

Effect of Childhood Trauma on Personality Traits and Resilience in Middle-Aged Adults — An Intervention Study based on Mindfulness: Review of Literature

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Abstract

Background and Objective: Experiencing traumatic events especially in one's childhood can have a very lasting effect on an individual. Traumatic experiences have been known to possess a risk factor of developing depression, anxiety and other psychiatric disorders. Traumatic experiences can alter the development of an individual's personality and may affect their resilience skills as well. Mindfulness helps in bringing heightened awareness of sensory stimuli and being "in the now", which can significantly reduce feelings of sadness, or tension, or stress. The aim of the review was to summarize the effects of childhood trauma on personality traits and resilience in middle-aged adults and the possible use of mindfulness as an intervention. **Methods:** An electronic search was carried out through published scholarly articles in Google Scholar and Semantic Scholar (from the last 10 years) with the following keywords: childhood trauma, personality traits, resilience, mindfulness. Based on the keywords, 12 articles were selected in accordance with the selection criteria. **Conclusions:** Mindfulness-based interventions has been on the uprise in recent times. It can be used as a successful and beneficial coping mechanism in dealing with childhood trauma. Based on the results of the available literature, mindfulness-based interventions can be useful in building resilience and personality traits to help cope with effects of childhood trauma in individuals.

Keywords: Childhood Trauma, Personality Traits, Resilience, Mindfulness

Introduction

The most commonly accepted definition of childhood trauma is "physical, sexual, and/or emotional abuse, or physical and/or emotional neglect before the age of eighteen."^[1] Childhood trauma exposure also entails more general trauma and household dysfunction such as witnessing or being involved in a major accident, having parents who are addicted to drugs, or the loss of a parent or a close loved ones.^[2,3] In various studies over the years, childhood trauma have been related to adverse somatic and mental diseases in adulthood, maladjustment and an unhealthy life style.^[4-7] Increased exposure to childhood trauma have shown individuals to develop more "unsecure attachment patterns, deficits in personality organisation, and decreased emotional functioning, as measured by basic emotion dispositions".^[8] Some other studies suggest that the relationship between emotional dysfunction and childhood trauma may be the effect of "dysfunctional internalization processes related to early object relations", which could possibly lead to having deficiency in organization of an individual's personality when they reach their adulthood.^[9]

Following a prior study, a significant association between childhood trauma and negative life events was found, proposing that childhood trauma may make an individual more prone to unfortunate events later in their adulthood life.^[10] Different studies have managed to discover personality traits, especially maladaptive ones, of adults may be due to childhood trauma, including emotional abuse, physical abuse, sexual abuse, emotional neglect and physical neglect.^[11-13] Furthermore, childhood trauma have also shown to add to dysfunctional psychological and behavioural problems, such as anger, decreased confidence, social isolation and harmful self-inflicting behaviours.^[14]

Childhood trauma may affect an individual's ability to cope with risk or hardships.^[15] However, not all who has experienced these negative events develop psychological issues; most of them don't.^[16] This ability to maintain stable mental health despite stressors experienced or to bounce back fast from a stressor is known to be (psychological) resilience.^[17] Expansive research has shown a strong inverse relationship between childhood abuse and resilience — the more an individual has been exposed to childhood trauma, the lower their resilience is.^[18,19] Resilience, which refers to “a dynamic system for the maintenance of positive adaptation in the face of trauma or adversity”, can be an important intermediate in this relationship.^[20] High resilience has shown to be related to better health outcomes when a traumatic situation or hardship is involved, while low resilience has been discovered to have a negative effect on one's mental health.^[21,22] The “emotional flexibility theory of resilience” proposes that resilient individuals can effortlessly change their emotional and physiological responses to fit in with the requirements of the ever-changing environmental circumstances.^[23] This may be one of the major reasons why people with high resilience can manage to cope with difficulties or risk. Some other studies have investigated the relationship between outcome resilience and personality traits by using the Big Five model (openness to experience, conscientiousness, extraversion, agreeableness, neuroticism).^[24] Higher neuroticism was inversely and higher conscientiousness was positively related with outcome resilience.^[25]

People who have undergone traumatic experiences may be more likely to occupy self in poor coping mechanisms as an attempt to control or push down the internal experiences.^[26] While these coping strategies are common, utilising experiential avoidance as a coping mechanism after traumatic experience is related with more severe psychological distress and may actually lead to damaging and scarring internal experiences over time.^[27-29] More accurately, researchers have put forward a suggestion that mindfulness could enable an individual to face their “internal worlds” without worrying but acceptance.^[30,31] Paying attention on the immediate present experience is considered and believed to aid the individuals in becoming more cognizant of their negative thoughts, to be aware of them without judgement, and to recognize they are not the exact replica of their thoughts. Corroborating these ideas, several clinical interventions have been formalized such as “mindfulness-based stress reduction (MBSR), mindfulness-based cognitive therapy (MBCT), And acceptance commitment therapy (ACT).^[32-34] One the basis of that, this literature review examines studies of individuals who have experienced childhood trauma and how it effects their personality traits. In addition, this review aims to determine the effectiveness of mindfulness as a possible intervention in individuals with childhood trauma and the possibility of developing the resilient skills in the individuals.

Methods

An electronic search was done in the following sites: Google Scholar and Semantic Scholar. The search was filtered down to articles published in the last 10 years. The keywords used for the search are childhood trauma, personality traits, resilience and mindfulness. The selection of the papers was based on the title and abstract and restricted to articles only published in English. 12 articles matched the best with the criteria and were selected for review literature.

Review of Literature

Childhood Trauma and Personality

Most individuals have faced more than one traumatic experience in their life — majority of them being in their childhood. In accordance with this finding, Martin et al. examined the frequency of childhood traumas co-occurring and if these trauma patterns affect an individual's psychological distress.^[35] A total of 806 adolescents and young adults participated in this study. A modified version of the Brief Betrayal Trauma Survey (BBTS) was used to assess the frequency of childhood trauma exposure and level of betrayal involved in different trauma types before age 18.^[35,36] Latent profile analysis (LPA), a person-centered analysis, was conducted to determine whether distinct patterns of trauma exposure had been experienced within the individuals.^[35] Four trauma profiles were found: high-betrayal trauma physical violence and emotional abuse (HBTPE), high-betrayal trauma sexual and emotional abuse (HBTSE), low betrayal trauma (LBT), and parent death (PD), as well as a low trauma profile, in which little to no trauma exposure was experienced.^[35] Youths in the HBTPE profile were found to more likely to have major depressive disorder, posttraumatic stress disorder, and hallucinations; youths in the HBTSE and LBT profiles were more likely to experience hallucinations; and youths in the PD profile were more likely to have depression.^[35]

To further deepen the understanding on childhood trauma and personality traits, Pos et al. investigated whether Five-Factor Model (FFM) personality traits and childhood trauma predict adult life events, and whether the effect of childhood trauma on life events is mediated by personality traits.^[37] Sample was collected from 163 patients diagnosed with psychotic disorders. Personality traits were assessed with use of the Dutch version of the NEO-FFI.^[37,38] Childhood trauma was assessed with the Dutch version of the Childhood Trauma Questionnaire-Short Form (CTQ).^[37] On life events, an adapted, self-report version based on the Interview of RLES (IRLES) was used.^[37,39] Childhood abuse was associated with negative life events, and part of the effect of childhood abuse on negative life events was mediated by openness to experience.^[37] Openness to experience and extraversion were associated with more positive and negative life events.^[37] Childhood neglect and lower extraversion were related to experiencing less positive events.^[37] The association between childhood trauma and recent life events was partly mediated by personality.^[37]

Leire et al. assessed adult attachment, childhood trauma and dimensional personality pathology in a sample of 60 outpatients with borderline personality disorder and tested whether the association between childhood trauma and personality dysfunction was at least partially attributable to insecure attachment.^[40] The Experiences in Close Relationships-Revised (ECR-R), Childhood Trauma Questionnaire-Short Form (CTQ-SF), and Dimensional Assessment of Personality Pathology-Basic Questionnaire (DAPP-BQ) scales, respectively, were used to measure adult attachment style, experiences of childhood maltreatment,

and personality pathology.^[41-43] The findings demonstrated that specific types of traumas (emotional abuse and physical neglect) and emotional dysregulation were fully mediated by attachment anxiety.^[40] Further, emotional abuse was both directly associated with dissocial behavior and indirectly via attachment anxiety (partial mediation).^[40]

Masuya et al. examined how neuroticism and childhood victimization mediate the effects of abuse on depressive symptoms in adulthood.^[44] 576 adult volunteers participated in the self-administered questionnaire surveys listed below: Patient Health Questionnaire-9, Eysenck Personality Questionnaire-revised Shortened Version, Childhood Victimization Rating Scale, and Child Abuse and Trauma Scale; each of them used to assess the severity of depressive symptoms, neuroticism, abusive environments of growth, and bullying victimization.^[45-49] Path analysis show that the indirect effects of childhood abuse and childhood victimization on depressive symptoms through neuroticism, indirect effects of childhood abuse on neuroticism through childhood victimization, and indirect effects of childhood abuse on depressive symptoms through the combined paths if childhood victimization and neuroticism were all statistically significant. This study showed that childhood abuse, personality trait of neuroticism, childhood victimization and depressive symptoms were all associated with one another. Individuals who have experienced childhood abuse were prone to experiencing victimization thus aggravating neuroticism in a chain reaction, which may incite depressive symptoms.

Resilience

Childhood trauma, or any other trauma experiences for the matter is commonly associated with individuals not being able to develop proper coping mechanisms and having lower resilience; that is they are unable to handle increased stress or pressure. There was a study that investigated the association between childhood adversities and resilient coping and distress by comparing participants with and without reported childhood adversities.^[50] Samples were taken from 2 508 participants were taken. The Childhood Trauma Questionnaire-Short Form (CTQ-SF) was used to evaluate participant characteristics related to childhood adversities.^[51] To measure the distress and somatoform symptoms, additional scales were used, including the Brief Resilience Coping Scale (BRCS), Patient Health Questionnaire-4 (PHQ-4), Generalized Anxiety Disorder Scale (GAD-7), Giessen Subjective Complaints List (GGB-8) and German Social Support Questionnaire (GSSQ).^[52-55] Adversity in childhood was linked to lessened resilience, social support, and adjustment.^[51] It was also closely related to somatoform complaints and more severe distress.^[51] In addition to being linked to lower distress, resilient coping also masked the negative effects of early adversity on distress.^[51] Despite having experienced childhood adversities, subjects with high trait resilience display less distress and somatoform symptoms than those with low trait resilience.^[51]

In another study, the effects of childhood trauma on resilience and depressive symptoms were studied.^[56] The study included 438 medical students in total. Childhood maltreatment experiences, psychological resiliency, and depressive symptoms were all assessed using the Beck Depression Inventory (BDI), the Childhood Trauma Questionnaire-Short Form (CTQ-SF), and the Conner-Davidson Resilience Scale.^[42,57,58] Correlation analysis was used to examine how childhood maltreatment experiences affect resilience and depressive symptoms.^[56] Additionally, the mediating role of resilience in the relationship between childhood maltreatment and depressive symptoms was examined.^[56] Emotional neglect during childhood maltreatment was a significant predictor of low resilience scores and high depressive symptoms in both gender groups.^[56] Additionally, it was discovered that resilience acted as a mediator between

instances of emotional neglect and depressive symptoms. The findings indicated that emotional neglect has a negative impact on resilience and mood.^[56]

Xie et al. aimed to explore the potential mediating role of resilience and self-esteem between childhood abuse and borderline personality disorder (BPD).^[59] In this study, 4034 college students participated. To assess traumatic experiences, borderline personality disorder symptoms, resilience, and self-esteem, participants were asked to complete the Childhood Trauma Questionnaire-Short Form (CTQ-SF), Connor-Davidson Resilience Scale (CD-RISC), Mclean Screening Instrument for Borderline Personality Disorder (MSI-BPD) and Rosenberg Self-Esteem Scale (RSES).[60-64] When the three types of childhood abuse (emotional abuse, physical abuse, and sexual abuse) were examined separately, resilience and self-esteem were discovered to be mediators of all three types.^[59] However, when all three types of childhood abuse were incorporated into the model at once, neither the indirect effects nor the direct effects of physical abuse or sexual abuse were found to be significant.^[59] Childhood emotional abuse is specifically linked to BPD features, and resilience and self-esteem mediate the associations between childhood abuse and BPD characteristics.^[59]

Another recent study investigated the relationships between sociodemographic factors, childhood trauma, personality dimensions, and self-rated health and outcome resilience, as well as how different stressors influenced depressive symptoms.^[25] A total of 213 adults were polled for their responses. Utilizing linear regression, associations between outcome resilience and sociodemographic and personality factors were assessed.^[25] Additionally, associations between the stressors and log-transformed depressive symptoms were examined using multiple linear regression.^[25] The self-rated health and outcome resilience were correlated using the Pearson correlation coefficient.^[25] Neuroticism, conscientiousness, and self-rated health were all significantly correlated with outcome resilience.^[25] The study found a negative influence of higher neuroticism and a positive influence of higher conscientiousness on outcome resilience.^[25]

Mindfulness

Evidence has been accumulating regarding to the beneficial role of mindfulness in various mental health problems.^[65] Some psychologists have also started incorporating mindfulness in their work in helping clients cope with their negative experiences, i.e.: childhood trauma. A study assessed whether mindfulness mediated and moderated the relationship between self-reported exposure to sexual abuse or assault and post-traumatic symptoms in adolescence.^[66] A sample of 245 teenagers completed the Trauma Symptoms Checklist for Children to assess individuals' experience of sexual abuse or assault; the Child Self-Acceptance and Mindfulness Measure (CAMP) to assess self-acceptance and mindfulness; Trauma Symptoms Checklist for Children (TSCC) to assess trauma symptoms.^[67-71] et al. 2011) and the Trauma Symptoms Checklist for Children (Briere 1996). The relation between childhood sexual abuse, mindfulness and post-traumatic symptoms was investigated using mediation and moderation regression models from the Process script.^[66,72] Results reveal that mindfulness acted as a mediator of post-traumatic symptoms, as childhood sexual abuse was associated with lower levels of mindfulness, which in turn were associated with more post-traumatic symptoms.

In line with the previous study, Bolduc et al. looked into mindfulness and dissociation as potential mechanisms in adults with depressive symptoms who had experienced childhood cumulative trauma (CCT).^[73] As part of the evaluation stage of their treatment, 234 clients seeking psychotherapy for sexual and/or relationship issues filled out self-report questionnaires. Participants filled out the Early Trauma

Inventory Self Report - Short Form, the Trauma Symptom Inventory-2, the Mindfulness Attention Awareness Scale (MAAS), and the Beck Depression Inventory-13 questionnaires (BDI-13).^[2,74-77] The assessment tools measured levels of mindfulness, dissociative symptoms, depressive symptoms, and childhood trauma experiences. The findings demonstrated that CCT had a negative relationship with mindfulness and a significant relationship with increased dissociation and depressive symptoms.^[72] Dissociation was linked to higher levels of depressive symptoms, whereas mindfulness was significantly associated with lower levels of depressive symptoms.^[72] Mindfulness and dissociation were associated negatively.^[72]

Roche et al. investigated how experiential avoidance and mindfulness practices relate to problem behavior and childhood trauma.^[78] 414 young adults in college made up the sample. The Early Trauma Inventory Self-Report Short Form (ETISR-SF), the Acceptance and Action Questionnaire-II (AAQ-II), the Composite Measure of Problem Behaviors (CMPB), the Five Facet Mindfulness Questionnaire (FFMQ), and others were completed by the participants.^[2,79-81] These instruments measured experiential avoidance, problem behaviors, cumulative childhood trauma, and mindfulness processes, respectively. Experiential avoidance was a significant mediator of the relationship between childhood trauma and problem behavior, according to mediation analyses.^[78] Furthermore, numerous analyses of mediation revealed that particular aspects of mindfulness, particularly act with awareness and nonjudgment of inner experience, significantly mediated the same association.^[78] Interventions for college students who experienced childhood trauma may benefit from focusing on coping strategies like mindfulness and avoidance to reduce engagement in problematic behavior.

In a very recent study, researchers set out to study the mediation of mindfulness by examining the association childhood abuse and suicidal ideation.^[65] A sample was taken from 3455 kids and teens between the ages of 10 and 17. To assess childhood abuse, mindfulness, and suicidal ideation, the Chinese versions of the Childhood Trauma Questionnaire (CTQ), Five Facet Mindfulness Questionnaire (FFMQ), and Beck Scale for Suicidal Ideation (BSSI) were used.^[1,82-85] The results revealed a significant correlation between mindfulness, abuse as a child, and suicidal ideation.^[65] The relationship between child abuse and suicidal ideation has mindfulness as a key mediator.^[65] The study's findings emphasize the intervention potential of mindfulness in lowering the risk of suicidality associated with childhood abuse.^[65]

Conclusion

There is a substantial body of literature available providing an extensive understanding on how childhood trauma can play a definite role in an individual's life. Exposure to childhood trauma increases an individual's chances of developing one or more health problems especially concerning mental health. Studies also show that neuroticism of personality trait is increased in individuals who has experienced childhood trauma. Having undergone traumatic experiences in their childhood, individuals also show decreased level of resilience which have led to increased distress and depressive symptoms, decreased self-esteem and increased neuroticism. Some researchers have proposed mindfulness as a potential intervention to help individuals cope with their reported childhood trauma. Consequently, it availed positive results where mindfulness as an intervention showed to have decrease symptoms that are associated with childhood trauma. However there have been no studies discussing the use of mindfulness-based interventions to build resilience and personality traits in traumatized individuals which can help them cope better.

Taking into account all of the facts presented in previous research articles, the purpose of this paper is to investigate the role childhood trauma plays in an individual's personality trait and resilience skill, as well as how mindfulness can be used as an intervention to help an individual strengthen themselves. Regular mindfulness practice can help in managing emotions, and makes thinking clearer. Studies have also proved that one way to build resilience is through mindfulness practices that strengthen the logical and emotional centers of the brain. This increases awareness and attention in the present moment, through which individuals can experience emotions without judgement and regulate their behavioral response to them.

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Conflicts of interest

There are no conflicts of interest.

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