The relationship between self-disgust, attachment and post-traumatic stress symptoms: a mediation analysis

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Background

• Post-traumatic stress symptoms following trauma-exposure are defined by re-experiencing the trauma (e.g. nightmares, flashbacks, intrusive thoughts), avoidance of reminders of the trauma, hyper-arousal, negative mood or cognitions relating to the trauma, and, in a significant proportion of people, pervasive dissociative experiences (APA, 2013).

• Not all who experience traumatic life events go on to develop post-traumatic stress difficulties (Morina et al., 2014).

• Some consistent predictors have emerged (e.g. peri-traumatic dissociation, post-traumatic social support; Brewin, 2005); however effect sizes are highly variable – led to the proposal that there are likely multiple pathways to post-traumatic stress difficulties, with different socio-emotional responses linked to different symptom clusters.
Background

• Self-disgust following trauma-exposure may represent one such pathway to post-traumatic stress symptoms.

• Research has documented self-disgust in response to numerous trauma experiences, in particular sexual trauma (e.g. Fairbrother & Rachman, 2004). Proposed to occur through either associative (e.g. through contact with a “disgusting” stimulus) or cognitive (e.g. through appraisals of the meaning of the event - “I have been ruined”) processes.
Background

- Self-disgust has also been linked to post-traumatic stress severity:
  - Implicit association test in women with a dx of PTSD has shown a stronger relationship between disgust and the self and anxiety and the self (Rusch et al., 2011)
  - Self-disgust has been demonstrated to mediate the relationship between post-traumatic stress symptoms and suicidal ideation (Brake et al., 2017)
  - Victims of sexual assault with PTSD have reported strong feelings of self-directed disgust towards their own bodies (Dyer et al., 2015)
Background

• Theoretically, this link may operate through the effect of disgust on avoidance. Thus, self-disgust may drive:
  – Attempts to “cut off” from or suppress the aspects of the self considered disgusting – may account for experiences of depersonalization seen in many victims of trauma.
  – Avoidance of reminders of the events involved in the genesis of self-disgust as well as of the features of the self that most strongly elicit self-disgust.
  – Both avoidance and dissociation are proposed to maintain the intrusion symptoms, as they prevent the integration of the trauma memory into normal autobiographical memory (Ehlers and Clark, 2001).
• Self-disgust may also have an indirect relationship with PTSS:
  – Self-disgust involves viewing the self as a repulsive or rejectable object to others (Powell et al., 2014).
  – Therefore likely that it would promote changes in interpersonal behaviour (e.g. withdrawal, reassurance-seeking).
  – These attachment insecurities have in turn been linked to increased post-traumatic stress severity (e.g. Fraley et al., 2006).
Hypotheses

• Therefore, this study tested the following hypotheses:
  – Is there a relationship between trauma-exposure, self-disgust and post-traumatic stress severity?
  – If so, is this relationship mediated by attachment insecurity (anxious or avoidant attachment)?
  – Do these relationships differ depending on the particular post-traumatic symptom clusters examined?
Method

- Study employed a cross-sectional survey design.
- Participants recruited from on-line trauma support groups.
- Anyone over the age of 18 who had experienced a traumatic event in adulthood was eligible to participate.
- Participants completed a battery of questionnaires measuring their demographic and clinical characteristics, levels of self-disgust, anxious and avoidant attachment, post-traumatic stress symptoms (intrusions, avoidance, hyper-vigilance) and frequency of dissociative experiences.
- Analysis involved initial examination of correlations between key study variables, followed by mediation analysis using Preacher and Hayes (2008) PROCESS model.
Results

• Demographic and clinical characteristics:
  – 85 participants took part in the study (73 female, 8 male, 4 non-binary).
  – 57% of the sample reported sexual assault as their index traumatic event, 21% reported experiencing a physical assault/domestic violence, 8% reported witnessing a death, 7% reported emotional abuse, 2% reported experience in combat, 2% a near-death experience, and 1% a road-traffic accident or natural disaster.
  – 65% of the sample additionally reported experiencing trauma in childhood – however, no significant between group differences between those who had and had not experienced childhood trauma on any of the variables.
Preliminary correlational analysis

• The experience of sexual trauma significantly positively correlated with increased self-disgust and increased post-traumatic stress severity ($r = .273$ and $r = .283$ respectively).

• Significant positive correlations were also observed between self-disgust and total post-traumatic symptom severity (intrusions, hyper-vigilance, and avoidance; $r = .393$), as well as between self-disgust and dissociation ($r = .394$).

• Self-disgust also significantly positively correlated with attachment anxiety ($r = .435$) and attachment avoidance ($r = .391$).

• However, attachment avoidance did not relate to any symptom clusters, whilst attachment anxiety strongly related to dissociation ($r = .398$) but only weakly related to other symptoms.
Mediation analyses

• The relationship between the experience of sexual trauma and increased post-traumatic stress severity was fully mediated by the effect of sexual trauma on self-disgust.

• The relationship between self-disgust and dissociation was partially mediated by the effect of self-disgust on attachment anxiety.

• However, attachment anxiety did not mediate the relationship between self-disgust and other post-traumatic symptoms.
Implications

• Results highlight role of self-disgust in increased PTSS severity observed in victims of sexual trauma.

• Results also highlight the role of self-concept in understanding dissociation – previously dissociation has been conceptualised as an extreme response to stress or a failure of cognitive processes, with cognitive content ignored. It’s possible that self-disgust may drive some of these processes (e.g. by motivating engagement with these processes through inhibition of memories associated with particular aspects of the self).

• As neither attachment style mediated the relationship between self-disgust and overall post-traumatic stress severity, there is a need to identify additional mechanisms to account for the relationship between PTSS and self-disgust – for example, rumination is proposed to be a key component of the self-disgust schema, and is also proposed to maintain PTSD by promoting avoidance of “hot-spots” (Michael et al., 2007) and so may be a potential mediator.
Clinical Implications

• Results highlight need to assess for and formulate a self-disgust response following trauma-exposure (particularly sexual trauma), in order to prevent an initial self-disgust response from becoming elaborated into an overall self-disgust schema. Assessment should include attention to any dissociative responses or changes in interpersonal behaviour.

• Therapeutic interventions addressing self-disgust may be useful where self-disgust is a perpetuating factor in trauma-related distress – disgust-based adaptations to compassion-focused therapy (Bowyer, Wallis & Lee, 2014) and brief intervention targeting the feeling of being contamination in victims of sexual trauma (Jung & Steil, 2013) have already yielded promise.

• Particular need to assess and address self-disgust in individuals who have a highly dissociative post-traumatic stress reaction; if self-disgust drives dissociation, and dissociation limits engagement with therapy, this may need to be addressed at an early stage in treatment.
Limitations

• Cross-sectional design means inferences of causality are purely theoretical and cannot be empirically demonstrated.

• Sample comprised largely of people who have had difficulty adjusting after trauma, rather than full range of trauma adaptation – may over-estimate relationship between self-disgust and PTSS.

• Some measures did not conform to expected factor structure, therefore caution around operationalisation of variables.
Future Research

• Need for longitudinal studies conducted with individuals immediately after trauma-exposure and following them up over time.
• Large-scale cohort studies could assess the influence of pre-existing variables (e.g. attachment style) on PTSS following trauma exposure.
• Stratified sampling techniques could also be used within correlational designs to ensure a representative sample.
References


Jung, K., & Steil, R. (2013). A randomized controlled trial on cognitive restructuring and imagery modification to reduce the feeling of being contaminated in adult survivors of childhood sexual abuse suffering from posttraumatic stress disorder. Psychotherapy and Psychosomatics, 82(4), 213-220. doi:10.1159/000348450


