

The Impact of Childhood Trauma on Personality Correlates Among Young Adults

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ABSTRACT

This critical review synthesizes literature on the impact of childhood trauma on personality development in young adults. It examines the multifaceted relationship between childhood trauma and various personality dimensions such as attachment styles, identity formation, emotion regulation, and interpersonal functioning. The review emphasizes how early adverse experiences disrupt adaptive personality traits, leading to maladaptive behaviors. Specifically, it delves into how childhood trauma affects attachment styles, identity coherence, emotion regulation, and interpersonal skills. The analysis suggests that individuals exposed to childhood trauma may exhibit heightened emotional reactivity, difficulties in coping, and impaired social skills, increasing the risk of personality and mood disorders. Furthermore, the review discusses the implications for mental health outcomes and psychosocial functioning, highlighting the elevated risk of disorders and substance abuse among this population. It also explores potential protective factors and resilience mechanisms, advocating for trauma-informed interventions to promote healing and recovery in young adults affected by childhood trauma.

Keywords: *Childhood Trauma, Personality, Emotional Regulation, Attachment Styles, Anxiety, Depression, Self-Esteem*

The study is supported by a strong theoretical framework incorporating important ideas from resilience theory, developmental psychology, and trauma studies. The study places itself inside a broad academic framework by referencing various literary works, providing both a continuation and a critique of current narratives. The writers' extensive and perceptive literature analysis offers a strong basis for the study's theories. Notably, the piece incorporates new research emphasizing contemporary developments in our knowledge of trauma and coping.

Child maltreatment leads to severe immediate and enduring harm, affecting victims physically, sexually, and emotionally. This includes not only physical harm, notably brain injuries and severe disabilities in young children, but also mental health challenges like post-traumatic stress disorder, anxiety, depression, and risks of sexually transmitted diseases including HIV. Adolescent females may face further health complications, including

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gynecological problems and unintended pregnancies. Additionally, child abuse can detrimentally affect cognitive functions and academic achievements, and it is closely associated with substance abuse, including alcohol, drugs, and tobacco. These behaviors are critical risk factors for chronic diseases such as heart disease and cancer, as highlighted by the World Health Organization. Therefore, mental health research and treatment must delve into how those who have suffered from childhood trauma manage their psychological suffering.

Within the field of psychology, there has been significant interest in investigating the coping strategies used by young adults who have experienced childhood trauma. This emerging field of research aims to disentangle the complex web of vulnerability and resilience that defines how people react to early adversity. This review aims to summarize recent research on the variety of coping strategies displayed by young people who have suffered childhood trauma, as well as the challenges that these individuals may encounter as a result of their early experiences.

Childhood trauma, encompassing physical, emotional, and sexual abuse, as well as neglect and exposure to domestic violence, has been unequivocally linked to a spectrum of negative outcomes in later life. The scars left by such trauma often manifest in the form of psychiatric disorders, including but not limited to anxiety, depression, and mood disorders. Beyond the realm of mental health, childhood trauma has been associated with a range of social and cognitive impairments, further complicating the lives of those affected. The adversity faced by these individuals underscores the imperative need to understand the coping mechanisms that can either mitigate or exacerbate the impact of such trauma.

Trauma is an occurrence that deviates from typical daily experiences and may evoke profound distress and discontent (Wicks-Nelson & Israel, 1997). Emotional turmoil stemming from interpersonal trauma can engender emotional susceptibility, marked by sentiments of violation and betrayal embedded within the individual (Lilly & London, 2015). These emotions can disrupt the individual's emotional regulatory mechanisms, leading to challenges in internal emotional regulation at a subsequent stage (Barlow, Goldsmith-Turow, & Gerhart, 2017).

In instances where trauma is inflicted upon a child by their parent(s), the individual's fundamental belief system recognizes the absence of a secure attachment style and perceives a deficiency in protection, thus prompting emotional hesitancy. During the formative years, establishing a sense of safety and support is paramount to fostering a child's ability to explore their surroundings with confidence and autonomy, notwithstanding the prospect of encountering setbacks (van Rosmalen, van de Horst, & van der Veer, 2016).

Childhood trauma can be a significant precursor to the development of anxiety disorders later in life. The experience of trauma during childhood, whether it be physical, emotional, or sexual abuse, neglect, or exposure to violence, can profoundly impact the individual's psychological well-being and increase their vulnerability to anxiety.

- ***Childhood trauma and personality development***

Individuals who have undergone significant traumatic experiences exhibit elevated levels of neuroticism and openness to experience compared to those who have not experienced trauma. Furthermore, research conducted on a military sample has revealed noteworthy negative connections between traumatic events and characteristics associated with self-directedness

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and cooperativeness. Additional studies have highlighted the potentially adverse impacts of early trauma on various aspects of personality, including identity development, socialization, self-esteem, coping mechanisms, impulse control, defensive strategies, emotional regulation, and the establishment of stable relationships. This body of evidence indicates that traumatic events exert an influence not only on mental health disorders but also on fundamental psychological traits.

The recognized link between childhood trauma and the emergence of personality disorders offers valuable insights into the underlying biological mechanisms of such disorders. Studies utilizing animal models to investigate the neurobiological impact of disrupted parental care have identified corticotropin-releasing hormone (CRH) as a key mediator in the pathway through which early-life stress contributes to the atypical development of stress reactivity.

The connection between childhood trauma and personality disorders underscores the significance of early life experiences in shaping long-term psychological well-being. Childhood trauma, encompassing experiences such as abuse, neglect, or adverse family environments, has consistently been associated with an increased risk of developing personality disorders later in life. This association suggests that traumatic experiences during critical developmental periods may have lasting effects on personality structure and functioning.

Animal models have provided valuable insights into the neurobiological mechanisms underlying the impact of early-life stress on personality development. By simulating disrupted parental care in laboratory settings, researchers have been able to investigate the effects of early adversity on stress-related neurobiological pathways. One such pathway involves corticotropin-releasing hormone (CRH), a key regulator of the body's stress response system. Animal studies have shown that exposure to early-life stress leads to dysregulation of CRH activity, which in turn contributes to abnormalities in stress reactivity and emotional regulation.

The role of CRH as a mediator of the effects of early-life stress on stress reactivity has important implications for understanding the etiology of personality disorders. Dysregulated stress reactivity is a hallmark feature of many personality disorders, including borderline personality disorder and antisocial personality disorder. By elucidating the neurobiological mechanisms through which early-life stress influences stress reactivity, researchers may gain valuable insights into the pathophysiology of personality disorders (The neuroendocrinology of childhood trauma in personality disorder Royce J. Lee, January 2012).

Childhood trauma is strongly associated with the development of borderline personality disorder (BPD), a complex and debilitating mental health condition characterized by pervasive patterns of instability in mood, interpersonal relationships, self-image, and behavior. Research consistently demonstrates a high prevalence of childhood trauma among individuals diagnosed with BPD, suggesting a significant link between adverse early experiences and the onset and severity of BPD symptoms.

One key mechanism through which childhood trauma may contribute to the development of BPD is through the disruption of attachment bonds. Attachment theory posits that early experiences with caregivers shape individuals' internal working models of relationships, influencing their expectations, beliefs, and behaviors in interpersonal contexts. Children who experience trauma may develop insecure attachment styles characterized by fear, avoidance,

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or ambivalence, leading to difficulties in forming and maintaining stable, healthy relationships in adulthood. Moreover, childhood trauma can lead to emotional dysregulation, a hallmark feature of BPD. Traumatic experiences during childhood can impair individuals' ability to regulate their emotions effectively, leading to heightened emotional reactivity, mood swings, and difficulty tolerating distress. Individuals with BPD often experience intense and rapidly shifting emotions, including feelings of anger, shame, and abandonment, which can lead to impulsive and self-destructive behaviors.

Borderline Personality Disorder (BPD) is defined by pervasive challenges in emotional regulation, impulsivity, instability in identity, and tumultuous interpersonal relationships. Among various neuropathological theories proposed, Linehan's 1993 framework, suggesting an interaction between biological predispositions and adverse childhood experiences, is widely supported. Linehan posits that BPD may arise from a blend of biologically rooted temperamental vulnerabilities and traumatic events during early life.

BPD primarily manifests as difficulties in regulating emotions. Individuals with BPD often exhibit heightened emotional sensitivity, struggle to manage intense emotional reactions, and experience delays in returning to a stable emotional state. Linehan's theory also highlights the significance of the developmental context in shaping BPD. He suggests that BPD emerges within an environment that invalidates emotional experiences during childhood. In such contexts, children are met with intolerance toward expressing their emotions privately. Consequently, these children fail to acquire skills for understanding, labeling, regulating, or tolerating emotional responses. Instead, they oscillate between suppressing emotions and experiencing extreme fluctuations in emotional intensity.

(Borderline Personality Disorder and Childhood Trauma: exploring the Affected Biological Systems and Mechanisms published on 15 June 2017, by Nadia Cattane et al., Childhood Trauma, Borderline Personality Symptomatology, and Psychophysiological and Pain Disorders in Adulthood, published in March, by Randy A. Sansone et al., Relationship of Personality to Dissociation and Childhood Trauma in Borderline Personality Disorder Published by 07 November 2014 by Daphne Simeon et al., Psychopathology, Childhood Trauma, and Personality Traits in Patients with Borderline Personality Disorder and Their Sisters Published online on August 2011 by, Lise Laporte et al.)

- ***Relation between trauma and personality development***

Childhood trauma refers to experiences of significant adversity or distress during the formative years of an individual's life, typically before the age of 18. These traumatic experiences can encompass various forms of abuse, neglect, maltreatment, or exposure to violence, either within the family environment or in broader societal contexts. Importantly, childhood trauma can profoundly influence personality development, shaping the core aspects of an individual's psychological makeup and interpersonal functioning.

1. **Attachment Theory:** According to attachment theory, a person's early experiences with their caregivers mold their attachment styles, which in turn affect their expectations and behaviors in relationships for the rest of their lives. Abuse, neglect, or uneven parenting during childhood can cause trauma that interferes with the development of stable attachment relationships. Traumatized children may grow up with unstable attachment patterns that are marked by ambivalence, avoidance, or dread. These uneasy attachment styles can impede the growth of closeness, trust, and emotional control, making it more difficult for the person to build wholesome connections as an adult.

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2. **Identity Development Theory:** According to identity development theory, people combine several facets of who they are—beliefs, experiences, and values—to create a stable and cohesive sense of self. This process might be hampered by childhood trauma, which can result in identity uncertainty, low self-esteem, and worthlessness sentiments. Those who have experienced trauma may find it difficult to forge a distinct sense of who they are, which can make it difficult to make choices, create objectives, and find meaning in life.
 3. **Emotion Regulation:** The processes through which people keep track of, assess, and adjust their emotional experiences in reaction to internal and external stimuli are called emotion regulation. Emotion regulation abilities can be impaired by childhood trauma, making it more difficult to manage and express emotions properly. To deal with overwhelming feelings, trauma survivors may adopt maladaptive coping mechanisms including emotional avoidance, dissociation, or self-harm. These unhealthy coping strategies can last well into adulthood, which can lead to emotional instability and trouble managing stress.
 4. **Cognitive Schemas:** Mental models known as cognitive schemas are used to arrange and make sense of data about oneself, others, and the outside world. Negative cognitive schemas shaped by childhood trauma might result in skewed self and other perceptions. Trauma survivors may come to have unfavorable basic beliefs, such as mistrust of other people, personal ineptitude, or unlovability. These detrimental cognitive schemas can persist in maladaptive personality traits and unhealthy coping mechanisms by influencing information processing, decision-making, and interpersonal interaction.
 5. **Social Learning:** According to social learning theory, people pick up new skills by watching and imitating the actions of others, especially important people in their lives. Trauma experienced as a child might affect how people learn social skills by exposing them to unhealthy coping mechanisms or unhealthy interaction patterns. Adult trauma survivors may find it difficult to establish and sustain healthy relationships as a result of internalizing these maladaptive behaviors and interpersonal dynamics.
- **Trauma can cause difficulties in personality development**
1. **Disrupted Attachment Bonds:** Childhood trauma can disrupt the formation of secure attachment bonds between children and their caregivers. Attachment theory suggests that early experiences with caregivers shape individuals' expectations and relationship behaviors. Trauma can lead to insecure attachment styles, such as anxious or avoidant attachment, which can hinder the development of trust, intimacy, and emotional regulation in relationships.
 2. **Impaired Self-Concept:** Traumatic experiences can negatively impact individuals' self-concept and self-esteem. Children who experience trauma may internalize negative beliefs about themselves, such as feelings of worthlessness or inadequacy. This impaired self-concept can persist into adulthood, leading to difficulties in forming a coherent sense of identity and navigating life's challenges with confidence.
 3. **Emotional Dysregulation:** Trauma can disrupt individuals' ability to regulate their emotions effectively. Children who experience trauma may develop maladaptive coping strategies, such as emotional avoidance or dissociation, to cope with overwhelming emotions. These coping mechanisms can persist into adulthood and contribute to difficulties in managing stress, regulating emotions, and forming healthy interpersonal relationships.
 4. **Negative Cognitive Schemas:** Trauma can shape individuals' cognitive schemas, influencing how they perceive themselves, others, and the world. Survivors of trauma

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may develop negative core beliefs, such as beliefs about personal incompetence or distrust of others. These negative cognitive schemas can contribute to distorted thinking patterns, maladaptive behaviors, and difficulties in forming and maintaining positive relationships.

- 5. Social Isolation and Withdrawal:** Trauma can lead to social isolation and withdrawal, as individuals may struggle to trust others or feel safe in social settings. Children who experience trauma may withdraw from social interactions to avoid potential harm or rejection, leading to difficulties in forming and maintaining friendships and romantic relationships in adulthood.

- ***Physiological aspects of childhood trauma***

Trauma-related beliefs and cognitive distortions can perpetuate anxious thoughts and behaviors, reinforcing the cycle of anxiety. Childhood trauma that has not been fully processed can be a recurrent source of psychological distress and emotional dysregulation, which can foster the development of anxiety symptoms. Unexpected resurfacing of traumatic memories and experiences might result in acute stress disorder (PTSD) or post-traumatic stress disorder (PTSD)'s extreme sensations of terror and panic.

The physiological effects of childhood trauma on the brain can contribute to the development of anxiety disorders. Chronic exposure to stress hormones such as cortisol during sensitive periods of brain development can lead to alterations in the structure and function of brain regions implicated in anxiety regulation, such as the amygdala and prefrontal cortex. These neurobiological changes may predispose individuals to heightened anxiety responses to stressors later in life.

An analysis of multiple studies revealed that close to half of individuals diagnosed with depression had a background of childhood trauma, with early exposure to adverse events correlating with heightened severity of depressive symptoms (Nelson et al., 2017), prolonged duration, chronicity, and resistance to treatment (Nanni et al., 2012). Furthermore, childhood trauma can influence cognitive processes in individuals with depression, leading to a heightened tendency to concentrate on negative information (Jugessur et al., 2021).

The physiological effects of childhood trauma on the brain can predispose individuals to depression. Chronic exposure to stress hormones such as cortisol during sensitive periods of brain development can lead to alterations in the structure and function of brain regions implicated in mood regulation, such as the amygdala, hippocampus, and prefrontal cortex. These neurobiological changes may disrupt neurotransmitter systems involved in mood regulation, increase vulnerability to stress, and impair emotional processing, contributing to the onset and persistence of depressive symptoms. Childhood exposure to toxins might alter the biological composition of the hypothalamic-pituitary-adrenal (HPA) axis. This nervous system alerts the brain to potentially dangerous situations by sending signals to the body. Whenever the HPA axis is overactive, the body secretes an excess of stress hormones and stays vigilant, ready to respond to perceived threats by activating the fight-flight-freeze response (Butler et al., 2017; Maack et al., 2015).

- ***Diatheses stress model***

A theoretical framework used in psychology to explain how predisposing vulnerabilities (diatheses) and environmental stressors can interact to cause psychological disorders or maladaptive personality traits is known as the diathesis-stress model. The diathesis-stress model, as it relates to childhood trauma and personality development, postulates that people

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who possess particular vulnerabilities or predispositions may be more vulnerable to the negative consequences of traumatic experiences in their early years, which could result in the emergence of dysfunctional personality traits or disorders.

The diathesis, as it relates to childhood trauma and personality development, describes underlying vulnerabilities or predispositions that increase an individual's susceptibility to the harmful effects of trauma. These diatheses include genetics, temperament, early attachment styles, cognitive biases, and other psychological weaknesses. For instance, those who are genetically predisposed to higher levels of emotional reactivity or impulsivity may be more vulnerable to the damaging consequences of childhood trauma on the development of their personalities.

The stress component of the diathesis-stress model refers to environmental stressors, such as traumatic events or adverse experiences during childhood. Childhood trauma encompasses a range of experiences, including physical, emotional, or sexual abuse, neglect, or exposure to violence within the family or broader environment. These traumatic experiences can disrupt normal developmental processes and have lasting effects on personality development.

The diathesis-stress paradigm states that the interplay between predisposing vulnerabilities and environmental stressors determines the probability and severity of maladaptive personality traits or psychological disorders. Since traumatic events can amplify pre-existing vulnerabilities and their consequences on personality development, those who already have vulnerabilities may be more vulnerable to the harmful impacts of childhood trauma.

For instance, a kid may be more susceptible to the negative consequences of parental neglect or emotional abuse if they have a genetic predisposition to anxiety and a history of insecure attachment. Childhood trauma can intensify a child's anxiety symptoms and lead to the development of unhealthy coping mechanisms like emotional numbing or avoidance, which can linger into adulthood and show up as traits of personality disorders like avoidant personality disorder or borderline personality disorder.

Furthermore, the diathesis-stress model highlights how crucial it is to take into account both personal vulnerabilities and external stresses when figuring out the genesis of psychological diseases or maladaptive personality features. Not everyone who experiences childhood trauma will go on to develop personality disorders because protective variables, such as nurturing relationships or interventions that promote resilience, can lessen the damaging effects of trauma.

CONCLUSION

In conclusion, this critical review article has illuminated the significant impact that childhood trauma has on young adults' personality correlates by examining several theoretical frameworks, such as the diathesis-stress model and its consequences for anxiety and depression. A thorough examination of the body of research has shown that childhood trauma has a profound impact on personality development, which in turn influences the establishment of maladaptive traits and psychological suffering in adulthood. The review has emphasized how crucial it is to take into account a variety of theoretical stances to comprehend the intricate relationship that exists between personality correlates and childhood trauma. Specifically, the diathesis-stress model provides insightful information about how environmental stressors and human vulnerabilities affect personality development. Clinicians and researchers can gain a better understanding of the mechanisms behind the development

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of anxiety, depression, and other psychological problems in young people who have suffered childhood trauma by acknowledging the impact of predisposing variables and traumatic events. Moreover, the review has emphasized the noteworthy influence of childhood trauma on depression and anxiety, two prevalent mental health disorders linked to personality correlates. Those who have gone through traumatic experiences as children are more likely to experience anxiety and depression symptoms, which can worsen maladaptive personality traits and make it harder for them to operate in general. To meet the special needs of young adults impacted by childhood trauma and co-occurring mental health conditions, the review highlights the significance of trauma-informed interventions and support systems.

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Conflict of Interest

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