

Pace University

DigitalCommons@Pace

Honors College Theses


Pforzheimer Honors College

2019

How Childhood Traumatic Experiences Shape Elements of Adult Personality and Mental Health

Ashley Aiosa

Follow this and additional works at: https://digitalcommons.pace.edu/honorscollege_theses

 Part of the Psychology Commons

How Childhood Traumatic Experiences Shape Elements of Adult Personality
and Mental Health

HONORS THESIS

Presented to the Pforzheimer Honors College at Pace University
In Partial Fulfillment of the Requirements for University Honors

By
Ashley Aiosa
Applied Psychology and Human Relations
Thesis undertaken in the Department of Psychology

December 2019

Approved by:

Ashley Aiosa, Student
Johna Pointek, PsyD, Faculty Advisor
Len Mitchell, Pforzheimer Honors College Director

Table of Contents:

Abstract.....	2
Background.....	3
Literature Review.....	4
Interviews.....	15
In the Media.....	27
Appendix.....	30
Discussion.....	31
References.....	33

Abstract:

Mental illness can guide the path an adult chooses to take in their life. This paper will explore that having adverse childhood experiences can heighten the risk of PTSD and suicide risk in adulthood. Adults can develop disorders, and personality changes, because of events that happened in their childhood. The current research compiled examines "*How Childhood Traumatic Experiences Shape Elements of Adult Personality and Mental Health*". This statement raises many important ideas, as there is a stigma that surrounds mental illness. Due to these stigmas, many people who suffer from mental illness are neglected or refuse to seek help. This has created a world that does not understand mental health, nor how much it can affect a person, adult or child. Many adults, as a result of their childhood trauma, experience changes in their adult personality and their mental health. This can happen through: loss of home, divorce, separation from their family during emergency situations, lack of presence of an adult in childhood, and families in poverty. To further explore this research, interviews were conducted with eight different people who experienced different variations of childhood traumas. The second set of interviews were conducted with a psychologist and a kindergarten teacher who didn't experience childhood traumas themselves, but see it in other individuals on an everyday basis. Childhood trauma is evaluated further, with the review of the movie *The Perks of Being a Wallflower* which explores the trauma of the main character, Charlie, and how his teenage years are affected due to his childhood experiences. We base much of what we know about PTSD from the experiences of military veterans. This current research has looked at other possible triggers for the development of PTSD stemming from childhood trauma. Thus future research is needed to evaluate if there is a difference in the development of PTSD. The research would take into

consideration those who have experienced childhood trauma before entering the military and/or veterans who have experienced childhood traumatic experiences and the correlation with suicide risk and adult mental illness.

Background:

If someone had asked the question, “Where do you see yourself in five years?” three years ago today I would have answered, “Teaching of course!” When I was just four years old, I was asked relatively the same question with the same answer, but at that time I was inspired by my godmother who was a Kindergarten teacher, often drawing myself as a teacher with all of my students sitting in a circle. What four-year-old Ashley didn’t know was that this drawing would inspire her for most of her life. The drawing of the teacher wound up winning a nationwide contest, and from there on I pictured my entire life as a teacher. I never imagined myself doing anything else. However, this changed when I became interested in the field of psychology and most importantly, mental illness.

Although I am interested in several aspects in the field of psychology, my personal experiences of dealing with mental illness certainly guided my path. As a young girl, I dealt with anxiety for as long as I can remember. Going through high school, I was able to control my anxiety for the most part. However, I suffered from extreme test anxiety. The week of a big test, I would start to feel very fearful of failure, and disappointment in myself would then follow. Often, I would get so sick the morning of a test, and as a result, miss the school day. I remember going to the doctor and filling out anxiety level scales when I was only fourteen years old. As I grew older, my anxiety got more intense and harder to bare.

Many of the people I knew proceeded to tell me that I was just nervous about the future and that I would get over it. This is when I realized that mental illness does not get the recognition that it deserves. Many people do not treat or understand the extremes of mental illness, and just how dangerous it can be for the person who is suffering. I want this belief to change. I believe that if you do not have the first-hand experience through your own or family experiences, a textbook cannot teach someone how they feel.

How can there continue to be a stigma about mental illness, when we live in a world where people are so accepting of any body part breaking down except our brains? If you tell someone you broke your leg, everyone runs over to see if you are okay. However, if you tell someone you suffer from a mental illness, everyone runs the other way. This has created a world that does not understand mental health or the extremes of how it can affect a person. People value physical health over mental health, and they should be treated equally.

I suffer, among a high number of college students, from generalized anxiety disorder every day. However, I desire to learn more about other forms of anxiety, and how it affects individuals. Not experiencing something myself interests me as it inspires me to know what other people live through every day. It allows me to better understand not only myself but others too. This is why I will be researching and dissecting the question of: "How Childhood Traumatic Experiences Shape Elements of Adult Personality and Mental Health?" and how experiencing childhood trauma could lead to a diagnosis of post-traumatic stress disorder in adulthood.

Literature Review:

Pursuing a career in psychology is very broad. Counselors face different clients every day who are each unique in their own personalities and day-to-day problems. The Diagnostic and

Statistical Manual, now in its 5th edition, DSM 5 (APA, 2013), is a handbook used by counselors to guide them in diagnosing mental illness in their clients. One category of mental illness is anxiety disorders, which has many different classifications of disorders. One form of anxiety disorder is post-traumatic stress disorder or better known as PTSD. PTSD may develop within a person as a result of experiencing or witnessing any type of trauma. The person who has this experience can be reliving the trauma over and over again, through dreams and conscious thoughts. Most people also experience high anxiety thinking and feeling the event will happen again. Other symptoms include: hypervigilance, dysregulation, dissociative reactions, avoiding similar stimuli, drug use, depression, suicide. PTSD has a lasting impact on one's life, as symptoms include reliving the trauma over and over again, and high anxiety if it will happen again. Usually, this could lead to a person abusing substances to forget the memories, which can cause more health issues such as addiction (APA, 2013).

During young adulthood, many experience mental health issues for the first time, which can persist into later adulthood. It is shown that childhood trauma can have effects on the mental health of young people. Hatcher (2018) "suggests that childhood abuse predicts anxiety and depression later in life" (Hatcher, 2018, 80). Childhood traumas such as abuse, physical and sexual, can alter young adults transition into adulthood due to social and behavioral effects. It is also said that poverty affects mental health stability in adulthood. In the South African culture, poverty is associated with increased rates of childhood abuse. Also, these households in poverty create stressed parenting environments, as the parental presence inclines. Children often live in multiple households being passed around from adult to adult, and as a result, are associated with health risks in adulthood (Hatcher, 2018). Hatcher et al. (2018), also found that the lack of

presence of an adult in a child's life may cause mental health issues in adulthood. The topic of childhood poverty affecting mental health stability in adulthood should be researched more in-depth, to see how different cultures are affected long term (Hatcher et al., 2018).

Another study by Hatcher (2018) was conducted correlating the effects of childhood poverty and trauma on adult depressive symptoms among young men in South African settlements. Data was collected from young men, age 18-30. Researchers used a community-based survey in two peri-urban South African settlements. It assessed childhood abuse, depression, food insecurity, childhood poverty, and young adult socioeconomic predictors. The sample of data from this study (Hatcher et al., 2018) comprised of 2,427 African American males around 24 years old. As a result, it was found that childhood trauma was predictive of probable depression as a young adult. Socioeconomic status in childhood (hunger, multiple households, etc) were also strong predictors of depression. It was also found that childhood poverty was significantly associated with adult depressive symptoms. Although, nearly $\frac{2}{3}$ of men who participated in the study reported physical abuse in childhood. This is most likely a probable factor in their lack of mental health stability while they are in their young adulthood (Hatcher et al., 2018).

According to the DSM 4 (APA, 1994), which is now outdated and replaced with the DSM 5, it is reported that PTSD affects 8% of the adult population in the United States. However, it is also known that only 9% of people who experience trauma wind up developing PTSD. One such trauma recognized by the DSM 5 which may cause PTSD to develop is childhood sexual abuse. Child abuse can be defined as "intrafamilial or extrafamilial sexual imposition involving a child under 18 years of age" (Kreidler, 2002, 135). Kreidler references a point found by Van der Kolk

et al. (2002) who discovered that children who have experienced trauma suffer affect dysregulation, which is “the inability to adaptively manage or tolerate intense emotion” (Kreidler, 2002, 136).

Childhood sexual abuse is a sensitive topic, that people often do not discuss. However, childhood sexual abuse can lead to altered personality and changes in mental health stability into adulthood. One study found that “seven of the 13 subjects reported childhood sexual abuse as their traumatic event” (Kreidler, 2002, 140). It is also said that “childhood physical and/or sexual abuse appears to be one of the several vulnerability factors that may increase the risk of developing PTSD in adulthood” (Krediler, 2002, 140). Child abuse, whether physical or sexual, occurs more often than previously thought.

Many studies have found that childhood separation from their parents following a divorce or a natural disaster, is shown to be associated with childhood PTSD. One study in particular by Bryant and co. (2017) found that “children who did not have parents available during the threat would subsequently have more insecure attachment styles than whose parents were with them, and that these would be linked to more severe PTSD” (Bryant, 2017, 2029). A further finding into this is that childhood PTSD further develops into PTSD in adulthood. This research introduces the discussion of attachment theory. Attachment theory focuses on the is emotional and physical bonding between a child and their parents or caregivers. It influences how children develop. These children who were separated from their parents experience this loss of attachment, which can lead to post-traumatic stress disorder, especially during a traumatic event. As stated by Bryant and co. (2017) “his avoidant attachment style resulted in these individuals experiencing more PTSD symptoms as adults because they have not been able to

draw on attachment figures to regulate the stress response” (Bryant, 2017, 2032). This could suggest that early exposure to traumatic experiences can affect a child on how she attaches to a possible partner in adulthood (Bryant et al., 2017).

In 1983 there was an Australian bushfire, in which many children got separated from their parents. Children were around seven to eight years old and were assessed by parent reports of trauma exposure and separation from the parents during the fire. Twenty-eight years later, these individuals were assessed again on the “Experiences in Close Relationships” scale to assess their attachment security in adulthood. Also measured was PTSD using a PTSD checklist. Measures were taken to see if this tragic event affected their attachment style into adulthood. Children who were exposed to the fire, but with their parents, had higher scores on the avoidant attachment scale, however there was no difference within those who were exposed and those who were not on the anxious attachment scale. Children who were separated from their parents during the fires had a higher score on the avoidant attachment scale than those who were with their parents. There was no difference on the anxious attachment scale from those who were with their parents and those who were not (Bryant et al., 2017).

As a result, this research found that people who are separated from their parental figures at a very young age during a traumatic event may be more likely to develop an avoidant attachment in adulthood. This suggests that this natural disaster occurring event has caused attachment issues into adulthood because of the missing security they needed when it happened. Although similar findings have been presented before this research these “finding stands out because it suggests that brief absence of an attachment figure during an intensely traumatic single event may have very long-lasting effects on one’s attachment style” (Bryant, 2017, 2032).

Avoidant attachment style usually develops when attachment figures are not available, and as a result, they remove from attachment figures because of their lack of availability at their time of need (Bryant et al., 2017).

Bryant et al. (2017) observed that parenting styles may have been affected as a result of the fires. The fire also had an effect on the behavior of the parents who were separated from their children. As a result, these factors may have changed the child's mental health and their personality into adulthood. It is also theorized that the long-lasting effect of this avoidant attachment style resulted in these individuals experiencing more PTSD symptoms as adults, because they cannot attach to another figure to regulate their stress response (Bryant et al., 2017). These studies show how not having familiarity and safety in childhood can affect how a person acts and can develop PTSD in their adulthood.

The Five-Factor Model, developed by Robert McCrae and Paul Costa, is usually referred to as the acronym 'OCEAN', stands for: openness, conscientiousness, extraversion, agreeableness, and neuroticism. This is commonly used in research and studies of personality and has been able to establish an understanding of individual differences in personality. Research suggests that "people who experienced childhood trauma reported higher levels of neuroticism and openness into adulthood" (Pos, 2016, 464). In a psychological sense, people who report high levels of neuroticism often have high levels of anxiety, depression, stress, and fear, demonstrating how childhood trauma can cause a person more stress and high levels of anxiety into their adulthood. Research on the general population has shown that "childhood trauma is associated with a higher incidence of negative adult events" (Pos, 2016, 463). A lot of this can be linked to the particular stress levels of an individual. Having a lot of stress as a result of this

childhood trauma can later affect the person's stress tolerance, and level, in adulthood (Pos, 2016).

Tragic earthquakes in 2008 and 2013 struck the Longmenshan seismic fault zone in the Sichuan province of China. Adults in this area also migrate to larger cities for work, leaving children left behind to be cared for by other family members. A study was conducted to examine these children and adolescents who were exposed to the trauma of the earthquakes and not being with their parents, and if it influenced PTSD and/or depressive reactions. It has been found that previous exposure to a traumatic event is associated with mental health disorders as multiple past events have a stronger effect on an individual than one previous event. Purposes for this study were to confirm earlier studies to find if PTSD is more likely to develop after an earthquake and depression after a child is left behind from their parents. Also, if PTSD and depression differed based on gender, age, level of earthquake exposure, the frequency of these traumatic events, type of caregiver, and how long a child is left behind by their parents (Xu, 2019).

Questionnaires were used for this study, which measured the individual's: age, gender, home, grades, home, school, only-child status, left-behind status, caregiver's type, and earthquake exposure. The second half of the questionnaire included the Children's Revised Impact of Event Scale, known as CRIES-13, and Depression Self-Rating Scale, known as KADS-6. PTSD symptoms during this study were assessed using CRIES-13. This "scale was designed specifically for the screening and assessment of PTSD severity in children and adolescents, not for a formal diagnosis" (Xu, 2019, 254).

Results from this study found that if a female child or adolescent was left behind, she showed significantly higher PTSD and depression scores. PTSD did not vary with age, nor did

the duration of time a child was left. Although the type of caregiver did affect a child's PTSD score. However, despite this, earthquake exposure was the strongest factor contributing to PTSD. This study concluded that left-behind children showed more serious PTSD from the earthquake events than those who weren't. This connects to a future study discussed by Carroll et al. (2017), with war veterans, as ACEs (adverse childhood experiences) can cause a more serious prone to PTSD. Although, this study also concludes that PTSD is correlated with more unintentional natural trauma while depression is more directly correlated with intentional trauma, such as a parent leaving their child behind. However, several studies intercorrelated PTSD and depression, meaning that one is often associated with the other. These studies results also show that "those who have negative cognitions, prior to exposure to trauma, may be more likely to be affected by trauma and suffer the effects of PTSD" (Xu, 2019, 258). Therefore, it connects the theory that previous childhood experiences can affect the severity of PTSD when a traumatic event occurs. Just like the war veterans who have experienced combat, the children who experienced an earthquake may have developed PTSD. However, the underlying ACEs will affect the severity of the disorder.

Another study was done on exposure to ACEs and the poor physical and mental health that can occur in adults. The research is based on adults in South Carolina. Data was obtained from 2014-2015 South Carolina Behavioral Risk Factor Surveillance System, or BRFSS. The BRFSS is a national survey designed by the Center for Disease Control and Prevention, which collects data on health-related diseases, conditions, and behaviors by each state. This study looked into the connection between the categories: household dysfunction, emotional and

physical abuse, sexual abuse and combinations of ACEs on physical and mental health into adulthood (Crouch et al., 2018).

Data from this study was collected from 11,027 adults in 2014 and 11,607 adults in 2015, all from South Carolina. This study found that the highest percentage of those experiencing ACEs came from the household dysfunction category. Poor health in adulthood likelihood increased the more categories the individual fell into. However, each category of ACEs was associated with an increased risk of mental distress in adulthood. It is said that the demographics characteristics that mostly make up the South Carolina population are known to influence ACE exposure (Crouch et al., 2018).

A study done by Judith (2001), discusses a case study done with an adolescent girl named Heather. Her family experienced trauma as a whole with the loss of their home and income. As Judith (2001) says, “Heather reflects a primary disturbance of the self” (Judith, 2001, 72) as a result of her childhood trauma. She also “described a sense of loss of her identity and sense of self” (Judith, 2001, 69). These ideas that Judith (2001) presents about trauma theory show the effects a trauma can have on a child or adolescent. There is no further information showing whether or not Heather developed PTSD. However, what is shown through Heather’s case is that the effects from a traumatized childhood can cause the loss of personal identity and self-esteem, which are possible symptoms of PTSD (Judith, 2001).

According to the American Foundation for Suicide Prevention, there is an average of 129 suicides per day. In 2017, there were an estimated 1,400,000 suicide attempts globally. Also in 2017, there is a statistic that men died by suicide 3.54x more often than women. Out of the whole population, the rate of suicide is highest in middle age white men (AFSP, 2019). Sadly, it is true

that it is also the leading cause of death for Iraq and Afghanistan war veterans with post-traumatic stress disorder. These veterans have higher rates of ACEs than others in the population. It is theorized that the suicide risk in these individuals might attribute to pre-military stressors that have not been examined in the post-combat therapy they are receiving as a result of their ACEs (Carroll et al., 2017).

Carroll et al. (2017) examined 217 Iraq/Afghanistan war veterans during a non-profit PTSD program on the west coast. These men were admitted into this program for a lack of improvement with the diagnosis of combat-related PTSD. Excluded from the study were those who had psychotic symptoms, unwilling to stop the use of drugs and/or alcohol, and medical conditions that would prevent participation during treatment. The participants in this study were given the ACE Questionnaire and the CES (Combat Experience Scale) to assess certain aspects that can lead to altered personality and PTSD in military men. The ACE Questionnaire captured participants with a history of child abuse, household dysfunction, and neglect. The veterans also completed the “Combat Experience Scale”, also known as CES from King, King, Vogt, Knight, and Sampers (2017). This scale “assessed a range of general combat activities/stressors along with additional items for gauging circumstances associated with serving in Iraq/Afghanistan” (Carroll, 2017, 584). Of these 217 men participating in the study, 83.45 reported at least one ACE, with the highest being emotional abuse. Additionally, 71.9% and 38.7% indicated that they had a history of suicidal ideation and/or attempts. Nearly half of these men experienced four or more ACEs during the course of their life. While considering the results of this study, it can be theorized that “physical neglect may represent a baseline or proxy indicator for the type of repeated exposures to trauma that can complicate presentations of PTSD (Carroll, 2017, 585). It

is helpful for future clinicians to consider that a veteran could have an adverse childhood experience while conducting therapy for combat-related PTSD. While PTSD can stem from the individual's combat-related experience, there is a possibility of an unknown childhood experience increasing the likelihood of them being at a risk for suicide and developing post-traumatic stress disorder.

Other research using the ACE Questionnaire for non-veterans has found that this population has a 60% increase risk of attempting suicide. However this research suggests a lack of focus on veterans and their PTSD experience is not noted, it shows that experiencing adverse childhood experiences can heighten the risk for PTSD and suicide risk in adulthood. Another study shows that “when compared to veterans without a history of ACEs, patients presenting for PTSD treatment with high levels of ACEs might have deficits in emotion regulation and relational functioning that often increase risk for suicide” (Carroll, 2017, 583).

As demonstrated above, there has been a lot of research done that shows a significant association between socioeconomic deprivation, otherwise known as SED, and ACEs. Leading to the possible development of it can lead to PTSD in adulthood, but research has also shown that it can also be correlated with other diseases such as: Alzheimer's Disease, Parkinson's Disease, diabetes, major depressive disorder, and anxiety. While these are not all of the diseases that research has pointed to, it shows an overview of how different diseases can stem from early life. The “inflammatory response to socioeconomic and other stressors is determined by genetic and epigenetic factors” (Morris, 2019, 5873). Genetics can cause an adult to develop PTSD. Glucocorticoid receptors polymorphisms are an indicator that an adult has a “significantly increased risk of developing post-traumatic stress disorder independently of childhood trauma”

(Morris, 2019, 5873). Other than environmental factors, this supports the idea that genetics have an effect on PTSD.

Many people, including myself, suffer from anxiety every day of their lives.

Post-traumatic stress disorder is just one form of anxiety that affects individuals early on and into adulthood. There is evidence that childhood trauma can cause PTSD, loss of personal identity, self-esteem, attachment, and higher levels of stress. Some traumas include sexual, physical, natural disasters and dysregulation. However, traumas, not only childhood, can affect someone's life and change it in an instant.

Interviews:

For this research, I interviewed several people, all with different experiences. Many of the people I interviewed had experienced their own childhood traumas with the exception of two individuals. Interviewee #9 teaches post-traumatic stress disorder to college students and is a counselor to those who suffer from this disorder. I also interviewed a Kindergarten teacher, Interviewee #10, because I wanted someone's perspective on PTSD who is surrounded by children every day.

The framework I used was a semi-structured interview. When conducting these interviews, I chose to use easier questions first, and then lead into the more specific questions. First, I asked all interviewees what the definition of PTSD means to them. Then I lead into more common questions such as the symptoms and types of traumas. My few final questions dealt with more specific questions catered to the specific individual. This process allowed me to see how different people had a different definition of PTSD, along with what they themselves thought the process to be. I asked all interviewees who experienced a childhood trauma relatively

the same questions to reduce bias. This included: “In your own interpretation, how do you define PTSD?”, “What type of childhood trauma did you experience?”, “How has that specific type of trauma affected you today?”, “Do you believe that it has affected your personality into adulthood? Your self-esteem? Attachment to others?”, “Do you reminisce your tragic event frequently?”, “Do you try and suppress those memories by abusing substances?”, and if it applied “Do you worry that this event is going to happen again?”

Interviewee #1 has and is still currently experiencing mental and physical abuse from an immediate family member. When I asked them to define PTSD, they answered that it is something bad that happens that doesn't necessarily have to be a physical interaction. My following question asked how their trauma still affects them today, which they responded that although it is still happening, they wake up every day thinking that they are not good at anything that they do. The next question asked this individual has it affected their personality, self-esteem, and attachment to others? They responded they even though they have a hard time letting people in, they know it will be hard to attach themselves to a significant other now and in the future. They chose not to comment on the self-esteem and personality aspect of the question. Although this abuse is still occurring, they chose to refrain from substance abuse.

Interviewee #2 experienced their dad walking out on them and their family. When I asked them to define PTSD, they described it as flashbacks when something relative to the bad memory occurs and panic and anxiety attacks come as a result. When I asked them how this trauma affected them today, they responded that although their father is back in their life, there is fear that this trauma will recur as it has happened before. When I asked if it affected their personality, self-esteem, and attachment to others, they responded that it has given them severe trust issues.

Knowing someone that is close to them can leave in a minute without looking back, scares them that anyone in their life can leave at a moment's notice. Although they try not to think about it, their father being there on an everyday basis can be a constant reminder of this terrible occurrence.

Interviewee #3 lost both their mom and dad at an extremely young age due to a drug overdose in both parties. Their father died when they were just three years old, and their mother when they were just 11. However, their mother couldn't care for them after the father died, so the individual moved in with other family members in a different state. When I asked this person how it affects them today, they say that in the long run, it actually benefited them. It made them not get into the "party scene" or experiment with drugs, knowing and witnessing what it did to their parents. Also, it made them realize that anything could happen to any person they love and care for at any time, so they try and enjoy their time with the people they love. On a more negative aspect, as a teenager, it made them extremely emotional because they felt like their parents cared more about drugs than them. This affected their personality into adulthood as they put up an "emotional wall" as they like to call it, including being sarcastic at times they shouldn't as well as laughing at inappropriately bad times. As to affecting their relationships with other people, they cling on to those close to them, as they are afraid they are going to lose them too. Interestingly enough, they reminisce about their dad than their mom, mainly because they lived with their dad's family and grew up knowing more about him.

Interviewee #4 has experienced a lot of traumas throughout their lifetime thus far. When they were four years old, they were diagnosed with diabetes. When they were just eight years old, they lost their brother due to a drunk driving accident. When they were about fifteen years

old, things started falling out with their father. When I asked this individual to explain what PTSD was they said they truly thought they were not educated enough to speak about it, and I respected their honesty. I asked this person how each situation affected them today. Losing their brother affected this person because they saw it affect everyone around them. It still traumatizes them to see their mom cry about it, and see the result of anxiety and depression in her. Also, the interviewee feels traumatized from this event and refuses to drive and get a license as a result of fear from this situation. As with diabetes, it affects them every single day as they have the fear if they forget to treat themselves, they will die. They believe that all these situations have made them feel insecure into adulthood. They are scared to lose anyone close to them. It has made them the friend who loves “too hard” and loves more than others love in return because they never want anyone to feel how they have felt. When I asked if they remembered these events frequently, they replied that they can replay all of those days back in their head like an episode of a TV show or movie, remembering them exactly as they happened. Since they were so young, they say that they don’t sit and think about where it went wrong knowing all of their situations were unpreventable.

Interviewee #5 grew up with their parents being divorced. As they got older, they started to notice that some excuses their father made didn’t seem normal. Such as, going to the hospital because he tripped and broke his back. Many of these suspicious excuses led Interviewee #5 to become suspicious. When they were in middle school, they found out that their dad was an alcoholic, and that his broken back was a result of being drunk. They started viewing him as a different person and questioning all of his actions. Way too often their father kept making countless excuses for him not to see them. Which led this person to believe that he was choosing

booze over his own child. By the time this interviewee had turned 13, the father stopped making efforts to see them, as he was always drunk and constantly choosing booze over his own family. When I asked Interviewee #5 how it affected them today, their response focused on how they could trust someone for years, who always promised to be there, turned out to be selfish and rude. They have trust issues as someone they looked up to for years, their father, promising to always be there for their child became a selfish and rude person. This person was and is always embarrassed to talk about their father because they thought it put a bad light on them reflected poorly on them. As a result of their father's actions, it takes them a while to open up and trust people. When I asked this individual about the effect on their personality, self-esteem, and attachment to others they mentioned that it made them more mature because they saw the effects that alcohol has on people. This individual does not think about their father frequently but said that there are times where something will remind them of him and depending on their mood they either get really angry or laugh it off. It is always in the back of their mind that if their father, who is supposed to love and care for them, walked out then anyone in their life can. However, they try and remember that just because their father did this doesn't mean anyone else would do the same.

Interviewee #6 experienced a trauma regarding carbon monoxide in their house as a child. When they were seven years old, they were sleeping and around 11:00pm, commotion woke them up. Their parents smelled gas and thought that their furnace was leaking. As it turns out, it was actually a carbon monoxide leak and there was no gas detected. The officials have no idea what they smelt as carbon monoxide is odorless, they felt lucky that they got out. As a child, the individual was extremely worried that their cat, Marble, was still inside. They went into an

ambulance and it was the first time they were in an emergency room. The feeling they now know as anxiety hit them. As the firemen had gotten their cat and everyone was safe, but a traumatic experience for a seven-year-old. Today, it has affected them as they do suffer from an anxiety disorder. So, when their anxiety is heightened, they are worried to fall asleep thinking they will die from poisoning and not wake up. Also, they constantly check the batteries in the alarms and worry that someone or something is going to rip them from their home because something bad has happened to the family. Interviewee #6 response when asked if it has affected their personality, self-esteem, and attachment to others, it definitely has. They are more loving toward those close to them, knowing how fast and painless someone can be taken from them. They report that their self-esteem was unaffected, and feel an over-attachment for their family. Even though it happened over 10 years ago, they still can't go far away from their family, living in the same town with their fiance, checking the alarms frequently. They said before anything else, they love and they love hard to all of those around them because they never know when something could happen. Sometimes, when the anxiety is bad, they'll check to see if their fiance is still breathing. However, they think about it less and less as time goes on. As for substance abuse, they take 100mg of antidepressants every evening. They believe that their anxiety was brought on by this specific event, however, it has also gotten worse due to other events in their life.

Interviewee #7 is the child of an alcoholic mother. They were terrified of her, due to the constant yelling and drunk driving. As a result, they grew up on their own. They were bullied, and at the age of twelve, it caused them to be admitted into the crisis unit for being suicidal. People had convinced them that they were better off dead. When I asked them how to define PTSD, to them it was something that impacted their life in a negative way. They described it as

an event that has caused many issues when they were relearning how to handle certain situations again, and it will resurface and trigger moments of pain and despair. This trauma has affected them so much that they say they still can't live a normal life. Living with their mother made them grow up fast and they weren't able to be a child, and therefore some of their childhood was lost. Although despite all of this, they said that the trauma has some negative and positives on their life. Growing up too fast changed Interviewee #7's personality. As a result of bullying, they reported their self-esteem is below average. Being a fake blonde, one comment by others was that they should "drink bleach" instead of using it on their hair. Because of negative comments such as this one, they work harder and harder each day to get the courage to leave their house, because of fear of what people will think of them. To protect their self-esteem, they put on a front and act tough to hide their true feelings of hurt and sadness inside of them. When it comes to their attachment, they latch. The individuals who care and love get extra attention from them. They latch and love hard because they are afraid of losing what they love. It's hard to gain their trust, but once it is gained, they are hard to let go of. If someone were to leave, this individual has the overall feeling of loneliness. They said they feel as though when someone leaves them, they lose a part of themselves. Even if the person does leave, Interviewee #7 holds on until they can replace them, because of the fear that they will be alone forever. As a result of their past traumas, Interviewee #7 acknowledges that this has definitely affected their emotions deeply.

Interviewee #7 was the only person who said that they reminisce about their tragic childhood occurrences every day, questioning if they could've done something different. Sadly, this individual is one of my interviewees that turned to substance abuse as a result of their

childhood. The influences of their mom had them stealing alcohol from her at the young age of thirteen. They describe themselves as an “undercover alcoholic” at the age of seventeen. The minute they took a sip of alcohol, they would have no limits. They wouldn’t stop until they blacked out. At the age of eighteen, they turned to drugs, their choice being white powder. While these actions were not suitable for an eighteen-year-old, they felt happy, strong, and empowered. Realizing that they came from a family of addiction, they became sober with drugs, however, the drinking worsened. At the age of twenty-one, they couldn’t count the number of times they had been blacked out and possibly could’ve died. Alcohol was the bandage to their bruise. Now at the age of twenty-two, they are completely sober and working on healing those bruises instead of covering them up. As they work through their recovery, they are worried that things may happen again. As their childhood still scares them, they are worried their mom will relapse and remind them of the past. This individual does believe that they have PTSD and that it would spike the second they took a sip. Trying to block out that it may happen again, they try and focus on themselves and learning other ways to cope with their childhood trauma.

Interviewee #8 was molested by a family member when they were four years old until they were seven years old. When I asked them to define PTSD, they mentioned that it was fear and anxiety that the same event could happen again. Through all of their answers, I can see how this trauma affected their life greatly. They say that it has, especially in terms of intimate relationships with a significant other. Sadly, they could never picture themselves ever being in a relationship with a male. They had tried a relationship once but was so petrified that the same event would occur, and eventually it ended the relationship, avoiding relationships altogether.

This event has affected this person's personality, self-esteem, and of course attachment to others. Part of why this female dresses and presents themselves super masculine is because they are afraid of getting the wrong attention from men, and them wanting something from her. They have the constant fear that this event is going to happen again from someone else. As a result of this, their self-esteem is low. As for attachment issues, they had previously mentioned that they avoid relationships altogether. Their attachment style is one of avoidance. This interviewee is afraid to share information with others due to the fact that they worry the person may not be able to handle it. Although, when someone is not scared off by the information, the interviewee puts them on a pedestal, and believes this person can do no wrong. Being an adult now, they are still in counseling for this trauma. While they try not to think of it, they can't always avoid it because of the counseling. If they pass the house it occurred in, they start to have a panic attack. The family still lives in this specific house, so if any area in the house is shown on social media it will send this individual into flashbacks. They mostly reminisce about: if it didn't happen, how different their life would be, or if the event had ended differently. While they don't repress the memories of them through substance abuse, they used to try and forget through self-harm. During these times, they would pinch themselves until the skin broke and slam their head into objects. At the age of fourteen, this behavior stopped only to currently return with the interviewee now turning to alcohol, as well, to minimize the self-harm. Feeling that if they had more access to alcohol they would abuse it more.

All of my interviewees who experienced trauma showed lasting mental health concerns. All interviewees had a different definition of PTSD, however, I realized that all of them continue to have some connection to their particular type of situation. Unless the person knew that the

exact definition of PTSD, they related it to how they felt in their situation. Expressing how they felt or are feeling about the situation indirectly. In my observations, interviewees #2 and #5 experienced childhood traumas that didn't very much affect their personality today. Interviewee #2 experienced their dad walking out of their family while they were younger. Since the dad returned home and is in their life, it doesn't affect them as drastically as the others. Interviewee #5 experienced parent's divorce with their father completely out of their life today. While the two events involving fathers led them to both interviewees have trust issues, they show the least amount of evidence leading to post-traumatic stress disorder or personality changes in my subjects. The rest of my interviewees showed changes in personality, self-esteem, and attachment. All of them admitted in their opinions that their childhood trauma has affected them as an adult today. While many of them try not to reminisce about their event, many of them do worry that it may happen again. Their childhood traumas whether severe or not, deem to have affected every one of these individuals, and many may be a different person if it had not happened. These events strengthened some of the interviewees, while many events ended up weakening them. Overall the individuals, Interviewees #1-8, were mainly affected negatively by their childhood trauma, and many show symptoms of anxiety and post-traumatic stress disorder, as well as drastic changes in their adult personality.

Interviewee #9, a therapist, and Interviewee #10, a Kindergarten teacher, were a different audience than others that I had previously interviewed. While they did not experience a childhood trauma themselves, they are a useful resource. They can identify trauma in both adults and children alike. To gain their perspective on PTSD and childhood experiences, I asked them different questions than those I have previously interviewed.

My first question to my interviewees was: “How would you define PTSD?” to gather their own perspective. My answers from these interviewees showed some similarities and differences. Interviewee #9 reported, “As a mental illness that is triggered by trauma, someone experiencing trauma, and how they relive the experience over and over again. Different things that trigger them in the environment, in their life, and from past to present that trigger those symptoms of that trauma that they go through.” Interviewee #9 had a lot to say when I asked them about some of the causes of PTSD. Summarized, they said: “Biggest things in our world right now and probably in history is war. I think that’s the biggest thing that causes trauma, once it’s out of your control, the reaction is off the charts because you don’t know how to act or control. Like if your house is flooded or there is a fire and the whole block is on fire, how do you gain control of that? Or for example, if you’re in a war zone. How do you say ‘I need a break, you know you can’t break from this, you know those kinds of things, so I think that’s mainly why people feel this is trauma’. Typically PTSD is stereotypical with the military and war. However, there are many other ways people, in general, can experience trauma which can develop into PTSD.

When asking Interviewee #9 “Do you find PTSD a tougher or easier mental illness that is classified in the DSM to overcome?” summarized she said, “I think it’s hard because we see a lot of it today and we see a lot of it in our culture. It makes it even easier because it’s out in the open, and people talk about it. However, it’s also hard because there is so much and so many things that cause people to have trauma. I don’t know, I think it’s just how we handle it since we all handle it differently”. This information from Interviewee #9 can show how PTSD can be defined as an easier mental illness because of its overwhelming support. More people are

comfortable talking about PTSD, rather than other mental illnesses such as depression. So, no it is not easier in the sense of mental illness, however, it is easier in the sense that it is more accepted. Interviewee #9 also mentioned how difficult it could be teaching students that have PTSD. She says that she always tries to be politically correct because she doesn't know who has gone through what. This can also be difficult in everyday situations. If there is a new friend, then you don't know what they have gone through. It's hard to decipher what to say and what to do when it comes to discussing certain topics. You never know when some situation or something you say can trigger someone.

In my second interview with Interviewee #10, she said "PTSD is post-traumatic stress disorder, and it means anybody who has experienced some type of trauma usually in a sudden or horrific matter. They will then suffer from a disordered type of symptoms like anxiety and that type of nature after the trauma has happened". I asked Interviewee #10 if there was anything she wanted to add that she experienced with PTSD with her time as a Kindergarten teacher sharing a few good points that I wouldn't have thought of on my own. To summarize, she said, "I haven't experienced many extreme symptoms. Sometimes they get reclusive. I think it's hard for them to express their feelings. I don't think they have the vocabulary or the expressive knowledge to be able to express why they are acting the way their acting, but it's their acting that way probably because of what they went through."

I also asked in a variety of ways how someone may experience PTSD. Interviewee #10 stated, "It could be a sudden death of somebody or a sudden illness. In children, it could be a divorce situation in their parents or a disease. It could even be some type of accident. It could be any vulnerable type of event. It could even be for the military". I asked Interviewee #10 a

question, in which I was very shocked by the answer. My question was dealing with 9/11, and if children behaved differently before and after the tragic event occurred. She said that, as a response to the event, a student drew that he saw two airplanes going through a building. Most children were sheltered from the event by their parents, however, it is clear that this child has had an impact from this. My further questions would be if this child is still dramatically affected now. I didn't think about how these children who may be young that they probably may have no idea what is going on themselves.

In my research, I found that PTSD can cause a loss of personal identity, self-esteem, and attachment issues. The interviews provided insight into each of these sub-topics, and how people's mental health was altered in their adulthood due to their traumatic experience. While some instances were more extreme than others, most of my research centered around how adult personality and changes in mental health progressed from a childhood trauma.

In the Media:

PTSD is displayed in the media through different movies, but specifically through *The Perks of Being a Wallflower*, a dramatic film that came out in theaters in 2012. This film displays symptoms of post-traumatic stress disorder and how it altered an adult personality as a result of childhood trauma. The movie stars Logan Lerman, Emma Watson, Ezra Miller, and has appearances from Paul Rudd. Charlie, played by Logan Lerman, is the main character in the film who displays mental health issues as a result of his childhood trauma.

Shown at the beginning of the film, Charlie seems reserved when he knows the answers in his high school English class but does not want to participate. Despite having interest and knowledge, he is hesitant to share his insight. Following this scene, he first mentions his Aunt

Helen, who he wishes was there to talk to him because she would be the only person to understand that he is both happy and sad.

As the movie progresses, the audience sees that Charlie is taking medication for an unknown mental illness. However, symptoms begin to be revealed. He is perceived to be socially reserved, wanting to have social interactions with people without actually having to do it. Eventually, the audience learns that Charlie had just gotten released from the psych ward of a hospital when the movie began. He was admitted because his best friend had just committed suicide without leaving a note. It is also revealed that Charlie's father was an alcoholic whom he grew up with his entire life, which may be another factor contributing to his current mental state.

Finally, it is revealed that Charlie's anxiety may stem from his first traumatic event in his life, the death of his Aunt Helen. When he was young, she was killed in a car accident when she was on the way to get him a surprise. He never got over the guilt that he felt thinking the accident was his fault because if it wasn't for him, she would not have been in the car. However, Charlie has many flashbacks to his Aunt Helen throughout the movie that suggests that their relationship wasn't all that good. Charlie experiences these flashbacks when something upsetting in his life happens. At one point during the movie he is disassociated from his friends, and his mental health begins to deteriorate, leading to increased flashbacks.

One flashback regarding Aunt Helen happens when he sees his sister getting hit by her boyfriend. The flashback doesn't reveal anything, except for a vision of Charlie when he was younger with his aunt. The flashback is a psychosocial stressor for Charlie, as it reminds him of a time that his memory has repressed. Another one of his flashbacks depicts how his Aunt Helen

wanted to be a writer, and Charlie looks up to her and wants to be a writer too. What he doesn't remember yet are the memories of the true relationship he had with his Aunt Helen.

During the movie, Charlie developed a love interest, Sam. It is revealed that Sam was sexually abused by her father when she was eleven years old. It isn't until his love interest, Sam, leaves for college after they have sexual relations together that Charlie has a mental collapse as a result of his flashbacks with Aunt Helen. He rambles to his sister that the death of his Aunt Helen is his fault until he eventually blacks out. This results in Charlie being readmitted into the psychiatric hospital, where Dr. Burton is able to help Charlie revisit his repressed memories. It is revealed that his Aunt Helen sexually abused him as a little boy. Having sexual relations with Sam triggered the memory of what happened with his aunt, resulting in his blackout and deteriorating mental health.

This childhood traumatic event is shown to have altered his personality and mental health stability in his teenage years, even when not remembering the event. It triggers social anxiety, causing Charlie to have trouble making friends, and being admitted to a psychiatric hospital when his only friend dies. He shows symptoms when he wants to participate and wants to make friends, but doesn't actually want to carry out the action. One symptom of post-traumatic stress disorder Charlie demonstrates is dissociative reactions, being his flashbacks, as the main premise of the movie. He has triggers to certain events that relate to his Aunt Helen. When he has sexual relations with Sam, a clear trigger to his past, he decompensates, resulting in admission into the psychiatric hospital again. Overall, this movie closely portrays the symptoms of PTSD as a result of childhood trauma through Charlie. Charlie's trauma shaped him into the teenager that he is and deteriorated his mental health. (Chbosky, 2012)

Appendix:

All interview subjects were asked the following questions:

- 1) In your own interpretation, how do you define PTSD?
- 2) What type of childhood trauma did you experience?
- 3) How has that specific type of trauma affected you today?
- 4) Do you feel that it has affected your personality into adulthood? Your self-esteem?
Attachment to others?
- 5) Do you reminisce about your tragic event frequently from when it happened in your
childhood?
- 6) Are you ever afraid of the event happening again?
- 7) Do you try and suppress those memories by abusing substances?

Some subjects were asked the following questions, pertaining to their specific type of situation:

- 1) Do you think that the situation would've been different if you were closer to one family
over the other?
- 2) Is there any tragic situation that happened during your childhood that you reminisce more
frequently?

Discussion:

It is reported that PTSD affects 8% of the adult population in the United States. However, it is also known that only 9% of people who experience trauma wind up developing PTSD. Through my research, I have found that childhood trauma can cause changes in personality and mental health stability in adulthood. It is not always the case that that person develops PTSD from a traumatic event, however, there is enough evidence that suggests that they may exhibit changes based on that experience. I have also found that their traumatic experience can affect the loss of personal identity, self-esteem, interpersonal attachments, and trigger higher levels of stress. With the loss of parental attachments, people may find it harder to attach to a partner later in life. This may be true if their childhood trauma was a result of a divorce or other family issues such as a parent leaving during a time of need. These issues may not cause PTSD in that individual, but it may affect their relationship development in adulthood. My research collaborates through other sources, whom I interviewed. While most of my interviewees did not have post-traumatic stress disorder, many experience a change in their personality and were deeply affected by their tragic event. Depending on the particular severity of the event, many individuals were shaped to be the adult they are because of their tragedy. While I believe that PTSD is a very common mental illness to have, there is a stigma behind it that it can only happen to war veterans. This is found to be untrue, as it can be found through many different aspects, including childhood trauma. Although there is much awareness for it, not many people pay attention to the other ways PTSD can form. I hope more research is developed to reflect or based on my thesis statement “*How Childhood Traumatic Experiences Shape Elements of Adult Personality and Mental Health*”

because a childhood trauma can affect a person for the rest of their life. There are many questions to be asked: if their personality and mental health stability would be altered if the event is remembered?; what type of/or severity of an event has to occur for PTSD to develop?; and at what age can we predict a highly probable of developing post-traumatic stress disorder in adulthood? More people should be thinking of how traumatic events in childhood can change a person for the rest of their life because with more insight on PTSD, trauma, and childhood attachment, we may be able to reduce the stigma of mental illness.

References:

- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders(5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
- Bryant, R. A., Creamer, M., O'Donnell, M., Forbes, D., Felmingham, K. L., Silove, D., . . . Nickerson, A. (2017). Separation from parents during childhood trauma predicts adult attachment security and post-traumatic stress disorder. *Psychological Medicine*, 47(11), 2028-2035. <http://dx.doi.org/10.1017/S0033291717000472> Retrieved from <https://search.proquest.com/docview/1916642983?accountid=13044>
- Carroll, T. D., Currier, J. M., McCormick, W. H., & Drescher, K. D. (2017). Adverse childhood experiences and risk for suicidal behavior in male Iraq and Afghanistan veterans seeking PTSD treatment. *Psychological Trauma: Theory, Research, Practice, and Policy*, 9(5), 583–586. <https://doi-org.rlib.pace.edu/10.1037/tra0000250>
- Crouch, E., Stropolis, M., Radcliff, E., & Srivastav, A. (2018). Examining exposure to adverse childhood experiences and later outcomes of poor physical and mental health among South Carolina adults. *Children and Youth Services Review*, 84, 193–197. doi: 10.1016/j.chilyouth.2017.11.031
- Hatcher, Abigail M., et al. “Effect of Childhood Poverty and Trauma on Adult Depressive Symptoms Among Young Men in Peri-Urban South African Settlements.” *Journal of Adolescent Health*, vol. 64, no. 1, 2019, pp. 79–85., doi:10.1016/j.jadohealth.2018.07.026.

- Judith, M. M. (2001). Psychological trauma in adolescence: Familial disillusionment and loss of personal identity. *American Journal of Psychoanalysis*, 61(1), 63-83. Retrieved from <https://search.proquest.com/docview/204617607?accountid=13044>
- Kreidler, M. C., Briscoe, L. A., & Beech, R. R. (2002). Pharmacology for post-traumatic stress disorder related to childhood sexual abuse: A literature review. *Perspectives in Psychiatric Care*, 38(4), 135-45. Retrieved from <https://search.proquest.com/docview/200706832?accountid=13044>
- Morris, G., Berk, M., Maes, M., Carvalho, A. F., & Puri, B. K. (2019). Socioeconomic Deprivation, Adverse Childhood Experiences and Medical Disorders in Adulthood: Mechanisms and Associations. *Molecular Neurobiology*, 56(8), 5866–5890. doi: 10.1007/s12035-019-1498-1
- Pos, Karin, et al. “The Effect of Childhood Trauma and Five-Factor Model Personality Traits on Exposure to Adult Life Events in Patients with Psychotic Disorders.” *Cognitive Neuropsychiatry*, vol. 21, no. 6, 2016, pp. 462–474., doi:10.1080/13546805.2016.1236014.
- “Suicide Statistics.” *AFSP*, 16 Apr. 2019, afsp.org/about-suicide/suicide-statistics/.
- Summit Entertainment. (2012). *The Perks of Being a Wallflower*.
- Xu, J., Wang, Y., Zhao, J., Tang, W., & Lu, Y. (2019). Influence of earthquake exposure and left-behind status on severity of post-traumatic stress disorder and depression in Chinese adolescents. *Psychiatry Research*, 275, 253–260. doi: 10.1016/j.psychres.2019.01.109