



# Childhood Trauma Along Life and Correlations Between Childhood Trauma, Attachment Style and Emotion Regulation

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**Abstract.** Individuals who experience trauma as children can suffer long-term mental and physical consequences. Earlier intervention and assessment of children at risk of dissociation can be made possible with a better understanding of childhood trauma and validated assessments. In this literature review, we will discuss how childhood trauma affects people throughout their lives. Several studies have illustrated the effect of negative childhood experiences on children in adulthood and even in old age, because they affect attachment style, and other diseases are more likely to occur when children have negative impacts. A better security attachment might be built through emotional regulation.

**Keywords:** Childhood Trauma · Attachment Style · Emotional Regulation

## 1 Introduction

Trauma experienced as a child can have long-term negative impacts on both physical and mental health. Previous research has shown that childhood trauma and mental illness increase the likelihood of suicide [1, 2]. Further developmental effects that have an impact on how we respond to threats, handle stress, and integrate our ideas might emerge over time if biological stress management and integrative discourse with a responsive developmental partner were fundamentally compromised from birth [2]. Several developmental paths leading to psychopathology may be laid down during the earliest years of life, and mechanisms in the parent-child connection may be responsible for some of these paths [4]. Today, accurate and validated evaluations for both child and adult behavior may be used to analyze the family dynamics connected to these developmental pathways [1]. Because of these developments, dissociation-at-risk children may now be identified and treated much earlier. At present, there is a lack of longitudinal research in the field of long-term impacts of childhood trauma, and there is also little research on how to treat the impacts of childhood trauma after the trauma happens. In this paper [3], we will examine the long-term effects of childhood trauma through an analysis of several longitudinal studies. Additionally, this article will discuss the research of emotional regulation to cure childhood trauma, which may provide some ideas for follow-up researchers who are interested in healing childhood trauma.

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## 2 Overview of Childhood Trauma

In China, most parents with stereotypes don't think that young children will have long-term memory of experiences. They think that in the short term, the painful memory will be gradually forgotten by their children when they grow up [5]. The existence of left-behind children has led to their parents not getting good care, resulting in the problem of attachment relationships [6]. Children who suffered from mental illnesses such as depression, bipolar disorder, and schizophrenia in southern China were studied for the prevalence of childhood trauma. Children with mental disorders were more emotionally affected by childhood trauma than healthy individuals, as evidenced by the results of this study [7]. In addition, researchers in Singapore found that outpatient samples had a higher total and domain score in Childhood Trauma Questionnaire—Short Form (CTQ-SF), suggesting more intense childhood trauma compared with community samples [8]. When there is an absence of government and environmental support and childhood trauma, Suicidal thoughts are more prevalent among people with mental illnesses in southern China [9]. In study by Xie, 553 patients (including 229 patients diagnosed with depression, 102 patients with bipolar disorder, and 216 patients with schizophrenia) and 132 controls were involved and did self-rating scales such as CTQ-SF, Social Support Rating Scale (SSRS), Self-rating Idea of Suicide Scale (SIOSS) to measure childhood adversity, social support, suicidal ideation, and International Classification of Diseases 10th Revision (ICD-10) authorized by World Health Organization (WHO) to categorize coding disorders. In this research, many experimental samples and a relatively balanced sex ratio were used to eliminate chance and bias as much as possible. Since this study is based on a survey in southern China, the results would be more representative if the subjects included more participants than just from Guangdong. The findings of the study revealed that social support was adversely connected with suicidal thoughts and that individuals with mental illness had more severe childhood trauma than those without mental illness [7]. The research of Nicolas Berthelot supports this idea and concluded that early childhood trauma and risk indicators accumulate throughout childhood, adolescence, and early adulthood among genetically high-risk boys [10]. Research conducted by Antonella Brun focused on gender differences in specific disorders. Results indicate that women were more likely to be diagnosed with bipolar disorder (BD) and major depressive disorder (MDD), while men were more likely to be diagnosed with somatic symptom disorder (SSD). The majority of SSD patients lived with their parents, were single and unemployed. As of 17 years of age, there were no group differences in educational attainment or level of education [11].

Combined with the results of the above research, childhood trauma requires more focus in both scientific studies and mental therapeutic treatment. First, patients with mental problems who have endured childhood trauma should have their suicide risk evaluated. Second, providing social support to patients who have endured childhood trauma may be an effective method to prevent suicide. Third, the general population should be better aware of the meaning and consequences of child abuse and neglect, as well as the value of social support for those who suffer from mental illnesses [7, 10, 11].

### 3 Long-Term Impact of Childhood

It is still up for discussion to what degree the quality of one's familial environment during childhood influences one's functioning and interpersonal interactions as an adult. The fact that so few studies have closely tracked people from childhood through maturity, much alone all the way until late life, is one reason why this debate has persisted. Robert J. Waldinger used long-term data from 81 heterosexual Caucasian men to investigate if the warmth of a child's parental environment might predict the caliber of their intimate relationships at the other end of the life span. Participants as adolescents and their parents were interviewed to assess the quality of the parent-child relationship and the overall quality of the family environment, and after several years, participants as middle-aged adults ( $M = 47$ ) were assessed for emotional regulation through interviews. The assessment followed several years later by interviewing participants who were older ( $M = 80.8$ ) with an average marital duration of 40.8 ( $SD = 19.4$ ) and assessed attachment security to their spouse in later life [12]. The researchers used coping responses inventory (CRI) and multiple coders to prevent random bias. This study has the unique feature of being the first to examine if and how childhood experiences may persist throughout life to predict security in intimate relationships in old age. In addition, the main problem of this study is that the participants in the experiment have a certain convenience and are not representative of the whole group. Future studies could include more female subjects and subjects of different backgrounds and sexual orientations.

According to retrospective studies and shorter-term prospective research, childhood family environments and developing relationship capacities appear to be significant variables in adults' attachment styles [7]. According to Bowlby, attachment theory stands for "the characteristic way people relate to others in the context of intimate relationships, which is heavily influenced by self-worth and interpersonal trust [13]. Theoretically, the degree of attachment security in adults is related directly to how well they bonded to others as children" [14]. According to the study, suicidal ideation was positively correlated with childhood trauma and negatively correlated with social support, and childhood trauma was more severe in mentally ill patients than in healthy people.

### 4 Emotional Regulation

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) is the most commonly used therapy for traumatic injury [15]. TF-CBT therapy was discussed in J. Cohen's research for Childhood Traumatic Grief (CTG) and Post-Traumatic Stress Disorder (PTSD), along with examples of detailed therapies, which provide a useful reference for the actual application. To treat children with CTG, TF-CBT comprises sequential trauma- and grief-focused components delivered in individual parallel sessions and jointly to the child and the surviving parent or current primary caregiver. Study findings also suggest that affective modulation skills related to emotion regulation can help children to better express and regulate their emotions [15].

In Robert J. Waldinger's study, it was mentioned that improving emotional regulation can heal children who have been traumatized [12]. Regarding this point, S. Daneshmandi's study initially evaluated Emotional Schema Therapy (EST) in addressing six

aspects of emotional regulation in women with a history of child abuse or neglect. Difficult aspects of efficacy in terms of dimensions. Emotional Schema Therapy is a psychotherapeutic approach that emphasizes the importance of emotional experience and evaluation. Emotional schemas include any interpretations, evaluations, behavioral dispositions, or patterns of behavior that an individual may use to process emotions [16]. Among the 500 female volunteers from Isfahan Najfabad city in the first phase, 34 female volunteers who scored higher than 60 on the Child Abuse Self Report Scale (CASRS) scale were randomly assigned to the experimental group or the control group. In this regard, I think that future experiments can apply the same model to different groups, such as different genders, different races, different cultural backgrounds, etc. And screen out more volunteers to participate in the second step of the experiment. For CASRS, this is a self-assessment scale that may have a certain degree of subjectivity, and a more objective assessment method can be added to this step in future research. Therapists used double-blinded interviews to find patients with major psychological disorders to minimize bias. Difficulties in Emotion Regulation Scale (DERS) was used to evaluate participant acceptance of emotional reactions, engagement in goal-directed behavior, impulse control, and emotional regulation methods before and after group emotional schema treatment [16, 17]. The study showed that emotional control was successful in enhancing all the aforementioned results. For participants, however, there has been no improvement in their lack of emotional awareness and clarity. Adaptive emotion schemas have been linked to psychological flexibility, according to research; therefore changing negative emotion schemas can foster the development of mental flexibility processes. Patients can improve their mental flexibility to adjust to changes in their lives by learning to accept negative feelings [18].

Emotional regulation in parenting can also help child to cope with traumatic experiences. Playful parenting is a parenting style that supports children's emotional development and parent-child connections, according to Shorer's research [19]. The capacity of the youngster to regulate their emotions may be encouraged by fun parents. The child's negative emotions may be relieved as well as their good ones by the parents' lighthearted demeanor amid trying circumstances [20]. Additionally, children learn about their emotions by modeling after their parents and by witnessing how they express and control their emotions [21]. As a result, a playful parent may serve as a socialization facilitator by demonstrating how to manage difficult emotions via play.

The cross-sectional design of this study prevented us from drawing conclusions about the directionality of the associations we found. In addition, all measures in this study rely on parental reports, which may have some subjective elements. The test group is mainly mothers, and the age of the children is limited to a relatively young age. It is impossible to determine whether this method of emotional management will still be effective after the children grow to a specific age. In contrast, this study uses two special scales, PPQ and PPOQ, to measure the degree of playfulness, and other factors use relatively traditional and well-known scales, which enhances the validity of the experiment. The results showed that parent emotion regulation, parent-child proximity, and (with marginal significance) the amount of parent-child conflict entirely moderate the association between parental playfulness and children's capacity for emotion regulation.

According to research, sensitive, warm, and authoritative parenting methods are beneficial because they help children adjust emotionally and function as barriers to future development [19].

## 5 Conclusion

From the above studies, we can feel the impact of traumatic events in childhood on children, which can even affect children in adulthood and even old age, and the possibility of other diseases will be increased when children have negative impacts. At present, there are relatively few long-term experiments on the impact of childhood traumatic events on a person's life, and further evaluation of the impact of childhood trauma on different mental illnesses is also needed. In addition, there are relatively few existing studies on how to heal childhood trauma, and the emotional schema therapy mentioned in this article currently has no research on diseases such as depression, anxiety, and PTSD. There are also no effective interventions for adults who have not healed from childhood trauma, which has important implications for the healing of post-war populations.

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