

A Study on the Mediating Mechanisms Between Childhood Trauma and Dissociation

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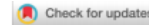
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■ Introduction to the Paper



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Development & Aging

Childhood and adolescent trauma and dissociation: The mediating role of rumination, intrusive thoughts and negative affect

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Dissociation is a complex phenomenon which is present in a wide variety of psychiatric disorders and also in the general population. The objective of this study was to examine the relationship between childhood and adolescent traumas and development of dissociative phenomena in a nonclinical population, emphasizing the potentially mediating role of rumination, intrusive thoughts and negative affect in a population with no psychiatric pathology in adulthood. The sample was comprised of 337 participants from the general population (58.8% women) with a mean age of 33.10 years (*SD*: 14.08). They completed the Juvenile Victimization Questionnaire (JVQ), the Ruminative Response Scale (RRS), the White Bear Suppression Scale (WBSI), the Dissociative Experience Scale, 2d ver. Rev. (DES-II) and the Depression, Anxiety and Stress Scale (DASS-21). The results supported the starting hypotheses showing a positive correlation between childhood and adolescent trauma and dissociation, and between childhood and adolescent trauma and rumination, intrusive thoughts and negative affect, and mediation of these variables between childhood and adolescent trauma and dissociative states. The relationship between trauma in early ages and dissociation in adulthood is complex. Although the design used in this study was cross-sectional, the results are compatible with the starting hypothesis that rumination, intrusive thoughts and negative affect mediate this relationship.

Key words: dissociation, intrusive thoughts, negative affect, rumination, trauma.

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What is Dissociation?

A disruption in consciousness, memory, identity (APA, 2013).

Prevalence: 3.4% in general population; higher in psychiatric patients (Maaranen et al., 2005; Brand et al., 2013).

Two main theories explaining dissociation:

The trauma model & The sociocognitive model

Current evidence strongly supports the trauma model (Bailey & Brand, 2017).

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■ Introduction to the Paper

Introduction

Objective:

Question: How does childhood trauma lead to dissociation?

Focus: Mediating roles of rumination, intrusive thoughts, and negative affect.

Theoretical Framework:

Trauma Model: Dissociation = protective response to chronic stress.

Key Pathway: Trauma → Rumination → Intrusions → Negative Emotions → Dissociation.

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■ Study Design

Introduction

Participants: The study included 337 adults without psychiatric history (58.8% female, mean age=33.10 years, SD=14.08), recruited through convenience sampling (e.g., university students and their relatives).

Methods

Exclusion: Recent use of psychotropic drugs or psychological treatment within the past 6 months.

Results

Design: Cross-sectional, non-clinical population.

Discussion

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Construct	Tool	Example Item
Childhood Trauma	JVQ	"Before age 18, how often were you physically hurt?"
Rumination	RRS-Brooding	"I replay past mistakes in my mind."
Intrusive Thoughts	WBSI-Intrusive	"Unwanted thoughts disrupt my focus."
Negative Affect	DASS-21	"I feel tense and restless."
Dissociation	DES-II	"Do you ever feel detached from your body?"

■ Core Finding

Strong link between trauma and dissociation: Individuals with more childhood trauma reported higher dissociation in adulthood.

Chain of psychological mechanisms:

Trauma → Rumination → Intrusions → Negative Emotions → Dissociation

Total effect: Trauma explains 21% of dissociation.

Strongest link: Rumination ↔ Intrusions

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■ How Strong Are the Links?

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	Trauma	Rumination	Intrusions	Negative Affect
Rumination	0.39 ★ ★	—	—	—
Intrusions	0.35 ★ ★	0.69 ★ ★ ★	—	—
Neg. Affect	0.38 ★ ★	0.59 ★ ★ ★	0.61 ★ ★ ★	—
Dissociation	0.43 ★ ★	0.58 ★ ★ ★	0.61 ★ ★ ★	0.57 ★ ★ ★

Correlation Matrix Table

Note:

•★★ = Medium effect ($r=0.3-0.5$)

•★★★ = Large effect ($r>0.5$)

■ Why Does This Matter?

Introduction

Theory: Supports trauma model (dissociation = survival response).

Methods

Practice:

Break the chain: Target rumination/intrusions early.

Results

Example: Mindfulness, attention training.

Discussion

■ Limitations & Future Research

Introduction

Causality: Data collected at one time point.

Sample: Non-clinical (may not apply to severe cases).

Methods

Longitudinal studies: Track trauma survivors for 10+ years.

Results

Clinical trials: Test interventions (e.g., rumination-focused therapy).

Discussion

THANK YOU