due to traumatic event, the feeling of loss of control is prevented through dissociation (Şar, 2000). According to many views, dissociation, which is initially considered as an effort to overcome trauma, turns into a permanent, maladaptive mechanism (Şar, 2000). Öztürk (2018) defined this situation as a pathological process and gave an example of pathological dissociation when a person reacts as "I am not the one experiencing this" or "This is happening to someone else, not me" during the trauma. Similarly, Öztürk (2018) also asserted that the person may protect themselves from the effects of trauma by causing dissociation to record the perceptions and memories.Reenactment of childhood traumatic events is quite common in the dissociative experiences in adulthood. Dissociative disorders are generally caused by childhood mental traumas, including suicide attempts, self-harming behaviors, unconsciousness, amnesias, concentration difficulties, affective instability (mood swings), revictimization

(revictimization), anger outbursts, amnesias, and identity confusion (Lynn et al., 2019; Van der Kolk and McFarlane, 2012). Additionally, dissociative defenses make it difficult to accurately elaborate the danger. Dissociative disorder cases also frequently show the symptoms of post-traumatic stress disorder (Van der Kolk and McFarlane, 2012). Dissociation is basically a capacity that exists in every individual and serves to adaptation and functionality. However, with the chronic traumatization process that starts at an early age, a dissociative disorder may occur in an individual who is normally expected to have a healthy development. Disso-ciation initially occurs by the childhood as a process normally associated with an effort to overcome the traumatic experience. However, over time, this mechanism can turn into a non-adaptive and pathological process (Lynn et al., 2019).

Disgust, one of the basic emotions, mainly indicates repulsions (Ekman and Cordaro, 2011). These repulsions mainly stemmed from the sense of bad taste that is experienced or vividly imagined. Additionally, disgust is related to anything that trigger certain sensations which occur secondly through the senses of smell, touch, or sight (Darwin, 2009; Ekman and Cordaro, 2011). In general, disgust coordinates the psychological and physiological mechanisms that primarily serve to avoid toxic things, parasites and infections (Tybur et al., 2013). This could be seen in expression of disgust. It is physiologically accompanied by reactions such as nausea and vomiting, and thus infectious substances are avoided or rejected (Rozin and Fallon, 1987).Self-disgust, which is considered as the other variable, is the feeling of disgust experienced against one's own behavior, physical appearance, or personality (Overton et al., 2008). Recent studies have emphasized the role of self-disgust in the development of various emotional and behavioral problems, especially depression. Self-disgust is accepted as an important concept that has the potential to emphasize not only the individual but also the social aspect of the person (Bahtiyar and Yıldırım, 2019). Additionally, Powell et al. (2014) study feelings of self-disgust were elicited by whole-self evaluations, elicitors of self-disgust in the other studies were more precise factors, including a diseased (Jones et al., 2008) or trauma-affected (Jung and Steil, 2012) body part or the body itself (Espeset et al., 2012). Furthermore, self-disgust, which is associated with decreased psychological well-being, has an important role in the development and maintenance of mental health problems (Clarke, et al., 2019). Recently, the feeling of self-disgust has been studied more with psychopathologies such as mood disorders, PTSD,

sexual dysfunction, body dys-morphic disorder, and eating disorders. In addition, the relationship of self-disgust with sleep disorders, emotion regulation strategies, self-harm, avoidance, self-regulation, impulsivity, alcohol use, and borderline personality disorder has previously studied (Lazuras et al., 2019; Akram et al., 2019).

Badour and Adams (2015) suggested that traumatic experiences may cause feelings of self-disgust in people. Similarly, Power and Dalgleish (2015) stated that people who were exposed to neglect and abuse in childhood are likely to develop feelings of dis-gust towards their bodies and themselves. Jung and Steil (2012), on the other hand, included self-disgust in the model in which they specifically explained the relationship between childhood sexual abuse experience and feeling of being contaminated, and suggested that self-abuse is related to sexual abuse. When considering the relationship between dissociation and self-disgust, it is important to examine the emotions that may support the relationship. First, it is possible that the person experiences negative emotions such as shame or anger due to their traumatic experiences and develops dissociative symptoms when they have difficulties in coping with these emotions. Studies have also suggested that dissociation may be a defense against the feeling of shame that occurs after a traumatic experience (Lewis, 1971; Kaufman, 1989). In addition, in a study conducted by Talbot et al. (2004), it was determined that there was a significant relationship between shame-proneness and dis-sociative symptoms.In this respect, it is thought that the mediating effect of self-disgust, which was discussed in both social and individual dimensions in previous studies and came to the forefront with the concept of worthlessness, may provide important findings in terms of examining individual factors that may increase the risk of dissociation after traumatic stress.

In the light of the literature findings mentioned above, the aim of this study is to examine the mediating role of self-disgust in the relationship between childhood trauma and dissociation.

RESULTS

For the study, questionnaires were provided to participants to find out the rela-tionship of childhood traumas with dissociation and self-disgust. The sample of the study consisted of adults between the ages of 21 and 50. The number of samples in the study is 417. Due to

age range between participants, individuals aged below 21 and above 50 were excluded from the data set. Before data analysis, it was determined that there were 376 valid data. The sample size were 376 individuals for the study.

Table 1 shows the frequency distributions of the participants' sociodemographic varia-bles. Among the 376 participants, the rate of women is 70.7% and the rate of men is 29.3%. When the marital status of the participants was examined, singles were 50.0%; married 20.7%; Those who have a relationship are 27.1% and those who are divorced are 2.2%. Those with low-income level are 12.0%; medium levels are 74.7% and high levels are 13.3%. 58.8% of those living with their families; living with friends 4.0%; 21.3% living with their spouse/partner and 16.0% living alone. Unemployed partici-pants are 27.9%; those working in a full-time job are 58.0% and those working in a part-time job are 14.1%. There are 16.0% participants with chronic diseases. There are 41.8% of the participants who stated that they received psychological support. 6.9% of those who quit smoking; smokers 41.8%; the rate of non-smokers is 51.3%. Participants who drink alcohol are 64.4%. There are 20.7% of the participants stating that there is a psychiatric disease in their family. There are 44.9% participants stating that they have a chronic disease in their family. According to the descriptive findings in Table 2, the mean, standard deviation, skewness and kurtosis values of the scores obtained by the participants from the scales are given. According to the results, it is seen that the skewness and kurtosis values of total scores of dissociation, self-disgust and childhood traumas were found as normally distributed.

Based on the findings in Table 3, there was a positive and significant correla-tion between dissociation and self-disgust (r=.37; p<.01). A significant and positive correlation was also found between dissociation and childhood traumas (r=.24; p<.01). Self-disgust scores were found as significantly and positively correlated with childhood trauma total scores (r=.46; p<.01).

In Figure 1, When the relationship between childhood traumas and self-disgust is examined (path a), the predictor of childhood trauma (B=0.43, SE=0.04, p<.01) on self-disgust is significant. According to the results, childhood traumas significantly predict individu-als' self-disgust levels positively and significantly. When the direct effect of self-disgust on dissociation levels was examined (path b), it was found that self-disgust (B= .40, SE=0.06, p<.01) significantly and positively predicted dissociation scores. The participants' self-

disgust scores positively and significantly predicted their dissociation scores. According to the findings obtained in the analyzes conducted with the bootstrap method, the total effect (path c) on childhood traumas dissociation was found to be significant (*B*= .27, *SE*=0.05, *p*<0.01). In addition, the direct effect of childhood trau-mas on dissociation (path c′) was not statistically significant (*B*=0.09, *SE*=0.06; p>0.05). When the mediating role of self-disgust in the relationship between childhood traumas and dissociation is examined (*B*=0.17, *SE*=0.03, 95% *CI* [0.110, 0.256]), the mediating role of self-disgust is statistically significant. The mediation of self-disgust is significant since the confidence intervals do not include 0. Finally, when the significance of the whole model was examined, it was seen that the whole model was significant and explained 6% of the variance (R^2= 0.06, *F* (2, 374) =22.27, *p*<0.001).

DISCUSSION

The aim of the present study was to examine mediating role of self-disgust on the relationship between childhood traumas and dissociation among Turkish adult individuals. Based on this research objective, firstly descriptive analyses were conducted. Then, to examine the relationship between variables, correlational anal-ysis was performed between scales (Childhood Trauma Questionnaire (CTQ-33), Dissociative Experiences Scale, and Self-Disgust Scale). Lastly, mediation analysis was conducted to explore the role of self-disgust on the relationship between childhood traumas and dissociation.

Based on the findings obtained in the study, it was found that the childhood trauma scores of the participants had a positive and significant relationship with dissociation and self-disgust scores. This shows that participants with high child-hood trauma scores also have high dissociation and self-disgust scores. When the relevant literature is examined, it is seen that the research findings are consistent.

When reviewing the literature related to the relationship between childhood traumas and self-disgust, previous studies emphasized the significant relationship between early traumatic experiences and self-disgust. For instance, Badour and Adams (2015) suggested that traumatic experiences may cause feelings of self-disgust in people. Similarly, Power and Dalgleish (2016) stated that people who were exposed to neglect and abuse in childhood are likely to develop feelings of disgust towards their bodies and themselves. Jung and Steil (2012), on the other hand, included self-disgust in the model in which they

specifically explained the relationship between childhood sexual abuse experience and feeling of being contaminated, and suggested that self-abuse is related to sexual abuse. In another study, it was found that people who were exposed to sexual and physical abuse during their childhood experienced more physical and behavioral feelings of self-disgust compared to people who were not exposed to these traumatic experiences, and it was stated that traumatic experiences in childhood increased the risk of self-disgust (Ille et al., 2014). Petrak et al. (1997) found that self-disgust is one of the psychological distresses experienced by women who have been sexually assaulted, including those who have been sexually abused in childhood. This result suggests that the possibility of self-disgust tends to be higher, both physically and psychologically, due to the the effects of traumatic experience including self-blaming thoughts due to trauma or abuse, thinking that they are the problem because such an event has happened to them, and a sense of worthlessness.

Another significant finding in this study was the relationship between dissociation and traumatic experiences. The results of the study provided consistent results with related literature. It was stated that dissociative defenses make it difficult to accurately elaborate the danger. Consistently, dissociative disorder cases also frequently show the symptoms of post-traumatic stress disorder (Van der Kolk and McFarlane, 2012). Besides, dissociation is basically a capacity that exists in every individual and serves to adaptation and functionality. However, with the chronic traumatization process that starts at an early age, a dissociative disorder may occur in an individual who is normally expected to have a healthy development. Dissociation initially occurs by the childhood as a process normally associated with an effort to overcome the traumatic experience. However, over time, this mechanism can turn into a non-adaptive and pathological process (Lynn et al., 2019).

In this study, it was also found out that there was a significant relationship between dissociation and self-disgust. When reviewing the relationship between dissociation and self-disgust in the previous literature, it is important to note that the emotions that may support the relationship. First, it is possible that the person experiences negative emotions such as shame or anger due to their traumatic experiences and develops dissociative symptoms when they have difficulties in coping with these emotions. Studies have also suggested that dissociation may be a defense against the feeling of shame that occurs after a traumatic experience (Lewis, 1971; Kaufman, 1989). In addition, in a study conducted

by Talbot et al. (2004), it was determined that there was a significant relationship between shame-proneness and dissociative symptoms.

In terms of explaining the relationship between dissociation and self-disgust, the connections between shame and dissociations should be considered, because shame is considered as one of the self-conscious emotions associated with self-disgust. Lewis (1971), the researcher who presented the theoretical framework for the relationship between dissociation and shame, used the term bypassed shame. According to this approach, the feeling of shame poses a threat to the integrity of the person and must develop defenses to overcome this situation. To cope with this situation, they may use certain strategies including neglect, harming themselves, harming others or withdrawal. On the other hand, Van der Kolk (2014) also provided consistent framework regarding the relationship between shame and dissociation. He stated that the feeling of shame arises because of unresolved trauma. In other words, shame is in the background of the trauma and is often not expressed. For this reason, it is the case that the person adopts maladaptive coping skills to cope with the unspoken feeling of shame. According to the results obtained in the previous studies, evidence was obtained regarding the relationship between the feeling of shame felt as a result of the traumatic event and dissociation (Goldsmith et al., 2012; Steele et al., 2016; Van der Kolk, 2014).

Based on the mediation analysis findings, it was concluded that childhood traumas do not predict dissociation and the prediction was significant in the presence of self-disgust. Self-disgust can be considered as a triggering factor for individuals with a childhood traumatic history to have dissociative symptoms.

When the relevant literature is examined, it is seen that the relationship between self-disgust and childhood traumas has been examined previously. However, , studies examining the mediating role of self-disgust in the relationship between childhood traumas and dissociation are limited. In a study by Simpson and colleagues (2020), the mediating role of self-disgust in the relationship between childhood traumas and psychosis was examined. The aim of the study was to examine the extent to which the levels of self-disgust in people with a history of psychosis and childhood traumatic history affect the relationship. The study aimed to examine whether self-disgust is a transdiagnostic element or not. 78 people who stated that they had a history of psychosis participated in the study.

Participants responded to questionnaires on variables of childhood traumas, self-disgust, psychosis, self-esteem, and external shame. Based on the finding in this study, it was found that childhood traumas have a significant and indirect effect on negative and positive symptoms of psychosis through self-disgust. In addition, the indirect effect was found to be significant when self-esteem and shame variables were controlled. In their research, examining the effect of the relationship between childhood traumas and self-disgust on psychosis, it is based on the idea that one's body is contaminated both physically and emotionally by someone else, especially as a result of childhood abuse. It is stated that this emotion, which is revealed by the traumatic experience, turns into a maladaptive self-disgust in later periods (Badour et al., 2013).

CONCLUSION

This study which is allowing us to understand the complex relationships between various variables has several strengths. First, it is seen that there are previous studies on childhood traumas, but studies examining the variables of self-disgust and dissociation together with childhood traumas are limited. In this respect, it is thought that the research can contribute to the literature.

The strength of this research is that previous studies have seen studies examining the relationship between trauma and dissociation or trauma, but it has been noticed that research examining the role of self-disgust in the relationship between trauma and dissociation is limited. The aim of this study is to determine the extent to which self-disgust makes a difference between the variables whose bilateral connections were examined before. In this respect, it can be said that the contribution of the research to the literature is a strong aspect.

In addition to its strengths, this study has various limitations. The first of these concerns is studying of "childhood trauma", which is a sensitive concept that, when asked, can trigger participants about their respective experiences. On the other hand, the study was conducted with online surveys and the absence of face-to-face communication with the participants can be male and female participants is not equal in our study, and it can be said that there is an important difference between the groups in terms of the number of people. However, the reason for the stated limitations is the necessity of collecting data during the COVID 19 pandemic process. On the other hand, the fact that individuals have more access to

online applications in this process has brought along the provision of therapeutic support online. In this case, the use of online surveys to reach the participants is due to the limited use of face-to-face surveys and many other services in COVID 19 outbreak.

When considering the contributions of the findings as providing certain clinical implications, it is stated that questioning dysfunctional automatic thoughts and developing functional, helpful and more realistic thoughts instead of these thoughts will play an important role in the treatment of self-harming behaviors (Simmons and Griffths, 2014).In addition, the experience of self-disgust, the intensity of this emotion, and the evaluation of the change in the intensity of emotion after the behavior, and the emotions that trigger dissociation, in this direction, as self-disgust, which is thought to be important to examine as a transdiagnostic structure in case of dissociation in childhood traumas, plays a role in the continuation of these behaviors. It is stated that gaining more functional and alternative coping methods will contribute to the treatment process. Finally, if there is a childhood abuse history, it is thought that the evaluation and questioning of the basic beliefs and assumptions that may develop depending on these experiences and affect the development of self-disgust in the later stages of the psychotherapy process stands at a critical point in this process.

For further studies and applications, it can be noted that since there are the limited number of studies on this subject, further studies with both clinical and non-clinical sample groups are needed to fill the gap in this area. In further research, self-disgust can be compared with groups with and without PTSD symptoms and self-disgust can be compared in clinical and non-clinical groups. For example, in a study by Rüsch et al. (2011), a comparison was made between individuals with PTSD symptoms due to the impact of abuse in early childhood and a healthy control group in terms of reported feelings of self-disgust.

Additionally, using a self-report scale that measures only frequency to evaluate childhood abuse and neglect experiences is also one of the limitations of this study. In the literature, it is stated that the possible effects of traumatic experiences can be shaped according to qualities such as how old they start before the age of 18, how long/how old they are exposed, how many times they are exposed during this period, the severity of the traumatic experience, and who/who they are exposed to (Capreto, 2017). For this reason, it is thought

that obtaining such detailed information about the abuse experience in future research will provide more comprehensive and generalizable findings.

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Tables and Figures

Tables

Table 1. ***Descriptive Statistics of the Sample***

Sociodemographic Variables	*Groups*	*N*	*%*
Gender	Male	110	29.3
	Female	266	70.7
Marital Status	Single	188	50.0

	Divorced / Widowed	8	2.2
	Married	78	20.7
	In a relationship	102	27.1
	Low	45	12.0
Income	Middle	281	74.7
	High	50	13.3
	Living with family	221	58.8
	Living with friends	15	4.0
Living with whom?	Living with partner/spouse	80	21.3
	Living alone	60	16.0
	Unemployed	105	27.9
Employment	Full time job	218	58.0
	Part-time job	53	14.1
	Yes	60	16.0
Chronic Disease	No	316	84.0
	Yes	157	41.8
Psychological Support	No	219	58.2
	I Quit	26	6.9
Smoking	Yes	157	41.8
	No	193	51.3
	Yes	242	64.4
Alcohol Use	No	134	35.6
	Yes	78	20.7
Family psychiatric Illness history	No	298	79.3
	Yes	169	44.9
Family chronic illness	No	207	55.1
	Total	**376**	**100.0**

Table 2. ***Desciptive Statistics of the Questionnaires***

Variables	*N*	*M*	*SD*	*Skewness*	*SE*	*Kurtosis*	*SE*
Dissociation	376	15.92	12.39	1.27	.12	1.28	.25

Self-Disgust Total	376	28.56	10.22	1.18	.12	1.00	.25
CTQ Total	376	42.83	10.76	1.12	.12	.94	.25

Table 3. ***Correlational Findings***

Variables	*M*	*SD*	*1*	*2*	*3*
1. Dissociation	15.92	12.39	1		
2. Self-Disgust	28.56	10.22	.37**	1	
3. Childhood Trauma Total	42.83	10.76	.24**	.46**	1

***p<.01*

Figures

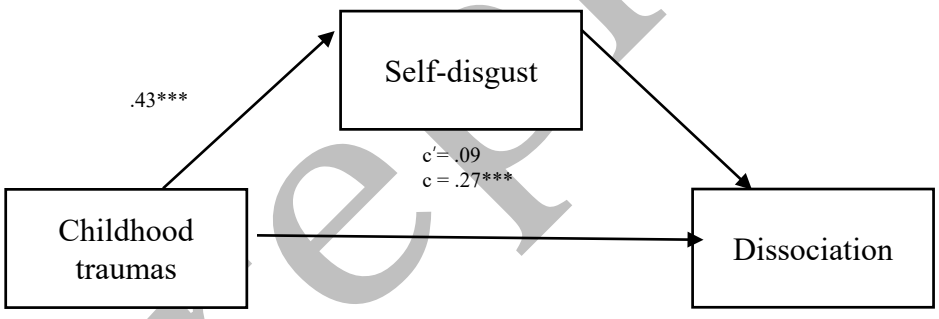

Figure 1.*Mediation analysis with childhood traumas, dissociation and self-disgust*