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Educational Specialist Research Project:
Exploring How Interpersonal Childhood Trauma Impacts Emotional Development
Kathleen Hobbs

A research project submitted to the Graduate Faculty of

JAMES MADISON UNIVERSITY

In

Partial Fulfillment of the Requirements

for the degree of

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Abstract

Our earliest interactions in life lay the foundation of how we relate to ourselves and others throughout adulthood. When a child experiences abuse and neglect that is relational in nature, referred to as interpersonal childhood trauma, research shows that they are at a much higher risk to display emotional difficulties that have been found to contribute to extensive health consequences throughout the lifespan. Less has been documented however regarding exactly *how* this kind of trauma influences emotional development. The purpose of this paper is to explore the current research that exists on the relationship between interpersonal childhood trauma and emotional development in adulthood. In evaluation of eight peer-reviewed articles on this topic, it is proposed that interpersonal childhood trauma has the potential to impair one's capacity to regulate emotions, thus leading to greater difficulties in adulthood.

Introduction

Interpersonal childhood trauma can be defined as any form of “psychological, physical, and sexual abuse, neglect, and witnessing interparental violence before 18 years of age [that results] in actual or potential harm to a child’s health, survival, development, or dignity in the context of a relationship of responsibility, trust, or power” (Dugal, 2016). Examples of this may include a child: being ignored or feeling unloved by a caregiver, not being provided adequate health and housing needs, being humiliated, criticized, or threatened by a caregiver, being kicked, slapped, or beaten by a caregiver, or being sexually molested. According to late research from both national and international studies, “61% of children have experienced at least one type of interpersonal trauma and more than one-third report two or more additional types of interpersonal violence” (Dugal, 2016). Experiencing this kind of trauma during such formative years can have absolutely devastating effects on one’s emotional development, where survivors often experience feelings of heightened anxiety, shame, guilt, sadness, and anger long after childhood (Cross, 2017). The impact of these emotional difficulties can be felt across multiple areas of the individual’s life from relationship satisfaction, psychological functioning, and physical health. The purpose of this paper is to provide an overview of the available literature on emotional development in adulthood for survivors of interpersonal childhood trauma.

Literature Review

Emotions are responses to events or circumstances that serve as messages to help us determine appropriate action to take to survive and thrive in our complex world (Lench, 2018). Emotions like fear, sadness, and anger are common reactions to a

percieved threat, loss, or unmet need. When a child experiences any form of abuse or neglect, they find themselves in a situation that is beyond their control. They may grow up in an environment where their negative emotions were rejected, punished, or ignored by caretakers and consequently never learn how to process these emotions. As children, they cannot change their environemnt so the only safe response is to alter their emotional reactions to it (Lench, 2018). Moreover, this kind of environment impacts the child's early attachment patterns, where he or she may learn that relationships are unsafe (Allen, 2016). The child may grow up with a negative perception of themselves, the world, and trust in others.

Research shows that individuals who have been maltreated as children report experiencing more negative emotions, increased reactivitiy to such emotions, and greater difficulties in interpersonal relationships as adults. Exposure to interpersonal trauma in childhood interrupts the developmental process where the individual becomes particularly sensitive to and uncomfortable with experiencing negative emotions and may have to work twice as hard to manage these emotions in interpersonal interactions throughout their lives. This is because these early traumatic experiences deactivate the brain structures responsible for regulating intense emotions (Dye, 2018).

Statistically, adults who were exposed to interpersonal trauma in childhood have more difficulty in relationships with others, lack self-worth, and are prone to internalize their distress and use maladaptive coping strategies which often leads to significant challenges psychologically and socially (Grossman, 2017).

Problem Statement

Over the past fifty years or so, multiple professions in mental health have put much effort into developing effective treatment models for trauma survivors. Yet despite the establishment of nearly one hundred distinct evidence-based practices that have come from this research, there is currently no model that has been specifically designed to concentrate on the emotional effects of interpersonal childhood trauma in adult survivors. Furthermore, the majority of these models fail to outline clear guidelines or considerations for treating this population completely (Grossman, 2017).

Significance of the Study

The negative outcomes of this kind of trauma are equal to or worse than other forms of trauma and yet it has not received much attention at all in clinical research. With the lack of recognized interventions to specifically target the emotional effects of childhood interpersonal trauma in adulthood and the unfortunate prevalence of childhood maltreatment, it is clear that more research in this area is needed. Interpersonal trauma in childhood drives many clients toward lifelong paths of failure, revictimization, and self-loathing. Exposure to this kind of trauma as a child has been linked to adult psychopathology, including mood disorders, personality disorders, and more. As mental health professionals, it is our duty to understand the pervasive reality and detrimental emotional effects of childhood maltreatment so we can both identify and challenge current practices and societal structures that hinder effective response to this dilemma. It is only in this that we can overcome the injustice that surrounds these survivors and intervene in a practical, meaningful way. (Grossman, 2017)

Conclusion

The positive integration of healthy emotional development is essential for us to conduct rich, fulfilling lives. Our emotions are such a valuable source of information that influence the decisions we make, the connections we create with others, and how we experience the world. Interpersonal childhood trauma sadly impacts so many people today who are often left in the shadows where they continue to repeat the maladaptive patterns learned long ago. To me, it is evident that more study is needed on this topic to address the emotional deficits that lead to so many other issues.

Cameron, L., Carroll, P., & Hamilton, W. (2018). Evaluation of an intervention promoting emotion regulation skills for adults with persisting distress due to adverse childhood experiences. *Child Abuse & Neglect*, 79, 423–433.

<https://doi.org/10.1016/j.chiabu.2018.03.002>

Research has shown that the more adverse childhood experiences, or ACEs, one has, the more susceptible they are to exhibit greater difficulties with emotion regulation and dysfunctional coping strategies to stressful events. Emotion regulation has been linked as a pathway between childhood trauma and negative social, psychological, and physical well-being throughout one's lifespan. Because of this, there has increasingly been a focus to develop programs to help adults with a history of ACEs overcome the negative consequences that tend to accumulate over the years. The ability to regulate one's emotions has been identified as one set of mechanisms that ACEs pose in adulthood. This article explored the effectiveness of an intervention program that was designed to improve emotion regulations skills in adults with a background of adverse childhood experiences. In specific, the study looked at changes in emotional regulation skills, resilience, quality of life, and physical health of adults with a background of ACEs.

Methods for this study included 292 participants attending a twelve-week program with two-hour sessions each week, as well as participants completing assessment measures both before and after the program. This program, called the ACE Overcomers Program, focused on educating participants on how their traumatic experiences have affected them emotionally and psychologically and then teaching them skills to improve emotion regulation, self-awareness, resilience, and social functioning. Results from this study displayed that after completing the twelve-week program,

participants experienced a decrease in emotional suppression, rumination, negative mood, and depressive symptoms, while showing an increase in cognitive reappraisal, mindfulness, ego resilience, self-efficacy, and emotional well-being. Further, participants reported a reduction in somatic symptoms and took fewer sick days over the course of the training. These findings build on past research to support how the application of an emotion regulation perspective can help individuals with childhood trauma to build resilience in adulthood.

Cloitre, M., Khan, C., Mackintosh, M.-A., Garvert, D. W., Henn-Haase, C. M., Falvey, E. C., & Saito, J. (2019). Emotion regulation mediates the relationship between ACEs and physical and mental health. *Psychological Trauma: Theory, Research, Practice, and Policy*, 11(1), 82–89. <https://doi.org/10.1037/tra0000374>

While there is evidence on the relationship between emotions and physical health consequences, past research has focused less on the dynamics between emotion regulation and mental health outcomes in the context of interpersonal childhood trauma. This study aims to add to the growing literature supporting the influence of emotion regulation difficulties on later poor health outcomes. Specifically, the purpose of this study was to confirm emotional regulation as a mediator in the relationship between adverse childhood experiences and later onset of PTSD, depression, and physical health problems in women with a background of interpersonal violence.

290 culturally diverse women with a mean age of 42.5 and a background of abuse and/or neglect by a caregiver participated in this study. Methods included participants completing assessments in the areas of ACEs, emotional dysregulation, PTSD symptoms, depression, and physical health. It was found that participants shared number of 4.7 ACEs and an average of 9.3 traumatic events through their lifetime. Results demonstrated that difficulties with emotion regulation significantly mediated the relationship between adverse childhood experiences and each of the three outcomes considered of PTSD, depression, and poor physical health. Research findings supporting this relationship illustrates that childhood trauma such as maltreatment by caregivers critically impacts the capacity for adaptive emotion regulation which leads to many health issues through one's life.

Cross, D., Fani, N., Powers, A., & Bradley, B. (2017). Neurobiological Development in the Context of Childhood Trauma. *Clinical Psychology (New York, N.Y.)*, 24(2), 111–124. <https://doi.org/10.1111/cpsp.12198>

This article sought to explore how childhood trauma may impact neurobiological systems that can lead to significant impairments in the brain's processes of executive function and emotional regulation, while also amplifying the chance to develop dissociation symptoms and other disorders relating to trauma. In this, the authors chose to focus specifically on interpersonal trauma in childhood due to its tendency to involve various types of abuse over an extended period of time. This type of trauma can disrupt typical development over time and significantly affect one's ability to adapt to stressful events through their lifetime.

Executive function is a set of cognitive processes that helps an individual regulate themselves to respond appropriately to their environment and goals. Impairments in executive function include diminished working memory, cognitive flexibility, and inhibitory control. Past studies have found that the more interpersonal traumatic events a child experiences, the greater reduction in overall executive function they experience. This is particularly true the younger the child is and if the trauma recurred through multiple developmental stages. One study found that maltreatment in childhood accurately predicted cognitive flexibility at age 41, expressing how impairments in executive function can last throughout their life.

Developmental research shows a strong association between trauma and a child's capacities around emotional awareness, understanding, and regulation. Specifically, it has

been found to lead to “attentional bias to negative threatening stimuli, trouble recognizing emotions in the self or others, and difficulty effectively modulating or reappraising distress” (p. 115). This can be explained by the likelihood of a lack of exposure to caregivers’ appropriate emotional expression and regulation in this context as well as the role executive function has on emotion regulation. Further, dissociative symptoms have been commonly found in individuals with a background of childhood trauma, and dissociation has been linked to an individual’s impaired awareness of somatic states and increased risk of developing disorders such as PTSD and depression. The authors conclude the article with implications of the explored findings in treatment interventions.

Infurna, F., Rivers, C., Reich, J., & Zautra, A. (2015). Childhood trauma and personal mastery: Their influence on emotional reactivity to everyday events in a community sample of middle-aged adults. *PloS One*, 10(4), e0121840–e0121840. <https://doi.org/10.1371/journal.pone.0121840>

While numerous pathways have been recognized within the relationship between early adversity and one's health across the lifespan, the concept that childhood trauma reshapes an individual's perception and reaction to everyday events has yet to be fully analyzed. The notion behind this is that these elements express social-emotional regulation that can accumulate adverse consequences over time to impact development. For this study, researchers focused on exploring how social-emotion regulation influences the relationship between early adversity and negative outcomes throughout the lifespan, as well as how the concept of personal mastery may mediate the outcome.

Methods included having 800 participants between the ages of 40-65 complete both the Childhood Trauma Questionnaire and the Pearlin Mastery Scale, as well as tracked their affect in relation to day-to-day positive and negative events in a 30-day daily diary. Results displayed that higher levels of childhood trauma corresponded with greater negative and lower positive affect. Specifically, those with childhood trauma expressed an increase in positive affect in response to positive events, while negative events led to increased negative affect. Interestingly, personal mastery was found to correspond with this same pattern, suggesting that mastery actually increases an individual's sensitivity to positive and negative events. Combined, these results indicate that there is a heightened emotional responsiveness to daily events and an altered perception of mastery among adult survivors of childhood trauma.

Marusak, H., Martin, K., Etkin, A. et al. Childhood Trauma Exposure Disrupts the Automatic Regulation of Emotional Processing. *Neuropsychopharmacol* 40, 1250–1258 (2015). <https://doi.org/10.1038/npp.2014.311>

Research in adults has revealed an association between childhood trauma and neurobiological changes and impairments in emotion regulation, but less is known regarding if these specific neural changes can be seen in childhood. This study looked to investigate the impact trauma has on emotion regulation control processes during the first two decades that are formative to one's developmental journey. The authors led with the hypothesis that youth exposed to trauma would exhibit greater deficits in the ability to ignore emotional distracters that are irrelevant from task at hand as well as a decreased capacity to regulate emotional conflict.

Methods included the review of neuroimaging data of 30 individuals between the ages of 9-16 years, with 14 of the participants having a background of trauma. This age range was selected specifically due to the recognition of the emergence of mental illness around the time of puberty. While undergoing a functional MRI screening, participants completed an emotional conflict task where they were instructed to identify facial affect while ignoring an overlying emotion word that either matched the given facial expression or conflicted with it.

Observations noted from this activity included that the trauma-exposed participants initially responded quicker to the prompts but made more errors in repeated trials compared to the control group. This displays that the youth with trauma backgrounds were not able to regulate emotional conflict, as shown with their lack of

improvement in overall accuracy. Further findings of this study evidenced that trauma-exposed youth showed much greater amygdala reactivity to emotional conflict that is associated with decreased levels of sensitivity to trait reward responsiveness. This trait of reduced reward sensitivity has increasingly been recognized as a crucial aspect of stress-susceptibility that may lead to development of mental disorders during adolescence. These results propose that conflict resolution impairments involving emotional processes might underlie adult mental health issues in those who experienced childhood trauma.

McKay, M., Cannon, M., Chambers, D., Conroy, R., Coughlan, H., Dodd, P., Healy, C., O'Donnell, L., & Clarke, M. (2021). Childhood trauma and adult mental disorder: A systematic review and meta-analysis of longitudinal cohort studies. *Acta Psychiatrica Scandinavica*, *143*(3), 189–205. <https://doi.org/10.1111/acps.13268>

Childhood trauma is known to be associated with significant mental health consequences including psychotic episodes, depression, and bipolar disorder. Specifically, those with a background of maltreatment in childhood tend to report more long-standing and recurring mental health issues. The purpose of this study was to investigate the evidence for the association between exposure to different types of trauma in childhood and the later onset of mental disorders in adulthood, with a focus on affective and psychotic disorders that are commonly adult-diagnosed. Methods included the authors analyzing 23 peer-reviewed, longitudinal cohort studies that investigated the relationship between childhood trauma and adult mental disorders.

Results from the study underlined a strong association between three forms of childhood trauma including bullying, maltreatment, and parental loss, and the diagnosis of mental disorders in adulthood. Most markedly, the experiences of various types of maltreatment and being involved in bullying during childhood led to an individual being three times more likely to develop a mental illness later in life. Authors note an explanation of these results being evidence that exposure to chronic stress in childhood can disrupt future regulatory functions that aid the body's adaptive response to stress. Findings greatly support the link between interpersonal childhood trauma and adult mental illness.

Poole, J., Dobson, K., & Pusch, D. (2018). Do adverse childhood experiences predict adult interpersonal difficulties? The role of emotion dysregulation. *Child Abuse & Neglect*, 80, 123–133. <https://doi.org/10.1016/j.chiabu.2018.03.006>

Research has progressively recognized childhood adversity as a predictor of interpersonal difficulties throughout one's life and has identified these difficulties as risk factors for a variety of mental health issues. While specific types of ACEs like physical and sexual abuse have already been linked to later relational difficulties, there has been a lack of research around how other types of ACEs impact interpersonal functioning and what mechanism emphasizes this relationship. In this study, the authors attempt to ascertain that adverse childhood experiences predict later interpersonal difficulties in adulthood. More specifically, they also looked at the role emotional dysregulation plays between this association.

Methods for this study included over 4000 adult participants to complete multiple self-report assessments on the topics of ACEs, interpersonal difficulties, and emotional dysregulation. Results showed that 70% of participants reported at least one ACE in their childhood while nearly one in five participants reported four or more types of ACEs. It also found a strong association with each of the ten types of ACEs and interpersonal difficulties in adulthood. Further, results found that emotion dysregulation does mediate the association between ACEs and interpersonal difficulties, which is consistent to other studies that have shown that both adults with ACEs and adults with interpersonal difficulties reported impaired emotion regulation abilities. This study highlighted the significance for mental health professionals to assess for interpersonal difficulties in

clients who have a history of adverse childhood experiences, and for trauma among clients displaying interpersonal difficulties.

Rudenshine, S., Espinosa, A., McGee, A. B., & Routhier, E. (2019). Adverse childhood events, adult distress, and the role of emotion regulation. *Traumatology*, *25*(2), 124–132. <https://doi.org/10.1037/trm0000176>

In the realm of psychology, it is widely understood that emotion regulation plays an important role in adaptive functioning and distress tolerance across one's life. Adverse childhood experiences may lead an individual to use maladaptive strategies such as avoidance, maladaptive cognitions, and self-destructive behaviors to regulate emotions that result in decreased coping flexibility and a negative feedback loop throughout the lifespan. This study focused on six subscales in the Difficulties with Emotion Regulation Scale (DERS) to investigate the relationship between ACEs and adult psychological distress. DERS is a self-report measure that examines factors around emotion dysregulation. Researchers hypothesized that emotion regulation would mediate the relationship between early trauma and adult distress and that varied dimensions of emotion regulation would impact this relation differentially.

An ethnically diverse, clinical sample of 334 adults with a mean age of 28.88 years old completed the DERS assessment, along with two other measures that assessed for adverse childhood experiences and psychological distress. Results of this study revealed that difficulties with emotion regulation did indeed mediate the link between ACEs and later psychological distress. In particular, results showed that the DERS subscales of Impulse Control Difficulties, Nonacceptance of Emotional Responses, and Lack of Access to Emotion Regulation Strategies greatly influenced an individual's level of distress. From this, it can be speculated that an individual's capacity to tolerate and regulate negative emotions, the belief that he or she can control their impulses when

distressed, and the implementation of adaptive coping strategies notably alters the outcome of childhood trauma in adulthood.

Reflection

My interest to explore the available literature on the relationship between interpersonal childhood trauma and emotional development in adulthood is the result of a combination of recent experiences involving my own healing, what I have learned in this counseling program, and working with clients for the first time. Specifically, I remember having a certain “aha” moment when I was assigned the topic of child abuse and neglect for a presentation at my practicum site. As I researched the specific forms of child abuse and neglect, a lump swelled up in my throat as I realized how many of *my* childhood experiences were classified as abuse and neglect. Although painful, I also find my growing self-awareness to be incredibly empowering as I come to accept myself and relate to others more intimately.

Through my practicum and internship journey, my curiosity around this topic continued to develop. I realized that every single client that I have worked with thus far encountered some form of abuse or neglect in childhood. Now sure, this could be seen as a coincidence, but I don't believe it is. The more I have gotten to work with clients and talk to others with trauma backgrounds, the more I understand that childhood trauma really is an epidemic. I do not believe it is a coincidence either that most, if not all my clients display difficulties in emotional expression, relationships, and a lack of self-worth. Interpersonal childhood trauma is pervasive with devastating, long-standing consequences. From these experiences, I see the central theme around this to be emotional development, so naturally this became my research project.

In my process of collecting peer-reviewed articles for the annotated bibliography, I mainly pulled from James Madison University's library database, but I also came across a couple of fitting articles using Google Scholar. In my search, I used phrases such as "childhood trauma and adult emotional development," "ACEs and emotional outcomes," and "impact of childhood trauma on emotions." With this, I have to say that I found it difficult to locate relevant articles to use for my paper. I was hoping to find articles targeting specific emotions in response to childhood trauma like anger, worry, and fear and how these may be impacted throughout adulthood but unfortunately, I did not come across any like this. While thousands of articles would come up with the keywords that I used, the studies having to do with the impact of childhood trauma on adult emotional development were far and few between.

Most of the articles I found focused on children or adolescents, or the relationship between childhood trauma and specific mental disorders. In hindsight, I wonder if using the term "emotional functioning" instead of "emotional development" in the search engine would have changed the results. Two other considerations around my difficulty in finding relevant research come to mind as well – the first being that my topic was quite specific and the second being that emotions are more difficult to study in general than other concrete dimensions. Additionally, it is important to note as well that there were limitations indicated in some of the studies that I used such as insufficient sample size, selection bias, and using self-report measures as the central method of data collection. Still, I think in digesting the research findings altogether, one can come to an agreement of the evidence proposed.

In review of the relevant articles that I used, the theme of “emotion regulation” took center stage. In fact, this was the subject being examined in all the studies I pulled from. All eight of the articles in my annotated bibliography came to the same consensus – interpersonal childhood trauma significantly impairs emotional development by diminishing one’s capacity to regulate emotions, which in turn contributes greatly to negative physical and psychological outcomes through adulthood. I display this relationship in the diagram on page 26.

The concept that undoubtedly stands out to me regarding the research explored is the vital role emotions play in the intricate relationship between the mind and body. Our bodies produce an emotional reaction dependent on the given environment that sends a signal to our brain where our mind perceives a specific feeling. In the context of interpersonal childhood trauma, I conceptualize this with the knowledge I have gained around attachment and human development. If we learn to interact with others and regulate ourselves by the relationship we have with our caregivers in childhood, it makes sense that abusive and neglectful experiences with our caregiver would impact our emotional development and perceptions of both our identity and the world. As evidenced throughout research, early childhood is a sensitive and formative time where our core selves are susceptible to internalize the maladaptive patterns of our family. I believe this commonly looks like forming a deeply rooted belief that we are unworthy and unacceptable as ourselves, and generally just not good enough. Without intentional healing, this wound follows us well into adulthood and through the lifespan.

I call this the “not good enough wound” and observe its presence within all my clients, to some degree or the another. My current caseload is comprised of 10 culturally

diverse individuals between the ages of 4-74 years old whom I have worked with over the timespan of 3-14 months. While each came to me with their own individual set of traits and backgrounds, all of them presented with a form of anxiety and/or interpersonal difficulties. As I consider these therapeutic relationships, I notice a pattern in my work with clients. At the start, I solely focus on building a safe and accepting atmosphere with the client where I am consistent and warm. What I have found most helpful to the client is patiently listening to them recount their traumatic experiences and responding by validating their emotion and affirming that the mistreatment they endured was unjust and in no way their fault. Once the client feels understood and begins to challenge the beliefs of “I am bad” and “I am not enough,” their pervasive shame starts to dissolve we were can *really* start to address the presenting problem.

To give the reader a better understanding of this work in session, I want to provide a case study. While this case is based on true accounts, it is compiled together with the thought of multiple clients I have seen as to not give away any personal and confidential information. *Molly is a first-generation college student and a child of immigrants. While she initially was very skeptical about counseling, she decided to give it a go when issues with her roommate became too overwhelming. Molly came off very tight-lipped and cautious to me. She was friendly, but with a constricted affect. I understood that this was an unfamiliar and scary experience for her, so I made sure to tread lightly around the details she was willing to give me about her life, focusing solely on validating her experience and affirming her courage for trying out therapy. The

dynamic between us went on like this for several weeks and gradually, she began to open up more.

When asked about her childhood, she claimed “it was fine.” As she recounted events of her childhood however, I saw it was most definitely not “fine.” Growing up, it was common for Molly’s mother to storm in her room as she wanted, berate her, threaten her, and hit her as punishment. Even once, her mother threw a wooden chair at her head, causing Molly to lose consciousness for a few seconds. In telling me about the roommate situation, Molly described her roommate as overbearing and condescending – so much so that Molly was afraid to leave her room and felt anxious that she would barge in. Similarly, these were some of the same traits she used to describe her mother, though she was much more forgiving of her mother’s behavior. I noticed more patterns as our conversations unfolded. Molly had much trouble making friends and tended to keep to herself, even though she craved connection. She dreamt of having a relationship with her father, but he had always seemed distant and disinterested.

It was clear to me that Molly’s experience of interpersonal trauma in childhood impacted her current emotional functioning. She was always very cautious around people, fearing something bad may happen. Though she had moments of wanting to feel close to others, she isolated herself most of the time to stay safe. Additionally, she was very much cut off from her emotional world. She lived her life from this illusioned perspective of “its fine.” She always tried to be perfect in whatever she did; she wanted to be *good enough*.

Our work together has been gradually increasing her awareness of her traumatic childhood her and awareness of her emotions. Because she is still very loyal to her mom,

I have been careful to point out her abuse, while also honoring her mother's own experience of abuse and the cultural aspect of their interactions. We start each session with a mindful moment where I ask Molly to use a Feelings Wheel to assess what emotion she is feeling. I meet her self-critical remarks with compassion. If what we are talking about feels too intense where I see she is having trouble, I honor her defenses as wisdom to help protect her. I try to reiterate often that there is no wrong way of being in our sessions. Whether she is feeling angry, tearful, exhausted, or numb, I will accept her as she is. While I have done my fair share of using psychoeducation and mindfulness approaches in session, the therapeutic relationship we share is the foreground of her healing.

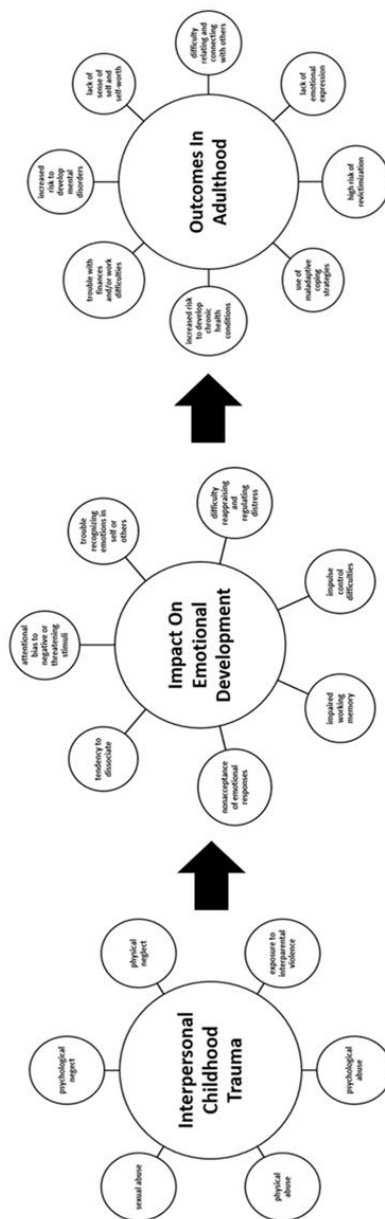
In working together for several months, I have seen much progress in Molly's presentation. She is more accepting of herself and aware of how her past has impacted her, she is learning to practice setting healthy boundaries and communicate her needs more effectively, and slowly but surely, she has gotten better at identifying her emotion in the moment. My hope is that in all of this, Molly can come to understand her worth as a human and her capabilities and use the variety of adaptive coping strategies we have discussed to better regulate her emotions and connect with others more intimately.

In consideration of my theoretical orientation, I pull from an Internal Family Systems model and attachment theory, with a foundation of person-centered therapy. As for my treatment approach, I feel it is critical promote self-efficacy and acceptance of self in the goal of the client learning to regulate their emotions. What I have observed in my work is that once the client gains confidence in who they are and their capabilities, they

tend to manage their emotions better and practice healthier boundaries with others, thus leading to improved relationships, less stress, and an overall greater well-being.

To conclude, I believe my work with clients echoes what I have learned through this project and vice versa. Adverse childhood experiences have the potential to severely impact our regulatory processes of emotions that often lead to tragic consequences through adulthood. While grim, these findings lead to a better understanding of the impact of trauma where the subject of emotion regulation can be identified as a central focus of intervention in working with adult survivors of interpersonal childhood trauma.

Figure 1



Above is a visual representation of the impact of interpersonal childhood trauma on emotional development through adulthood.

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