Resilience and Psychological Well-Being as a Function of Childhood Trauma among Young Adults

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Abstract: We live in the world which is full of people going through overwhelming situations; this can be very common to us. But the situations are with a lot of concerns too, the children are suffering from such drastic and immense state of affairs that their mental health is being affected. The aim of this study is to examine how adverse childhood experiences (physical abuse, verbal abuse, sexual abuse, emotional neglect, parental separation) can affect an individuals’ resilience and psychological well-being in their young adulthood. A sample of (N=204) young adults aged between (18-28 years old), were chosen using the snowball method as participants of the study from the state of Maharashtra, India. The research is a correlational study of non-experimental design. The results are stated quantitatively using the correlation coefficient. Pearson’s product moment correlation coefficient was used, which indicated that for childhood trauma and resilience (r=0.154), for childhood trauma and psychological well-being (r=0.328) and for resilience and psychological well-being is (r= 0.505), thus indicating two negative and a positive correlation. Owing to the results, it was found that resilience and psychological well-being are affected negatively if there is presence of uncured childhood trauma. Whereas, resilience and psychological well-being are positively correlated. This paper also discusses the limitations of the research and recommendations for further study in the area.

Keywords: childhood trauma, resilience, psychological well-being, young adults

1. Introduction

Trauma can occur to a person when they experience an extreme stressor which can negatively affect ones emotional or physical well-being.

Traumas which are caused below the age of 17 are termed to be Childhood traumas. As there are various researches conducted about the traumas caused in the childhood and how they make changes in people lives, but here we are particularly looking at parameters like, parental separation, sexual or physical abuse, verbal abuse, and emotional neglect.

Exposure to traumatic experiences in childhood can have a negative impact on the development of the brain when it’s most vulnerable. Exposure to stressful events in childhood can increase the impact of stressful events throughout life. Add divorce or unemployment to childhood trauma and someone can be more likely to develop psychological disorders or addiction. Higher rates of depression, suicidality, anxiety disorders, post-traumatic stress disorder, and aggressive behaviour have been reported in adults who experienced childhood maltreatment. But not all children who experience early life stress go on to develop mental illness. It seems how you cope with stressful experiences is not only influenced by your prior experiences, but also your genes, coping responses and brain regulation. Chemicals in the brain such as cortisol and oxytocin are important for stress and emotional regulation. (BARACZ, 2018).

Children who struggle to maintain healthy attachments to caregivers are also likely to struggle with romantic relationships during adulthood. A study published in 2015 showed that the more adverse childhood experiences a person has, the higher their risk of health and wellness problems later in life. (Gilbert, Breiding, & Merrick, 2014). A study published in 2016 in Psychiatric Times noted that the prevalence of suicide attempts was significantly higher in adults who experienced trauma, such as physical abuse, sexual abuse, and parental domestic violence, as a child. (Wagner, 2016).

It is seen in various researches that any sort of trauma can cause a big change in peoples’ life depending on the intensity of it of course. A lot of young adults seem to be having many issues with something which has happened in the earlier stages of development. It is definitely not certain about what and which trauma has an effect on them, but in this research, we will be considering a few of the event occurred in the childhood which come under the parameters which have been chosen/ are frequently occurring.

We will be looking at the correlation between the childhood traumas and how they affect one’s resilience and psychological well-being in their adulthood. With time there have now been a lot of changes, previously it wasn’t given a lot of importance compared to today. Now we know a lot more about the topic and how it affects a person, precautial methods have changed and so have the treatments. The most important change is that the childhood traumas are now ‘considered’ and not completely ignored.

2. Literature Survey

2.1 Childhood trauma and Resilience

Kimberly A. DuMont and Sally J. Czaja in their work “Predictors of resilience in abused and neglected children grown-up: the role of individual and neighbourhood characteristics. ” Took a sample 676 cases of childhood physical and sexual abuse and neglect, using the method of
data collection like, official records, census data, psychiatric assessments, and self-reports. Results: Almost half of the abused and neglected children in adolescence and one-third in young adulthood were resilient. Over half of those who were resilient in their adolescence remained resilient in their young adulthood. And the 11% who were non-resilient, were then resilient in the young adulthood. (J.Czajab & DuMontaSally, 2007)

According to Vered Ben-David and Melissa Jonson-Reid in their work “Resilience among adult survivors of childhood neglect: A missing piece in the resilient literature” found by using MEDLINE, psychINFO AND ERIC in order to identify relevant studies and as a result found out that some of the adult individuals who suffered childhood maltreatment, appear more resilient than others and continue to function well in life. (VeredBen-David & Jonson-Reid, 2017)

In a study by Nancy Ross and Michael Ungar, titled “Adverse childhood experience: Assessing the impact on physical and psychosocial health in adulthood and the mitigating role of resilience” they used the method of cross-sectional surveys and measured the ACEs, resilience and their health in adult patients. From which they found out a result that approximately 73% of participants had experienced at least one ACEs and 31% experiences 4 or more. Overall, they found that with increasing ACEs health problems increased but they also found that people high ACEs were high in resilience and people with higher resilience had lower prevalence of health problem. (Ross, et al., 2020)

2.2 Childhood trauma and Psychological Well-being

A study by Ron Roberts, The ALSPAC study team, and Tom O’Connor, in their work “The effect of child sexual abuse in later family life; mental health, parenting and adjustment of offspring” took the population of women who have undergone sexual violence under the age of 13 and used the method of longitudinal study for an ongoing research, to which they found out results which said that the people who have suffered through it and the people having/living with a single parent will have a decrease in psychological wellbeing. (Roberts, O’Connor, Dunn, Golding, & ALSPAC study team, 2004).

A study by Norval D. Glenn and Kathryn B. Kramer, titled as “The Psychological well-being of Adult Children of Divorce” they have done a study on the people who have parental divorce. They used the method of national surveys. The results which were obtained had negative effects on them who have been through it. (Glenn & Kramer, 1985).

In a study by Bryan Rodgers, “Childhood Maltreatment and Psychological well-being in later life: The Mediating Effect of Contemporary Relationships with the Abusive Parent”. They used a longitudinal study method. From which the finding showed that maternal childhood neglect and abuse diminished the psychological well-being. (Kong, 2017).

2.3 Resilience and psychological well-being

In a study conducted by Hossein Souri and Elahe Hejazi, titled “The relationship between resilience and psychological well-being: the mediating role of optimism”, used the method of multistage cluster sampling and collected a sample of 414 students. They were asked to complete the resiliency scale and well-being scale. The results which were obtained showed that correlation of optimism with resilience and psychological well-being is positive and significant. (Souri & Hejazi, 2014).

In a study conducted by Jennifer L. Smith and Linda Hollinger-Smith, titled “Savoring, resilience, and psychological well-being in older adults”. They took a sample of 164 (74% female) older adults from a metropolitan area by using the survey method. From which they found out that higher resilience predicted greater happiness and greater satisfaction which means greater psychological well-being. (Smith & Hollinger-Smith, 2014).

In a study titled “Relationships between Psychological well-being and Resilience in middle and late adolescents” conducted by, Elisabetta Sagone and Maria Elvira De Caroli wanted to examine the relationships between the dimensions of psychological well-being and resilience in a sample of 224 middle and late adolescents. The results which were obtained showed positive relationships between psychological well-being and resilience. (Sagone & DeCaroli, 2014).

3. Methodology

The sample size is of 204 young adults, between the age group 18-28. The sample is inclusive of all genders. The sample is selected only from the population of the state of Maharashtra, India. The sample was collected through snowball sampling method.

Snowball sampling is a sampling method used by researchers to generate a pool of participants for a research study through referrals made by individuals who share a particular characteristic of research interest with the target population (Frey, 2018).

The tests are provided to be the population based on purposive sampling which means that the test was sent to the young adults from India who had the symptoms of trauma within the last 7 days and the others who were above 18. The tests were distributed through Google forms on platforms of social media such as WhatsApp, Instagram, Facebook and LinkedIn.

For Childhood Trauma, The Children’s Revised Impact of Event Scale (CRIES) is a brief child friendly measure designed to screen children at risk for Post-traumatic Stress Disorder (PTSD). It has good face and construct validity, a stable factor structure, correlates well with other indices of distress (Perrin, Smith, &Stedman ).

For resilience the Nicholson McBride Resilience Questionnaire (NMRQ) was used to measure resilience.
created by McBride (2010). It is a self-report questionnaire which includes of 12 questions and is measured on a five-point Likert’s scale from ‘strongly disagree’ to ‘strongly agree’.

For Psychological well-being, the Psychological Wellbeing (18 items) questionnaire by Carol Ryff was used. It is a theoretically grounded instrument that specifically focuses on measuring the multiple facets of psychological well-being.

All the above-mentioned tools were procured from valid, trusted and official resources online. They will be compiled and circulated as one test for the population mentioned priorly. Permission will be taken from the respective heads of the college departments from where the data will be collected.

The data collected will be analysed using descriptive statistics and the correlation coefficient which will be reported quantitively, thus either accepting or not accepting the hypothesis.

The variables which are to be used in the study are quantifiable. The research will be a correlational study of non-experimental design. The results will be stated quantitively using the correlation coefficient.

Since the nature of the research is correlational, Pearson’s product moment correlation coefficient and descriptive statistics will be used to find the relationship between childhood trauma and resilience separately, childhood trauma and psychological well-being separately and resilience and psychological well-being separately.

Pearson’s product moment correlation is a measure of the strength of a linear association between two variables and is denoted by ‘r’. The strength of relationship between variables is determined by seeing if the Pearson’s product correlation coefficient value ‘r’ is closer to +1 or -1, depending on whether the relationship is positive or negative.

4. Results

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Based on the calculations from the Pearson’s product moment correlation (see table 1), the calculated r value for childhood trauma and resilience is r=-0.154, the calculated r value for childhood trauma and psychological well-being is r=-0.328, and the calculated r value for resilience and psychological well-being is r= 0.505.

Since sample n= 204, degree of freedom df=200. The critical r value associated to df=200 at LOS=0.05 is r (crit) =0.138.

The results of the study showed that childhood trauma is negatively correlated to resilience, indicating that the degree of childhood trauma increases, the level of resilience decreases. Furthermore, it was found that participants with higher psychological well-being also had higher level of resilience and lower degree of childhood trauma, which indicates that Resilience is positively correlated to psychological well-being and childhood trauma is negatively correlated to psychological well-being. Thus, rejecting the null hypothesis.

5. Discussion

Resilience and Psychological well-being are considered to be some important factors in an individual’s mental health. Since trauma/childhood trauma can play a huge role in the further development of the people, it was to see whether the resilience and the well-being in young adults will be affected or will get boosted if the individual has suffered through a trauma. So, it becomes important for understanding the effects of childhood trauma on resilience and psychological well-being in young adults. To investigate the relationship between Resilience, Childhood trauma and Psychological well-being, a total of 208 young adults from Maharashtra, India were considered as participants but there were 4 outliers to the extreme ends which had to be removed and made the data come down to 204. Data was collected by means of google form circulated over social media. Responses were cleaned, sorted and analyzed on Excel using descriptive analysis and Pearson’s product moment correlation coefficient.

Discussion of the findings

Data analysis and results of this study indicate that childhood trauma, like violence, parental separation, neglect have a significant impact on one’s resilience and their psychological well-being.

The sample size was of 208 young adults, but due to some outliers it is now of 204 young adults, between the age group of 18 to 28. The mean age of the sample is M=20.54 years, with 84 males, 118 females and 2 preferred not to identify.

Some participants (n=17) scored high on the NMRQ, indicating their resilience to be very high or exceptional, while many participants (n=62) scored very low, indicating poor or negative resilience. Most participants (n=129) scored moderately, indicating moderate or strong level of resilience.

N=83 participants scored high on the CRIES-13, indicating high level of childhood trauma which tells that the probability is very high that these individuals will obtain a diagnosis of PTSD. Most participants (n=125) scored moderately or low, indicating no presence of childhood trauma.

Some participants (n=56) scored high on the PWB, indicating positive and higher level of psychological well-being. N=41 scored considerably low, indicating lower level of well-being. Most participants (n=111) scored moderately, indicating moderate level of psychological well-being.
It was found that the participants who scored high in the CRIES-13, indicating higher level of childhood trauma, scored lower or moderate in the NMQR, indicating lower resilience in their young adulthood. Most of them who had faced trauma, scored lower in resilience. This finding is consistent with the findings from the study by Maria Luigia Crosta and Clara De Simone (Crosta & De Simone, 2018) in their study Childhood trauma and resilience in psoriatic patients: A preliminary report, in stating that bearing of childhood trauma showed lower levels of resilience. In another study, “Factors associated with resilience in healthy adults”, by Daphne Simeon, presented that resilience was negatively correlated with childhood interpersonal trauma (Simeon, Yehuda, Cunill, & Putnam, 2007). According to the hypothesis and the supporting researches, it was said that the resilience will be positively correlated to childhood trauma, which is true in some cases (n=10). But as most of the findings state different, it can be a result of how individual’s handle their trauma and it depends on the intensity of the childhood trauma. In another study by Huisi Ding named “Moderating and mediating effects of resilience between childhood trauma and depressive symptoms in Chinese children”, it was mentioned in the results that, ‘resilience played a protective role in the relationship between childhood trauma and depression’, which also means that if the resilience is high then there will be lesser amount of trauma; (Ding & Yang, 2017). Furthermore, as the other studies noted, it is not necessary for resilience to be higher if there is a higher degree of trauma.

The results also showed that the participants who had scored high on CRIES-13, scored significantly low on the PWB, indicating lower levels of psychological well-being, which states that childhood trauma is negatively correlated with psychological well-being, there were a few exceptional cases but then their resilience had been affected. This finding is consistent to the finding by Cabuk and Onur Can in their study “The roles of childhood trauma, personality characteristics and interpersonal problems on psychological well-being”, which state that childhood trauma symptoms were negatively associated with positive affect of satisfaction, i. e; psychological well-being, (Cabuk & Can, 2015). In another study “Adverse childhood experiences and psychological well-being in a rural sample of Chinese young adults”, the results showed that the youth who faced adverse childhood experiences were significantly associated with poorer psychological functioning and thus the young adults had deleterious effects on their psychological well-being, (Zhang, Topitzes, & Mersky, 2020). In a study by Paula Nurius and fellow researchers called “Life course pathways of adverse childhood experiences towards adult psychological well-being: A stress process analysis”, found in their results that early childhood adversity carries a unique capacity to impair adult psychological well-being with contributors including social disadvantage and stressful adult experiences (Nurius, Green, Grenne, & Borja, 2015).

Interestingly, all the participants who scored high on the NMQR, indicating higher level of resilience, also scored high on the PWB, indicating higher well-being, which means that resilience is positively correlated to one’s psychological well-being. In the study “Evaluating the relationships among stress, resilience and psychological well-being among young adults: a structural equation modelling approach” conducted by Piyanee Klinin-Yobas and team found out that control and resilience were significant predictors of the autonomy and growth factor of PWB (Klinin-Yobas, Vongsirismus, Q. Ramirez, Sarmiento , & Fernandez , 2021). It is seen that childhood trauma has a direct effect on an individual’s mental health. Factors like verbal/physical assault, emotional neglect, parental separation, can have an effect on the child’s mental health and then show up later in their young adulthood, adulthood as different types of mental health disorders or facing difficulty in a certain sector, all of these things should be dealt with very carefully as one’s capacity of ‘bouncing back’ from difficult times and having a positive mental state of happiness or satisfaction is essential. A study by Archana Kumar Updesh Singh and Rohtash named “Resilience and spirituality as predictors of psychological well-being among university students” found results mentioning that the students who were resilient and had strong spiritual approach in their lives reported higher levels of psychological well-being (Kumar, Singh, & Rohtash, 2014).

6. Conclusion

The main focus of this research was to investigate the possible impact of childhood trauma on resilience and psychological well-being of young adults (18-28 years old) in the state of Maharashtra, India. The sample constituted of 208 young adults but due to some outliers, 204 results of males and females were analysed from different cities of Maharashtra including Mumbai, Pune, Kolhapur, Nashik, Nagpur, Latur, Satara, etc. The results of the study showed that childhood trauma is negatively correlated to resilience, indicating that the degree of childhood trauma increases, the level of resilience decreases. Furthermore, it was found that participants with higher psychological well-being also had higher level of resilience and lower degree of childhood trauma, which indicates that Resilience is positively correlated to psychological well-being and childhood trauma is negatively correlated to psychological well-being. These findings, although tested very rarely in the Indian population, are consistent with the previous findings from the researches focused on the samples of the Chinese, European and American young adults. It was also found that not all young adults who had faced trauma had lower levels of resilience, some of them scored quite well. This leads to believe that all the people handle their trauma in a different way and factors like violence, negligence, the environment and the intensity of the trauma plays a huge role in an individual’s level of resilience or their psychological well-being.

7. Future Scope

1) To build on the current research literature, further studies can consider the Vincent Felitti and Robert Anda’ Adverse childhood experiences seminal study.
2) Variables such as financial problems, low self-esteem, poor control over their emotions, relationship problems with a partner and lack of parenting skills, can be studied through longitudinal researches to follow samples over a period of time to investigate the impact
of childhood trauma, not only in young adults but in age groups starting from adolescents.

3) Furthermore, it is important to investigate that how the resilience and psychological well-being can have an impact themselves on variables such as positive self-esteem, hardiness, strong coping skills, gender, age, education and marital status.

4) New strategies for coping can be studied that are used for individuals with an undemonstrable diagnoses of childhood trauma, poor psychological well-being and lower levels of resilience.

5) Similarly, studying the positive psychology pursuits practiced by individuals on how have they overcome their childhood trauma and are leading a healthy life (mentally and physically) may prove to be commendable.

6) Allowing this research to act as an aid for future studies in the domain of childhood trauma, resilience and well-being, certain extraneous variables can be tried to brought under control.

7) Variables like sexuality, educational background, their environment while growing up, socio-economic status, exposure to violence can be considered while attempting to understand the influence of different factors on the level of resilience and psychological well-being.

8) Scrutinizing samples from specific regions of India, following particular religions and practices, specific type of childhood trauma can also be studied for comparative research.

Delimitations and Limitations

To study the function of childhood trauma, young adults between the age group of 18 to 28 years were chosen.

The sample size was very limited.

As the childhood trauma questionnaire was only applicable to answer if the participants had felt the symptoms in the last seven days, this can affect the final score if the person has had trauma but the symptoms didn’t show up in the past week.

As some outliers had to be removed from the collected data, this can affect the results too.

This research does not provide the coping mechanisms for an individual’s trauma.

The questionnaires in the form were lengthy, and due to the lack of in-person instructions, test administration and data collection, many participants opted out of the study, halfway through the completion of the test.

References


Author Profile

Samruddhi Bhosale, a final year student pursuing honours in Psychology from Maharashtra, India. This was my experiment to set out the issues faced by today’s youth and exploring different parameteres and effects of childhood trauma on their resilience and psychological well-being in adulthood.