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CHILDHOOD TRAUMAS, LOVE ATTITUDES, RELATIONSHIP SATISFACTION, AND SEXUAL FUNCTIONS IN EUTHYMIC DEPRESSIVE DISORDER PATIENTS

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Summary

Background: *It was aimed to compare childhood traumas, relationship satisfaction, sexual functions, and love attitudes in depressive disorder (DD) patients with healthy volunteers.*

Subjects and Methods: *The study included 100 DD patients, who were in remission and had no drug side effects, and 100 healthy volunteers. A sociodemographic data form, the Childhood Trauma Questionnaire (CTQ), the Love Attitudes Scale (LAS), the Relationship Assessment Scale (RAS), and the Arizona Sexual Experiences Scale (ASEX) were administered to all participants. In addition, the Hamilton Depression Rating Scale and the UKU Side Effect Rating Scale were applied to DD patients.*

Results: *CTQ physical abuse scores were higher in the DD group compared to the healthy volunteers ($p<0.001$). CTQ sexual abuse scores were higher in the DD group than those in healthy volunteers ($p=0.020$). CTQ emotional abuse scores were higher in the DD group than those in healthy volunteers ($p<0.001$). RAS scores were lower in the DD group compared to the healthy volunteers ($p<0.001$). ASEX scores in women were higher in the DD group compared to healthy volunteers ($p=0.009$). LAS passionate love scores were lower in the DD group than those in the healthy volunteers ($p<.0.001$). LAS friendship love scores were lower in the DD group than those in healthy volunteers ($p=0.005$).*

Conclusion: *It can be said that DD patients have more history of abuse, less relationship satisfaction, and less passion for love. Female DD patients may experience more sexual problems.*

Key words: *depressive disorder – love - sexual function - relationship satisfaction - childhood trauma*

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INTRODUCTION

Depressive disorder (DD) affects more than 264 million people globally. It is one of the most common psychiatric diseases in the world with increasing frequency (James et al. 2018). DD acts on many areas of functioning in a patient. One of such areas is sexual function. A 50%-70% increased frequency of sexual dysfunction has been reported in DD patients. On the other hand, sexual dysfunction is a factor, which increases the risk of DD significantly (Atlantis & Sullivan 2012, Clayton et al. 2014).

Childhood traumas have also been reported as another significant risk factor to develop DD (Hovens et al. 2015). Early exposure to traumatic life events has been associated with increased inflammation. This situation causes imbalances in the hypothalamic-pituitary-adrenal axis. These neuroendocrine and neuroimmune changes, secondary to childhood traumatic experiences, may cause a lifetime to be more vulnerable to stress and a higher risk of onset of DD after stress (Chapman et al. 2004; Baldwin et al. 2018; Lu et al. 2016; Nemeroff & Binder 2014).

Relationship satisfaction refers to the subjective evaluation of one's relationship. In close relationships, satisfaction is defined as the subjective attitude and affective experiences in entirety in the evaluation of one's relationship. Romantic relationships have the potential to meet the lifelong needs for friendship, romance, support, sexual satisfaction, and commitment (Fincham et al. 2018). Studies report that feeling unsatisfied in a relationship is associated with DD (Du Rocher Schudlich & Papp 2011, Dekel et al. 2014). Furthermore, relationship satisfaction is strongly affected by sexual function. It is also known that good sexual function prevents the development of psychological distress (Trudel & Goldfarb 2010).

It is known that there are relationships between love and DD. A study reported that there is a significant inverse relationship between love, DD, and anxiety, and love improved DD and anxiety (Zarghi 2014).

In the present study, it was aimed to compare childhood traumas, love attitudes, relationship satisfaction, and sexual function in euthymic DD patients to those in healthy volunteers. The H1 hypothesis of our study is that childhood traumas, attitudes towards love, relationship

satisfaction, and sexual functions are different from healthy volunteers in euthymic DD patients. Evaluation of DD patients who are in the euthymic period and who do not have drug side effects in our study may help to better recognize the relationship satisfaction, love attitudes, and sexual functions of these patients. In addition, investigation of childhood traumas of DD patients may be important in terms of etiology in these patients. In all these respects, we think that our study will make important contributions to the literature.

SUBJECTS AND METHODS

Sample

Our study was carried out in Akdeniz University Faculty of Medicine, Department of Psychiatry in the period between February 2021 and August 2021. The study included 100 DD patients, who were euthymic according to the DSM-5 diagnostic criteria, and 100 healthy volunteers. A total of 650 patients were interviewed during the study. Of these, 550 either did not want to participate in the study or did not meet the inclusion criteria. Inclusion criteria for the DD group; It was determined as being between the ages of 18-65, having no psychiatric medication side effects, no accompanying physical illness (Even if stable, patients with diseases such as essential hypertension and diabetes were not included in the study), having an emotional relationship for at least 6 months, and being in remission. Exclusion criteria for the DD group; It was determined as having an additional psychiatric disease other than DD, having a severe physical illness, not having an ongoing emotional relationship, and being in the active phase of the disease. Inclusion criteria for the control group; voluntarily participating in the study, being between the ages of 18-65, not having any history of psychiatric illness, and having an emotional relationship for at least 6 months. Exclusion criteria for the control group; It was determined as having a psychiatric or physical illness, having any chronic drug use, and not having an emotional relationship.

Psychiatric interviews were conducted with patients who came to the outpatient clinic and met the inclusion criteria and agreed to participate in the study. Participants were informed in detail about the study and those that signed the informed consent form were included in the study. The study was terminated when the target number of patients was reached. Our study is a cross-sectional study. The sociodemographic data form, the Structured Clinical Interview for DSM-5 (SCID-5) (First et al. 2017) the Childhood Trauma Questionnaire (CTQ) (Bernstein et al. 2003) the Love Attitudes Scale (LAS) (Hendrick et al. 1998a) the Relationship Assessment Scale (RAS) (Hendrick et al. 1998b), and the Arizona Sexual Experiences Scale (ASEX) (McGahuey et al. 2000) were administered to all participants. In order to determine the euthymic state, the Hamilton Depression Rating Scale (Hamilton 1960) was administered to the DD patients. The UKU Side Effect Rating Scale (Lingjaerde et al. 1987) was administered to find out whether patients were experiencing any drug side effects. Written ethics committee approval for our study was obtained from Akdeniz University Faculty of Medicine Clinical Research Ethics Committee with the decision no. KAEK-28 on 13.01.2021. All stages of the study were carried out in accordance with the Declaration of Helsinki.

Measuring tools

The Structured Clinical Interview for DSM-5 (SCID-5)

It was developed by First et al as a clinical diagnostic tool. It is a structured clinical interview scale that can be applied by clinicians according to the DSM-5 diagnostic classification (First et al. 2017).

Childhood Trauma Questionnaire (CTQ)

It was developed by Bernstein et al in 1994 and was finalized in 2003 with 28 items. It is 5 points Likert type. It includes 5 subscales: physical abuse, emotional abuse, sexual abuse, emotional neglect, and physical neglect. Both the total score and the subscale scores are calculated (Bernstein et al. 2003).

Love Attitudes Scale (LAS)

It was developed by Hendrick, Hendrick, and Dicke in 1998. It is a 5-point Likert-type scale consisting of a total of 24 items. It has six sub-dimensions: passionate love (Eros), friendship love (Storge), game-playing love (Ludus), possessive love (Mania), rational love (Pragma), and altruistic love (Agape). A minimum of 4 and a maximum of 20 points are taken for each subscale. An increase in the scores on a subscale means that that form of love is preferred. Each statement in the scale is answered by considering the person with whom he is in an emotional relationship at that moment (Hendrick et al. 1998a).

Relationship Assessment Scale (RAS)

It was developed by Hendrick in 1998 to evaluate the relationship satisfaction of individuals with their partners. The scale is a Likert-type scale consisting of 7 items. High scores on the scale indicate that the participant has high relationship satisfaction, and low scores indicate low relationship satisfaction (Hendrick et al. 1998b).

Arizona Sexual Experiences Scale (ASEX)

The scale, which consists of a total of 5 items in a six-point Likert type and has separate forms for men and women, was developed by McGahuey et al. in 2000. It is requested to evaluate sexual functions according to the last week, so it helps to identify problems in the sexual area in a short and easy way. The total score is between 5 and 30, and the higher the score, the higher the degree of sexual dysfunction (McGahuey et al. 2000).

Hamilton Depression Rating Scale (HAM-D)

The scale was developed by Hamilton in 1960 and has 17 items. An increase in the scale score indicates an increase in the severity of depression. A score of 0 to 7 indicates no depression, a score of 8 to 15 indicates mild depression, a score of 16 to 28 indicates moderate depression, and a score of 29 or higher indicates severe depression (Hamilton 1960).

The UKU Side Effect Rating Scale

It is a 52-item scale developed by Lingjaerde et al. It was designed to evaluate the side effects related to the use of psychotropic drugs in a causal relationship. The scale deals with side effects under four main headings. These are psychological, neurological, autonomic and other side effects (Lingjaerde et al. 1987).

Statistical Analysis

Continuous variables are expressed as mean ± standard deviation, median, minimum, maximum, and categorical variables as numbers and percentages. The normality analysis for continuous variables was performed by the Kolmogorov-Smirnov Test. The Mann-Whitney U-test with Bonferroni correction was used to compare data that did not conform to a normal distribution. A t-test was used to compare normally distributed data. The chi-square test was used to compare categorical data. Linear relationships between the scales were tested using Pearson's Correlation Test. Statistical analyzes were performed using IBM SPSS (Statistical Package for Social Sciences) version 22.0 (IBM Corporation, Armonk, NY, USA). A p-value of <0.05 was considered statistically significant.

RESULTS

Women constituted 56% (n=56) and 62% (n=62) of the DD and control groups, respectively (p=0.388). Other sociodemographic data are summarized in Table 1.

Data obtained by the administration of the clinical scales to patients are summarized in Table 2.

It was found that the ASEX scores of women were statistically significantly higher in partners in a relationship of convenience compared to those in a loving relationship in both the control and DD groups (16.61±5.40 vs 14.14±3.88 in the control group, 20.16±4.78 vs 15.70±4.50 in the DD group; p= 0.005 and p=0.006, respectively).

Correlations between the scale scores in the control group were analyzed. There was a significant and negative correlation between the RAS and ASEX scores of women (r=-0.486, p<0.001). A significant and negative correlation was found between the RAS and ASEX scores of men (r=-0.325, p=0.047). There was a significant and positive correlation between the RAS and LAS-passionate love scores (r=0.685, p<0.001). A significant and positive correlation was found between the RAS and LAS-friendship love scores (r=0.409, p<0.001). There was a significant and negative correlation between ASEX scores of women and LAS-passionate love scores (r=-0.472, p<0.001). There was a significant and negative correlation between ASEX scores of women and LAS-friendship love scores (r=-0.374, p=0.003). There was a significant and negative correlation between ASEX scores of men and LAS-passionate love scores (r=-0.537, p<0.001).

Correlations between the scales were analyzed in the DD group. There was a significant and negative correlation between the RAS and ASEX scores of women (r=-0.645, p<0.001). There was a significant and positive correlation between the RAS and LAS-passionate love scores (r=0.708, p<0.001). A significant and positive correlation was found between the RAS and LAS-friendship love scores (r=0.427, p<0.001). There was a significant and positive correlation between the ASEX scores of women and CTQ-emotional abuse scores (r=0.393, p=0.003). There was a significant and negative correlation between the ASEX scores of women and LAS-passionate love scores (r=-0.612, p<0.001). There was a significant and negative correlation between the ASEX scores of women and LAS-friendship love scores (r=-0.457, p=0.003). There was a significant and negative correlation between the ASEX scores of men and LAS-passionate love scores (r=-0.323, p=0.033). There was a significant and negative correlation between the ASEX scores of men and LAS-friendship love scores (r=-0.381, p=0.011).

DISCUSSION

In our study, emotional abuse, sexual abuse, and physical abuse scores were higher in DD patients, and sexual functions were poor in female DD patients. Relationship satisfaction was poorer and passionate love and friendly

Table 1. Comparis on of socio-demographics between groups.

		Healthy controls (n=100)		DD patients (n=100)		p
		n	%	n	%	
Gender	Women	62	62.0	56	56.0	0.388
	Men	38	38.0	44	44.0	
Education	Primary education	7	7.0	10	10.0	0.449
	High school	20	20.0	20	20.0	
	University	66	66.0	56	56.0	
	Postgraduate	7	7.0	14	14.0	
Employment	Employed	95	95.0	81	81.0	**0.022**
	Unemployed	5	5.0	19	19.0	
Relationship type	Dating	19	19.0	26	26.0	0.274
	Engaged	11	11.0	6	6.0	
	Married	70	70.0	68	68.0	
Emotional state in the relationship	Loving	74	74.0	73	73.0	0.888
	Convenience	22	22.0	24	24.0	
	Unwillingness	4	4.0	3	3.0	
How couples met	Arranged	21	21.0	19	19.0	0.367
	Via a mutual friend	19	19.0	30	30.0	
	Internet	6	6.0	4	4.0	
	At school or work	45	45.0	35	35.0	
	Partner was a friend	9	9.0	11	11.0	
	Other	0	0	1	1.0	
Age (years) [median (min-max)]		33 (23-53)		35 (20-62)		0.267
Relationship duration (years) [median (min-max)]		6 (1-28)		6 (1-33)		0.755
Disease duration (years) [median (min-max)]				1 (1-43)		

Table 2. Comparison of scale scores between groups.

	Healthy controls (n=100)	DD patients (n=100)	p
Relationship assessment scale [median (min-max)]	41 (8-49)	36 (7-49)	**<0.001**
ASEX*-Women [median (min-max)]	14.5 (5-27)	17 (7-28)	**0.009**
ASEX-Men [median (min-max)]	13 (8-18)	12 (6-24)	0.306
CTQ-Emotional abuse [median (min-max)]**	5 (5-17)	8 (5-21)	**<0.001**
CTQ-Emotional neglect [median (min-max)]**	21.5 (11-25)	19 (8-25)	**<0.001**
CTQ-Sexual abuse (mean±SD)**	5.14±0.61	5.47±1.26	**0.020**
CTQ-Physical abuse (mean±SD)**	5.25±0.84	6.15±2.28	**<0.001**
CTQ-Physical neglect (mean±SD)**	12.16±1.89	12.58±1.83	0.113
CTQ-Total Score (mean±SD)**	49.98±4.45	51.10±5.09	0.099
LAS*-Passionate love [median (min-max)]**	16 (7-20)	14.5 (6-20)	**<0.001**
LAS*-Friendship love (mean±SD)**	13.9±3.37	12.5±3.49	**0.005**
LAS*-Game-playing love [median (min-max)]**	9 (4-18)	9 (4-17)	0.944
LAS*-Possessive love [median (min-max)]**	11 (5-16)	11 (8-18)	0.873
LAS*-Practical love [median (min-max)]**	12 (4-18)	12 (4-19)	0.672
LAS*-Altruistic love [median (min-max)]**	13 (4-20)	14 (5-19)	0.188

*ASEX: Arizona Sexual Experiences Scale, **CTQ: Childhood Trauma Questionnaire, ***LAS: Love Attitudes Scale

love scores were lower in DD patients compared to the control group. Increased emotional abuse scores in female DD patients were associated with impaired sexual function. In both of the groups, sexual function was poorer in individuals in a relationship of convenience compared to those in a romantic relationship. Sexual function was improved with increased relationship satisfaction, especially in women. Furthermore, increased relationship satisfaction and improved sexual function occurred in both groups with increased passionate love scores.

It has been reported that there are relationships between childhood traumas and DD. A meta-analysis of 192 studies, which included a total of 68,830 individuals, reported that increased childhood trauma scores were associated with a diagnosis of DD and increased depressive symptom scores, and any kind of child abuse was positively correlated with DD scores (Humphreys et al. 2020). Another study with 4034 university students found that childhood abuse and neglect were positively correlated with DD, and psychological resilience was negatively correlated with childhood traumas and depression (Chang et al. 2021). Consistently with the literature, increased sexual, emotional and physical abuse scores were found in DD patients in our study. We can argue that protecting children against all kinds of abuse should prove to be a substantial public health intervention for the prevention of several disorders such as DD.

Sexual dysfunction is more common in women with active DD than in women without DD (Fabre & Smith 2012). Similar results have been reported in patients in remission, as well as those in the active episode of the disorder. In a study conducted with 50 female DD patients in remission and 50 healthy volunteers, a significant proportion of women with DD reported dysfunction in all domains of sexual function (Roy et al. 2019). In our study, sexual dysfunction was found more commonly in female DD patients not experiencing any side effects of medication. Patients should be followed up closely by clinicians to identify any sexual dysfunction even in periods of remission.

It has been reported that relationship satisfaction is poor in psychiatric disorders, and poor relationship satisfaction is uniquely associated with DD and post-traumatic stress disorder in women and dysthymia in men (Du Rocher Schudlich & Papp 2011, Dekel et al. 2014, Whisman 1999). In our study, relationship satisfaction was found to be significantly reduced in DD patients. This finding can be considered strong evidence for the impaired relationship satisfaction in DD. We can argue that DD patients may develop problems in their relationships, impairing their quality of life even in remission.

In our study, a significant and positive correlation was identified between relationship satisfaction and sexual function, especially in women. In a study conducted on 95 female patients with DD in remission, it was reported that those with marital problems were 6.7 times more likely to have sexual dysfunction (Masiran et al. 2014). Furthermore, women with a lower level of sexual desire than their spouses reported lower levels of relationship satisfaction (Davies et al. 1999). We can argue that relationship satisfaction and sexual function are important concepts that complement each other in romantic relationships.

In both of the groups in our study, sexual function was poorer in individuals in a relationship of convenience compared to those in a romantic relationship, and relationship satisfaction increased and sexual function improved with increased passionate love scores. A study reported that there was a significant and inverse relationship between love and DD and love improved DD (Zarghi 2014). In a study conducted with 111 people having a relationship for three months or longer, it was reported that passionate love had a direct positive effect on relationship satisfaction in addition to an indirect positive effect, which occurred through sexual satisfaction (Fricker & Moore 2002). It is expected that passionate love, by its very nature, includes sexual attraction and intense emotions (Hatfield 1988). In other words, the more passionate the love, the more sexual and relationship satisfaction can be expected. We can say that passionate love between partners will reduce problems in relationships.

Notable aspects of our study were the fact that as individuals with physical comorbidities were excluded from the study, any potential effects of such comorbidities on the results were minimized. Another important feature of our study is that drug side effects were excluded both clinically and with scales. In addition, our study is the first study in the literature to evaluate childhood traumas, relationship satisfaction, sexual functions, and attitudes towards love together in patients in the euthymic period and without drug side effects. In this aspect, it is superior to other studies.

The limitations of our study may include recall bias and recall limitation because of the assessment of childhood traumas by a retrospective assessment scale. Other limitations of our study are that it was a cross-sectional study, data were selected from a single center, and power analysis was not performed.

CONCLUSION

It can be suggested that DD patients experience emotional abuse, sexual abuse, and physical abuse more commonly, and female DD patients experience sexual problems more frequently. It can be argued that relationship satisfaction and passionate love occur in DD patients less commonly. It can be suggested that, in both patients and healthy individuals, the likelihood of sexual problems is lower in a loving relationship compared to a relationship of convenience and, sexual functions improve as relationship satisfaction improves, especially in women. For future studies, we recommend that prospective studies be conducted on DD patients in terms of sexual functions, relationship satisfaction, and love, which are important components of life. In addition, multicenter studies with large samples will reveal more important findings on the subject.

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Authors contributions: Dr. Mert Sinan Bingöl: study design, data collection, first draft, approval of the final version, statistical analysis. Dr. Ali Erdoğan: study design, data collection, first draft, approval of the final version, statistical analysis. Dr. Burak Kulaksızoğlu: study design, data collection, first draft, approval of the final version, statistical analysis.

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