

Impact of Childhood Trauma Across the Lifespan: A Case Study of a Retired Military Officer

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Abstract: *Childhood trauma is a significant etiological factor influencing psychological outcomes across the lifespan. This case study examines the long term impact of adverse childhood experiences in a 72 year old retired military officer. Using a qualitative case analysis approach, developmental history and psychosocial functioning were explored. Findings indicate that early exposure to familial dysfunction and abuse contributed to persistent emotional distress, impaired interpersonal relationships, and vulnerability to psychological disorders in later life. The case highlights the enduring effects of unresolved trauma and the role of attachment disruptions. The study underscores the importance of early intervention, trauma informed care, and targeted support for older adults to mitigate long term psychological consequences.*

Keywords: adverse childhood experiences, lifespan development, attachment theory, geriatric mental health, case study methodology

1. Introduction

Childhood trauma is defined as the intense fear or shock the child experiences due to external factors, which can be from an individual or event. Childhood trauma can be due to various adverse childhood experiences includes physical abuse i.e. bodily harm to the child, psychological abuse-constant criticism, sexual abuse involving the child in sexual activity and others such as exposure to neglect, verbal abuse or witnessing bullying, domestic violence, separation of parents, living with an individual who has mental illness, substance abuse. According to DSM 5-TR, diagnostic feature of post-traumatic stress disorder- the age at which the child experiences trauma, the frequency of exposure to traumatic events, the contribution of caregivers to traumatic event together have impact on the level of psychological impairment the child may experience in the future (Van der Kolk, 2003). Childhood trauma is a crucial etiological factor that could lead to development of other serious conditions either in childhood or in adulthood. Trauma could have an impact on different developmental stages, varying in degree in which it affects. If untreated that can influence later life stages and can be manifested in physical or psychological level (Terr, 1991). Trauma also plays a role in the delay in maturation of different brain regions that includes the amygdala, hippocampus, prefrontal cortex, orbitofrontal cortex. Along with maturation delay in brain regions, overactivity in the HPA axis, neuroendocrine system were observed. It also leads to increased emotional reactivity further leading to the development of symptoms of anxiety, depression (Nadel, 1992). Childhood trauma shows long-term effects on all aspects including physical and emotional well-being, conflict resolution, emotional and behavior response in their late adulthood. In adulthood, the individual experience difficulties in forming and maintaining healthy relationships. They could develop depression and anxiety disorders as every time after traumatic event the body releases high cortisol levels which later contributes to development of disorder. They also face sleep disturbances, high probability to have nightmares and contributes to short-term sleep. Thus,

their traumatic events could reflect in their sleep as well (Terr, 1991). In Adult phase, they might engage in substance abuse to distract themselves and they are at high risk of relying on alcohol, leading to addiction. The traumatic event could impair the cognitive control in an individual and it in turn increase the impulsiveness later contributing to risk of developing suicidal ideation and attempt (Rogerson et al., 2023). The present study discusses the case presentation of 72-year-old male, who has been exposed to disruptive family environment in the childhood highlighting the significant psychological impact of the event in late adulthood.

2. Methodology

The study used qualitative single- case study analysis to obtain in-depth understanding of psychosocial and behavioral experiences. Participant was an elderly male selected through purposive sampling. Data was collected from using semi-structured interviews. The interview was conducted in a private clinic and probes were used to clarify responses. Responses from the interview were transcribed and analyzed using content analysis which included steps such as data familiarization, coding, categorization and identification of emerging themes. . Past clinical and social records of the subject were reviewed to ensure reliability of recalled information. Informed consent was sought from the participant and confidentiality of interview data was maintained

3. Case Presentation

The case (PK) is a 72-year-old male from rural background nuclear family currently residing in an old age home. He was close with his mother until the age of 10 but his father decided to seek divorce due to the undiagnosed psychiatric illness in the mother. He grew up with his stepmother until age of 15. The stepmother was abusive both emotionally and physically, showed hatred and expressed a sense of jealousy and favoritism towards her biological children, engaged in

controlling behavior towards PK. His father showed him inconsistent love and affection. In his school, he showed shy and reserved temperament and has limited friends. The difficulty in making friends was due to strained relationships with his family. Due to conflicts in his home, he never wished to stay at home. Major life changes in his adolescence phase led to strained relationship between PK and his father. At age of 16, his father forced him to leave the house, earn, and take care by himself. He managed to stay in a hostel and live independently by doing a part time job. The job-seeking process was not easy as he was a minor and most of them neglected to offer him a part time job. It was difficult as he lacked both emotional and financial security. Along with this, he also had the huge responsibility of searching for his livelihood without proper guidance and support. Although he wanted to pursue higher education, he did not join college. To achieve financial security, he joined in Indian army to serve for country. Initially he felt the job was stressful and less satisfying. At age of 25, he married his partner. Both shared better understanding, loyalty and showed commitment. He received emotional security from his wife and saw his wife as his mother. This made PK to feel complete and loved in his life. They had three children- two sons and one youngest daughter. Since he was working in army away from home, he could not establish emotional connection with his children. His wife passed away at age of 50 due to sudden acute renal failure. This sudden death of his wife created a sense of loneliness and feelings of no purpose in living his life. Post his wife's death, he experienced myocardial infarction and managed to recover through surgery. His children saw him as a burden and were not emotionally supportive. Currently residing in an old age home, he experiences heightened loneliness following the separation of his mother, which intensified after the loss of his wife. While he is gradually emerging from the grief phase and accepting reality, occasional emotional relapses into loneliness persist. He shows physical decline, which includes decreased walking speed, fatigue after a prolonged activity, and difficulty sleeping due to his preoccupation with his family concerns. He reports emotional distress and frequently tears up when recalling his past.

4. Discussion

According to Attachment theory by John Bowlby (1969) early interaction and attachment influence emotional regulation in later phase in life. If child receives inconsistent love, support and experiences trauma during this critical period that may lead to develop disorganized or avoidant attachment style and have issues in forming relationship throughout life span, and increases the risk of forming mental illness (Bowlby, 1982). In the present case, neglect of his parents in the critical developmental period, lead to development of disorganized attachment style with his peers, wife and children. Forcefully sending PK out of his home at age of 16- a significant traumatic event in his life increased emotional instability. Based on Porges Polyvagal theory (2001) consistent exposure to traumatic events, abuse or neglect led to disruptions in autonomic nervous system and impacts regulation of emotion, stress response. Trauma could keep the individual in sympathetic dorsal state thereby pushes the individual to emotionally detach or withdraw which is evident in the case's relationship with his friends, colleagues

and children. Ginexi et.al., (1994) found that to escape violent, abusive or dysfunctional home, environments, people choose military profession which is also seen in the case of PK. This acts as a maladaptive coping strategy- escaping from stressful situation, which further complicates the psychological distress (Blosnich et al., 2014). From Maslow's hierarchy of needs (1943), although physiological and safety needs are satisfied through his military profession, love and belongingness needs are unmet. This unmet belongingness need was temporarily satisfied by his wife. However, after the death of his life, he lost his purpose in life. Study by Verhagen et. al (2018) found that unmet need to belong strong affected psychological well-being in adolescents. Lack of emotionally meaningful relationship after his wife's death, increased psychological distress in PK. Loneliness was found to be associated with lack of closeness and presence of conflict (Norlin et. al., 2025). This is also evident in the present case that the conflicted relationship with his children exacerbated loneliness.

5. Implications and Conclusions

This case study demonstrates that unresolved childhood trauma can exert persistent effects on emotional regulation, interpersonal relationships, and psychological well being into late adulthood. The findings highlight the critical role of early adverse experiences in shaping lifelong mental health trajectories. Addressing trauma through early intervention and trauma informed care is essential to reduce long term psychological burden. Future research should incorporate systematic methodologies and larger samples to strengthen generalizability and clinical application.

Declaration

Informed consent has been obtained from the patient

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