

Childhood Trauma and Perceived Parenting Style in Patients with Dissociative Disorder

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ABSTRACT

Numerous research has been done on dissociative disorder since ages. However, the majority of them focus on the childhood abuse that the patients had gone through, may it be in emotional, physical, or sexual form. The current study seeks to explore the presence of both childhood abuse and neglect, socio-demographic factors associated with dissociative disorder, as well as how childhood trauma and perceived parenting style are associated with dissociative disorder, and the relationship between these two factors. In this cross-sectional study, a total of 38 patients who were diagnosed with dissociative disorder from Odisha, between the age of 11-19 years were selected based on the inclusion and exclusion criteria. They filled in their socio-demographic details and completed the childhood trauma questionnaire (CTQ) and perceived parenting style scale (PPSS). The result indicates that the majority of the patients diagnosed with dissociative disorder suffered from severe physical and emotional neglect, and perceived their parents as authoritarian. The result also suggests that the emotional neglect domain of childhood trauma is associated with the authoritative perceived parenting style. The association between the emotional neglect domain of childhood trauma and authoritative perceived parenting style should be explored more. Further studies are needed in this area to understand what causes children to feel emotionally neglected by parents with authoritative perceived parenting style.

Keywords: *Dissociative Disorder, Childhood Trauma, Abuse, Neglect, Perceived Parenting Style*

Dissociative disorder is a psychiatric disorder in which individuals show signs and symptoms that impair their voluntary, sensory, and motor functions and such conditions cannot be attributed to any general medical or neurological conditions (Ballmaier & Schmidt, 2005; Ali et al., 2015; Peeling & Muzio, 2023). It is believed that psychological elements like stress and disputes are connected to the deficiencies. Conversion Disorder, which is a simultaneously used term for Dissociative Disorder, was

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coined by Sigmund Freud, who postulated that the symptoms that are not explained by organic disorders reflect the presence of unconscious conflict (Blitzstein, 2008; Ali et al., 2015; Peeling & Muzio, 2023). Dissociation describes the process of replacing a suppressed idea with physical symptoms. In the 19th century, Pierre Janet identified somatoform symptoms as components of hysteria and conceptualized it as a dissociative disorder, associated with psychologically stressful life experiences (Şar et al., 2009). Between 1999 and 2008, the National Institute of Mental Health and Neurosciences attempted to study the prevalence of dissociation disorder in India, reporting a range of 1.5–15/1000 persons. They also stated that the most common diagnosis were dissociative motor and convulsion disorders, with a preponderance in females (Chaturvedi et al., 2009).

Despite having no organic basis, the symptoms of dissociative disorder still significantly impact individuals' ability to carry out basic functions. Moreover, these symptoms cannot be feigned as the individuals cannot control them at their will (Peeling & Muzio, 2023). Dissociative disorders can be precipitated or perpetuated by a single or multiple biological, social, and psychological factors. Often it is noticed that there are acute or chronic stressors or adverse life events that precede the occurrence of dissociative disorder. Individuals diagnosed with dissociative disorders, sometimes even have a history of emotional and/or sexual childhood abuse (Peeling & Muzio, 2023).

Child abuse is an act that can hurt and cause neglect and/or harm, and negatively impacts the child. (Giovannoni, 1971; Naz & Kausar, 2014). By the end of the 1800s, Pierre Janet had highlighted the connection between traumatic childhood experiences and dissociative disorder. He saw that the individuals were able to adapt to the traumatic event through the dissociation of their sensory, motor, and cognitive processes (Janet, 1920; Putnam, 1989; Roelofs et al., 2002). Numerous investigations have revealed that people with a history of maltreatment during their childhood period appeared to exhibit a higher level of dissociative symptoms (Chu & Dill, 1990; Nijenhuis et al., 1998; Waller et al., 2001; Şar, 2011). These people suffered from emotional neglect and abuse, physical abuse, and sexual abuse as children (Chu & Dill, 1990; Nijenhuis et al., 1998; Waller et al., 2001; Krüger & Fletcher, 2017). Further, research findings have even suggested an association between somatoform dissociation and both physical and sexual abuse, as well as a link between psychological dissociation and sexual abuse (Nijenhuis et al., 1998).

In a study, it was seen that patients with dissociation suffered from childhood emotional neglect by their biological parents/ siblings (Krüger & Fletcher, 2017). These early experiences have always been seen to have a significant impact on how an individual perceives the world and manage challenges. Hence, having an understanding of the parenting style of parents of individuals with dissociation becomes crucial.

For every child, their parents are considered to be the primary agents of socialization with whom they share intimate relationships. They play a significantly important role in the overall development of children by fulfilling their basic needs and providing them with love, warmth, acceptance, nurture, and encouragement (“Parents and Caregivers Are Essential to Children’s Healthy Development,” 2009). If there is any negligence or gaps in the fulfillment of such duties it can negatively impact the children’s development and personality (Hussain & Anzar, 2019).

Baumrind in 1980 carried out the most significant work on parenting styles. She believed that parenting style is determined by affection - the parent’s response to the child’s needs

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and demands; and authority - the way they discipline the child (Baumrind, 1971; Baumrind, 1989). She identified three different parenting styles “1) authoritative, 2) authoritarian, and 3) permissive.” Baumrind’s work on parenting styles indicated that while authoritative parenting showed a positive impact, authoritarian and permissive parenting styles negatively affect the personality development of the child (Baumrind, 1971; Baumrind, 1989; Levin, 2011).

Several empirical studies point to a significant discrepancy in the accounts of interactions between parents and children. Research suggests that there lies a discrepancy in how parents and children perceive the parenting style employed by the parents (Kiran, 2017; Sikand et al., 2019) and parent-child disputes increase with the size of the discrepancy (Sikand et al., 2019). Therefore, it is crucial to comprehend how individuals view their own parents’ parenting styles since they shape their views and beliefs; and affect how the children view other relationships (Sikand et al., 2019). To understand how children view the parenting style of their parents it is important to understand the difference that lies between parenting and perceived parenting styles. Parenting is the process of raising children and providing them with protection and care to ensure their healthy development into adulthood (*Parenting - New World Encyclopedia*, n.d.). Whereas, perceived parenting style is how children perceive their parent’s parental behavior style (Yadav et al., 2021) which can be 1) authoritative, 2) authoritarian, and 3) permissive.

A study on the Japanese population demonstrates the relationship between dissociation and negatively perceived parenting styles. Based on the study's findings, nurturing attitudes such as "care" and "overprotection" have been linked to dissociation. It has been demonstrated that the attachment style of "avoidance of intimacy" contributes to pathological dissociation (Wang & Kuroki, 2023). In another study, it was found that dissociative symptoms were even found to be more prevalent in those who reported having authoritarian parents (Wolfradt et al., 2003).

Numerous research has been done on dissociative disorder since ages. However, the majority of them focus on the childhood abuse that the patients had gone through may it be in emotional, physical, or sexual form. The current study seeks to explore the presence of both childhood abuse and neglect in patients with dissociative disorder.

Research has since long indicated the history of childhood trauma in patients with dissociative disorders, as well as the role of parenting style. However, this study seeks to understand parenting style and childhood trauma from the lens of patients themselves. It is conducted to investigate the presence of childhood trauma be it in any form – physical abuse, sexual abuse, emotional abuse, physical neglect, and emotional neglect. Perceived parenting style is a factor understudied when it comes to patients with dissociative disorder and hence, the study seeks to tap into it and explore whether it acts as a factor in the onset of dissociative disorder. The findings from the study can help understand the direction in which the therapeutic sessions should be undertaken with patients with dissociative disorder.

Objective

- To explore the socio-demographic details of the patients diagnosed with Dissociative Disorder.
- To study the relationship between perceived parenting style and childhood trauma in patients with dissociative disorder.

METHODOLOGY

Research design

A cross-sectional research design was used for the study.

Sample

The study was conducted by using a purposive sampling technique, where 38 patients with dissociative disorder were selected from the outpatient department (OPD) of the Mental Health Institute (C.o.E), SCB, Medical College & Hospital, Cuttack, Odisha.

Inclusion criteria

- Patients diagnosed with dissociative disorder as per ICD-10 criteria
- Patients who are in the age group of 11-19 years
- Patients who had a minimum education level of standard 5th.

Exclusion criteria

- Patients with any history of a significant physical or neurological condition.
- Patients with any co-morbid psychiatric illness.

Measures

- **Socio-demographic Datasheet:** A self-prepared socio-demographic datasheet was created to gather the details of the patients willing to participate in the study. In the datasheet, socio-demographic variables like age, sex, education, domicile, and socio-economic status of the patient were collected.
- **Child Trauma Questionnaire (CTQ):** The Childhood Trauma Questionnaire developed by Bernstein & Fink (1998) is a standardized self-report inventory comprising 28 items to assess the levels of severity of various forms of trauma experienced during childhood. The scale consists of five clinical subscales that include Emotional Abuse, Physical Abuse, Sexual Abuse, Emotional Neglect, and Physical Neglect. Each subscale assesses the level of severity as severe, moderate, low, or none. The scale showcases an internal consistency of 0.85 and a test-retest reliability of 0.72.
- **Perceived Parenting Style Scale (PPSS):** The Perceived Parenting Style Scale is a widely used 30-item 5-point Likert scale, which was developed by Divya and Manikandan (2013). The scale measures the perceived parenting style of an individual which can be defined as the parents' behaviour as perceived by their children. Based on the responses – strongly agree, agree, neutral, disagree, and strongly disagree, to each item, three domains of parenting style which include authoritarian, authoritative, and permissive, are assessed whose Cronbach Alpha Coefficient are 0.81, 0.79, and 0.86 respectively.

Procedure

On approval from the research ethics committee, patients fulfilling the above-mentioned inclusion and exclusion criteria were selected. After screening all the patients and receiving their consent for the current study, they had to fill in their socio-demographic details and complete the two scales that would assess their childhood trauma and perceived parenting style. During the process of filling out the socio-demographic datasheet, the patients were asked to use a pseudo-name to protect their privacy, and at the same time maintain their confidentiality. The patients were also informed that no tangible rewards would be awarded for their participation and that they could leave the study at any time they wished to do so

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with no penalty for such. Based on the coding and analysis of the data using SPSS, the results and findings are subsequently discussed.

Method of data analysis

Using the Statistical Package of Social Science (SPSS) software, the data was analyzed. The normality of data was assessed with the help of Shapiro-Wilk test, and the measurements were presented in the form of frequency and percentages. The variables were analyzed using ordinal regression. Based on the existing literature, $p < 0.05$ and $p < 0.01$ were accepted as significance levels.

RESULT

Table 1: Socio-demographic Characteristics of the Sample

VARIABLES		FREQUENCY	PERCENTAGE
Age	11-15year	18	47.37%
	16-19year	20	52.63%
Sex	Male	5	13.16%
	Female	33	86.84%
Education	5th-10th	20	52.8%
	11th-Graduation	18	47.2%
Domicile	Rural	23	60.5%
	Urban	3	7.9%
	Semi-urban	12	31.6%
Socio-economic status	Low	13	34.2%
	Middle	20	52.6%
	Higher	5	13.2%

A total of 38 participants with dissociative disorder were included in this study. The socio-demographic status of these patients is summarized in Table 1. Out of the total patients, 47.37 % and 52.63% were between the age group of 11-15, and 16-19 years old respectively. From Table 1, we observed that only 13.16% were male and the majority were female (86.84%). Out of the total patients 52.8 %, were educated up to 5th-10th, and 47.2% from 12th till graduation. The majority of the patients belonged to rural areas i.e., 60.5 %, and the remaining 7.9% and 31.6% belonged to urban and semi-urban areas respectively. As per as the social economic background is concerned, most of them belonged to middle SES (52.6%) and the rest were from lower and higher SES (34.2%, 13.2%) respectively.

Table 2- The Frequency Distribution of the Sample in the Emotional Abuse Domain in Childhood Trauma.

Emotional abuse	Frequency	Percentage
None	19	50.0%
Low	15	39.5%
Moderate	1	2.6%
Severe	3	7.9%
Total	38	100%

The above table indicates that 50% of the patients diagnosed with dissociative disorder did not suffer from any emotional abuse during their childhood. However, the same findings do suggest that 39.5%, 2.6%, and 7.9% of patients did suffer from low, moderate, and severe emotional abuse respectively.

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Table 2.1- The Frequency Distribution of the Sample in the Physical Abuse Domain in Childhood Trauma.

Physical Abuse	Frequency	Percentage
None	16	42.1%
Low	5	13.2%
Moderate	8	21.0%
Severe	9	23.7%
Total	38	100%

The above table shows that 42.1% of the patients had reported no physical abuse, whereas 13.2%, 21%, and 23.7% reported low, moderated, and severe levels of physical abuse respectively. Thus, the above findings show that most of the patients with dissociative disorder had no history of physical abuse.

Table 2.2- The Frequency Distribution of the Sample in the Sexual Abuse Domain in Childhood Trauma.

Sexual Abuse	Frequency	Percentage
None	26	68.4%
Low	2	5.3%
Moderate	3	7.9%
Severe	7	18.4%
Total	38	100%

The above table indicates that 68.4% of the patients had scores at none level which indicates no sexual abuse reported by the majority. Whereas 5.3% of patients reported low sexual abuse, 7.9% reported moderate sexual abuse, and 18.4% reported severe sexual abuse.

Table 2.3- The Frequency Distribution of the Sample in the Emotional Neglect Domain in Childhood Trauma.

Emotional Neglect	Frequency	Percentage
Low	8	21.0%
Moderate	6	15.8%
Severe	24	63.2%
Total	38	100%

The above findings are indicative of the presence of low emotional neglect in 21% of patients with dissociative disorder, moderate emotional neglect in 15.8% of patients, and severe emotional neglect in 63.2% of patients. Thus, the above results indicate that most of the patients with dissociative disorder had gone through a severe level of emotional neglect.

Table 2.4- The Frequency Distribution of the Sample in the Physical Neglect Domain in Childhood Trauma.

Physical Neglect	Frequency	Percentage
Low	2	5.3%
Moderate	13	34.2%
Severe	23	60.5%
Total	38	100%

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The above result table shows that 5.3% of patients with dissociative disorders had suffered from low physical neglect, 34.2% from moderate, and 60.5% from severe physical neglect. Thus, the findings are indicative of severe physical neglect suffered by the majority of patients diagnosed with dissociative disorder.

Table 3 -The Frequency Distribution of the Sample in Different Domains of Perceived Parenting Style.

Perceived Parenting Style	Frequency	Percentage
Authoritative	12	31.6%
Authoritarian	16	42.1%
Permissive	10	26.3%
Total	38	100%

The above table shows that 31.6%, 42.1%, and 26.3% of the patients diagnosed with dissociative disorder perceive their parents' parenting style as authoritative, authoritarian, and permissive respectively. Thus, from the result, we can conclude that most of the patients with the dissociative disorder have Authoritarian parents.

Ordinal Regression

Table 4 - Model Fitting Information

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Intercept Only	22.257			
Final	13.743	8.514	2	.014

Link function: Logit.

The model fitting information contains a negative 2 log likelihood from the intercept-only model and the full model, which contains a full set of predictors or independent variables. The likelihood ratio test under the model fitting information is statistically significant, which indicates a good model fit relative to the null or intercept-only model.

Table 5 - Goodness-of-Fit

	Chi-Square	Df	Sig.
Pearson	.810	2	.667
Deviance	1.151	2	.562

Link function: Logit.

The above "Goodness-of-Fit" table contains the deviance and Pearson chi-square tests which help in determining whether a model exhibits a good fit to the data. Since Pearson chi-square and deviance test are statistically non-significant, it indicates that the model fits the data well.

Table 6 -Pseudo R-Square

Cox and Snell	.201
Nagelkerke	.240
McFadden	.123

Link function: Logit.

The Pseudo R-Square value suggests that there has been a 12.3% improvement in the prediction of outcome based on predictor in comparison to the null model.

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Table 7 -Parameter Estimates

		Estimate	Std. Error	Wald	df	Sig.	95% Confidence Interval	
							Lower Bound	Upper Bound
Threshold	[EMNEGSEV = Low]	-.461	.611	.568	1	.451	-1.659	.737
	[EMNEGSEV = Moderate]	.461	.611	.568	1	.451	-.737	1.659
Location	[PASTYL= 1]	2.896	1.222	5.617	1	.018	.501	5.291
	[PASTYL= 2]	.690	.763	.818	1	.366	-.805	2.184
	[PASTYL= 3]	0 ^a	.	.	0	.	.	.

Link function: Logit.

a. This parameter is set to zero because it is redundant.

Authoritative perceived parenting style was found to be a positive predictor of emotional neglect. For every unit increase in the authoritative perceived parenting style, there is a predicted increase of 2.896 in the log odds of a child being in the moderate category of emotional neglect. This indicates that a child who perceived his/her parents' parenting style as authoritative will be more likely to be indicated as being moderately emotionally neglected.

Table 8 -Test of Parallel Lines

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Null Hypothesis	13.743			
General	12.593	1.151	2	.562

The null hypothesis states that the location parameters (slope coefficients) are the same across response categories.

a. Link function: Logit.

Test of Parallel lines indicate non-significance (as $p=.562$), which can be seen as an indicator of the assumption as being satisfied.

DISCUSSION

The socio-demographic data from the study showed that women were diagnosed with dissociative disorder more (86.8%) than men (13.12%). These findings are consistent with previous research (Vyas & Bharadwaj, 1977; Deka et al., 2007; Kumar et al., 2020). This conclusion might be the result of the severe cultural marginalization of women, their inability to express their emotions to other family members, and the heavy burden of the familial responsibilities they bear in the absence of male assistance (Kumar et al., 2020). The findings also show that individuals in the 16–19 age range reported (52.64%) more cases of the disorder than those in the 11–15 age range (47.37%). This finding is corroborated by a study done by Vyas et al (1977). Upon considering the respondents' place of residence, it was discovered that individuals from rural areas (60.5%) are more likely to be diagnosed with conversion disorder. This finding is corroborated by research conducted by Deka et al. (2007) and Kumar et al. (2020). Contrary to the conclusions of Deka et al. (2007), people with middle socioeconomic status (52.6%) reported greater rates of conversion disorder. Finally, considering education level, the results showed more

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diagnosed cases of dissociative disorder in those in the 5th–10th standard (52.8%), which equates to the finding of Vyas et al. (1997).

The study suggests that most of the patients diagnosed with dissociative disorder had no emotional, physical, or sexual abuse reported by them. This goes against the findings of studies conducted by Draijer and Langeland (1999), Roelofs et al. (2002), and Vonderlin et al. (2018). According to the findings of the study, individuals diagnosed with dissociative disorder reported a high percentage of emotional and physical neglect. The finding partially corroborates with the study conducted by Krüger and Fletcher (2017), who reported the presence of emotional neglect by parents/siblings in patients with dissociative disorder. Higher reports of emotional and physical neglect found in this study can be attributed to the fact that compared to active abuse, chronic neglect is linked to a broader spectrum of damages (Vonderlin et al., 2018).

Internalized symptoms are more common in neglected children than in their counterparts who have experienced other types of abuse. When under stress, children exhibit severe developmental issues and become more passive, distant, indifferent, helpless, and less interested in their social and physical surroundings (Avdibegović & Brkić, 2020). Early exposure to neglect can lead to internalized behavioral issues such as depression, anxiety, and withdrawal, as well as externalized behavioral issues such as impulsivity, aggression, and acting out in later life (Avdibegović & Brkić, 2020; English et al., 2005). Additionally, there are issues with controlling emotions, expressing feelings to others, differentiating between emotional states, and having a poor self- and other-image (Petersen et al., 2014; Avdibegović & Brkić, 2020)

The findings of the current study are also indicative of the majority of the patients with dissociative disorder having authoritarian parents as perceived by themselves. In an authoritarian style, parents show a higher level of demandingness while responsiveness is at a low level (King et al., 2016). These parents display affectionless control, hostility, aggression, and undifferentiated rejection. Research has even shown that children who are severely abused usually perceive their parents to be more rejecting as compared to others (Malik, 2010; Naz & Kausar, 2014). Authoritarian parents are more likely to execute different forms of child maltreatment (Lo et al., 2019). Such childhood maltreatment could cause an individual to use positive coping skills less frequently (Su et al., 2020). Authoritarian parenting is also found to be associated with lower child emotion regulation (Haslam et al., 2020). It is also seen that patients with dissociative symptoms usually present with symptoms of emotion dysregulation (Haslam et al., 2020).

The results suggest that the emotional neglect domain of childhood trauma is associated with authoritative parenting, which is one of the common parenting styles characterized by high parental demand and high responsiveness (Febiyanti & Rachmawati, 2021). Authoritative parenting style is found to have the best positive outcome in children, especially in all the studies conducted in India (Sahithya et al., 2019). However, India is a collectivistic country, in which parents teach their children to refrain from expressing their desires and imply strict control, rules, and warnings (Chen et al., 2010; Febiyanti & Rachmawati, 2021). They may encourage freedom, and decision making but a boundary is put around it. They have high expectations (Ningthoujam, 2023) and expect their children to achieve them as they fulfill their needs. While providing freedom and implying control, encouraging the child to achieve new heights, and punishing them for their mistakes, the parents fail to notice and act on the

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emotional needs of children, which may seem small to them, but might scare the children. Such failures can lead to emotional neglect in children.

Implications

The present research study explores the socio-demographic details of the patients with dissociative disorder in Odisha which might act as a predisposing, precipitating, or perpetuating factor for the prognosis of the disorder. The findings of the study not only add to the existing literature but also emphasize how childhood neglect, be it physical or emotional, can have a psychological impact on the child. Furthermore, the research findings also explore how the way patients perceive their parents' parenting style can also have psychological consequences. Such findings can help in understanding that along with childhood abuse, therapists might also have to emphasize the possibility of childhood neglect in patients with dissociative disorder as well on the patients' perceived parenting style, which might help in structuring interviews and therapeutic intervention when working with them.

Limitations

1. The present study has a sample size of 38 which was relatively low when it comes to generalizing the research findings to the entire population. Moreover, the absence of a control group makes it difficult to form a comparative study between individuals with dissociative disorder and individuals without dissociative disorder, which would have provided light into the childhood trauma, and perceived parenting style that are prevalent in that particular disorder.
2. Lack of homogeneity in the characteristics of the sample again causes a problem for the generalization of the results.
3. Lastly, using a probability sampling method instead of purposive sampling would have led to a bias-free study and the chances of any error would have been reduced.

Future direction

- A comparison can be done between patients having dissociative disorders and patients having other mental and behavioral disorders, which could give a clear picture of whether the impact of childhood trauma and perceived parenting style is seen predominately in dissociative disorder or other disorders as well.
- A research design of randomized block design could have better control of extraneous variables.
- The study can further be extended to analyze the various types of stressors that either precipitate or perpetuate dissociative symptoms in patients with dissociative disorder.
- The research in the future can be further extended to study the impact of childhood trauma and perceived parenting style on different types of dissociative disorder.

CONCLUSION

The result of the current study indicates that the majority of the patients diagnosed with dissociative disorder suffered from severe physical and emotional neglect, and perceived their parents as authoritarian. The result also suggests that the emotional neglect domain of childhood trauma is associated with the authoritative perceived parenting style. The association between the emotional neglect domain of childhood trauma and authoritative perceived parenting style should be explored more. Further studies are needed in this area to

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understand what causes children to feel emotionally neglected by parents with authoritative perceived parenting style.

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Conflict of Interest

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