

Childhood Traumas and Attachment Style - Associated Depression Symptoms: The Mediator Role of Alexithymia*



İpek ŞENKAL¹, Sedat IŞIKLI²

SUMMARY

Objective: The aim of this study was to investigate the mediator role of alexithymia and its relationship with childhood traumas (sexual abuse, physical abuse, emotional abuse, emotional neglect, physical neglect) and attachment style (anxiety and avoidance dimensions of attachment) associated depression symptoms in adulthood.

Method: The sample of this study included 417 undergraduate students from different departments that studied at Hacettepe University during the 2012-2013 school year with a final analysis done over 369 participants. The Demographic Information Form, Experiences in Close Relationship Inventory-II (ECR-R), Childhood Trauma Questionnaire (CTQ), Toronto Alexithymia Scale (TAS-20), and Beck Depression Inventory (BDI) were administered to the undergraduate students who participated in this study. Mediator analyses were applied to the data.

Results: The results revealed that the total score of the Toronto Alexithymia Scale had a partial mediating role in the relationship of childhood traumas (the total score of Childhood Trauma Questionnaire), childhood emotional abuse and emotional neglect with depressive symptom levels in university students. Besides, the total score of the Toronto Alexithymia Scale had a full mediating role in the relationship between childhood physical neglect and depressive symptom levels in adulthood. Additionally, it was found that the total score of the Toronto Alexithymia Scale had a partial mediating role between the anxiety dimension of the attachment and the depressive symptom levels.

Conclusion: This study revealed that alexithymia should be considered as a significant variable in the relationship of childhood traumas and attachment patterns with depression symptoms in adulthood.

Key Words: Child Abuse, Attachment, Alexithymia, Depression

INTRODUCTION

It is known that understanding and being aware of emotions have a long history in clinical psychology literature. The significance of emotions in human life brings up the alexithymia construct, which is closely related to emotional problems, to the agenda (Koçak 2002). Alexithymia consists of two general deficiencies, namely reduced affect awareness (difficulty identifying and describing feelings to others) and operative thinking (the cognitive style manifested in externally-oriented thinking and reduced fantasy processes) (Bagby et al. 2006). It is known that the alexithymia construct, which has been used

to describe such deficiencies for the first time, emerged initially to describe specific personality characteristics reflective of psychosomatic disorders. In this respect, the alexithymia construct arises from the psychodynamic point of view and is obviously affected from the western worldview (Lesser 1981). According to psychoanalytic theory, it is known that painful emotions, conflicts, and tensions that cannot be expressed verbally are expressed physically (Koçak 2002). This situation is considered to be the indication of somatic expressions of individuals with depression symptoms who are assumed to be alexithymic. Krystal (1979), who makes explanations based on the psychoanalytic theory, suggests that alexithymia

*This study is the part of the master's thesis research conducted by the first author in consultation with the second author.

Received: 17.09.2014 - Accepted: 17.12.2014

¹Assist., Ankara University, Faculty of Humanities, Department of Psychology, Ankara., ²Assoc. Prof., Hacettepe University, Faculty of Letters, Department of Psychology, Ankara, Turkey.

e-mail: isenkal@ankara.edu.tr

doi: 10.5080/u12256

results from destructive events and relationships that inhibit emotional development in the early childhood. In this regard, alexithymia may emerge due to psychosocial effects such as traumatic experiences during the pre-language period (Sifneos 1996). According to this train of thought, traumatic experiences and insecure attachment styles in childhood may lay the groundwork for the emergence of alexithymia (Krystal 1979, Wearden et al. 2003). This finding supports the psychoanalytic theory's view that the emotional traumas play a significant role in the consequent inability to verbally express the painful experiences (Koçak 2002). The significant effects of childhood traumas on the onset and course of depression are among the findings of many studies in the literature (e.g. Bernet and Stein 1999). In addition to this, many studies in the literature affirm that there is a significant relationship between alexithymia and depression (e.g. Motan and Gençöz 2007).

On the other hand, Bowlby (1969, 1973), the pioneer of the attachment theory suggested that attachment styles were learned from early period relational experiences. According to Bowlby (1969, 1973), this may affect the coping styles of individuals in the face of stressful situations and consequently affect their mental health. The relevant research findings in the literature suggesting that the early period insecure attachment styles constituted a risk factor for depression symptoms in adulthood support the attachment theory (e.g. Mikulincer and Shaver 2007).

Considering the extent of knowledge conveyed from the related literature, it can be observed that these studies concentrate more on psychosomatic, physical, and psychiatric disorders (Koçak 2002). On the other hand, the alexithymic traits, which manifest themselves essentially as affecting the communication between individuals in a negative way, do prevail in a normal sample (e.g. Durak Batıgün and Büyükaşahin 2008). Thus, it has been considered that new research studies on the assessment of alexithymic traits in psychologically healthy individuals were needed to be carried out. The current study aims to fill this gap in the literature within this particular context. On the other hand, according to the conducted studies, the findings revealing the roles of both childhood traumas, which have become a significant public mental health issue in our society, and the early period negative relational experiences (insecure attachment styles) with caregivers on the emergence of psychological disorders in adulthood (e.g. Bernet and Stein 1999, Mikulincer and Shaver 2007) have gradually increased. However, it has been observed that the research carried out in our country on the mediator role of alexithymia remains quite limited. Considering this lack of research in the literature, the current study was thought to extend the scope of knowledge within this field. The aim of this study was to investigate the mediator role of alexithymia between the relationship of childhood traumas and insecure attachment styles with depression symptoms in adulthood.

METHOD

Participants

The sample of the study consisted of 417 undergraduate students that studied at Hacettepe University during the 2012-2013 school year. Three hundred eighteen (76.3%) of these participants were female, ninety six (23%) of them were male, and three participants did not provide any information on their gender. The ages of the participants ranged from 16 to 37 ($M=19.9$, $SD=2.1$).

Measures

Demographic Information Form: Demographic Information Form prepared by the researcher was used to retrieve the personal information (age, gender, educational status etc.) of the participants that constituted the study sample.

Experiences in Close Relationship Inventory-II (ECR-R): The study of the reliability and validity of Experiences in Close Relationship Inventory-II (ECR-R), developed by Fraley et al. (2000; as cited in Selçuk et al. 2005), was conducted by Selçuk et al. (2005) for the Turkish student sample. ECR-R was composed of 36 items presented in a 7-point Likert-type, which measured the anxiety dimension (18 items) and avoidance dimension (18 items). Both anxiety dimension (Cronbach's alpha coefficient, $\alpha=0.86$) and avoidance dimension (Cronbach's alpha coefficient, $\alpha=0.90$) of attachment have been observed to have high level of internal consistency. As a result of test-re-test analysis, it was detected that both dimensions of attachment scale had high level of test-re-test reliability for 0.82 and 0.81, respectively (Selçuk et al. 2005).

Childhood Trauma Questionnaire (CTQ): The adaptation, reliability, and validity study of Childhood Trauma Questionnaire (CTQ) which was developed by Bernstein et al. (1994; as cited in Aydemir and Köroğlu 2012) was conducted by Şar et al. (2012) for the context of Turkey. CTQ was made up of 28 items presented in a 5-point Likert-type, which included five sub-dimensions related to childhood abuse (sexual, physical, and emotional abuse, as well as emotional and physical neglect in childhood). This scales measured 5 sub-scores, namely sexual, physical, emotional abuse, emotional, and physical neglect as well as the sum of these sub-scores, which was the total score. In the study on the adaptation, reliability, and validity of scale for the Turkish context, Cronbach's alpha coefficient was found to be 0.93 for the group of all participants ($N=123$), while the Guttman half test coefficient was found to be 0.97. The test-re-test correlation coefficient of the total score of the scale conducted on clinical and non-clinical participants fortnightly was found to be 0.90 ($p<0.001$, $N=48$) (Aydemir and Köroğlu 2012).

Toronto Alexithymia Scale (TAS-20): The validity and reliability study of the Turkish short version of the Toronto

Alexithymia Scale (TAS-20) developed by Bagby et al. (1994; as cited in Güleç et al. 2009) was carried out by Güleç et al. (2009). The TAS-20 was defined as a 20-item self-report measure composed of three dimensions (difficulty in identifying feelings, difficulty in describing feelings, and externally-oriented thinking). The items were rated on a five-point Likert scale ranging from 1 to 5 (Güleç et al. 2009). The rise in the scores of the scale points to an increase in alexithymic tendency. The Cronbach's alpha coefficient was found to be 0.78 for the total scale, while Cronbach's alpha coefficient was found between 0.57-0.80 for subscales. According to the results of the confirmatory factor analysis, alexithymia had been shown to be related with these three factors (Güleç and Yenel 2010).

Beck Depression Inventory (BDI): BDI, which was developed by Beck et al. (1978; as cited in Savaşır and Şahin 1997), measured vegetative, emotional, cognitive, and motivational symptoms of depression. BDI was adapted to Turkish by Hisli (1988, 1989) and consisted of a 21-item questionnaire with four choices and each item scored between the 0 and 3 (Savaşır and Şahin 1997). The aim of the scale was not to diagnose depression, but to describe the degree of depression symptoms quantitatively. In the reliability study of the scale carried out by Hisli (1989), the two half-scale reliability coefficient for 259 university students was found to be 0.74.

Procedure

The data was collected for the 2012-2013 school year after obtaining the required permission from Hacettepe University Senate Ethics Committee. Applications were conducted in groups with Hacettepe University's undergraduate students from different departments. The participants were told via the prepared Voluntary Participation Form that their participation would be based on voluntariness, and then the approvals of participants were taken. Response time for the scales was approximately 40 minutes.

Analysis of the data

Before the statistical analysis, the presence of normality, missing values, and outliers were tested, and the final statistical analyses were performed with the data acquired from 369 individuals using SPSS 18.0.

While the variables included in this study were investigated, the conditions of Baron and Kenny (1986) were taken into account. First, a significant association between the independent variable and the dependent variable should be observed. Second, a significant association between mediator variable and independent variable should be determined. Third, a significant association between the mediator variable and the dependent variable (when the independent variable is also a predictor of the dependent variable) should be seen.

Finally, when the mediator variable and the independent variable enter into regression equation simultaneously, the association between independent and dependent variables should no longer be significant or previous significance level should decrease once the proposed mediator were considered in the equation (Baron and Kenny 1986).

In order to determine whether the first three conditions of Baron and Kenny (1986) were met in terms of research variables, the correlation coefficients between the variables were observed. Simple Regression Analysis and Hierarchical Regression Analysis were conducted among the variables that met the above mentioned conditions. In the Hierarchical Regression Analysis, the significance of the difference between beta values was investigated (Kenny et al. 1998). The significance level of decreasing beta values was evaluated using the Sobel test.

RESULTS

The independent variables of this study were childhood traumas (sexual abuse, physical abuse, emotional abuse, emotional neglect, physical neglect) and attachment styles (anxiety and avoidance dimensions of attachment). The dependent variable of this study was the depressive symptom level, while the mediator variable of this study was the total alexithymia score.

Considering the mediator role of alexithymia between childhood traumas and depression symptoms, before the mediator variable analysis, the correlation coefficients between variables were calculated. As shown in Table 1, the relationship of alexithymia with physical abuse and sexual abuse appears to be non-significant. Therefore, mediator variable analysis was conducted without including physical and sexual abuse variables.

In addition, considering the mediator role of alexithymia between attachment style and depression symptoms, before the mediator variable analysis, the correlation coefficients between variables were calculated. As shown in Table 1, the relationship between avoidant dimension of attachment style and depression symptoms appeared to be non-significant. Therefore, mediator variable analysis was conducted without including avoidant attachment variable.

Results Concerning the Investigation of the Mediator Role of Alexithymia between Childhood Traumas and Depression Symptoms

A Simple Regression Analysis was conducted between childhood emotional abuse, emotional neglect, physical neglect, and the total score of childhood traumas and alexithymia. The analysis predicted alexithymia positively and significantly for each case (emotional abuse: $\beta=0.15$, $p < 0.01$, $R^2=0.02$;

Table 1. Correlation Coefficients between Variables

Variables	1	2	3	4	5	6	7	8	9	10
1. Alexithymia Level	-	0.37**	0.19**	0.15**	0.04	0.03	0.15**	0.21**	0.33**	0.25**
2. Depression Symptom Level		-	0.29**	0.22**	0.14**	0.28**	0.20**	0.16**	0.34**	0.07
3. Childhood Traumas Total Score			-	0.75**	0.43**	0.46**	0.86**	0.68**	0.22**	0.09
4. Emotional Abuse Level				-	0.33**	0.23**	0.53**	0.29**	0.23**	0.13*
5. Physical Abuse Level					-	0.17**	0.23**	0.22**	0.08	0.01
6. Sexual Abuse Level						-	0.18**	0.25**	0.08	-0.01
7. Emotional Neglect Level							-	0.46**	0.17**	0.07
8. Physical Neglect Level								-	0.12*	0.06
9. Anxious Attachment Level									-	0.26**
10. Avoidant Attachment Level										-

* $p < 0.05$, ** $p < 0.01$

emotional neglect: $\beta=0.15$, $p < 0.01$, $R^2=0.02$; physical neglect: $\beta=0.21$, $p < 0.001$, $R^2=0.04$; the total score of childhood traumas: $\beta=0.19$, $p < 0.001$, $R^2=0.04$, respectively). In addition, the Hierarchical Regression Analysis was conducted separately for emotional abuse, emotional neglect, physical neglect, and the total score of childhood traumas. The total score of childhood traumas and its sub-dimensions (emotional abuse, emotional neglect and physical neglect) were entered to the hierarchical regression equation in the first step, and alexithymia was entered into the equation in the second step. The results of the Hierarchical Regression Analysis are given in Table 2. As observed in Table 2, there was a significant decrease (*Sobel* $z = 3.30$, $p < 0.001$) from 0.29 ($p < 0.001$) to 0.23 ($p < 0.001$) in the beta value of the total score of childhood traumas, while a significant decrease (*Sobel* $z = 2.62$, p

< 0.01) from 0.22 ($p < 0.001$) to 0.17 ($p < 0.001$) in the beta value of emotional abuse was shown. A significant decrease (*Sobel* $z = 2.68$, $p < 0.01$) from 0.20 ($p < 0.001$) to 0.15 ($p < 0.001$) in the beta value of emotional neglect was also observed when the variable of alexithymia was entered into the equation in the second step. In the light of these findings, the alexithymia partially mediated the relationship between the total score of childhood traumas, emotional abuse, and emotional neglect sub-dimensions and depression symptoms.

Finally, a significant relationship between childhood physical neglect and depression score became non-significant when the mediator variable (alexithymia) was introduced. According to the analysis findings, the total score of alexithymia had a full

Table 2. Hierarchical Regression Analysis Results Concerning the Mediator Role of Alexithymia between Childhood Traumas, Attachment Style and Depression Symptoms

Phase of Analysis	Variables	R	R ²	β	T
Step 1	Emotional Abuse	0.222	0.049	0.222	4.356***
Step 2	Emotional Abuse	0.409	0.168	0.171	3.551***
	Total Score of Alexithymia			0.348	7.216***
Step 1	Emotional Neglect	0.199	0.040	0.199	3.89***
Step 2	Emotional Neglect	0.400	0.160	0.147	3.025**
	Total Score of Alexithymia			0.351	7.240***
Step 1	Physical Neglect	0.161	0.026	0.161	3.120**
Step 2	Physical Neglect	0.382	0.146	0.086	1.740
	Total Score of Alexithymia			0.355	7.175***
Step 1	Total Score of Childhood Traumas	0.288	0.083	0.288	5.762***
Step 2	Total Score of Childhood Traumas	0.433	0.187	0.225	4.676***
	Total Score of Alexithymia			0.329	6.86***
Step 1	Anxious Attachment	0.342	0.117	0.342	6.975***
Step 2	Anxious Attachment	0.440	0.194	0.247	4.981***
	Total Score of Alexithymia			0.292	5.893***

** $p < 0.01$, *** $p < 0.001$

mediation between childhood physical neglect and depression symptoms.

Results Concerning the Investigation of the Mediator Role of Alexithymia between Adult Attachment Style and Depression Symptoms

A Simple Regression Analysis was conducted regarding the relationship between the anxiety dimension of the attachment style and the total score of alexithymia. According to the result of the analysis, it was found that anxiety dimension of the attachment style predicted alexithymia positively and significantly ($\beta=0.33$, $p<0.001$, $R^2=0.11$). In addition, the Hierarchical Regression Analysis was conducted for anxiety dimension of attachment style. Anxiety dimension of attachment style was entered to the hierarchical regression equation in the first step. The total score of alexithymia was entered into the equation in the second step. The results of the Hierarchical Regression Analysis are given in Table 2. As shown in Table 2, there was a significant decrease (*Sobel* $z = 4.38$, $p < 0.001$) from 0.34 ($p < 0.001$) to 0.25 ($p < 0.001$) in the beta value of the anxiety dimension of the attachment style when the variable of alexithymia was entered into the equation in the second step. As a result of the analyses, it was found that the total score of alexithymia partially mediated the relationship between anxiety dimension of attachment style and depression score.

DISCUSSION

The aim of the present study was to investigate the mediator role of alexithymia between childhood traumas (sexual, physical and emotional abuse, emotional and physical neglect), and attachment styles (anxiety and avoidant dimensions of attachment) in university students and depression symptoms in adulthood.

The first finding was that the total score of alexithymia partially mediated the relationship between childhood traumas (derived from the sum of the total points of five sub-dimensions) and depressive symptoms. Consistent with this finding, another study conducted in Turkey sampled patients having major depressive disorder and observed that the total score of alexithymia predicted the somatic symptoms of the patients with major depressive disorder (Sayar et al. 2003). Secondly, the current study found out that the total score of alexithymia had partially mediated between childhood emotional abuse, emotional neglect and depressive symptoms. This finding, consistent with the research findings in the literature, was an indicator of the significance of the role of emotional abuse and emotional neglect in the emergence of alexithymia (Güleç et al. 2012). Based on this finding, emotional abuse and emotional neglect were the least studied of all types of child maltreatment, even though they may actually be the most prevalent

types of abuse (Wright et al. 2009). Hence, conducting this study with a sample from Turkey aims to fill an important gap in the literature. Together with the important contribution of this study, the researchers' efforts toward filling this gap in the literature may be related to the increasing awareness regarding the risk factors and negative consequences arising from emotional neglect and emotional abuse in adulthood. In line with this thought, a recent research conducted in Turkey used a sample from psychiatry and determined that mood disorders were detected more frequently in individuals who reported emotional abuse in childhood (Örsel et al. 2011). Consistent with this finding, a study sampled with patients diagnosed as depressed found that childhood traumas increased the risk of suicide attempts (Erol et al. 2013). Finally, a current study determined that alexithymia had a full mediating role in the relationship between childhood physical neglect and depression symptoms in adulthood. There was no study supportive of this finding in the literature. However, physical neglect could be experienced in the form of child isolation, including leaving the child alone, throwing him/her out of the house, or leaving children to die from lack of food (Yurdakök and Ince 2010). Studies by Yurdakök and Ince (2010) support the fact that physical neglect, together with the emotional abuse and emotional neglect, is one of the most frequently experienced types of abuse in childhood (Scher et al. 2004). In conclusion, it is thought that emotional neglect, emotional abuse, and physical neglect during childhood may first lead to the emergence of alexithymic traits in people and hence may lead to depressive symptoms. Therefore, it can be concluded that an individual who has not developed alexithymic traits may be protected from the depressive symptoms that the emotional neglect, emotional abuse, and physical neglect during childhood may cause.

In the light of the information discussed in the literature, alexithymic traits were shown to be associated with childhood trauma history (e.g. Aust et al. 2012). However, the relationship between childhood abuse and neglect history and the development of alexithymia could not be established concretely (Evren et al. 2009). This is most likely due to the fact that most of the studies carried out on childhood abuses and neglects concentrated only on the sexual and physical dimensions of the phenomenon (Evren et al. 2009). In this respect, the investigation of the total score of childhood traumatic experiences and the examination of each sub-dimension with alexithymia will hopefully extend our understanding and scope of knowledge in this field.

Considering the results, the first salient point was the second condition provided by Baron and Kenny (1986) for mediation analysis was not met for sexual abuse. Hence, the mediation analysis was not completed, which resulted in the finding that alexithymia did not mediate the relationship between sexual abuse and depression symptoms. This finding may be

attributed to the fact that the variance rate between childhood sexual abuse and total score of alexithymia was found to be low ($R^2 = 0.001$). Therefore, there was no significant relationship between childhood sexual abuse and total score of alexithymia ($p = 0.556$). On the other hand, this finding may be explained with the fact that even though the cases of sexual abuse were encountered frequently and were repeated over the years, these cases mostly remained hidden because people exposed to sexual abuse were afraid of the potential threats of the abuse, wanted to protect the abusers, or were ashamed (Özdemir 2010). Furthermore, participants in a depressive mood may be biased to recall the painful experiences (e.g. sexual abuse) in the past. While assessing the retrospective childhood traumas, people who believe that they were subjected to sexual abuse in reality might have not wanted to reveal themselves by directly indicating it in the scale. Therefore, they might have left the questions unanswered or they might have answered the relevant questions in the opposite way. Besides, it takes time to divulge sexual abuse even in clinical interviews. Therefore, it would be quite difficult to reach this finding through the applied measures. On the other hand, the participants may not remember the painful experience or they might have suppressed it in the unconscious, since they make an assessment of the sexual abuse retrospectively.

As a result of the mediator analysis of alexithymia between adult attachment style and depression symptoms, it was observed that alexithymia partially mediated the relationship between anxiety dimension of attachment and depressive symptoms. Accordingly, it can be stated that the effect of anxiety dimension of attachment on depressive symptoms may be partially through alexithymia. Consistent with this finding of the study, a study conducted with psychologically healthy individuals showed that alexithymic people demonstrated more psychological symptoms (e.g. depression and somatization) and had more anxious attachment style (Durak Batıgün and Büyüksahin 2008). Thus, most of the studies in the literature investigating differences related to attachment in alexithymia reached the conclusion that anxious attachment style predicted alexithymic tendency (total score of alexithymia and its sub-dimensions) (e.g. Picardi et al. 2005). On the other hand, avoidant attachment style was pictured less consistently in the literature (Mikulincer and Shaver 2007). On the basis of these findings, it was stated that avoidant attachment style was associated with behavior disorders and other extroverted pathologies, while anxious/ambivalent attachment style was associated with depressive disorders (Kesebir et al. 2011). These findings support the view that anxious attachment style may be more strongly associated with depression than avoidant attachment style (Mikulincer and Shaver 2007). The result of the current study suggests that the avoidance dimension of attachment style does not predict depressive symptoms, which is consistent with the relevant results in the literature.

CONCLUSION

Investigating childhood abuse and neglect experiences and adult attachment style (romantic relationship pattern in adulthood) together with alexithymic traits of patients with depressive symptoms may be directive for choosing the treatment options. A physician who practices on psychoanalytic theory should investigate the source of the problems by being aware of the destructive experiences and relationships in the childhood that interfere with emotional development. These experiences and relationships may lead to the emergence of alexithymic traits and hence have an important effect on depressive symptoms. The current study draws attention to the fact that caregivers responsible for the care of the child play a particularly important role in the emotional development of the child and in the emergence of psychological symptoms that may arise depending on the disruptions in emotional development. Therefore, given the importance of family life in the development of the child, arranging the relevant trainings for parents will be helpful and effective to prevent problems from arising due to childhood traumatic experiences and insecure attachment styles.

Predominance of female participants in the sample is one of the limitations of the study. Hence, more work with a sample composed of similar number of male and female participants in the future studies will be helpful. In addition to this, the literature reported that male participants got higher scores than female participants on the alexithymia measurements in both clinical and non-clinical samples (Levant et al. 2009). Therefore, it is predicted that analyses carried out with samples (including only males or females) will result in more different and detailed findings. Another limitation regarding the sample characteristics is that the sample of this study consists of only the undergraduate students studying at Hacettepe University. Future studies should use a clinical sample or a clinical sample with a non-clinical sample. In this way, the researchers will be able to compare the two different groups and consequently more comprehensive knowledge on the issue will be produced. Another limitation of this study is the measurement instruments' reliance on self-report questionnaires. The data collection phase is also another limitation. Since filling the data collection instruments takes time due to the number of items in the data set, it was not possible to apply them in class environment in some cases and participants were asked to complete them at their home and then bring them back to the researcher. However, this situation led to loss of some data. The length of the scale might have also created fatigue effect on some participants. Failure to make inferences with regard to the causality in the study and the assessment of research findings only within the boundaries of relatedness could be regarded as another limitation. Additionally, the present study was unable to explore the dimensions of abuse history in more detail such as the perpetrator, closeness degree,

the age of onset for the abuse and neglect, the developmental phase of the individual, and the duration. It is suggested that the specific characteristics of trauma history and their relationship to these continuous variables should be investigated in future studies. Finally, it is thought that studies using the longitudinal research method will contribute to future studies in terms of enabling the practitioners to observe developmental changes, coming along with age and behavior patterns in the developmental process.

REFERENCES

- Aust S, Hartwig EA, Heuser I et al (2012) The role of early emotional neglect in alexithymia. *Psychological Trauma: Theory, Research, Practice, and Policy*, 1-8.
- Aydemir Ö, Koroğlu E (2012) Psikiyatride kullanılan klinik ölçekler. Ankara HYB Basım Yayın, p. 655-661.
- Bagby RM, Taylor GJ, Parker JDA et al (2006). The development of the Toronto Structured Interview for alexithymia: Item selection, factor structure, reliability and concurrent validity. *Psychother Psychosom*, 75: 25-39.
- Baron RM, Kenny DA (1986) The moderator-mediator variable distinction in social-psychological research: Conceptual, strategic and statistical considerations. *J Pers Soc Psychol*, 51: 1173-82.
- Bernet CZ, Stein MB (1999) Relationship of childhood maltreatment to the onset and course of major depression in adulthood. *Depress Anxiety*, 9: 169-74.
- Bowlby J (1969) *Attachment and Loss: Volume 1. Attachment*. New York Basic Books.
- Bowlby J (1973) *Attachment and Loss: Volume 2. Separation: Anxiety and Anger*. New York Basic Books.
- Durak Batgün A, Büyüksahin A (2008) Aleksitimi: Psikolojik belirtiler ve bağlanma stilleri. *Klinik Psikiyatri*, 11: 105-14.
- Erol A, Ersoy B, Mete L (2013) Majör depresyonda özkıyım girişi ile çocukluk çağı örselenmeleri arasındaki ilişki. *Türk Psikiyatri Derg*, 24: 1-6.
- Evren C, Evren B, Dalbudak E et al (2009) Child abuse and neglect as a risk factor for alexithymia in adult male substance dependent inpatients. *J Psychoactive Drugs*, 41: 85-92.
- Güleç H, Köse S, Güleç MY et al (2009) Reliability and factorial validity of the Turkish version of the 20-item Toronto Alexithymia Scale (TAS-20). *Klinik Psikofarmakoloji Bülteni*, 19: 214-20.
- Güleç H, Yenel A (2010) 20 maddelik Toronto Aleksitimi Ölçeği Türkçe uyarlamasının kesme noktalarına göre psikometrik özellikleri. *Klinik Psikiyatri*, 13: 108-12.
- Güleç M, Altıntaş M, Inanç L et al (2012) Effects of childhood trauma on somatization in major depressive disorder: The role of alexithymia. *J Affect Disord*, 2-5.
- Hisli N (1988) Beck Depresyon Envanteri'nin geçerliği üzerine bir çalışma. *Psikoloji Dergisi* 6: 118-26.
- Hisli N (1989) Beck Depresyon Envanteri'nin üniversite öğrencileri için geçerliği, güvenilirliği. *Psikoloji Dergisi* 7: 3-13.
- Kenny DA, Kashy DA, Bolger N (1998) *Data analysis in social psychology. The Handbook of Social Psychology*, DT Gibert, ST Fiske, G Lindzey (Ed), Berlin, Germany. Springer-Verlag, p. 203-227.
- Kesebir S, Kavzoğlu SÖ, Üstündağ MF (2011) Bağlanma ve psikopatoloji. *Psikiyatride Güncel Yaklaşımlar*, 3: 321-42.
- Koçak R (2002) Aleksitimi: Kuramsal çerçeve tedavi yaklaşımları ve ilgili araştırmalar. *Ankara Üniversitesi Eğitim Bilimleri Fakültesi Dergisi*, 35: 183-212.
- Krystal H (1979) Alexithymia and psychotherapy. *Am J Psychother*, 33: 17-31.
- Lesser IM (1981) A review of the alexithymia concept. *Psychosom Med*, 43: 531-43.
- Levant RF, Hall RJ, Williams CM et al (2009) Gender differences in alexithymia. *Psychology of Men & Masculinity*, 10: 190-203.
- Mikulincer S, Shaver PR (2007) *Attachment in Adulthood: Structure, Dynamics, and Change*. New York Guilford Press.
- Motan I, Gençöz T (2007) Aleksitimi boyutlarının depresyon ve anksiyete belirtileri ile ilişkileri. *Türk Psikiyatri Derg*, 18: 333-43.
- Örsel S, Karadağ H, Karaoğlu Kahiloğulları A et al (2011) Psikiyatri hastalarında çocukluk çağı travmalarının sıklığı ve psikopatoloji ile ilişkisi. *Anadolu Psikiyatri Dergisi*, 12: 130-6.
- Özdemir DF (2010) Cinsel istismar ve çocuk ruh sağlığı. *Katkı Pediatri Dergisi*, 32: 569-82.
- Picardi A, Toni A, Coroppo E (2005) Stability of alexithymia and its relationships with the 'big five' factors, temperament, character, and attachment style. *Psychother Psychosom*, 74: 371-8.
- Savaşır I, Şahin NH (1997) Bilişsel davranışçı terapilerde değerlendirme: Sık kullanılan ölçekler. *Ankara Türk Psikologlar Derneği Yayınları*, p. 23-38.
- Sayar K, Kirmayer LJ, Taillefer SS (2003) Predictors of somatic symptoms in depressive disorder. *Gen Hosp Psychiatry*, 25: 108-14.
- Scher CD, Forde DR, McQuaid JR et al (2004) Prevalence and demographic correlates of childhood maltreatment in an adult community sample. *Child Abuse Negl*, 28: 167-80.
- Selçuk E, Günaydın G, Sümer N et al (2005) Yetişkin bağlanma boyutları için yeni bir ölçüm: Yakın İlişkilerde Yaşantılar Envanteri-II'nin Türk örnekleminde psikometrik açıdan değerlendirilmesi. *Türk Psikoloji Yazıları*, 8: 1-11.
- Sifneos PE (1996) Alexithymia: Past and present. *Am J Psychiatry*, 153: 137-42.
- Şar V, Öztürk E, İkikardeş E (2012) Çocukluk Çağı Ruhsal Travma Ölçeğinin Türkçe uyarlamasının geçerlilik ve güvenilirliği. *Türkiye Klinikleri J Med Sci*, 32: 1054-63.
- Wearden A, Cook L, Vaughan-Jones J (2003) Adult attachment, alexithymia, symptom reporting, and health-related coping. *J Psychosom Res*, 55: 341-47.
- Wright MO, Crawford E, Castillo D (2009) Childhood emotional maltreatment and later psychological distress among college students: The mediating role of maladaptive schemas. *Child Abuse Negl*, 33: 59-68.
- Yurdakök K, Ince O (2010) Duygusal istismar ve ihmal. *Katkı Pediatri Dergisi*, 32: 423-33.