

Childhood Trauma, Alexithymia and Emotional Dysregulation in Adults with Obsessive Compulsive Disorder

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Abstract

Objectives: The aim of the current study was to find out the relationship among childhood trauma, emotional dysregulation and alexithymia in adults with obsessive compulsive disorder.

Design: Correlational research design was implemented

Subject and method: The participants with the age ranged 20-44 years (51.1% males and 48.9% females) were selected through purposive sampling strategy diagnosed with obsessive compulsive disorder from different hospitals in Lahore. Toronto Alexithymia Scale (Bagby, 1994), Childhood Trauma Questionnaire-short form (Bernstein & Fink, 1998) and Emotional Regulation Inventory (Roth et al., 2009) were utilized.

Result and conclusion: Results revealed that childhood trauma was significantly associated with emotional dysregulation ($r=.86$, $p<.000$) and alexithymia ($r=.78$, $p<.000$). In addition, mediation analysis showed the significant indirect pathway of the alexithymia ($z= 8.91$, $p<.00$) which further revealed that there is variation from alexithymia among childhood trauma and emotional dysregulation. Thus, findings revealed that there was a significant correlation between childhood trauma and emotional dysregulation among adults with obsessive compulsive disorder. Alexithymia significantly mediates the association between childhood trauma and emotional dysregulation. Moreover, this research would be beneficial to fill out the research gap in Pakistani literature as there is scarcity in studying the mediating pathway of alexithymia among obsessive compulsive disorder adults in Pakistan.

Keywords: Childhood Trauma, Emotional Dysregulation, Alexithymia, Obsessive Compulsive Disorder

Introduction

Obsessive-Compulsive Disorder (OCD) is characterized by the presence of obsessions and/or compulsions (DSM-5-TR). Obsessions are defined as persistent presence of unwanted or unhelpful intrusive thoughts, impulses, and desires. In response to obsessions, there are continuous behaviours or mind actions which individuals perform, that is known as compulsions. It was found that some obsessions are found which are comprised as religious intrusive thoughts, repeatedly doing actions of cleaning, fear of being getting contaminated and fear of rejection (Ali, 2023). Goodwin and Stein (2004) have postulated childhood trauma as an undesirable event in childhood. It has subtypes labeled as emotional abuse, sexual abuse, emotional neglect, physical neglect and physical abuse. Physical abuse refers to intentional harm inflicted on a child's body by a caregiver or an adult, often resulting in injuries (World Health Organization, 2020). Furthermore, physical abuse disrupts the child's sense of safety and security, causing chronic stress and heightened vulnerability to mental health disorders (Norman et al; 2019). Sexual abuse includes any form of sexual contact or exploitation involving a child (Centers for

Disease Control and Prevention, 2021). The long-term effects of sexual abuse are often severe and lead to psychological problems in adulthood (Smith et al; 2020). Another type of abuse involves emotional aspect named as an emotional abuse which involves consistent belittling, rejection, threats, and verbal assaults, leading to long-term psychological distress (APA, 2013). Children subjected to emotional abuse are at higher risk for developing low self-esteem, depression, and difficulties in forming healthy interpersonal relationships (Spinazzola et al; 2021). In addition to abuse, emotional and physical neglect tend to adversely affect children emotional needs for affection, love, attention, support and validation (APA, 2013). Emotional neglect disrupts a child's ability to form secure attachments and often leads to problems with emotional regulation, loneliness, and increased risk for depressive and anxiety disorders in later life (Kavanaugh et al; 2019). Whereas physical neglect involves failure to provide for a child's basic needs, such as food, shelter, and healthcare (WHO, 2020). The long-term consequences include developmental delays, cognitive impairments, and a heightened risk for mental health disorders such as depression and substance abuse (Madigan et al; 2019). Hartle et al. (2005) reported that OCD has deep roots in childhood trauma. It is also associated with poor emotional regulation personality traits like alexithymia which could contribute to psychological distress (Pozza et al; 2015). Emotional dysregulation refers to as experiencing challenges in managing and adapting emotional experiences and finding inability to respond in a healthy manner which includes excessive emotional responses and inability to calm down (Gross & Jazaieri, 2014). In addition, a study was conducted with the purpose of assessing the relationship between childhood trauma, difficulty in regulating emotion and comorbidities in psychiatric disorders. Results revealed that experiencing negative and painful abuse in childhood is correlated with psychological, social, medical, and developmental problems in individuals. It was concluded that emotional dysregulation is at high risk of being caused due to impairments (Dvir et al; 2014). Whereas Alexithymia is a personality construct which deals with challenges of not comprehending and expressing emotions of their own self and of other individuals (Sifneos,2004). Bowlby (1969) postulated attachment theory which stated that individuals' early life experiences with their caregivers develop confidence, trust, being worthy or sense of self-worth and regulation of emotion. Moreover, attachment theory says that secure attachment develops with consistent care from caregivers. In contrast, insecure attachment comes from neglect and abuse, which is being experienced by individuals in their childhood. This further creates challenges in developing healthy relationships and emotional regulation. In addition, it is said that individuals with disturbed childhood develop difficulty in expressing and identifying emotions. This is how trauma causes problems with emotions which leads to hyper reactivity and facing challenges with adapting and handling emotions. Individuals with OCD experience dysregulation in the form of intrusive thoughts to mitigate the anxiety. Elhamed et al. (2024) explored the association of alexithymia and ideation of suicide in adults with OCD. Findings revealed alexithymia significantly and positively correlated with suicidal ideation among individuals with OCD. Furthermore, it was also found that alexithymia and suicidal ideation are high predictors of OCD. OCD is a chronic and challenging psychological disorder which have root cause in childhood. Boger et al. (2020) recommended to study psychological process for assessing the potential factors between childhood trauma and OCD. The intense emotions regarding obsessions and compulsions which are experienced by people suffering from OCD, must be explored. These factors could also hinder a person's daily life functioning including occupational and social. If a proper pathway related to study variables is kept in focus, this might help in managing an individual's problem. Thus, the current research might be beneficial to fill out the research gap in Pakistani literature as scarcity is seen in literature regarding the mediating pathway of alexithymia among OCD adults in Pakistan.

Hypothesis

There is likely a correlation between childhood trauma and emotional dysregulation in adults with obsessive compulsive disorder. Alexithymia will likely mediate the relationship between childhood trauma and emotional dysregulation in adults with OCD.

Method

Participants

The participants were adults ranging in age between 20-44 years diagnosed with obsessive compulsive disorder. The sample was selected through purposive sampling from different hospital of Lahore, Punjab, Pakistan. The sample size was 180 (90 males and 90 females).

Variables and Measures

Demographic sheet. A demographic sheet was developed to keep an accurate record of participant's information. This sheet has assessed certain domains of clients which includes the client's age, gender, family structure, and socioeconomic status etc. Childhood Trauma Questionnaire- short form (CTQ-SF). Goodwin and Stein (2004) postulated childhood trauma as an undesirable event in childhood. Bernstein and Fink (1998) constructed a tool for the assessment of individuals who experience any damage and neglect. This questionnaire was comprised of 28 items which measure the five types of maltreatment named as emotional abuse, physical abuse, sexual abuse, emotional neglect and physical neglect. The questionnaire has a 5-point Likert scale and scale was having adequate internal consistency. In the current study, the researcher has translated this scale into Urdu by using by following Brislin's (1986) guidelines.

Toronto Alexithymia Scale. Bagby (1994) stated that alexithymia refers to personality trait, individual have trouble describing and finding their emotions and people also face minimum emotions and their attention focus on external factors. This scale is comprised of a total of 20 items and has a rating of 5 points. This scale consisted of three subscales: the first subscale addressed difficulty describing feelings, the second subscale focused on difficulty identifying feelings, and the third subscale assessed externally oriented thinking. The author reported good internal consistency for the subscales. In the current study, the researcher has utilized the Urdu version of Toronto Alexithymia Scale, (Ghayas, 2016).

Emotion Regulation Inventory (ERI). Roth et al., (2009) developed the emotional regulation inventory to assess three styles of emotion regulation that communicate about helpless and impersonal style of dealing with negative emotions, have authority over and independent modes of functioning. Each subscale consisted of 6 items. This scale has a rating of 5-point Likert scale. Internal structure reliability was supported by research. In the current study, the researcher has translated this scale into Urdu by using by following Brislin's (1986) guidelines.

Statistical Analysis

The G power formula was used for predicting the number of sample for the study. Descriptive statistics were used to measure frequency and mean for demographic variables. Reliability analysis of scales was done to check the reliability of scales. Inferential statistics analysis such as Pearson product moment correlation. Mediation analysis through Process by Hayes (2020) was used to analyze the mediation.

Procedure

Firstly, a research proposal was approved by the ethical committee of department of Humanities of COMSATS University. Then the scales relevant to the study variables were analyzed and the permission was taken from the author of the scale. As Toronto alexithymia scale was available in Urdu version. To maintain the uniformity of scale language, the current researcher translated CTQ- SF and emotion regulation inventory (ERI) into Urdu language by following the Brislin's (1986) guidelines. These scales were translated into Urdu by using the forward and backward translation method.

Step 1: Forward Translation of the Scales. Childhood Trauma Questionnaire- Short Form and emotion regulations inventory English version was translated into Urdu language, by following the guidelines of World Health Organization (WHO). By omitting the jargons for preserving the cultural context, the forward translations of both scales were obtained.

Step 2: Expert panel. Furthermore, these acquired Urdu translated scales were then analyzed by the expert panel. It was found that the sentences were carefully and appropriately translated in a cultural context.

Step3: Backward Translation. The same translators were requested to translate the scales into English who had translated the CTQ-SF and emotion regulation inventory. The bilingual translators with PhD were provided with the final translation of the scales.

Step 4: Pilot testing. This obtained version were the pretested upon 40 adults (20 males and 20 females) with the age range of 22 to 45 years. The purpose of doing this was to check the reliability of the scales.

Step 5: Final version of CTQ-SF and emotion regulation inventory. The scale's reliability revealed that the scale was not difficult to comprehend. Hence, the CTQ-SF and emotion regulation inventory was considered prepared for utilization in the main study. After that a list of targeted hospitals was generated from which the participants were taken for research. The informed consent consisted upon presenting information to an individual about maintaining confidentiality and privacy of their information.

Ethical Consideration

All the ethical issues were taken into consideration while conducting research from hospitals. Individuals were provided with the information that they are willingly participating. They can quit at any time, there wouldn't be any kind of psychological and physical harm. It was made sure by the researcher that the comfortable environment be provided to all the participants. Participants were informed that their information will only be used for research purposes. Researchers were careful with the deception and results were not fabricated as they are presented in original form. The ethical review committee of the Department of Humanities of COMSATS University, Islamabad, Lahore campus has approved the research.

Results

Table 1

Frequencies and percentages of demographics of the participants (N=180)

Variables	F	%
Gender		
Male	92	51.1
Female	88	48.9
Age		
20-25	40	22.2
26-35	84	46.7
36-45	56	31.1
Family system		
Nuclear	79	43.9
Joint	101	56.1

Note. F=Frequency, %=Percentage, M=Mean, SD=Standard Deviation

Table 2

Descriptive and Reliability Analysis of all subscales of Childhood Trauma, Emotional Regulation inventory and Alexithymia

Variables	K	(α)	M (SD)
Emotional Abuse	5	.91	16.19(5.3)
Physical Abuse	5	.88	15.87(4.9)
Sexual Abuse	5	.90	15.4(5.1)
Emotional Neglect	5	.84	12.7(4.0)
Physical Neglect	8	.92	24.5(7.5)
Childhood Trauma	28	.81	84.4(13.36)
Emotional Regulation Inventory	18	.96	58.6(16.5)
Alexithymia	20	.96	64.6(17.7)

Note. K=total number of items, α = Cronbach alpha, M= Mean, SD= Standard Deviation

This above table represents psychometric properties of scales used in the present study. The Cronbach's alpha value for the scales showed high consistency. The factors of emotional abuse were .91 (<.07), physical abuse was .88 (<.70), sexual abuse was .90 (<.07), emotional neglect was .84 (<.07), physical neglect was .92 (<.70), emotional dysregulation was .96 (<.70) and alexithymia was .96 (<.70) on scales which were found to have high internal consistency.

Table 3

Correlation among Childhood Trauma, Emotional Dysregulation and Alexithymia

Variables	M	SD	1	2	3	4	5	6	7	8
1 EA	16	5.36	-	0.85**	0.75**	0.48**	0.50**	0.89**	0.82**	0.86**
2 PA	15	4.92	-	-	0.81**	0.53**	0.53**	0.92**	0.78**	0.83**
3 SA	15	5.23	-	-	-	0.59**	0.52**	0.88**	0.75**	0.82**
4 EN	17	4.02	-	-	-	-	0.48**	0.44**	0.47**	0.58**
5 PN	24	2.72	-	-	-	-	-	0.48**	0.75**	0.87**
6 CT	62	9.91	-	-	-	-	-	-	0.78**	0.86**
7 Alexi	58	16.52	-	-	-	-	-	-	-	0.87**
8 EDys	86	12.06	-	-	-	-	-	-	-	-

Note: *p < .05, **p < .01, ***P < .00

EA=Emotional Abuse, PA=Physical Abuse, SA=Sexual Abuse, EN=Emotional Abuse, PN= Physical Abuse, Alexi= Alexithymia, EDys= Emotional Dysregulation, CT=Childhood Trauma.

Table 3 indicated that the correlation analysis was conducted by Pearson's correlation coefficient for exploring the relationship between childhood trauma, alexithymia and emotional dysregulation. This table shows significant correlation among the variables as results showed a significant correlation of childhood trauma with alexithymia (0.78**) and emotional dysregulation (0.86**). Analysis further revealed that there is a positive and direct correlation between variables.

Table 4

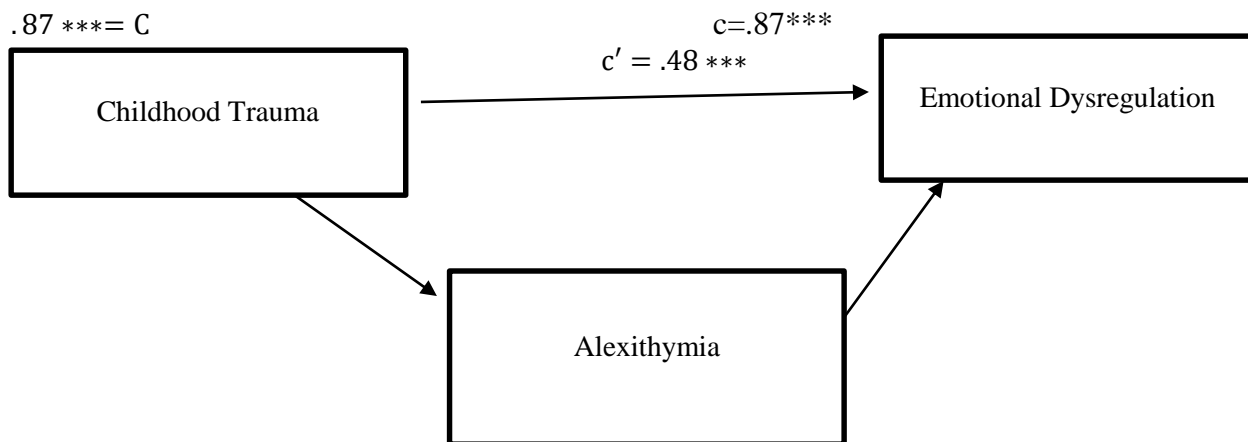
Mediation analysis between Childhood Trauma, Alexithymia and Emotional Dysregulation in adults with OCD

Path	Effect	SE	95% CI	P values	R	R ²
Direct Effect						
X → Y	0.59	.06	[0.47, 0.71]	0.00	0.87	0.76
Indirect Effect						
X → M (Alexithymia) → Y	0.80	0.08	[0.64, 0.97]	0.00	0.92	0.84
Total Indirect Effect	0.48	0.06	[0.36, 0.60]	---		
Completely Standardized						
Indirect Effect						
Total	1.07	0.04	[0.99, 1.16]	0.00		

Note: * $p < .05$, ** $p < .01$, *** $p < .001$

The R^2 value of direct pathways revealed that there is 76% variation on emotional dysregulation due to childhood trauma and childhood trauma have 59% effect on emotional dysregulation. There was found to be a significant relationship between variables because of the p values which is $p < 0.000$. This analysis shows that a change in CT by one unit will bring a change in ED. In addition, the indirect pathway of the study variables revealed that there is 84% variation on alexithymia and CT from ED. The total effect of ED was 80% on alexithymia and CT. Furthermore, the total model effect shows significance of variables as, $p < 0.00$. Thus, alexithymia significantly mediates the relationship between CT and ED. Furthermore, the values of 95% CI are positive, which also shows the significance of this study.

Figure. I
Med Graph for Childhood Trauma, Emotional Dysregulation and Alexithymia



The Sobel z value of Med Graphs is 8.91 which must be > 1.96 . Furthermore, the med graph shows that there is an overall significant mediation of the variables.

Discussion

The current study aimed to examine the relationship between childhood trauma, alexithymia and emotional dysregulation in adults with OCD. Results revealed significant correlation among all the variables. Nevertheless, childhood abuse and childhood neglect have a significant correlation with physical and mental health concerns including emotional dysregulation and low self-compassion. A meta-analysis by Zhou et al. (2020) found that individuals with OCD who experienced childhood maltreatment exhibited more severe obsessive-compulsive and depressive symptoms. This underscores the profound impact of early adverse experiences on the severity of OCD in adulthood. Moreover, it was found that there was a mediating role of alexithymia in association with childhood trauma and emotional dysregulation in adults with OCD. Keeping in view of the above findings, the findings are aligned with previous research findings. Furthermore, there was gender differences which indicated that alexithymia was more prominent among males because females have a prominent history of sexual abuse (Akpinar, 2024).

Conclusion

This research on childhood trauma, alexithymia and emotional dysregulation in adults with OCD revealed that these study variables are interconnected because childhood trauma is strongly associated with emotional dysregulation. Moreover, childhood trauma predicts the association between alexithymia and emotional dysregulation. Furthermore, mediation analysis provided the evidence that alexithymia mediates the relationship between childhood trauma and emotional dysregulation in adults with OCD.

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