CHILDFOOD PSYCHOLOGİCAL TRAUMA AND AUTOMATİC THOUGHTS.

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The data of this research done to examine the relationship between childhood psychological trauma and automatic thoughts were collected from 1000 undergraduates studying at İstanbul Gelişim University, faculty of Fine Arts in the 2016-2017 academic year. In the research “Childhood Trauma Questionnaire” and “Automatic Thoughts Questionnaire” were used and the data were analyzed with IBM SPSS 23.0 The types of test analysis and model which were carried out are as follows: Independent samples t-test to compare the level of automatic thoughts of participants with childhood trauma and those with no childhood trauma; Pearson correlation analysis to determine the relationship between childhood trauma and automatic thoughts; multiple linear regression model, in which the dependent variable is automatic thought and the independent variable is childhood trauma, in order to determine the predictive power of childhood trauma level on automatic thoughts. In consequence of the research it was ascertained that there existed a positive and significant relation between childhood trauma and automatic thoughts and that automatic thought level of individuals with childhood trauma was statistically higher than those without childhood trauma. It was also found out that emotional abuse predicted automatic thoughts positively and significantyl and that physical abuse predicted automatic thoughts negatively and significantly.

Introduction:-
Childhood trauma, which has five subdimensions such as psychological, physical, emotional, sexual abuse and emotional neglect before age 17 (Bernstein et all., 2003) deeply affects the psychological and social development of individuals as it is the heaviest type of violence to an individual’s psychology (Yöyen, 2017a). It is reported that there is a relationship between childhood trauma and depression, mania, anxiety disorders (Nierop et al., 2014), eating disorders (Moulton et al., 2015), schizotypal disorders (Velikonja et al., 2015), psychotic disorders (Kraan et al., 2014), borderline personality disorder or borderline personality characteristics (Kuo et al., 2014) and posttraumatic stress disorder (Gilbert et al., 2009). It is also reported that childhood traumatic events regarded as a major risk factor in the development of affective psychopathology cause a decrease in the automatic regulation of emotions and affective knowledge processing compared to healthy population (Marusak et al., 2015).

Another factor for emotional disorders is negative automatic thought (Wells, 1997). Automatic thoughts are an individual’s inner dialogues related to himself/herself, his/her world and future. Automatic thoughts, which form in
the individual’s mind (Çakar, 2014) are developed by previous experiences and his/her general and permanent thoughts of himself/herself, other people, the way the world is and the future (Akkoynu1uet al., 2013) are often witnessed in personality disorders and axis I disorders such as depression and anxiety (Türkçapar, 2008). Due to the individual’s evaluation of himself/herself, his/her interpretation of events and social stimulants, fast spontaneous automatic thoughts that are oral or imaginary and in harmony with consciousness (Karahan et al., 2006) occur with no effort in the face of events in which the individual feels irritated. In this context these are the problems of the study which aims to explain the relationship between childhood trauma known to be the heaviest kind of violence to the individual as well as the most irritating thing to the individual for a lifetime and automatic thoughts which are important for the regulation of cognition:

1. Is there a relationship between childhood trauma and trauma subtypes and automatic thoughts?
2. Is there a significant difference between the automatic thoughts of those with childhood trauma and the ones of those with no childhood trauma?
3. Does childhood trauma have the ability to explain automatic thoughts?

Literature:
Childhood trauma is a general term of physical, emotional, sexual abuse and physical and emotional neglect exposed in childhood or adolescence. Every sort of behaviour that damages physical, emotional, mental and social development of children under 18 is regarded to be abuse and their lack of basic needs is regarded to be neglect (Yöyen, 2016). Childhood trauma has 5 subdimensions: physical neglect is recognized as the unfulfillment of children’s basic physical needs such as food, accommodation and clothing (Özgentürk, 2014), physical abuse is recognized as non prevention of risks to be harmed or hurt physically because of non accidental reasons in various ways parents can cause great harm to their children under 18 (Acehan, 2013), emotional neglect is recognized as restriction of the child’s movement, disdain, accusation, threat, discrimination, derision and other hostile ways of behaviours (Norman, 2012), emotional abuse is recognized as shouting at the child, rejection, contempt, swearing, leaving alone, threat, intimidation, unfulfillment of emotional needs, heavy responsibilities, discrimination, disregard, humiliation, mocking, excessive pressure, nicknaming, excessive protection (Arslan, 2016), sexual abuse is recognized as the abuse of a child in the process of sexual development by threatening or using force in order for an adult to fulfill his/her sexual needs (Norman, 2012).

In the victims with childhood trauma are seen self identity and behaviour problems, a failure to set up firm relations, depression, anxiety, social withdrawal, alcohol and substance abuse, abnormal sexual behaviour, efforts to cope with problems unusually (Claussen et al., 1991; Grossman, 2017), social isolation, aggression, problems in interpersonal relationships, solitude (Hodges, 1999), eating disorders, academic failure and academic adjustment disorder, suicide attempts, substance abuse (Zoroğlu, 2001) behavioural, developmental, social and emotional disorders (Kaplan, 1999). Negative automatic thoughts are one of the factors for emotional disorders (Wells, 1997).

Automatic thoughts are tangible thoughts which are formulated; they occur suddenly like reflex; they don’t occur in a logical order as in problem solving; they continue to occur even if they are not in accordance to objective reality (Şirin et al., 2013.) Automatic thoughts, which are shaped by means of the individual’s experiences and perception of himself/herself (O’Connor et al., 2002) and accepted as the individual’s inner dialogues related to himself/herself, his/her world and future, are the thoughts which occur automatically in the individual’s mind, have an imperceptible structures and are regarded to be real without being analyzed by the individual (Çakar, 2014).

Beck’s Cognitive approach model conceptualizes that emotion affects the individual’s emotions and thoughts; that cognition is divided into two parts as automatic thoughts and schema; that negative events in the individual’s life are coded in schemas; that fast unconscious automatic thoughts underlie schemas and when a similar event happens, schema and automatic thoughts swiftly come to the mind and therefore they play a more active and involuntary role than conscious thoughts in shaping the individual’s emotions and behaviours (Beck, 2001). People’s distortions of perception, interpretation and evaluation of events and facts cause emotional problems (Beck et al., 2004). Childhood trauma and automatic thoughts which have a schematic place in the individual’s cognition are important for the individual to perceive himself/herself, his/her world and future.

Method:
In this study, relational screening model was used. Study population was composed of the undergraduates at İstanbul Gelişim University, faculty of Fine Arts in the 2016-2017 academic year. Research sample was composed of 1000 volunteer participants within the population. 64.10% of the participants were female and 35.90% of them were
male. 52.80 % of the participants ranged in age from 18 to 20, 40.70 % of them ranged between 21- 23 and 6.50 % of them were 24 and above. The data of the research was collected by use of childhood trauma questionnaire and automatic thoughts questionnaire.

Childhood Trauma Questionnaire:-
The questionnaire developed by Bernstein and his colleagues was adapted to Turkish by Şar and his colleagues in 2012. Its validity and reliability was tested and cronbach’s alpha was 0.93. In this research, reliability coefficient of childhood trauma questionnaire was 0.87 and reliability coefficient of childhood trauma subscales was 0.66 and 0.77. The questionnaire composed of 28 items has 5 subdimensions sexual, physical, emotional abuse, emotional and physical neglect in connection with childhood abuse and all the items are evaluated on the basis of 5 likert-type scale(Yöyen, 2017b).

Automatic Thoughts Questionnaire:-
It was developed by Hollan and Kendal in 1980. It was adapted to Turkish by Şahin in 1992. Its validity and reliability was tested and cronbach’s alpha was 0.93. In this research, internal consistency reliability coefficient of the questionnaire was 0.95. It is made up of 30 questions on the basis of 5 likert type scale (Yöyen, 2017b).

In this research in relational screening model SPSS statistics 23 was used for all the analysis. Frequency and percentage were used in descriptive statistics methods in order to determine demographic features. The internal consistency of data set was estimated with cronbach’s alpha. Independent sample t-test was carried out to compare two groups and regression analysis was done to determine predictive relationships. Pearson correlation analysis was done to determine the relationship between childhood trauma and automatic thoughts. Independent sample t-test was carried out to compare automatic thoughts level of the participants with childhood trauma and the ones with no childhood trauma. Multiple linear regression model, in which dependent variable was automatic thought and independent variable was childhood trauma, was put into practice to determine the predictive role of childhood trauma level on automatic thoughts. Before regression analysis was done, backward method was carried out and it was found out that there wasn’t autocorrelation between the variables (DW=2,14) in the model constructed and that there was no multiple linear connection problem (VIF=1,193, tolerance=0,838). It was observed that the model constructed was significant and its explanatory power was 22,1 % (=69,016, =0,221, =0,000). In consequence of the analysis it was seen that it was the model containing emotional abuse and physical neglect that significantly predicted automatic thoughts.

Findings:-

<table>
<thead>
<tr>
<th>Emotional Abuse</th>
<th>Physical Abuse</th>
<th>Physical Neglect</th>
<th>Emotional Neglect</th>
<th>Sexual Abuse</th>
<th>Childhood Trauma Total Score</th>
<th>Automatic thoughts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Abuse</td>
<td>r 1 ,565**</td>
<td>0,427**</td>
<td>0,431**</td>
<td>0,485**</td>
<td>0,749**</td>
<td>0,389**</td>
</tr>
<tr>
<td>p 0,000</td>
<td>0,000</td>
<td>0,000</td>
<td>0,000</td>
<td>0,000</td>
<td>0,000</td>
<td>0,000</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>r ,565**</td>
<td>1,488**</td>
<td>0,414**</td>
<td>0,531**</td>
<td>0,750**</td>
<td>0,235**</td>
</tr>
<tr>
<td>p 0,000</td>
<td>0,000</td>
<td>0,000</td>
<td>0,000</td>
<td>0,000</td>
<td>0,000</td>
<td>0,000</td>
</tr>
<tr>
<td>Physical Neglect</td>
<td>r ,427**</td>
<td>0,488**</td>
<td>1,557**</td>
<td>0,442**</td>
<td>0,786**</td>
<td>0,144**</td>
</tr>
<tr>
<td>p 0,000</td>
<td>0,000</td>
<td>0,000</td>
<td>0,000</td>
<td>0,000</td>
<td>0,000</td>
<td>0,000</td>
</tr>
<tr>
<td>Emotional Neglect</td>
<td>r ,431**</td>
<td>0,414**</td>
<td>0,557**</td>
<td>1,314**</td>
<td>0,788**</td>
<td>0,155**</td>
</tr>
<tr>
<td>p 0,000</td>
<td>0,000</td>
<td>0,000</td>
<td>0,000</td>
<td>0,000</td>
<td>0,000</td>
<td>0,000</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>r ,485**</td>
<td>0,531**</td>
<td>0,442**</td>
<td>0,314**</td>
<td>1,686**</td>
<td>0,169**</td>
</tr>
<tr>
<td>p 0,000</td>
<td>0,000</td>
<td>0,000</td>
<td>0,000</td>
<td>0,000</td>
<td>0,000</td>
<td>0,000</td>
</tr>
<tr>
<td>Childhood Trauma Total Score</td>
<td>r ,749**</td>
<td>0,750**</td>
<td>0,786**</td>
<td>0,788**</td>
<td>0,686**</td>
<td>1,279**</td>
</tr>
<tr>
<td>p 0,000</td>
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<td>Automatic thoughts</td>
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<td>0,235**</td>
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</table>
According to table 1 it was detected that there was a positive relationship between childhood trauma and automatic thoughts \( r = 0.279, \ p = 0.000 \). Accordingly, as an individual’s childhood trauma level increases, his/ her stream of automatic thoughts increases, too. When childhood trauma subdimensions are analyzed, it can be seen that there exists a positive significant relationship between emotional abuse and automatic thoughts \( r = 0.389, \ p = 0.000 \), physical abuse and automatic thoughts \( r = 0.235, \ p = 0.000 \), physical neglect and automatic thoughts \( r = 0.144, \ p = 0.000 \), emotional neglect and automatic thoughts \( r = 0.155, \ p = 0.000 \), sexual abuse and automatic thoughts \( r = 0.169, \ p = 0.000 \). Therefore, as the level of emotional physical, sexual abuse and emotional, physical neglect increases, the individual’s stream of automatic thoughts increases, too.

**Table 2:** Comparison Of The Level Of Use Of Automatic Thoughts Of The Group With Childhood Trauma And The One With No Childhood Trauma With T-Test

<table>
<thead>
<tr>
<th>Model</th>
<th>Non Standard Coefficients</th>
<th>Standard Coefficients</th>
<th>t</th>
<th>p</th>
<th>Collinearity Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Standard Error</td>
<td>Beta</td>
<td></td>
<td>Tolerans</td>
</tr>
<tr>
<td>Constant</td>
<td>42.115</td>
<td>2.502</td>
<td>16.833</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td>Emotional</td>
<td>3.215</td>
<td>.279</td>
<td>.504</td>
<td>11.528</td>
<td>.000</td>
</tr>
<tr>
<td>Neglect</td>
<td>-.640</td>
<td>.250</td>
<td>-.112</td>
<td>-2.563</td>
<td>.011</td>
</tr>
</tbody>
</table>

When table 2 is analyzed, it can be observed that the level of automatic thoughts of the individuals with childhood trauma \( \bar{X} = 62.77, \ s.s. = 23.39 \) is statistically significantly higher than the ones with no childhood trauma \( \bar{X} = 54.02, \ s.s. = 18.55 \), \( t(998) = -6.583, \ p = 0.000 \).

**Table 3:** Multiple Regression Analysis Of The Predictiveness Of Childhood Trauma On Automatic Thoughts

<table>
<thead>
<tr>
<th>Model</th>
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</table>

When table 3 is analyzed, it is clear that emotional abuse predicts automatic thoughts \( \beta = 0.504, \ t = 11.528, \ p = 0.000 \) in a positive and significant way and that physical neglect predicts automatic thoughts \( \beta = -0.112, \ t = -2.563, \ p = 0.011 \) in a negative and significant way.

**Discussion:**

The first result obtained from the research is that there is a positive and significant relationship between childhood trauma and automatic thoughts and that the level of automatic thoughts of the individual with childhood trauma is statistically significantly higher than the one of those with no childhood trauma. The second research finding was obtained through regression analysis as to the explanatory power of childhood trauma for automatic thoughts. In consequence of the analysis it was observed that emotional abuse, one of childhood trauma subdimensions, predicted automatic thoughts in a positive and significant way and that physical neglect predicted automatic thoughts in a negative and significant way.

The research results are consistent with the literature. Cognitive Behavioural Therapy (CBT) based on cognitive model of emotional disorders (Beck et all., 2011), used in treatment for assorted psychological and psychiatric disorders (Padesky et all.,2008) and developed by Beck defines cognition as the specific perception or thought of events and topographically sets cognition as automatic thoughts, intermediate beliefs and schemas (Batmaz, 2015).
Schemas are conscious or unconscious beliefs or expectations which the individual has for himself/ herself and others as well as for his/ her own psychological needs. In the studies, in which automatic thoughts were examined, it was clearly seen that the cognitive schemas of the traumatized people were interrupted or changed. That’s because traumatic events influence thoughts and feelings that the individual has towards himself/ herself, others and the world. The changed cognitive schemas also contribute the individual’s automatic thoughts (Yağcı, 2010). Beck points out that schemas activated from a traumatic event are likely to cause the individual to evaluate the events and situations negatively by falsifying and as a result of falsification there is likely to occur negative thoughts which come automatically from the mind and for this reason are called automatic thoughts and that automatic thoughts are likely to have an impact on how the individual feels and acts (Akkoynulu et al. 2013). Rather than the traumatic event, the traumatized individual’s interpretations of the event have an influence on his/ her emotional reaction to the event. These false or negative interpretations of the individual are called automatic thoughts and they are not functional (Rothbaum et al., 2000). Unfunctional automatic thoughts deform cognitive schemas and lead the traumatized victims to have more negative thoughts of themselves, others and the world (Dunmore et al., 1999). In the research, automatic thoughts questionnaire was utilized. Automatic thoughts which are an important factor in depression occur with depressive feelings and are regarded as an outcome of the individual’s negative schemas towards himself/ herself, others and the world (Savaşır et al., 1997). Depending on this theoretical framework, automatic thoughts questionnaire aims to measure frequency and effects of negative automatic thoughts in depression (Hisli et al., 1992). The fact that childhood trauma includes psychiatric illnesses, especially mood and anxiety disorders in older ages as well as high incidence of depression and posttraumatic stress disorder is consistent with the literature (Yüyen, 2017a). Researches report that in victims with childhood trauma posttraumatic stress disorders (PTSD) may occur not only in the moment of the event but also in the future (Andrews et al., 2000; Halligan et al., 2003) and that cognitive schemas and automatic thoughts underlying schemas have an effect on both the onset of PTSD and its maintenance (Reynolds et al., 1998) as traumatic events cause modifications in people’s thoughts and beliefs and these modifications have an important role in emotional reaction to trauma (Resick et al., 1992) and that some feelings are due to trauma and some are connected to cognitive evaluation process (Brewn et al., 2003).

Conclusion:—
Childhood trauma is considered to be the heaviest crime against people and a big public health problem affecting not only the traumatized people but also the whole society. Victims of this crime bear traces of the traumatic event for a lifetime. In all ages victims of trauma seeking a clinical help are presented psychotherapeutic aid. One of the most frequently used methods of psychotherapy is Cognitive behavioral therapy (CBT).

According to Beck who developed CBT (2006), cognitive structure is made up of three parts. These three parts are as follows: Automatic thoughts on the visible layer, core beliefs on the core layer and intermediate beliefs in the middle of automatic thoughts and core beliefs. In the therapy process of CBT, the individual is taught to describe, observe and follow his/ her way of thinking, especially negative automatic thoughts (Boyacı et al., 2016). According to cognitive behavioral approach, as negative thoughts are eliminated or changed, emotional and behavioral problems will automatically be eliminated.

Clinician’s psychotherapeutic method may not be CBT. Yet research results indicate that if automatic thoughts in victims with childhood trauma are blended with psychotherapy, results will be perfect. In this context the fact that automatic thoughts are presented with the therapy technique above may escalate the functionality of therapy in individuals with childhood trauma.

Reference:—


