Life Satisfaction in Adulthood Among Those Who Experienced Trauma in Early Childhood: A Qualitative Study

by

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ABSTRACT

The present study examined the relationship between the experience of trauma during childhood (ages birth-12) and life satisfaction in adulthood (ages 30-45) in a sample of convenience consisting of eight (8) adults, six (6) women and two (2) men, who volunteered to participate in this qualitative study and self-identified as having experienced trauma between birth and age 12 years. Participants were asked to describe the trauma(s) they experienced in childhood and to discuss their thoughts and feelings about present circumstances in their lives, and how their lives have been impacted by the trauma they experienced. Data were collected via in-person interviews that were audio-taped and transcribed. The data were analyzed using a process of thematic coding. Nine (9) emotional themes were identified: aggression, anger, fear, frustration, helplessness, insecurity, irritability, loneliness and sadness.

Participants reported a variety of traumas experienced, and their responses to difficult experiences were varied. Participants reported being impacted differently in eight domains of life that were examined in the study: mood related problems, self-care, social support, primary partner relationship, career, decision to have children, parenting and adult life satisfaction. All participants stated they had been impacted by early life trauma, and all stated that early-experienced trauma(s) had an impact on their life satisfaction in adulthood.

Inter-coder reliability for emotional thematic codes and domains of life impacted by early trauma was .82.

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Problem Statement

Early childhood experiences impact and influence the social and emotional development of an individual for the rest of his or her life (Erikson, 1968; Schore, 2008). We know that a secure attachment during early childhood is important for normal and healthy development to occur (Bowlby, 1969). We also know that trauma experienced in early childhood can be detrimental to mental, physical and emotional development (Shore, 2008). Depending on the type and severity of the trauma, early traumatic experiences can pave the way for a wide variety of emotional and mental health problems (Schore, 2008; Teicher, 2000; Waite, et al., 2010).

We also know that the impact of trauma in childhood depends on many factors, such as whether or not the individual had a secure attachment relationship, the type and quality of attachment relationship they had since birth, and at what age and/or stage of development the trauma occurred (Perry, 1995). Individual responses to adverse situations vary greatly. This is probably due to individual differences, such as temperament, and environmental differences, including differences in resources and goodness of fit with caregivers (Teicher, et al., 2002; Weber & Reynolds, 2004).

Much has been studied about how adverse early experiences affect children, adolescents and geriatric populations, but little research exists in the area of how early childhood trauma affects people in middle adulthood. There is a lack of research literature that examines how trauma in early childhood impacts life satisfaction, and I could not find any studies that examine how early childhood trauma impacts life satisfaction in middle adulthood. Middle adulthood is a time when people are having

children, raising children, and are active in their careers (Erikson, 1968; Paplia, 2009). Therefore, people in this phase of live are actively influencing the lives of others in multiple realms around them. Studying adults who have experienced early childhood trauma can help us to better understand this segment of the population. This can inform practitioners who work with children and families and can further the study of developmental psychology in adulthood, overall.

Chapter Two

Literature Review

Development Occurs in a Context

Human development occurs within a social, cultural and environmental context, and people learn through the experience of interacting with their surroundings. From the beginning of life, people are simultaneously interacting with their environment and being influenced by the many dimensions of this environment. Each individual is born with a unique biological make-up, and this genotype is expressed through interactions with the external world (Bronfenbrenner, 1994; Gibson & Pick, 2000; John-Steiner & Mahn, 1996).

Social and Emotional Development and Developmental Milestones in Childhood

Infancy. During the initial phases of life, infants learn and make sense out of the world through the experiences they have. Erikson (1968) wrote that infants are struggling with the concepts of basic trust versus basic mistrust. Infants need to develop a sense of trust in the world and learn that they can depend on people (their caregivers) to meet their basic needs. A primary developmental task in infancy is to develop an attachment relationship with a primary caregiver(s). This has a biological function because it keeps a baby in close physical proximity to an adult (Bowlby, 1969; Ainsworth, 1985). This is also a foundational step in social and emotional development (Erikson, 1968).

Social and emotional development occurs within the context of the attachment relationship (Bowlby, 1969; Schore, 2008). Infants develop awareness within these relationships and demonstrate this awareness through “joint attentional states” with

caregivers. Joint attentional states occur when an infant looks in the direction of an adults gaze or looks at an object, at an adult's face, and then back at the object again. Social referencing is another technique infants learn through this first relationship. This occurs when the baby uses the adult's emotional cues to understand a given situation (Thompson, Goodvin, & Myer, 2006).

During infancy, babies need sensitive, responsive, reliable and consistent care giving (Paplia et al, 2009; Schore, 2008). This is necessary for a secure attachment to form, and this facilitates neurophysiological development. Through the attachment relationship, the baby becomes comfortable interacting with another person, and these experiences promote the development of the brain (Schore, 2008). More specifically, the mother-infant interaction promotes the development and maintenance of synaptic connections during the establishment of circuits in the right brain (Schore, 1994).

Also through the attachment relationship, the baby begins to develop the ability to regulate emotion (Schore, 2008). Through early dyadic interaction, the mother helps to co-regulate the infant's activity and arousal levels by reading the infant's cues and making sure the baby has times of both engagement and recovery (Schore, 2008). This comforts and supports the baby and also helps the development of the infant's central and autonomic nervous systems (Schore, 2008). Through this relationship, attachment develops, and infants develop the trust they need to continue to develop socially and emotionally. Interactions that occur here are the cornerstone of social and emotional development (Schore).

Toddlerhood. During toddlerhood, young children need security, safety, support, and the opportunity to explore their surroundings and the outside world. This phase,

from ages 18 to 36 months, is the second stage of Erikson's stages of psychosocial development, when young children are struggling to find a balance between autonomy and shame. There is a natural drive toward autonomy and individualization, and with support, toddlers build on the trust that was established during infancy and become more autonomous. As autonomy increases, they develop their own will. Without support, toddlers are at risk of becoming overwhelmed and developing problems that may impede development (Erikson, 1968).

During toddlerhood, the attachment relationship is extremely influential. Through the attachment relationship, the child receives the support they need to develop new skills and handle new challenges and experiences. Without this support, new experiences and new challenges can be overwhelming and stressful (Davies, 2010; Lieberman, 1993).

The development of internal working models occurs in toddlerhood, as well. Internal working models are understandings about people and the world, and these develop through the attachment relationship and through early experiences. Children with sensitive and responsive caregivers develop an internal working model based on the premise that the world is a safe, predictable and benign place. Children with these internal working models approach the world with confidence and seek help if they need it. Children who cannot depend on attachment figures learn to see the world as unpredictable, overwhelming or scary, leading them to either retreat from the world or fight it (Grossman et al, 2005).

Secure attachment relationships allow young children to use the parent for help during times of frustration or stress. If the parent or caregiver is responsive and

emotionally available, toddlers continue to develop the ability to regulate affect and behavior. With help, toddlers develop social competence and autonomy on a continuing basis. They begin to develop an understanding of reciprocity through play with peers, and they begin to comprehend social expectations, which is evidenced by their imitation of parental behavior. The attachment relationship supports this development by providing modeling for behavior, help through social referencing, and encouragement of language development and communication (Davies, 2010; Lieberman, 1993).

School Ages. During the preschool years, children continue to learn about the external world through experiences with attachment figures and members of their family (Paplia et al, 2009). During this period, children copy adult behavior and take initiative in creating play situations. Erikson (1968) states that in this phase children struggle with concepts related to initiative versus guilt and are trying to figure out their "social role identification". They begin asserting their will and their opinions, temper tantrums often occur, and sibling conflicts may arise. If they are frustrated over natural goals and desires, they are vulnerable to developing a sense of guilt. However, with support, children can develop initiative and a sense of purpose (Erikson, 1968).

During the early school age years, children are developing new ways of interacting with people outside of their immediate family, such as peers, and are becoming more and more autonomous. With support, they develop competence; self-concept is evolving, and gender consistency is achieved. At school, patterns of bullying and victimization may be occurring, and, through experiences, children are learning how to navigate social relationships. Children are becoming aware of their own pride, their own shame, and their self-concept is becoming more balanced and realistic. Self worth

becomes explicit, moral reasoning continues to develop, and children are able to demonstrate more empathy. Children in this age group are showing more prosocial behavior, in general, and aggression among peers declines (Paplia et al, 2009).

Erikson's fourth stage of psychosocial development, industry versus inferiority, occurs between the ages of six to twelve. If successfully resolved, children develop a sense of competence. Children are capable of learning and accomplishing many new skills, and with support, a sense of industry develops. If children do not resolve feelings of inadequacy and inferiority among peers, there is risk for developing problems in the areas of competence and in self-esteem. The most significant relationships during this phase of life are with people, the school and neighborhood environments. Parents are no longer the complete authorities they once were, but remain influential (Erikson, 1968; Paplia et al, 2009).

During the ages of 9-12, the understanding of emotion and the ability to regulate emotion increases. Parents and children share regulation of conduct, and sibling conflicts help kids develop skills for conflict resolution. Friendships become more complex. Body image becomes increasingly important, especially for girls. Moral reasoning is increasingly guided by sense of justice, and it seems clear that children want to be "good". This is typically when the ability to consider multiple perspectives increases. Children experience a growing desire for autonomy, but they still need intimacy and support from their parents or caregivers (Paplia et al, 2009).

Attachment Theory and Social and Emotional Development

A central premise of attachment theory is that the earliest bonds formed by children with their parents or caregivers are extremely influential in social and emotional

development, both during childhood and throughout life. (Bowlby, 1969). It has been said that this relationship is the foundation upon which all other relationships between the individual and others are built (Sroufe, 2005). The type and quality of the attachment relationship that develops in infancy is the core of social and emotional development, around which all other experience is structured (Sroufe,).

The individual differences in the quality of the infant-caregiver attachment relationships occur as a result of the interaction between the infant and the caregiver (Sroufe, 2005). In order for a secure attachment to develop, a caregiver must be available and responsive to the infant's needs. Without this, the infant cannot develop the sense of security or trust in their caregiver that is necessary for a secure attachment to be formed (Zeenah, 2005). Characteristics such as consistency, availability, kindness, and warmth on the part of the caregiver create conditions that are conducive for the development of a secure attachment relationship. These are elements that, when experienced, allow the infant to develop the trust that is needed for a secure attachment between child and caregiver to exist (Lieberman, 1993).

When young children have a secure attachment relationship with their primary caregivers, they have support when experiencing stress, vulnerability or insecurity. This type of support leads to the development of the child's ability and willingness to use the caregiver as a secure base from which they feel safe enough to explore the world (Davies, 2010).

Besides providing a secure base and encouragement to explore the world, the attachment relationship also provides many other benefits. The relationship provides a model for behavior. Douglas Davies writes, "when a toddler's relationship with a parent

is secure and positive, she *wants* to do what the parent does" (Davies, 2010, p. 3). The toddler learns to handle new social situations by looking to the parent for mediation between himself and new experiences and people. In early development, young children constantly encounter new and confusing situations. The relationship helps young children construct an understanding of the world. Parents are constantly helping children understand new concepts, and, because this is stressful, children are soothed in the context of a secure relationship. The secure attachment relationship also provides children with help with language development and communication skills, and it also provides help with affect regulation and impulse control, as well (Davies, 2010).

Ainsworth (1985) described three types of attachment relationships: secure attachment, ambivalent-insecure attachment, and avoidant-insecure attachment. Main and Solomon (1986) later identified a fourth type, labeled disorganized/disoriented attachment. Children who experience insecure attachment relationship types miss out on both the scaffolding and the experience of emotional support in times of stress. Because they do not have support, they experience more stress and a deeper degree of stress than those who have a secure attachment (Luby, 2006).

Temperament and Goodness of Fit

Temperament, which is an aspect of personality that is inborn, is often consistent over the years, though there is evidence that it may respond to life events or parental handling. Temperament is a person's characteristic way of approaching and reacting to different situations (Paplia et al, 2009). In one study, about 20% of a sample of 462 Caucasian, middle-class, healthy infants became both active and distressed when brightly colored objects were moved back and forth in front of them, tape recordings

with voices speaking brief sentences were played, and cotton swabs dipped in alcohol were applied to their noses. These infants were determined to be “high reactive.” In contrast, 40% of infants with the same family and ethnic background remained relaxed and did not become upset or cry with presented with the same stimuli. These infants were called “low reactive.” This same sample was studied at age 14 months and again at 21 months. One third of the high reactives were highly fearful, and only 3% showed minimal fear. In contrast, one-third of the 147 low reactives were minimally fearful at both ages, and only 4% showed high levels of fear. This study provides an example of different temperament types and provides evidence that these types often remain consistent throughout development (Kagan, 1997).

Variations in children’s temperaments make it impossible for parents to apply all of the same strategies of child rearing to each of their children and have the same results (Carey & McDevitt, 1995). What is helpful and supportive for one child may be ineffective and even harmful for another.

“Goodness of Fit” refers to the way the child’s temperament meshes with his or her situation and/or with the temperament of his or her caregiver. If a very active child is expected to remain still for long periods of time, or if a slow-to-warm child is constantly put into new situations, problems may arise. If a slow-to-warm child has a fast-moving, high-energy parent, problems may also develop. The “fit” between the child and his or her situation influences development because it can cause barriers or problems, or it can pave the way for learning and development (Paplia et al, 2009).

Carey & McDevitt (1995) discuss how temperament of both parent and child affect how developmental tasks become accomplished and influence the outcomes. For

example, some evidence suggests parents are less likely to feed an irritable child. However, an adult with an especially easy temperament may not be as bothered by this as an adult who is more easily agitated. Another example: undernourishment may also occur when a child who is unusually mild or uncomplaining may allow for the parent to become absorbed in other tasks and not take the hunger cries seriously. These examples demonstrate difficult fits and how both temperament and goodness of fit impact a child's experience and developmental outcomes (Carey & McDevitt, 1995).

Emotional Trauma in Childhood

Trauma and exposure to traumatic events during childhood disrupts crucial normal stages of development and predisposes individuals to subsequent mental health problems (Waite, et al., 2010). Trauma can consist of physical abuse, sexual abuse, psychological abuse, domestic or community violence, loss of a loved one, or involvement in a serious accident. Trauma can be pervasive and chronic, such as incest or war, or time limited, such as a natural disaster or a car accident (Perry, 1995). Trauma is eased by the presence of a secure attachment relationship, and children who do not have a secure attachment figure in their lives are even more at risk for psychological damage or distress if they experience trauma (Weber & Reynolds, 2004; Riggs, 2010). It is thought that at least half of the children exposed to trauma may develop significant neuropsychological symptomology (Perry, 1995). If left untreated, childhood trauma contributes to a multitude of physical and mental health problems that can affect an individual throughout the lifespan (Waite et al., 2010, Tonmyr, et al., 2011).

The Impact of Trauma on Social, Emotional and Neurological Development

Childhood trauma profoundly impacts the emotional, behavioral, cognitive, social, and physical functioning of children because developmental experiences shape the organizational and functional status of the brain. Experiencing trauma can severely impair both psychological and biological functioning (Schore, 2001). Trauma can trigger a cascade of events, and some of these events include changes in hormones and neurotransmitters that mediate the development of vulnerable brain regions (Teicher, 2000). Trauma in early childhood causes toxic stress, and responses to this cause lasting hormonal and neuronal changes that change the architecture of the brain (NSCDC, (2005); Teicher, 2000; Waite, et al., 2010). The human brain, which is composed of billions of neurons and trillions of synaptic interconnections, is extremely malleable during the early years of life. Genes dictate the basic architecture of the brain, but the final form and connection patterns are shaped by experience (Teicher, et al, 2002).

A number of disciplines are investigating the psychobiologic effects of traumatic stress. Psychiatric research shows that individuals with traumatic stress disorders experience a breakdown in adaptive mental processes that greatly decrease the ability to cope with stress. Research in stress physiology shows that social stressors are far more detrimental than non-social aversive stressors. Studies in developmental traumatology show more and more complex models of how early trauma impacts the attachment system, and finally, research in neuroscience is revealing how early abuse and neglect negatively impact the development of brain systems involved in coping with stress (Schore, 2001).

Perry (1995) writes that the impact of traumatic experiences in early development cause various adaptive mental and physical responses, including physiological

hyperarousal and dissociation. Because the brain processes and organizes information in a use-dependent fashion, the more a child is in a state of hyperarousal and dissociation, the more likely these “states” are likely to become “traits". In other words, in moments of acute stress, the hyperarousal and dissociation are adaptive states, but if this situation occurs chronically or for long periods of time, these become maladaptive traits of the brain (Perry, 1995). Perry (1995) writes that trauma is an experience, but the brain mediates it, and change takes place within the brain as this happens.

Attachment and Trauma

There is a widespread assumption that infants, toddlers, and young children do not remember acts of violence or traumatic stressors, are too young to internalize or understand them, or can readily recover from these events due to their inherent resiliency (Chu & Lieberman, 2010). However, there is clear evidence and documentation of the impact of trauma on the social, emotional, biological and cognitive functioning of young children (Perry, 1995; Schore, 2001).

Trauma in the first two years is not usually a single incident, but ambient and cumulative. This type of trauma is best characterized as "relational trauma". (Schore, 2001). Emotional/psychological child maltreatment, or, relational trauma, can be defined as both acts of omission (emotional neglect) and commission (emotional abuse) (Perry et al., 1995). Relational trauma occurring during early development of the psyche interferes not only with basic functioning, but also with the evolution of the physical structure itself (Schore, 2001). Schore (2001) writes, “The internalization of episodes of relational trauma are thus ‘burnt into’ the infant’s developing brain” (Schore, 2001, p. iv).

Children who have secure attachment relationships have a more controlled stress hormone reaction when they are upset or frightened. This means they are able to be upset, frightened and explore the world without sustaining the adverse neurological impacts of chronically elevated levels of hormones such as cortisol that increase reactivity of selected brain systems to stress and threat (NSCDC, 2005). There is, in fact, evidence that a secure attachment relationship can negate the impact of other forms of trauma (Weber & Reynolds, 2004). Children who have insecure or disorganized attachment relationships demonstrate higher stress hormone levels when they are even mildly frightened. This results in an increased incidence of elevated cortisol levels which may alter the development of brain circuits in ways that make some children less capable of coping with stress effectively as they grow up (NSCDC, 2005).

Trauma and Physiological Changes in the Brain

Interdisciplinary evidence suggests that severe relational trauma, especially abuse or neglect, impacts the course of development of the right brain (Schore & Schore, 2008). The right hemisphere is in a growth spurt during the first two years of life, and is the dominant hemisphere for the first three years of life. It is now well established that prolonged and frequent episodes of intense and unregulated interactive stress in infants and toddlers have devastating effects on not only the development of stable and trusting attachment relationships but also on the establishment of psychophysiological regulation (Schore & Schore, 2008). The right hemisphere specializes in the processing of social and emotional information, the regulation of bodily states, and attachment functions. Right brain functioning is also associated with self-awareness, empathy, and interpersonal functioning (Schore, 1994, 2001; Schore & Schore, 2008).

Teicher (2000) refers to trauma related changes in brain development as “a constellation of abnormalities” (p. 4). He describes four major components: limbic irritability, deficient development and differentiation of the left hemisphere, deficient right-left hemisphere integration, and abnormal activity in the cerebellar vermis. Among other things, deficiencies in these areas affect memory retrieval, affect regulation, attentional balance, and electrical activity within the limbic system (Teicher, 2000).

The Influence of Trauma on Social and Emotional Development and Behavior

At different stages of development, and when faced with different stressors, response patterns vary. There are two major neuronal response patterns that usually occur in children in the face of trauma. These are the hyperarousal continuum and the dissociative continuum. The hyperarousal continuum is often referred to as the fight or flight responses. In this situation, the sympathetic nervous system is activated (Perry, 1995, p 277). The other response pattern that may occur is the dissociative continuum, which is associated with “freezing” or “surrendering.” The younger a child is, the more likely they are to use dissociative adaptations. It seems that the more helpless or powerless an individual feels, the more likely they are to freeze or give up (Perry, 1995). Females have been found to use dissociative adaptations more often than males. (Perry, 1995).

Whether abuse is physical, sexual or psychological, it predisposes a child to have a biological basis for fear. Early abuse shapes the brain to be more irritable, impulsive, suspicious, and prone to be overloaded by fight or flight reactions than the rational mind may be able to control. (Teicher, 2000). The brain will be wired to be in a state of defensive adaptation, which would enhance survival in a world of constant danger, and

this takes a toll on an individual. To a brain that is wired this way, everything seems dangerous, and, among other things, developing secure, stable relationships would require a great deal of effort (Teicher, 2000).

Outcomes Associated with Childhood Trauma

Long-term consequences of childhood trauma include attachment problems, eating disorders, depression, anxiety, suicidality, substance abuse, violence, aggression, personality disorders, and posttraumatic stress disorder (Waite & Ivey, 2009). Children exposed to trauma may have a range of PTSD symptoms, behavior disorders, anxieties, phobias, and depressive disorders (Schwartz & Perry, 1994). Experience of childhood trauma can also cause problems with memory and coping skills (Weber & Reynolds, 2004). People who experience multiple traumas or trauma that is ongoing for longer periods of time experience cumulative effects. These effects most often lead to more symptoms associated with trauma and more complex mental health diagnoses. It is also important to note that children who have been exposed to trauma often present with symptoms similar to those of other disorders and are often misdiagnosed with attention deficit disorder, conduct disorder, oppositional defiant disorder, anxiety, or phobia (Weber & Reynolds, 2004). This has implications for the type of treatment, and specifically the lack of intervention for trauma, that these children may receive.

Vulnerability and Resiliency

Longitudinal studies looking at outcomes in children exposed to trauma have found three broad sets of factors that predict differential risk in terms of outcomes. First, children who show particularly marked acute reactions after trauma face a high risk for later adverse outcomes. Secondly, children exposed to high levels of trauma for

extended amounts of time exhibit a higher risk than do children who are briefly exposed to an isolated traumatic incident. Finally, social factors have been shown to be among the strongest predictors of differential risk among traumatized children. For example, children who are exposed to high degrees of trauma may avoid negative outcomes if the trauma does not disrupt their immediate social structures or when they have high levels of social support (Pine, 2003).

Children who are exposed to sudden, man-made violence appear to be more vulnerable, which means that the millions of children who are exposed to domestic or community violence are at great risk for emotional, behavioral, psychological, cognitive, and social problems (Perry et al., 1995). Compared to acute traumas, such as a natural disaster or political violence, trauma from a family member or acquaintance can be more extended over time and more strongly associated with other risk factors for psychopathology (Pine, 2003).

Perry et al (1995) writes that there is a misconception that children are “resilient” to trauma. He says, we often hear, “They’ll get over it,” or, “They don’t understand what is happening,” and he writes that this is simply not true. Perry et al. (1995) writes that “this pervasive destructive view of child caretaking actually exacerbates the potential negative impact of trauma” (p. 285). Perry et al (1995) writes, “children are not resilient, they are malleable. When expected to 'get over it,' their emotional, behavioral, cognitive and social potential are diminished” (Perry et al., 1995, p. 285).

Life Satisfaction

Life Satisfaction is a distinct construct that represents a cognitive and global evaluation of one’s life, as a whole (Pavot & Diener, 1993). Subjective well-being

(SWB) is defined as a person's evaluation of his or her life as a whole and is comprised of three components. These are Life Satisfaction (a cognitive component), Positive Affect and Negative Affect (the affective components). Life Satisfaction differs from the affective components in that it includes elements such as goals and whether or not a person is satisfied with progress related to goals. Life Satisfaction also incorporates whether or not a person feels successful or unsuccessful in important domains of life (Pavot & Diener, 2008).

Very little research has been conducted to examine the connection between early life events and life satisfaction in adulthood (Royse et al., 1991). The literature that does exist provides evidence that people who have had early experiences of trauma report lower satisfaction with life in adulthood, in general (Hall, et al. 1994; Yumbul et al, 2010; Hinnen et al., 2009). Kuo et al. (2011) found the experience of early trauma to be associated with social anxiety disorder, trait anxiety, depression, and self-esteem problems in adult populations. Festinger & Baker (2010) have also found that people with a history of trauma experience higher rates of anxiety and depression in adulthood than those who do not. Early experiences with caregivers and attachment styles during childhood play a significant role in developing healthy relationships with other people, such as peers, partners and children later in life (Howe et al, 1999).

Relationships. People who experience trauma in childhood often have difficulties forming stable and lasting positive social relationships both during childhood and later in life (Yumbul et al., 2010). Yumbul et al (2010) examined the effect of childhood trauma of adult attachment styles. One hundred and fifty male and female subjects were randomly selected and surveyed through the use of questionnaires. The results indicated

that adults who had experienced trauma in childhood tended to have insecurely attached adult romantic relationships. These people are more likely to avoid emotional attachment, deny the need for close relationships with primary partners, and have difficulty attaching to romantic partners. On the contrary, adults who have secure attachment relationships in adulthood reported far fewer experiences of trauma in childhood than their counterparts (Yumbul et al, 2010). While not all people who experience trauma in childhood develop social or emotional problems, research indicates that traumatic childhood events and their resolution play a pivotal role in overall satisfaction with life (Royse et al., 1991).

In addition to parenting, other adverse events, such as parental divorce, violence between parents, the presence of parental psychopathology (anxiety, depression, substance abuse), and abuse or neglect are also found to be associated with insecure attachment in adulthood (Hinnen et al, 2008).

Prosocial behavior. Caprara & Steca (2005) examined perceived self-efficacy of affect regulation and perceived self-efficacy in interpersonal relationships and how these factors impact prosocial behavior. These researchers investigated how people's perceptions of their abilities to regulate their own affect and handle their relationships affect the ability to be prosocial (Caprara & Steca, 2005). These researchers did, indeed find that prosocial behavior is positively correlated with life satisfaction. This is interesting because feelings of self-efficacy are often something that develop over the course of life and/or stem from experiences in childhood, meaning experiences had in childhood may influence the ability to engage in prosocial behavior.

Sociodemographic variables, such as income, age, and gender, tend to be weakly or even unrelated to average levels of life satisfaction (Rocke & Lachman, 2008). Marital status, because spouses represent a major source of social support, does seem to impact life satisfaction in that married individuals report higher levels of life satisfaction and may also expect the future to bring even higher levels of life satisfaction than unmarried individuals (Rocke & Lachman, 2008). Social relationships, connections with other people, and experiencing a sense of social support are all positively correlated with higher levels of life satisfaction (Pavot & Diener, 2007; Caprara & Steca, 2005).

Bronk et al. (2009) examined the relationship among purpose, hope and life satisfaction among 416 adults and the results of this cross sectional study show that having identified a purpose in life is associated with greater life satisfaction. Research also shows that life planning and a perceived sense of control leads to increased life satisfaction, underscoring the importance of perceived control over one's life and self efficacy in overall satisfaction with life (Prenda & Lachman, 2001).

Measuring Life Satisfaction

Measurements of Life Satisfaction typically consist of the use of methods of self-report. Since its development in 1985, the Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985) has been the most heavily used method to measure the life satisfaction component of subjective well-being (Pavot & Diener, 2008). The SWLS is a brief, five question, Likert style assessment that has demonstrated good psychometric characteristics and has been used in hundreds of studies (Pavot & Diener, 1993). The five items are keyed in a positive direction, so answers can be added to

obtain the total score for the scale. The possible range of scores is from 5 to 35, and a score of 20 represents a neutral point on the scale (Pavot & Diener, 2008).

The measurement of Life Satisfaction has been criticized because there is a concern that reports can be influenced by momentary mood states or trivial contextual factors. A step that can be taken to reduce the risk of momentary contextual influences is to assess the individual on more than one occasion and then average the scores. This can provide a more consistent score. The SWLS has been shown to have good internal consistency and moderately high temporal stability. It has also been shown to possess sensitivity to change (such as progress made during therapy) (Pavot & Diener, 1993).

There are other measurements of Life Satisfaction that exist, but most others are designed for different and specific age groups. The Life Satisfaction Scale and variations of this scale (The Life Satisfaction Index and the Life Satisfaction Rating) are widely used for geriatric populations. The Multidimensional Students' Life Satisfaction Scale is widely used to assess life satisfaction in preadolescent and adolescent student populations (Encyclopedia of Psychological Assessment, 2012).

Chapter Three

Research Methods

In this qualitative study, I examined how adults (age 30-45) are impacted by trauma experienced in childhood. Specifically, I wanted to know how they have been affected, developmentally, and if the experience of trauma has affected their life (and if so, how). I was most interested in the domains of social-emotional development and impact on overall life satisfaction.

In this research, traumatic early childhood experiences included anything in the realm of abuse, neglect, a breech in the parent-child relationship, grief, loss, surviving an accident, and/or living in proximity to community or domestic violence. This included physical abuse, sexual abuse, psychological abuse, abandonment, bullying, and/or any type of negligence on the part of the caregiver. For the purpose of this study, trauma consisted of any experience that an individual felt was traumatic for them, and that was experienced during childhood years (0-12). The reason for this operational definition of trauma is the assumption that if a person feels an event was significant enough to be considered a trauma, it most likely impacted the individual enough to have an effect on his or her life.

Research Design and Sampling Decisions

The sample for this study consisted of eight (8) individuals who self identified as having experienced trauma during childhood. I chose to work with people between the ages of 30-45 for several reasons. People in this age range, i.e., middle adulthood, are developmentally more able to recall and reflect upon events that took place in their early childhoods (Paplia, 2009). Educational and vocational choices have generally

been made, as have decisions regarding intimate relationships, personal lifestyles and career choices (Paplia, 2009). Thought has become more complex, and mental abilities peak during this age period (Paplia, 2009). A sense of identity and self-concept is continually evolving, but ideas surrounding these concepts are much more stable and solidified than they have been in previous developmental stages (Paplia, 2009).

The sample for this study was recruited from the graduate student population at a large southwestern university; however, not all participants were university students. Three (3) participants were friends of graduate students, recruited through the use of snowball sampling. Both men (n = 2) and women (n =6) were included in the sample. It should be noted that there is evidence in the scientific literature that differences exist in the way that males and females experience and process trauma (Teicher, et. al., 2003; Morano, 2010). Some of these differences are neurobiological in nature (Teicher, et. al., 2003). However, there is also evidence that; while there are differences, there are more similarities than differences in the ways that males and females process trauma (Morano, 2010).

Data Collection and Protocol

IRB approval was obtained before an attempt was made to collect a sample population. After IRB approval was received, graduate students were contacted via an email through the GPSA Listserve. The study was explained briefly, and participation, which included approximately two hours of their time, was requested. Students in a variety of disciplines, such as nursing, business, education, engineering, and social work, were contacted to obtain diversity in the sample. It was explained that participation was fully voluntary and that information shared would be kept

confidential. Researcher contact information was included, and students were asked to make contact within 2-3 days if they were interested so that it was possible to have an idea of how many participants were obtained and how many were still needed to recruit. The email was resent several times in order to obtain the sample population of eight.

Methods

The sample for this study was a sample of convenience. All participation was voluntary. Participants who were recruited met my criteria, which means they were graduate students or friends of graduate students at a large university in the southwest, were between the ages of 30 and 45 years, and self-identified as having experienced trauma during the ages of 0-12. Beverages of their choice (from Starbucks) were provided for participants during in-person meetings, and meetings took place in a private room that was reserved in the Counseling Training Center at ASU.

Two contacts were made with each participant. The first contact was by phone, and the second contact was an in-person interview. During the first contact, I introduced myself, explained a bit about the study, and explained what was to follow. I did my best to develop rapport. Participants were told that everything was to be confidential, and their names or any identifying information would not be used or published, and that pseudonyms will be used to protect privacy. I asked if there were any questions that I may be able to answer. Please see Attachment A for full details regarding this initial contact.

Also during the initial contact, participants were asked to gather several photographs of themselves and their parents (or caregivers) from the ages of birth to three and surrounding the time period of the trauma. The purpose of this was to stimulate

memories about this phase of their life and to increase their willingness and/or ability to discuss past events.

During the in-person interview, information was gathered about the trauma(s) that were experienced. I inquired about early relationships with primary caregivers and how this relationship impacted the experience of the trauma, if at all (was the caregiver or parent available for support; if not, who was?). I inquired about circumstances surrounding the trauma(s) and types of support, if any, that were available during, before, and after. I gathered information about how the trauma impacted other areas of development and functioning during this time.

Also, during this interview, I gathered information about the current status of their life to find out if traumatic events in their pasts influenced their present lives. I inquired about their interpersonal relationships; their primary-partner relationships; their mental health, including sleep issues, anxiety and depression; their career choices; and their style of parenting; and/or their decision whether or not to marry or have children.

The questionnaire was developed as a result of my review of the literature. Questions for the interview were based on the literature relating to themes of coping and non-coping, mental health and subjective well being as they relate to life satisfaction in middle adulthood. The questionnaire was reviewed by three doctoral level psychologists. Please see attachment B for full details.

Generally, the literature supports the notion that a secure relationship includes one where a child feels safe and feels they can trust their primary caregiver. Following the literature, I classified those who experienced abuse or neglect by their primary caregiver as having had an insecure attachment relationship. Those who experienced the absence

of abuse, fear or mistrust in their relationship with their primary caregiver relationship were classified as having had a secure attachment relationship.

Each in-person interview took place in a private room on a university campus and lasted approximately 90 minutes. I took notes and audiotaped the interviews. I typed my notes and transcribed the audio-taped interview responses immediately after each contact

Approach to Analysis

To analyze my data, I used a process of thematic coding as described by Bogdan & Biklen (2007). This involved a process of developing coding categories, identifying themes within the data, and then identifying subcategories within the larger contextual categories (Bogdan & Biklen, 2007). The larger categories in my study include Emotional Codes, Mental Health Codes and Impact of Trauma Codes (Bogdan & Biklen, 2007; Chase, 2005). When the data were organized into larger categories, I read the data line by line searching for themes. Themes that I expected to find included (but were not limited to) grief, loss, vulnerability, anger, fear, worry, guilt, trust, openness, social support, attachment relationship, romantic relationship, parenting, trauma, discomfort, help, and intervention. I identified these themes by reading carefully through my data line by line and analyzing the language that the participant used. For example:

> If a participant states: "I was terrified that my dad would be in a bad mood…"
>
> This statement would be associated with the theme of "fear."
>
> "I cried myself to bed every night…" would go under "grief" or "sadness."

"My mom was never home, and I often didn't know what I would eat," sounds connected with "worry," and "basic needs."

This approach to analyzing qualitative data, and particularly data collected via interviews, is published in several publications about methodology and qualitative data (Bogdan & Biklen, 2007; Chase, 2005; Saldana, 2008).

The process used for analysis was informed by phenomenology, which is one of the main approaches described in qualitative research. In the qualitative context, phenomenology is a method of inquiry that illuminates the complexity of the human experience. Phenomenology describes the subjective reality of an event (or events) as perceived by the study population. Phenomenology is the study of how people make meaning out of their experiences (Starks & Trinidad, 2007).

To assess reliability of coding, another graduate student independently coded a sample of the interviews and notes. We then analyzed this person's codes and my codes for the same sample. Inter-coder reliability was computed using the formula, PA = 2A/(n1 + n2), where P= is the proportion agreement observed, A= the number of agreements between two coders, and n1 and n2= are the respective number of items coded by each of two coders (Holsti, 1969). The observed inter-coder reliability was .83.

The recordings were kept in a locked and secure location for two weeks after recording, during which time the reliability check took place. After the reliability check, and within two weeks, the tapes were destroyed. Each respondent in my sample was given a pseudonym, which was used to identify her or him throughout the report of my

findings. All other identifying information about my sample has been omitted in all sections of my paper.

Hypotheses

I expected to find evidence that people who experienced trauma during childhood experienced considerable emotional and social struggles later in life. I expected to find that those who experienced early trauma and had a lack of social support would report more struggles and lower life satisfaction than those who experienced trauma, but had consistent social support. I also expected that I would find that those who had sought help or received interventions for early trauma would report less struggles and higher life satisfaction. I expected that those who reported less resolution of childhood trauma(s) would experience lower life satisfaction than those who had either taken measures to resolve childhood traumas or had found resolution of early trauma.

If people had not resolved childhood traumas, or, even if they had, I would need to find evidence that they are less than satisfied with at least one area of their life to confirm my expectations. This evidence could be in the form of relationship dissatisfaction, feelings of anger, loneliness, guilt, helplessness, shame, depression, or anxiety. Evidence could also be in the form of physical health symptoms, reduced feelings of self-confidence or self-efficacy, in a lack of hopefulness related to feelings about life, or in an unhappy outlook on life, overall.

Chapter Four

Research Findings

Participants

Eight (8) people participated in this study. Two were male (25%), and six were female (75%). Five were doctoral students (62.5%), and three were friends of graduate students (37.5%). Two (25%) reported having securely attached relationships with their primary caregiver, and six (75%) reported having had insecurely attached primary care relationships. Six participants (75%) experienced abuse inside of their homes, from their primary caregivers. Three participants (37.5%) experienced trauma outside of their homes. One participant (12.5%) experienced trauma both inside and outside of her home. The mean age was 38.6, and the median age was 42. Type of trauma experienced, age at which trauma was experienced, type of attachment relationship participant had at the time of the trauma, and the participant rating of the level of difficulty of the trauma are listed in Table 1. Table 2 shows which participants experienced trauma inside and/or outside of their homes.

Following is a description of each participant and their self-reported rating of the level of difficulty of the trauma they experienced. The trauma is rated on a scale of 1-5, with five being the highest. Generally, the literature supports the notion that a secure relationship includes one where a child feels safe and feels they can trust their primary caregiver. Following the literature, I classified those who experienced abuse or neglect by their primary caregiver as having had an insecure attachment relationship. Those who experienced the absence of abuse, fear or mistrust in their relationship with their

primary caregiver relationship were classified as having had a secure attachment relationship.

Amber, 42, is a Ph.D. student studying social science. She experienced ongoing cumulative trauma (psychological abuse, sexual abuse and neglect) from birth into her teenage years (the entirety of 0-12). She also experienced an insecure attachment relationship in her youngest years. Amber rated the level of difficulty of the trauma she experienced, on a scale of one to five, with five being the highest, as a four.

Brandon, 33, is a Ph.D. student studying social science. He was physically and psychologically abused by his mother from age 4-12+. Brandon reported that the cumulative abusive trauma he experienced did not begin until age four. Before this, he says he had an "ok" attachment relationship. There were times when he felt he could go to his mother for help, and there were times when his needs were not met. Brandon rated the level of difficulty of the trauma he experienced as a four.

Carla, 32, is a Ph.D. student studying science. She experienced psychological abuse by all of her adult caregivers, witnessed violence in her home and lived with caregivers who were mentally ill from ages 3-12+. Carla had insecure attachment relationships. There were times when her parents were available, and times when she would be punished for seeking help. Carla said she is not able to rate her trauma on a scale of one to five, saying she does not like scales.

DeAnna, 43, is a Ph.D. student studying liberal arts. She experienced physical and psychological abuse and neglect from her primary caregivers; witnessed violence in her home and stated that she had caregivers who were mentally ill from ages 5-12+. Deanna said she has happy memories from her early childhood with her mother when she was

ages 0-5 and believes she had a healthy attachment relationship until age five. DeAnna rated the trauma she experienced as a five.

Emily, 30, is a doctoral student who did not want to specify her area of study. She experienced physical, sexual, and psychological abuse and neglect from her immediate and extended family, violence in her home, and violence in her community from ages 0-12+. She also stated her primary caregivers were mentally ill. She had insecurely attached attachment relationships during the ages of 0-5. Emily rated the difficulty of the trauma she experienced as a five.

Flora, 42, is a server at a restaurant and a yoga teacher. She learned about this study from a friend who is a graduate student at the university where graduate students were recruited. Flora experienced "mass bullying" from the majority of her peers at age 12. She had a "relatively trauma-free" child with a "normal attachment relationship" before age 12. She rated the difficulty of the trauma she experienced as a five.

Henry, 42, works in the field of computer science. He learned about this study from a friend who is a professor at the university where graduate students were recruited. He was physically, sexually, psychologically, and emotionally abused by a friend of his family from the ages of 4-12. Henry's family was not aware that he was being abused. He reports that he had "normal attachment relationships" with his caregivers from ages 0-4. Henry rated the difficulty of the trauma he experienced as a five.

Ingrid, 45, is a mother of three and is studying health sciences at a community college. She learned about this study from a friend who is a graduate student at the university where graduate students were recruited. She experienced psychological abuse, physical abuse and neglect from her primary caregivers during the ages of 0-12+.

Ingrid had insecurely attached attachment relationships. She rated the difficulty of the trauma she experienced as a five.

Interview

The interview data were analyzed for themes. A set of codes was developed according to themes that emerged.

Themes

There are three main categories of themes that emerged from the data that was collected. These categories are: emotional themes, mental health themes and themes related to the impact of trauma. There were nine (9) emotional themes that emerged, three (3) mental health themes and six (6) themes related to the impact that trauma had on participants. Below are descriptions of each, as well as examples of interview response texts that were coded as each theme. Table 3 shows emotional themes that were reported by each participant.

Emotional Themes

Aggression. Aggression is a theme that emerged in two of the eight interviews. An example of text that is coded as aggression in Brandon's text reads, "I get irritable and insulting. I say to him (his boyfriend), 'Why don’t you get this? I've already explained this to you.' An example from Emily's interview reads, "When I was a child, I was anxious and nervous. I beat my sisters".

Anger. Anger is a theme that emerged in four of the eight interviews. An example from Amber's interview that was coded as anger reads, "My dog is a service dog, and he is supposed to force me out of bed every day. If it is a high pain day, I feel angry when he is trying to get me up". An example of a response that was coded as anger from

Carla's interview reads, "I woke up angry this morning. I feel angry in this program". An example of Emily's words that were coded as anger reads, "When I was a child, I hated everyone. I was angry". An example of Ingrid's words that were coded as anger reads, "I didn't feel safe, and then I felt angry. I got really angry".

Fear. The theme of fear emerged in seven out of the eight interviews. Examples of text that was coded as anger are as follows: Amber said, "My earliest memories are of fear and anxiety." Brandon said, "…I just remember having that overwhelming fear or that kind of twisting in my stomach….It was very scary." Carla said, "I spent a lot of my childhood frightened, and I didn't realize I was frightened. I lived in a state of hypervigilance."

Flora said, "When a girl, Elise, wanted to fight me, the whole school was there, and I was scared". DeAnna said, "One time, they (her mom and Elaine) were fighting, and I was scared". Emily said, "One time, when I was about five, my father came in and he was drunk. I was watching TV, and he broke the TV set. I was scared". Ingrid said, "What I remember is, at a very young age, like three, just fear. Lots of fear. I was afraid of being spanked or doing things wrong".

Frustration. Frustration emerged in one of the eight interviews. Brandon referenced frustration several times throughout his interview. One examples was when he said, "When things were hard, I remember getting so frustrated with myself and so down on myself for not being able to get whatever it was".

Helplessness. The theme of helplessness emerged in one if the eight interviews. In his interview, Brandon described how upset he felt with himself when he had difficulty

learning new things in school. He said, "I remember feeling helpless, like, I'm never going to get this, kind of feeling".

Insecurity. The theme of insecurity emerged in three of the eight interviews. An example of text that was coded as insecurity from Brandon's text is, "With people, it's always in the back on my mind, like, do they really like me, this insecurity". An example of text that was coded as insecurity from Flora's interview is, "This made me so insecure, socially. I became such a people pleaser. I needed to be with my friends at all times because I was afraid that if I wasn't with them, they would turn on me". Ingrid's words, "For a lot of my life, I didn't have a sense of self. I never felt safe," were coded as insecurity.

Irritability. The theme of irritability emerged in four of the eight interviews. Amber said, "I am in (physical) pain every day. This affects all of my stuff. I feel irritability depending on if it is a high pain day or a low pain day." Brandon said, "I get irritable with my boyfriend very easily, and that's been a big problem in our relationship". Carla said, "I feel irritable when things start playing over and over, the tape recorder effect". Ingrid said, "I often feel irritable".

Loneliness. The theme of loneliness emerged in one of the eight interviews. Brandon's words, "Later, when I was a teenager, I was lonely and depressed and isolated," are an example of text that was coded as loneliness.

Sadness. Sadness is a theme that emerged in two of the eight interviews. An example of text from Brandon's interview that was coded as sadness is: "At one point, I broke down and was crying. I didn't even know what was wrong". Ingrid's words, "I

remember being…sad to tell my mom about things that happened at school because I knew she would be disappointed in me".

Mental Health Themes

Anxiety. Anxiety is a theme that emerged in four of the eight interviews. Anxiety was only coded as so when the actual word, "anxiety," was used by the participant. For example, in Amber's interview, she said, "My earliest memories are of fear and anxiety". Brandon said, "For a year, I would date people and then feel more and more anxious about it". Emily said, "When I was a child, I was anxious and nervous". Ingrid said, "It (the early trauma) created a lot of fear and anxiety in my life. I never felt safe".

Depression. Depression is a theme that emerged in four of the eight interviews. Like anxiety, depression was only coded as so when the actual word, "depression," was used by participants. An example of text that was coded as depression from Amber reads, "I felt anxious before my daughter was going to college, and now I feel depressed since she has been gone". An example from Brandon's interview reads, "Later, when I was a teenager, I was lonely and depressed". Carla said, "I was depressed, my body wasn’t working properly, and I didn’t know how to ask for the right medical attention". Emily said, "I sometimes feel up and down, anxious and depressed. I have always been like that".

Suicidality. Suicidality is a theme that emerged in one of the interviews. Emily said, "When I was a child, I hated everyone and wanted to kill myself". She said, "I tried killing myself four years ago and a few weeks ago". Emily said, "Right now, I am connected with a psychiatrist and counseling services".

Impact of Trauma Themes

Impact on Career. The impact of early experiences on career is a theme that emerged in four of the eight interviews. An example of text that was coded this way from Carla's interview reads, "I've lost years, career-wise". DeAnna said, "Writing was the way I first started to articulate my feelings". Emily said, "I fight with God. You destroy my life. That's why I go to the street and demonstrate". Flora said, "This plays into my job. All the dynamics with work. It's made me an underachiever".

Impact on Course of Life. The theme of trauma having an impact on the course of participant's lives emerged in eight out of the eight interviews. Examples of responses that were coded as being included in this theme are as follows:

Amber said, "My early experiences impacted my decisions to have abortions". Brandon said, "I feel like it (the experience of trauma in childhood) delayed everything a lot". Carla said, "There have been definite impacts that have been very real. I've stayed longer, bent too long and stretched too hard until I've broke. I think if I'd had a different foundation, I would have walked away from things and not blamed myself". DeAnna said, "I think because of my past, I speak up when something is wrong. I'll put myself in the line of fire. I won't keep quiet".

Emily said, "Because of my past, I'm connected with a psychiatrist and counseling services". Flora said, "Everything stopped there. Now I have certain struggles that I don't think I would have had. I think I would have made better choices". Henry said, "My early experiences have absolutely impacted me. It's made me much more grateful. I made a choice, I committed to faith". Ingrid said, "I've spent a lot of time healing".

Impact on the Decision to Have Children. The impact of early experiences on the decision to have children is a theme that emerged in four of the eight interviews. Amber

said, "My early experiences impacted my decisions to have abortions; I refused to bring a child into an abusive situation". Brandon said, "There is a part of me that is worried about whether I would be repeating the same cycle". Carla said, "I am afraid of being tired, too emotional, too needy, of having too much of my own baggage". Emily said, "I have to work on myself before I can have a child".

Impact on Intimate Relationships. The impact of early traumatic experiences on intimate relationships is a theme that emerged in four of the eight interviews. An example of text that was coded this way comes from Brandon's interview. He said, "The relationship, that's the thing that has taken the longest to get to a healthy level. I still struggle with this…. Therapy has helped me realize the anxiety was coming from somewhere else". DeAnna said, "I have been single for 20 years. One of my goals is to be in partnership. I have refused to be in a relationship just to be in one. That's what my mother did". Emily said, "I am so sensitive with boys and boyfriends, and it is not good". Flora said, "That was the beginning of my self esteem issues that lead to a series of terrible choices. Men, career, school, drugs".

Impact on Parenting. The impact of early experiences on current parenting practices is a theme that emerged in six of the eight interviews. This included each participant who had children (two participants did not have children at the time of the interviews). An example of text that was coded as a part of this theme came from Amber's interview. She said, "It definitely impacted me as a parent. I'm grateful that my kids won't ever have a complete understanding of what I've been through". Carla said, "It (the impact of her past on her parenting) is inevitable to some extent. I have thought about what I don't want to repeat". DeAnna said, "I ask my child the way he thinks, how

he feels, and I explain things to him; unlike the way things were never explained to me. All I needed and didn't get, I give to him".

Flora said, "I am afraid of my son feeling his consequences. I protect him too much". Henry said, "My early experiences impact my parenting, but not negatively. You will never find a more antennas-out and listening parent. I'm overly cautious". Ingrid said, "I decided I was not going to create for my kids the jealousy that my mom had with her mother-in-law or her sister-in-law. I decided I would not be critical of my kids".

Mention of Relationship with God or Spirituality

A relationship with God or spirituality related to trauma experienced is a theme that emerged in two of the eight interviews. Henry said, "There is no doubt that if it weren't for the relationship I had with God and his son and the daily impact it has on me that I would not have the grace that I have". He said, "The number one reason why I am where I am today is because of the grace of God". Ingrid said, "Most of my strength and guidance has come from a spiritual connection".

Impact on Development

Participants were asked how adverse early life experiences impacted them in different areas of development. The realms of social, emotional, cognitive, spiritual, and physical development were explored. Below are findings from interviews with each participant.

Amber. Amber reported the largest impact on her development has been in the area of her social development. She said, "I never wanted to be like my parents. From a very young age, I always knew the adults around me were messed up. I always knew my life would be different, and it was my job to survive". Amber said, "The older I get, and the

more distance I have from (my childhood), the easier it is to separate. I think I am the person I am today because of my parents, not in spite of them".

Amber's early experiences have also had an impact on her parenting. She says, "I refused to bring a child into an abusive situation…I didn't want to live my life in a way where there were contradictions - religious, but abusive. This is why I have never lied to my children".

Amber's early experiences also had an impact on her mental and her physical health. She said, "I wasn't in touch with my body. I wasn't aware of my physical needs because no one had ever taken care of me". About impact on her mental health, she said, "I've had different parts of my adult life where I've struggled more. When my daughter has hit milestones, like junior high, I have struggled".

Brandon. Brandon reported that his early experiences have most impacted him in the area of personal relationships, most specifically, intimacy. He said, "The relationship; that's the thing that's taken the longest to get to a healthy level. For years, I would date people and then feel more and more anxious about it…so I would break up or withdraw again and fall apart". Brandon said, "I still struggle with this. I've been dating my boyfriend for over three years now, and…even though I see that he loves me, it makes me anxious instead of grateful. Sometimes I feel happy, but even so, there is this part of me that is freaking out a little".

Brandon also reported the impact on his mental health. He said, "I think I have had anxiety about intimacy". He also reported impact on his career development. Brandon said, "I feel like it (early trauma) kind of delayed everything. If I had a different upbringing, I think I would have trusted myself more. I liked anthropology from when I

was in undergrad, but I thought, what can you do with that? I was worried about what my parents would think".

Brandon also reported the impact of the trauma on his decision-making regarding having children. He said, "There are times when I think I want a kid, but I also have an equal sense of fear. My mom and dad were always arguing with each other, and thinking about how (having kids) would change my relationship, that is disheartening. It makes me think I don't want a kid. And then there is the part of me that is worried about if I would be repeating the same cycle".

Carla. Carla reported the largest impact on her development has been in the areas of career and mental health. She said, "I lost a decade, career-wise, and I have been taking longer to get through my program because of my issues and my health problems". About impact on her mental health, she said, "I've been primed to take things harder. I think it's made things other people would blow off more difficult. Physically, emotionally, I think if I had had a different foundation, I would have walked away and not blamed myself, not burned a lot of energy, not gotten depressed over it".

Carla also reported significant impact from the trauma on her physical health. She said, "I would have gotten help with physical issues faster, or been more persistent with physicians when they didn't give me a good answer, instead of accepting vague answers. I was physically falling apart, my body wasn't working properly, and I didn't know how to get the right medical attention".

DeAnna. DeAnna reported that her development has been most impacted in the area of intimate relationships. She said, "I have been single for 20 years. One of my goals is

to be in partnership. I have refused to be in a relationship just to be in one. That's what my mother did". She said, "I'm very picky about the kinds of people I will date".

DeAnna also reported an impact on her mental health. She said, "I was in talk therapy for 10 years, and this helped a lot. I was able to process a lot. Now I use Body Tales, which is a form of therapy". She said the abuse also impacted her in the areas of peer development, social skills and peer relationships.

Emily. Emily reported that the largest impact on her development has been in the area of mental health. She said, "I have mood instability. I am sometimes up and happy, sometimes very down. I am taking sleeping meds and anti-anxiety meds. I am seeing a psychiatrist and a counselor".

Emily also reports an impact in the area of personal and life goals. She said, "I want to work on myself. I want to change my point of view". She said, "I am nervous and have panic attacks so if I don't control myself, I am going to be like my father. I have to work on myself first".

Flora. Flora reported that she has experienced the largest impact in the areas of self-esteem, personal relationships, and in shaping the course of her life. She said, "This was the beginning of my self-esteem issues that led to a series of terrible choices. Men, career, school, drugs. I have so many friends, but they are questionable people. I wish I could have fewer and be more selective". She also said, "This plays into my jobs. All the dynamics at work - It's made me an underachiever. Everything stopped there, and now I have certain struggles that I don't think I would have. I think I would be financially more stable, if it were not for that experience. I would have made better choices".

Henry. Henry reports that he has been most impacted in the area of his faith in God. He said, "The number one reason why I am where I am today is because of the grace of God. Without that, I could have become a drunk, an abuser; there is nothing I've done that earns me what I have. It is all here by grace and by my willingness to accept that I am not in control. Acknowledging that there are other forces at play".

Henry also reported experiencing an impact in the area of parenting and on personal development. He said, "My early experiences impact my parenting, but not negatively. You will never find a more antennas-out and listening parent. I'm overly cautious". About his personal development, he said, "It (the early trauma) has made me much more grateful. It's made me a lot less judgmental. I tend to be overly kind. It's not all about me".

Ingrid. Ingrid reported the largest impact on her development has been in the area of stress level and mental health. She said, "It (the trauma) created a lot of stress and anxiety in my life. I've never felt safe". She also said, "I feel stressed seven days of the week, and the level of stress I experience is a nine or a ten (on a scale of 1-10, with 10 being the highest)".

Ingrid also reported her early experiences impacted her spirituality and her personal development. She said, "It (her early experiences) has made me more compassionate to people who have struggled. I have spent a lot of time healing". She also said, "It has deepened my spirituality. I didn’t have any place else to turn".

Domains Queried

Participants were asked questions related to seven domains of life. Participants were asked about happiness or satisfaction in the following areas: Mood, self-care, social

support, primary partner relationships, career, the decision to have children, and whether or not traumatic experiences had or would impact their parenting.

Seven participants (87.5%) reported mood-related or mental health problems. Four participants (50%) regularly practiced self-care, two (25%) practiced sometimes, and two (25%) did not practice self-care. Three (37.5%) reported high levels of social support, one (12.5%) reported some, and four (50%) reported little. Three participants (37.5%) reported happiness in primary partner relationships (two were married, one was engaged), two (25%) were in relationships, but unhappy, and three (37.5%) were single and unhappy.

One participant (12.5%) reported happiness in his career, five (62.5%) reported current happiness in their careers, yet experienced a significant delay in career path, and two (25%) reported unhappiness in their careers. Five participants (62.5%) have children, and three (37.5%) are unsure of they want children because of their past experiences. Eight participants (100%) said early experiences do or would impact their parenting. Table 4 provides a visual representation of this information.

Intervention

Each participant sought some type of intervention to cope with early experiences. All of the participants (100%) used psychotherapy for some duration of time. Differences were reported in at what ages interventions were used and for how long. Other interventions that were used include yoga, meditation, exercise, spirituality, medication, self-help books, and self-expression through art. Table 5 lists this information.

Life Satisfaction

On a scale of 1-5, with five being high, participant-reported life satisfaction is as follows: Amber, 5; Brandon, reported he was not sure; Carla, declined to answer this question; DeAnna, 5; Elaine, 2; Flora, 3; Henry, 5; Ingrid, 3. Three participants (37.5%) reported the highest level of life satisfaction (5), two (25%) reported a three out of five, two (25%) declined to answer, and one (12.5%) reported two out of five. This information is included in Table 6.

Chapter Five

Discussion

Participant Rating of Level of Difficulty of Trauma

Two of the respondents rated their trauma high (Level 4), and six rated their trauma very high (Level 5). An example of trauma that was rated high (Amber) is ongoing cumulative sexual abuse, psychological abuse and neglect from age 0-12 without a securely attached attachment relationship. Another example of trauma that was rated high (Brandon) is physical and psychological abuse from ages 4-12+. This individual did have a secure attachment relationship from age 0-4.

An example of trauma that was rated very high (DeAnna) is psychological abuse from multiple caregivers, witnessing violence and mentally ill adult caregivers from the ager of 3-12+; suffered with an insecure attachment relationship. Another example of trauma that was rated very high (Emily) is physical abuse, psychological abuse, neglect, violence in the home, and mentally ill caregivers; suffered with a secure attachment relationship, from the ages of 5-12+. Another example of trauma that was rated very high (Flora) is the experience of "mass bullying," at the age of 12; suffered with a securely attached attachment relationship.

Looking at the types of traumas that were rated differently by participants, it is clear that there are similarities in the nature of these traumas. In looking to determine why certain people rated their trauma Level 4 and others rated their traumas Level 5, I examined respondent transcripts and at the conditions in which the traumas occurred. I found there were no consistent differences that could be attached to different trauma ratings. There was no consistency in whether or not the attachment relationship of the

respondent was secure or insecure; there was no consistency related to the age in which trauma was experienced; nor was there consistency in whether or not the trauma was one incident or cumulative or ongoing. These findings lead me to believe that individual differences (such as perception, sensitivity to external events) determine whether an individual perceives an event to be more or less traumatic. Because I interviewed respondents about their pasts, factors such as memory and the degree to which one has healed from past traumas may also account for why a person would rate traumas differently.

The Impact of Trauma on Development

This research was guided by three questions. Each question will be addressed in turn. The first question that guided this research was, how, if at all, were participants affected, developmentally, by traumas experienced in childhood. In this section, I will describe how traumas experienced may have impacted each participant in the realms of physical, psychological, social, and emotional development.

Amber. Amber endured multiple types of pervasive and cumulative trauma (psychological abuse, sexual abuse and neglect) from birth into her teenage years (the entirety of 0-12). She did not have the buffering effects of a healthy attachment relationship, and she did not have the opportunity to develop a foundation of basic trust in herself, life, or other people.

Amber says, "When I think of my childhood, I don’t know that I have a lot of memories that aren't trauma…. My earliest memories are of fear and anxiety". Amber remembers being taken to babysitter's houses as a child and not being picked up. "The babysitter would think my mom was coming back, but my mom would go out on a

binge and not return for days", she said. These types of experiences might impact not only physical brain development, but internal working models, as well. Amber learned she could not trust people to meet her basic needs and that the world was frightening and unpredictable. She also learned that she was not important.

Amber's parents were "angry, violent drunks", who were verbally and psychologically abusive to her and her siblings. She was regularly told she was "stupid" and "whiney" and remembers having to fight with her mom for food so that she could eat to survive. Hearing these types of messages from her mother most likely impacted Amber's sense of self and self-esteem. Having to fight to have her basic needs met meant Amber was probably not able to focus on other developmental tasks at these times in her childhood.

Amber's parents were divorced, and she was abused in each parent's household. She was sexually molested by her uncle at her dad's house from age five until her early teenage years. When she was 11, her father tried to sexually abuse her. Experiencing sexual abuse by her father and her uncle most likely impacted Amber's internal working models related to men.

Amber said, "I remember generalities of my childhood, but not the details. I think it is the way my brain dealt with the trauma". Given what we know about the impact of trauma on brain development, it is probable that the development of the physical structure of Amber's brain was impacted by her early experiences, affecting her memory.

Early trauma impacted Amber's life, scholastically, as well. She says, most often, she didn't go to school. When she did, she was "dirty and unbathed". She said, "teachers

didn’t expect a lot from me because it looked like I was such a mess". Amber said, to this day she struggles with grammar because of a lack of education in her childhood.

Amber did not mention if her experiences impacted social relationships at school, but said it did impact relationships with her siblings. She remembered "wanting to be there" to help her younger sisters at her mom's house, but not being able to handle the abuse and then feeling guilty about this.

Amber said she had physical needs that went unmet as a child. She remembered going to the doctor for a burn in elementary school, and the doctor yelling at her mother because Amber should have seen a doctor much earlier. Amber said she did not have regular check-ups with the doctor and learned to ignore aches and pains. Amber said, "I was out of tune with my body".

Brandon. Brandon was physically and psychologically abused by his mother from age 4-12+. His mother was "very angry" and repeatedly told him he was stupid when he was a developing child. She would ridicule him and make fun of him and his siblings when they made mistakes. Brandon remembers being hit, thrown to the floor, and kicked on the floor by his mother when he was a child. He was told he was unwanted, and his mother often threatened to give him up for adoption.

Brandon said he always felt like he was "tip-toeing" around his mother. He says he remembers having an "overwhelming sense of fear and a feeling of twisting in his stomach". He says he felt fear constantly as a child. These types of things impacted the development of the physical structure of Brandon's brain. This also impacted his self-concept, his self-esteem; and this shaped his internal working models, as well.

The cumulative abusive trauma Brandon experienced did not begin until age four. This means in terms of physical (especially referring to structural brain development and development of neural pathways), social and emotional development, Brandon had four years of nontraumatic conditions in which to learn, grow and develop (although one can argue that the absence of a healthy securely attached attachment relationship is traumatic).

Brandon's early experiences impacted his behavior, as a child. He said, "When things were hard (in school), I remember getting so frustrated with myself and so down on myself for not being able to get whatever it was, to the point where I was sobbing, and then I would try to cover it up and repress the emotion. I remember feeling hopeless, like, I am never going to get it". He says even though he got A's in school, he consistently felt self-doubt and always felt he "had to prove himself." He said he grew up trying to "be perfect" so that he could "win" his mother's love and attention.

Carla. Carla was raised in a home with ongoing screaming and yelling in the home. She was called names as a child and, and her father, especially, was volatile and explosive. She was blamed for things she didn't do, and her parents often had "disproportionate responses to small things". Both parents struggled with mental health problems.

Carla had insecurely attached attachment relationships. There were times when she would be punished for seeking help. Carla says both of her parents had social problems. She remembers that if she went to her parents with problems, she was told, "Life sucks; get used to it".

These types of messages and the lack of help she was able to receive from her parents would have impacted her sense of perceived self-efficacy and her internal working models. Carla said, "I lived in a state of hypervigilance". This leads me to believe the development of the physical structure of her brain was impacted, as well.

DeAnna. Deanna has happy memories from early childhood (ages 0-5), but she was emotionally, psychologically and physically abused, neglected, and witnessed ongoing domestic violence from age five until she left for college. When she was between the ages of 0-5, she had a secure attachment relationship with her mother. At age five, the relationship changed dramatically, and DeAnna no longer felt she could trust her mother.

Beginning at age five, DeAnna was regularly told she was "worthless" by her parents. She was called names and lived in an environment with constant aggression and fighting. Being called names, being abused and being neglected most likely damaged her self-concept and self-esteem. She did not learn how to interact with people in a healthy way, and this may contribute to reasons why she reports difficulty in relationships with other people in her life.

Emily. Emily was born in a war-torn part of the world in 1982. She and her family experienced multiple traumas related to war on a daily basis. This included living in close proximity to gunfire, explosions, armed guards; regularly seeing corpses, and constant feelings of fear and of being in danger. Emily's family lost 11 people to war-related activities by the time she was twelve. Her uncle is now badly disabled because of war related activities.

Emily also experienced neglect as a child. She reported that both of her parents struggled with mental illness, alcoholism and drug addiction. There was domestic violence in her home. Emily was locked out of the house, even overnight, as a young child, if she did something wrong. She was rejected by the adults in her life when she sought comfort or asked for help, and she regularly feared for her life.

Emily was sexually abused by an uncle when she was five. She struggled with enuresis until age seven, and for this, she was locked out of the house and made to sleep outside. She regularly dreamed that she was dying or "that people were trying to kill her". She developed a stuttering problem when she was eight and then became "too shy to speak". All of her relationships with caregivers were reported to be insecurely attached.

The fact that Emily experienced so many extreme types of trauma leads me to believe that her development would have been impacted. During the time of trauma, Emily said she was hyperactive. She said could not control her impulses and was constantly in trouble. She was "very angry, anxious and nervous". She beat her sisters. She said hated everybody and wanted to kill herself.

The traumas Emily sustained seem to have impacted her internal working models, the development of her social skills, and her emotional regulation. Because her trauma was so severe and was ongoing, the development of the physical structure of her brain was most likely impacted. The fact that she lived in "a constant state of fear," probably would have impacted her neurological development.

Flora. Flora says she had a "normal" childhood and "normal" relationship with her parents and family until the age of twelve. When she was 12, Flora experienced mass bullying that became increasingly severe over the next several years.

Flora's bullying began "out of the blue," when she began sixth grade. After she broke up with her boyfriend, many kids stopped talking to her and began giving her the "cold shoulder". Flora said her ex-boyfriend managed to "turn nearly every other student in school against her". Within 4-6 weeks, she went from being a normal student to being the "punching bag for every kid in the 6th grade". She dreaded switching classes at school because students would throw things at her, push her, hit her, spit on her, and call her "humiliating" names in the hallways.

Flora began missing school, falling behind in school, and ultimately developing ulcers. She tried going to authority figures a few times, but each time this proved to be unhelpful and actually fueled the bullying. She received prank phone calls nearly every night at home. Flora's mother tried to get involved, but Flora said this only ended up making things worse.

Flora's grades dropped from average to nearly failing, and she missed nearly two months of school. Ultimately, Flora said that she "gave up". She said, "I felt shame. I was embarrassed". When asked who she went to for help, Flora said, "I didn't go to anyone. I felt like on some level this was my fault".

Flora had a relatively stable and trauma-free early childhood, with a securely attached (as far as Flora reported) attachment relationship. This foundation of a healthy early childhood, and the fact that Flora's brain had 12 years of healthy development, probably had a buffering effect on Flora during her times of stress.

Despite this, Flora was impacted in the areas of social and emotional development, and her internal working models appear to have been impacted. Being bullied, without receiving help or being able to find a way to help herself must have been confusing and likely eroded her sense of competence and self-esteem. Not only did she fall behind scholastically, but she says she lost confidence in her abilities to learn new things and to keep up in class.

This also impacted Flora's family relationships. Prior to the trauma, she had an "average" relationship with her mother. During the times of trauma, she grew to hate her mother. Flora says this is probably because her mother could not help her and made "everything worse for her at school".

Henry. Henry was physically, sexually, psychologically, and emotionally abused from the ages of 4-12. He, his siblings and his cousins were all abused by an adult male friend of his aunt. The perpetrator became "close friends" of his entire family, to the point where the adults in Henry's family trusted this man to take the boys camping nearly every weekend. Henry and the other boys were abused on these weekend outings, and "nearly continuously" during summers, when school was out of session.

The adults in his family and extended family had no idea that this was happening. Henry and the other children were told that if they told anyone about what was happening, their siblings or parents would be killed. Henry believed these threats and lived with the deep fear that his family would find out and be killed.

Henry said the abuse started in a "luring" way. As a very young child, around age four, Jeff, the abuser, would "lure" the children with toys or candy. When Henry was

between five and six, he remembers being "fed alcohol". Henry remembers being given Schnapps while camping, and he remembers going to kindergarten hungover.

By age six, the abuse went from "a casual experience to something far more sinister". Henry said, "It was very acute". Henry was made to "comply with demands". If he resisted, he was told terrible things would happen to his family and his loved ones. He said the perpetrator was "very psychologically abusive, and the abuse was extreme". Henry said, by age 10, he was asking himself if life was worth living. Henry says he felt shame and "extreme guilt".

Outside of the abuse, Henry said his life was otherwise "normal and stable". He said his mother was loving, available and nurturing, but she was "submissive" to his father. His father was a "great provider," but was "emotionally absent and struggled with humility". According to Henry, his family was on the lower end of the socioeconomic spectrum, but he "did not feel poor".

When asked how this impacted him as a child, and how it impacted other areas of his life, Henry said, "It definitely did". He said the abuse impacted his relationships with his siblings, and he struggled with learning until age 12, when the abuse stopped. He said, "In 5th grade, I was the happiest class clown kid that you ever could have met. I was compensating so much for what was happening that there had to have been someone who could have seen. But no one did". When Henry was in sixth grade, and the abuser left town, he became a 'B' student and later received an academic scholarship to college. Henry said, "everything in his life just happened, just fell into place, after Jeff left".

The fact that Henry's abuse did not begin until age four means that Henry had four years of a relatively healthy context in which he was able to develop. Henry reportedly

had a securely attached attachment relationship in his earliest years. These two factors probably had buffering effects on the impact of the trauma that Henry experienced.

Developmentally speaking, the fact that he was so severely abused, sexually, physically, emotionally, and psychologically, for eight years most likely impacted his development. The trauma that Henry experienced impacted him in every aspect of development. Most severely impacted could have been areas related to the establishment of self-worth, self-esteem, self-concept, and sense of self-efficacy. The fact that Henry lived in a state of fear for eight years during the time when his brain was developing, would have most likely impacted the development of the physical structure of his brain. It is probable that the "state" of fear would have become a "trait". His internal working models probably would have been affected, leading him to develop a fear of people and a belief that the world is unsafe. It is reasonable to believe that a person with this type of trauma would struggle with anxiety and depression. It is also reasonable to believe that this degree of trauma could lead to psychosomatic symptoms, addiction, intimacy issues, and/or a personality disorder.

Ingrid. Ingrid was psychologically and physically abused and neglected from "at least" the age of three until she left home for college. Ingrid remembers, "feeling fearful all the time". Ingrid's mother was mentally and emotionally unstable, and her mother's moods "were up and down". Her parents fought often, and there was yelling, screaming and things thrown in the home on a regular basis.

Ingrid loved her father, but said he was rarely home from work. He traveled often, so Ingrid and her siblings were often left alone with their mother for days on end. When both parents were home, they would have "huge blow-up fights". Ingrid remembers

listening to her parent's fights with her siblings "in terror," wondering if her parents would get a divorce. As a child, Ingrid didn’t know anyone else whose parents were divorced, and she was "terrified that this would happen to her," because she "didn’t know what would happen to her or where she would live" if it did. Ingrid was told, by her father, that it was her job to "keep her mom happy".

Ingrid remembers being hit with wooden spoons and belts for punishment. She remembers losing things, like her shoes, and "praying to God that she could find them so she would not be hit". Ingrid says she felt fearful around her mother, who was her primary caretaker, from as long as she can remember. Ingrid's mother was "very critical" of her, and would compare her to other children. Ingrid felt her mother "was constantly disappointed in her, and that she was never good enough". About her relationships with her siblings, Ingrid said, "we hated each other. We fought all the time, and we thought that was normal".

Ingrid said one of the hardest things about her childhood was that her mother "hated" her grandmother. Ingrid loved her grandmother, but was not allowed to spend time with her. Ingrid said, "I loved my grandma, and she loved me, but I couldn’t get close to her out of loyalty to my mom. This is a dynamic that went on my entire childhood. It was very uncomfortable".

Ingrid was also neglected as a child. When she was five, she broke her leg playing on unsafe playground equipment in her back yard. After this, she felt more fear, and specifically about "going fast". Ingrid said, "When accidents happened, my parents helped, but I wasn’t watched well in the first place. I was just generally kind of neglected. I had to fend for myself to survive". She remembers struggling with

constipation and stomach problems most of her childhood. She had a "hard time eating and with digestion".

Ingrid felt fearful at school, as well. She said, "I was a different kind of learner, and I didn't fit in a box". Ingrid did not feel that she "fit in," with peers and had few friends. She remembers "not knowing what she was doing, in classes and in school," but pretending that she did because she didn't want to draw attention to herself. She struggled most with math, and hated anything to do with it. She said, "I felt an extreme sense of fear and dread going to math class. My math teachers were horrible and mean".

In grade school, she began to fall "way behind". She began to fake that she was sick, and then actually was sick, due to her level of stress. In 4th grade, her parents took her to the doctor for stomach aches. The doctor gave her tranquilizers for 10 days, which she says did not help. There was no follow-up treatment, and her stomachaches persisted. At the end of 4th grade, Ingrid had missed so much school that she was going to be held back. Instead, her parents sent her to a private school, where she "thrived". She said, "I had nice teachers, they taught well, I got to pack my own lunch and take it. I loved it. But it was only for 6 weeks and only so I could pass 4th grade".

Ingrid said she had an insecurely attached attachment relationship, and it seems her trauma began at birth. The trauma she experienced was ongoing and cumulative, with some instances of acute trauma, such as breaking her leg. The fact that her trauma began when she was an infant, coupled with the fact that she did not have the help or support of a securely attached attachment relationship, means she was impacted at every stage of development. She mentioned "fear" many times throughout the course of describing her early childhood. Her earliest memories are of fear, and she felt fear when

in the presence of her primary caregiver. This "state" of fear probably became a "trait," during the course of her (physical) brain development. Her internal working models would have developed according to feeling that she "had to fend for herself to survive," worried about having her most basic needs met, such as shelter; did not fit in, socially; had no help navigating challenges in life, struggled both at home, academically, socially, and with her siblings; and that she was not able to access help when she needed it.

The Impact of Childhood Trauma on the Course of Participant's Lives

The second question that guided this research was, how, if at all, did trauma experienced in childhood impact the course of individuals' lives. In this section, I will discuss statements participants made relating to the course of their lives and how early trauma may have impacted this.

Amber. Amber, now 42, is divorced from her first husband, and has been in a relationship with another woman for two and a half years. She has one daughter and one stepson. Amber said her early childhood definitely impacted decisions regarding having her own kids. Amber had three abortions before having her daughter, and says this is because she was not in a place or relationship in which she felt she could raise a child in a healthy way. She said, "I refused to bring a child into an unhealthy situation".

Amber said she "forced" herself to marry her husband because she thought he was a good person and had her daughter with him. She has never been monogamous, and as always been open about this. She is in love with her current partner (a female) now, and she hopes that they stay together.

At age 21, when she was pregnant with her daughter, Amber sought counseling and began actively "working through issues from the past". Amber said, "I've had different parts of my adult life where I've struggled more. When my daughter has hit milestones, like Jr. High, I have struggled". Amber has had a lot of physical health problems and was diagnosed with fibromyalgia at age 28.

Amber was the first person in her family to earn an AA degree, and was then the first person in her family to graduate from college. She earned her undergraduate degree in Women and Gender Studies and in now pursuing a PhD in Justice Studies.
She did not go to college until she was 28 because she was told she was not smart and would not succeed in higher education. Therefore her trauma impacted the educational and work aspects of her life.

Brandon. Brandon, now 33, is a PhD student. He has struggled with personal relationships, and most specifically, intimacy, his entire life. He is currently in a long-distance relationship with an older man (his boyfriend lives in New York). For years, he said he would date people and then feel increasingly anxious about being in a relationship. He would break up with them and then feel depressed and withdrawn or "fall apart".

Brandon said the formation for his career path happened after college. He worked for nonprofit agencies and volunteered in schools and soup kitchens in poor areas in New York and New Jersey. He says, "I learned about this idea that there is a systemic sort of injustice. There are systems in place that keep poor people poor and rich people rich". He said through working at nonprofits, he learned that there are, "charitable things that try to make it so that things are not as bad, and I did find this work gratifying, but it also

wore me out. Also, this isn’t doing anything to address the systemic injustices…this powerful and complex system". Brandon said, "I'm more drawn to systems and being an investigator…I knew I wanted to study social inequality, but it's not an easy route to do that".

A professor from Brandon's college recommended that he look into studying Anthropology, and with this advice, Brandon took classes in this area. This is what he is studying now and, according to Brandon, how "all of this came to be". Brandon said, "In this way, I feel like I am right where I belong. I am looking at inequality in archaeological records…and I am also studying the transition from egalitarian hunter-gatherers into societies that we have now, and it is really interesting looking at this". Brandon said, ultimately, he would like to write about inequality and evolution for a larger, nonacademic audience and believes having a PhD will make his work more impactful.

Brandon is not sure if he wants children. His boyfriend is nine years older and wants a child now, and this is a point of contention in their relationship. Brandon says he worries that having a child would disrupt their lives. He remembers his parents constantly arguing and not having time for each other and worries this may happen to him if he has a child. On one hand, he said he would like to have a child, especially a little boy. He likes the idea of "bringing a child up in a loving way and not making him feel pressured," as Brandon felt. He said, "I also have an equal sense of fear". Brandon worries about his temper and worries he may repeat a cycle of abuse. He has never been in a physical fight, but says when he is in arguments with his boyfriend, it is hard for

him to "control his emotions". He said, "I worry that I have that part inside of me, and that if I lost my temper, I would lose control".

When asked if his early childhood experiences impacted the course of his life, Brandon said, "yes". He feels like "it kind of delayed everything". He said if he had a healthier childhood, he would have trusted himself more. He was interested in Anthropology earlier in his life, but doubted he could do anything with this. He was worried about what his parents would think. Brandon said the biggest impact his childhood has had is in the area of personal relationships and, specifically, it led to the development of anxiety about intimacy.

Carla. Carla, 32, is a doctoral student. She has struggled with ongoing physical pain, medical conditions, anxiety, and depression since her early twenties. She said her life is currently quite stressful because she is working on her dissertation.

Carla is married and said she "lucked out and married someone really great". She said she has a supportive spouse and is lucky to be with him. She said she thinks she drives her husband crazy and "exhausts him". When asked about social support, Carla said she considers a few colleagues from her program to be social support, saying they mutually support each other through "the same garbage" (their program).

Carla would not tell me what field she is in or which degree she is pursuing because she was concerned about maintaining confidentiality. When asked about how she came to choose this career, she was unclear in her responses. She said she has been depressed and confused, and was not sure what she wanted to do, and this is how she has come to where she is now. Carla thinks, due to her early life experiences, she "lost a decade, career-wise".

Carla is not sure if she wants children. Her spouse does, but Carla said she is concerned about the health implications, saying she is "terrified of having post-partum depression," and scared of being "trapped," because she does not feel she has a "solid foundation" in her career. Carla said she is afraid of "being tired," "losing her own life," "being too needy, too emotional, and that she has too much of her own baggage".

When asked if she thinks her early experiences will impact her parenting, she said this is "inevitable, to some extent". She is concerned that she will "get in someone's way (a child)," or "swing the other direction and raise a narcissist". She said, overall, the idea of raising children is "really scary".

When asked if she feels her early life experiences have impacted the course of her life, she said, " Yes, on one hand, it colors everything…I lost years, career-wise, and I lucked out that I didn't lose out in terms of personal relationships". She said she had health problems that she wasn't attuned to (because of early experiences) and said she has experienced "definite impacts that are very real". She said she thinks she has been "primed to take things harder".

When asked to elaborate on this, she said, "I think it's made things other people would blow off more difficult for me. I've stayed longer, bent too long, stretched too hard until I broke, physically and emotionally. I think if I had a different foundation, I would have walked away and not blamed myself, not burned a lot of energy, not gotten depressed over it. I would have gotten help with my physical issues faster or been more persistent with physicians when they didn't give me answers, instead of accepting vague answers".

DeAnna. Deanna, now 43, is working toward her PhD. She has been involved with public speaking and the performing arts since her early college days and continues to find deep satisfaction with pursuits in these areas. She is currently a Teaching Assistant in graduate school and enjoys this. She said teaching is something she may want to pursue, along with writing and performing.

Deanna worked with a therapist for 10 years and says this helped her "a lot". She says she has been able to process a lot of her past and is now able to be open to positive relationships.

Though Deanna has close friendships, says intimacy in romantic relationships is the area of life that is hardest for her. She is single and has been for 20 years. Deanna says she "refuses to be in a relationship just to be in one," because this is what her mother did.

Several years ago, Deanna decided she wanted to have a child. She approached two gay men (a couple) who were friends of hers, and asked if they wanted to co-parent. The men did not want to co-parent, but one of them was willing to donate sperm. Deanna had a baby this way, and then her male friend decided he did want to co-parent. The men have broken up, but the biological father remains involved with Deanna and her son. Deanna said that the father has, at times, struggled with anger management. Deanna was tearful when she said, at times, he behaved like her mother's abusive ex-partner, Elaine. The father has since begun work in therapy, and is "doing much better".

Deanna said her early experiences definitely have impacted her as a parent. She said she "gives her son all that she needed that she didn’t get". Deanna asks him how he thinks, how he feels; she will explain things to him, "unlike the way things were never

explained to her". She apologizes if she has done something wrong, which is something her mother never did. Deanna says her son's father comes from "white picket fence privilege". Deanna said because of her past she is able to "consider her son's feelings in ways he (the father) can't understand".

When asked if her early experiences have impacted her or the course of her life, Deanna said, "because of my past, I speak up when something is wrong. I won't keep quiet".

Emily. Emily is now a 31 year-old doctoral student who moved to the United States three months ago. She feels stressed nearly every day of the week and experiences mood instability and problems sleeping. She is currently working with a psychiatrist and a counselor and is taking several psychotropic medications.

Emily did not receive any help for the trauma she experienced until she went to college, at age 18. Emily said, "When I went to college I sought counseling because I thought, what can I do? I am so nervous". At this point in her life, Emily was having high anxiety and panic attacks. She said the counseling helped, and she began to read books on overcoming shyness. She tried yoga in college and says this helped, as well.

Emily does not have children at this time. When asked if she wants to have children, she said she is unsure. When asked if her early experiences may impact her decision to have kids, she said, "Yes. I am nervous, and I have panic attacks. If I don’t control myself, I am going to be like my father. I have to work on myself first". Emily said she likes kids, but also that, "kids are also so needy. Because of this I can't be nice to all children. I try to be kind to them, but they are too needy".

Emily said she does think her early experiences impacted her life, but said she does not know how.

Flora. Flora is a 42-year old waitress and yoga teacher. She is divorced and has one son, age seven. Flora learned about this study from a friend, who is a graduate student.

When asked about her career, Flora said, "The bullying in sixth grade was the beginning of the end for me, academically. My grades plummeted, and I never recovered. I dropped out of high school twice and did not go to college". Flora said she loves yoga and teaching yoga, but it doesn't support her, financially. She said she is a waitress "out of necessity".

When asked if her early experiences impacted her decision to have children, Flora said no. When asked if her early experiences impact her parenting, she said, "Yes". Flora said she feels she has a good relationship with her son, but that she "may do too much for him". She said she "doesn't want him to feel his consequences". She worries she "bulldozes him over with information," and thinks he sees her as very "practical," which makes her sad.

Flora said her early experiences have positively impacted her parenting, as well. She said, "They have made me more self aware. I know what I want to do differently, meaning, I don't want to care so much what other people think. But I think I protect him too much". She said, "I am terrified of how I will act if he is bullied. I might be like my mom".

When asked if she feels the trauma she experienced at age 12 impacted her or the course of her life, she said: "I didn't value myself. This is the beginning of my self-esteem issues that led to a series of terrible choices. Men, career, school, drugs. A lot of

this is completely over, but I am always looking to mend things and make things closely connected. I want intimacy and closeness with people, including my ex-husband. I am good friends with people from sixth grade who have apologized to me, but they are questionable people--one cheated on his wife, one has a drug problem. I not only forgave them, but I have kept them close in my life. I have so many friends, where I could just have fewer and be more selective. I don't know what this is about, but I just want to understand things. What makes people do things? Why people do things? When people do bad things, I want to find out what they are thinking and why they do it. I think I take this too far. I think it comes from my need to keep peace and keep people liking me".

Flora added, "This plays into my jobs, too. All the dynamics at work--it's made me an underachiever. Everything stopped there (in sixth grade), and now I have certain struggles that I don't think I would have. I would be financially more stable. I would have made better choices".

Henry. Henry, 42, is happily married. He has two children. Henry learned about this study from a friend who is a faculty member.

Henry experienced a turning point in his life at age 20, soon after he had married. In his words, soon after he was married, he "had an affair right away". His wife found out about the affair, and confronted the other woman, who did not know he was married. When Henry came home one evening, both women were at his house. Henry says, they confronted him, and he had an "emotional breakdown". He told them about the abuse, and this was the first time in his life he had ever told anyone. He said, when he was

confronted about the affair, his "whole experience (of trauma) came back to him". He said, he asked himself, "Why do I think this (having an affair) is okay?"

At this time, Henry began working with a therapist, which he did for seven years. He said this was "very very helpful". He said that few people in his life know about the abuse he suffered, but the few that do are very supportive. He said, "There is no doubt that if it weren't for the relationship I had with God and his son and the daily impact it has, then I would not be where I am today".

When asked if his early history influenced his decision about having children, Henry said both he and his wife wanted children. They struggled with infertility for many years, so were "very ready" to have children when his wife became pregnant. His children are now five years and 17 months old.

When asked if his history influences his style of parenting, Henry said, "Absolutely". He said, "you will not find a more antennas-out, listening, overly cautions father". He said he does not believe his early experiences have impacted his parenting in a "negative way". He added, "I will soon start having conversations with them about what is appropriate and anyone not touching you".

When asked if his early experiences have impacted him or shaped the course of his life, he said, absolutely. He said, "It has made me much more grateful. It has made me see, it doesn't matter where you come from, it is where you are and where you are going. It's made me a lot less judgmental. You don't know what someone's going through".

Henry said, "The number one reason I am where I am today is the grace of God. Without that, I could have become a drunk. I could have become an abuser. There is

nothing that I've done that earns me what I have. It is all here by grace and my willingness to accept that I'm not in control. Acknowledging that there are other forces at play. Why would I go through all that and still be blessed. It is my eternal quest - what do I do with it?"

Ingrid. Ingrid, 45, has been divorced for five years and has three children. She is currently in a relationship with a man. She learned about this study from a friend who is a graduate student.

Ingrid wanted to be a nurse, but instead pursued a degree in education because it is what her father told her she should do. After being a full-time mother for the last 17 years, Ingrid is now taking prerequisite courses so that she can go to school to work in health sciences.

When asked if her childhood experiences influenced her decision to have children, she said, "No…It was unconscious". Ingrid said she had children because she was married, and that is what people did.

When asked if her experiences have influenced her parenting, she said, "Somewhat". Ingrid said, "When I had my first child, I was very un-self-aware. I began my personal growth work six months after she was born. I didn't have a clue how to parent". Ingrid said, "I didn't know how to create a loving family". She said, "I started off well with my third child," but recently found out that her older son (middle child) was "physically abusive" to her youngest.

Ingrid said, "I decided I was not going to create for my kids the jealousy that my mom had with her mother-in-law. I was never going to put my kids through that. I decided I would never talk badly about other people in my home". She said, "I decided I

would not be critical of my kids. I wanted to let my kids know they were loved and tell them that a lot, and physically hug them and stuff like that". Ingrid says having children spurred a desire for her own healing and growth. She said, "I didn't want my kids to have a bad relationship with their mother".

When asked if her early experiences impacted the course of her life, she said, "Yes. Throughout my whole life, for a lot of my life, I didn't have a sense of self. I was just surviving. I have just been trying to make sure my kids are ok. It made me more compassionate to people who have struggled. I've spent a lot of time healing". Ingrid said, "It's hard to get into the race when you don't start on the same level". She said, "It (the trauma) has deepened my spirituality. I didn't have any other place to turn. It created a lot of fear and anxiety in my life. I never felt safe".

The Impact of Trauma on Life Satisfaction

The final question that guided this research was, has the experience of trauma in early childhood impacted life satisfaction in adulthood? In this section, I will describe statements participants made related to the experience of daily life (stress level, mood issues, psychosomatic experiences), goals (if any were mentioned) and participant's words regarding their own life satisfaction.

Amber. Amber said she has a big circle of friends and that she has stayed close to her ex-partners. Her ex-husband and her ex-girlfriend are two of her best friends, and she considers this to be strong stable social support. Regarding her mental and emotional health now, Amber said she felt anxious before her daughter went to college, and she feels depressed now that she is gone. Also regarding self-care, Amber said she,

"makes a point to keep a healthy distance from her family, with calling, answering calls and keeping in touch".

To take care of herself when she is having a bad day, Amber said, "It depends on if it is a high-pain or a low-pain day". If it is a low-pain day, she walks her dog, plays with her dog, gets pedicures, watches what she eats, and tries to spend time with friends. If it is a high-pain day, she wants to stay in bed. Her dog is a trained therapy dog, and it is his job to make her get out of bed. She said on these days, she feels very angry, both because she is in pain and because she has to get out of bed.

In terms of career goals, she wants to do something with a cause and that has social impact.

Brandon. Brandon said, currently, he often sleeps too little. Thoughts about school, work, and personal things to do with his relationship with his boyfriend often cause him to lose sleep. He experiences headaches about once a week and has muscle tension nearly every day. Brandon struggles with feeling irritable. He said, "I get irritable with my boyfriend very easily. That is a big problem in our relationship. I will say to him, 'Why don't you get this; I've already explained this to you.' I get irritable and insulting….I don’t have irritability in other areas of my life".

Regarding friendships and social support in his life, Brandon said, "Right now, my (his) friends are definitely my (his) cohort because we all started together and were forced to interact. I have friends in NY, but I'm not good at keeping in touch with them because I don’t like being on the phone too long". Brandon recently had a "fight" with a friend in NY, with whom he is no longer talking. Brandon says, "friendships, that's

something I'm still coping with…Intimacy, in general, seems to be a tough thing for me".

Carla. Carla is upset with her program and the faculty with whom she works, saying they are unsupportive and unhelpful. She said she feels angry often, and she feels angry in her graduate program. She said if she could do things over, she would not pursue this program.

Carla often feels irritable, has muscle tension nearly every day and struggles with what she calls, "the tape recorder effect, where things go on and on in her mind, and she can't turn it off". She says she has recently realized "this is stuff like her childhood". She says, if she hears people attacking or belittling other people, it bothers her, even if it isn't about her.

Carla said she has an overall difficult time dealing with stress and that she feels "burdened with baggage". When asked about coping skills she used when she is having a bad day, Carla said she will try to ask herself why she feels bad. She tries Chinese medicine or to distract herself, but says that ultimately, she "has lost a lot of productivity due to this".

Carla has worked with three different mental health therapists in the last five years. She is unclear as to if this has been helpful or not. When asked about self-care, Carla said, "In the past, I used to be really bad at this". Now, she tries not to skip meals or stay up too late (past 1:30 am). She also says she "Won't let herself be bullied into dealing with people who she doesn't need to deal with".

When asked about her goals, Carla said her "career goals have gone out the window". She said she has a thirst for knowledge but that her PhD program has not

been satisfying. She "feels beaten down by the process of the PhD program" and feels it has taken her longer to get through the program because of her health and her personal issues.

DeAnna. When asked about her current stress level, Deanna said she thinks she experiences more stress than average, especially if it is school related. She denied other psychosomatic symptoms, such as appetite regulation and headaches, but said she does experience chronic back pain. Deanna had to live with her mother one year during her adulthood and said during this time, her back pain was worse and her stress level was "sky high nearly all the time".

When Deanna is having a bad day, she dances to express her emotions. Deanna practices "body tales," which she said is a way of expressing her emotions through physical movement. She noted, "Our experiences are trapped within our bodies". Deanna also uses communication as a form of self-care. She won't diet because she says she was criticized for over eating when she was a child. She said she won't let people talk to her in a way that is negative or demeaning. Deanna tells her mother, "When you say I eat too much, it makes me feel like you don't love me for who I am".

Deanna reports having lots of friends and social support. She has had meaningful romantic relationships in the past, and is close friends with her ex-boyfriends.

When asked about her goals, Deanna said, "to be in partnership". She said this is the one area of life that is the hardest for her. She is also working on a book that she wants to finish. About performance, she said this is something that is therapeutic, but this is not the main reason she does this.

Deanna said, "Through performance, I can tap into my emotion and validate audience member's feelings". Deanna said she can experience her own emotion and is not afraid of it. She said, "We spend too much time being afraid of our emotional experiences as opposed to allowing ourselves to have them and get them out. We don't allow ourselves to have our feelings enough".

Emily. When Emily feels down or is having a bad day, she stays home because "she feels better there". She said she feels, "sometimes up and very happy, and sometimes very down". She said she has always been like this. She smokes cigarettes and drinks beer to try and make herself feel better. Emily noted that she is drinking less beer now because she is not supposed to drink with her medication.

Because Emily recently moved to the United States, she does not have consistent social support here. She has made a few friends, and she talks to a few friends at home. Emily said she cannot relate to most women who talk about "clothes and nails". Emily is currently single, though she is becoming involved with an older man. She said she, "feels uncomfortable about this," but does not elaborate. Emily is not sure how she came to choose her career and is undecided in regards to career satisfaction.

When asked about goals, Emily said she has none. Later in the interview, she said, "I want to work on myself. I want to feel like I did when I was a child. I was happy and young and hyperactive, but they just suppressed me".

Flora. When asked about her current level of stress, Flora said she experiences stress every day and rates it a 4 on a scale of 1-10. She experiences muscle tension, irritability, tearfulness, and feels tired a lot. She said she regularly uses food to cope with emotions.

Flora said she has recently gained weight, and this is causing pain in her back. She

says because of this, it is hard for her to exercise. Flora said her self-care has gone down because she has been working too much. She said when she is stressed, "self-care goes out the window". Flora said she knows that hiking, exercise and yoga help her feel better, but it is hard for her to "actually do" these things. When asked what she does if she is having a bad day, Flora said she removes herself from stressful situations, talks to a friend, or takes alone time for herself. Flora said she does not have the social support in her life that she would like. She is originally from New York and says most of her friends are there.

Henry. Henry experiences no psychosomatic symptoms, except occasional irritability, when his children "stay up too late". He said he does not experience significant levels of stress on a regular basis, besides "normal, everyday life-type stuff," which does not get in the way of his daily life. Henry runs and tries to maintain a healthy weight as measures of self-care. If he is feeling down or has had a bad day, Henry plays guitar, reads, sits and talks with his wife, or plays with his sons.

He volunteers to officiate high school football and said he has made good friends there. When Henry was 16, a teacher introduced him to computer science, and he has known since then he wanted to pursue computer science. He now has a successful career as an IT supervisor and "loves his career".

When asked about his social support, he said, his wife, his younger brother, and a circle of friends who have been in his life for many years provide excellent social support for him. Henry and his male friends regularly have "guy's nights," where they go to the movies or watch football. About his marriage, Henry said," I am luckier than anyone I know". "Nancy (his wife) is everything that anyone could ever want".

Henry said his goal is to raise two children who become productive citizens who want to be happy and have a better life than he did, adding, "not that his life was bad". He wants his children to have every opportunity to excel. He wants to continue to have a happy marriage, live to be 100, and be married. He wants to finish a triathlon. He is writing a science-fiction novel. He wants to be an author and, "keep being happy". Henry said, "I've got a great life".

Ingrid. Ingrid said she feels stressed most days of the week. She has a reduced appetite, often when she is stressed; experiences muscle tension and irritability. She said she struggles with anxiety.

Ingrid has a "strained" relationship with her oldest daughter. She said, "She doesn’t like me at all. I'm worried about her. I'm watching her carefully. Our communication is difficult, but it is better than it was". She said she is also "worried about both of her other children, who are boys". She said her son, 15, seems depressed, and her son who is 9 is "wild" and "acts inappropriately with his friends". She is worried about time her sons spend with their father, saying when they are with him, there is little to no supervision. Ingrid said, "My ex-husband and I are not on the same page at all with raising kids".

As measures of self-care, Ingrid practices yoga, exercises regularly, meditates, journals, and has massages. She is also in a supportive relationship. When asked what she does if she is feeling down or has had a bad day, She said, "I have a strong spiritual practice. This makes a huge difference". For more support, she will talk with friends, practice yoga, or read. She said, "Books are a great comfort". For social support, Ingrid

said she has a few close friends, some family members, including her sister, who she can talk to, and the man she is dating.

When asked about her goals, Ingrid said, "I want to get the kids to a good place where everyone is okay and everybody is safe and they are able to live their lives. I want them to be happy healthy responsible adults. I want to make sure that I can financially support myself. I want to be married. I want to write a book".

Results

Every participant stated that they were impacted by the experience of trauma and that the trauma impacted the course of their life. Insecure childhood relationships did not consistently predict problems in similar areas of life, including adult primary relationships. Participants with similar types of traumas, even when the trauma was experienced at similar ages, responded to these events differently.

For example, Amber and DeAnna experienced similar types of trauma, and both had insecurely attached attachment relationships. Amber was determined to wait until she was in what she considered to be a good relationship and had a stable income before having children because she "wanted to wait until she was in a stable position to have kids". DeAnna, however, wanted a child so badly that she sought a sperm donor. When she did this and became pregnant, she was single and was without a steady source of income.

Amber and DeAnna have both decided to have children, yet Brandon and Carla, who had similar experiences to Amber and DeAnna, are still struggling with the decision whether or not to have children. Both Brandon and Carly said they are struggling

because of issues relating to the trauma they experienced in childhood. They question their ability to be good parents.

Another example of participants responding differently to similar events is related to social support. Amber and Carly experienced similar types of traumas at similar ages. Amber reports high levels of social support, yet Carla struggles in this area. These examples demonstrate why it is impossible to generalize how will people will be impacted by adverse events that occur in childhood.

Expected and Unexpected Findings

I expected to find that participants who had experienced similar types of traumas responded differently to these traumas. For example, Carla and Brandon experienced similar types of traumas and had similar types of attachment relationships. However, Carla is happily married, and Brandon, who is unhappy in his romantic relationship, says romantic relationships are perhaps the most difficult area of his life.

I expected to find varying degrees in Life Satisfaction (LS) according to differences in resolution of traumas. I did, indeed, find higher levels of LS in individuals who had experienced resolution of traumas and lower levels of LS in those who had not. For example, Henry, who experienced trauma rated at Level 5, found resolution of his trauma through therapy and through his faith. He reported a LS rating of Level 5. Emily, who reported the lowest level of LS, has not found resolution to her trauma, which was also rated Level 5. This is evidenced by her statement, "I fight with God, he has destroyed my life," and her reports of currently experiencing panic attacks and anxiety.

I also expected to find that the experience of trauma would have impacted the course of individual's lives. Indeed, each participant reported that the course of their life was impacted by the experience of childhood trauma. Each participant interviewed was impacted either in the domains of intimate relationships, mood, career, or decisions regarding marriage or children.

I did not expect to find that spirituality would play such a large role in recovery from trauma and/or in the ability to cope with trauma. Two out of the eight participants attribute their survival or ability to cope with early adverse life experiences. For example, Henry says, "The number one reason why I am where I am is the grace of God."

I also did not expect to find that such a high percentage of participants would rate their Life Satisfaction so highly. Three out of eight respondents rated their Life Satisfaction a Level 5, the highest possible rating. I was also surprised to learn that one participant, Henry, who experienced the highest level of trauma, reported zero negative residual effects from the trauma he experienced.

Chapter 6

Summary and Conclusion

Strengths

The current study contributes to the body of literature that elucidates the relationship between the experience of trauma during childhood and Life Satisfaction in adulthood. This study highlights the ways that childhood experiences, related to trauma and attachment relationships, can impact adults. The results of this study are important because they confirm findings in the existing literature and encourage further research.

Because this is a qualitative study, it provides finer-grained insight into why participants struggle and in different ways than a quantitative study could. For example, Brandon reported that he experiences difficulty with intimate relationships. Because of the interview format, he elaborated. He said, "Even though I see that he (his boyfriend) loves me, it makes me anxious instead of grateful." This information gives readers more insight as to why Brandon struggles with intimacy, as opposed to only learning that he struggles. Another example from Brandon's story comes after he states that he is unsure if he wants children. He said, "I worry…that if I lose my temper, I would lose control."

This study highlights the importance of examining why participants make certain decisions, not just what these decisions are. The qualitative nature of this study provides information that gives researchers, clinicians and educators insight into why adults who have experienced trauma in early childhood behave in the way they do. This study highlights the complexity of the impact of adverse events in childhood can have, and especially related to the course of one's life and decision-making processes. The

findings presented in this study can be used to inform clinical and educational practices and research.

Limitations

Although this study provides meaningful contributions to the literature, there are several limitations that should be noted. The first is that the sample was recruited through the graduate listserv and snowball sampling from that original recruitment strategy. This means that all participants were functioning well, at least well enough to pursue doctoral degrees or sufficiently engaged in life to hear about the study through friends and acquaintances. It also means that this sample had enough stability in their individual lives to be able to attend graduate school or to pursue professional careers and social activities in their community. Most of the sample, that is, those pursuing doctoral degrees, are not representative of the general population.

Another limitation is the sample size. Because this was a qualitative study, the sample size was relatively small. Another limitation is that some participants declined to answer questions involving scales, providing even less data with which to work.

Another limitation was the fact that participants were only interviewed once. This raises questions regarding whether mood on that day may have impacted responses. It is also possible that participants would answer differently if there had been more opportunity to develop rapport between the interviewer and participants. For example, participants may have responded more honestly or may have provided more information if they felt more familiar with the interviewer.

Directions for Future Research

Future research should focus on learning more about why some people who experience trauma in childhood experience higher Life Satisfaction in adulthood than others. It would be helpful to examine what sorts of interventions or decision-making processes lead to increased life satisfaction in adulthood and if consistency can be found in these. It would be beneficial to interview samples that are more representative of the U.S. population of 30-45 year olds, as well.

It would also be helpful to examine how and why people who experience similar types of traumas at similar ages are impacted differently by similar events. Learning more about what, specifically, related to resolution of traumas and impacts on both development and reported levels of Life Satisfaction in adulthood would be beneficial, as well.

Future research should continue to focus on variations in participant attachment relationships and how these impact functioning in adulthood. It should also continue to examine how the age at which the trauma occurs impacts functioning in adulthood. In addition to studying this topic qualitatively, it would be helpful to analyze this topic quantitatively, as well. This could allow for larger sample sizes, perhaps yielding more generalizable results.

Conclusion

This study reveals that people who experience trauma, even similar types at similar ages, respond differently to these events. There are differences not only in the way people internalize events, but also in the way they respond, behaviorally and emotionally. The results from this study confirm that even individuals who have

experienced similar types of attachment relationships are impacted by early events differently.

These findings also support the position that resolution to adverse early experiences (or the lack of resolution) impacts reported levels of Life Satisfaction. These findings support the literature relating to attachment relationships, trauma and Life Satisfaction in adulthood and have implications for future research and intervention programs. This line of research can help researchers, educators and clinicians to better help and understand adults who have experienced trauma in early developmental stages of their lives and to plan future research.

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Table 1

Information Related to Trauma Experienced

	Type of trauma experienced	Age	Type of attachment relationship	Level of difficulty of trauma
Amber	Neglect, psychological abuse, sexual abuse	0-12	Insecure	4
Brandon	Physical abuse, psychological abuse	4-12	Insecure	4
Carla	Mental illness in family, psychological abuse, violence in home	3-12	Insecure	5
DeAnna	Mental illness in family, physical abuse, psychological abuse, violence in home	5-12	Insecure	5
Emily	Grief, loss, mental illness in family, neglect, physical abuse, psychological abuse, sexual abuse, violence in community, violence in home	0-12	Insecure	5
Flora	Mass bullying	12+	Secure	5
Henry	Psychological abuse, sexual abuse	4-12	Secure	5
Ingrid	Grief, loss, neglect, physical abuse, psychological abuse	0-12	Insecure	5

Table 2

Source of Trauma or Abuse

	Inside home	Outside home	Source of trauma
Amber	X		Mother, father, step-father, paternal uncle
Brandon	X		Mother
Carla	X		Mother, father
DeAnna	X		Mother, mother's girlfriend
Emily	X	X	Mother, father, aunts, uncles, grandparents (inside home); Community violence related to war (outside home)
Flora		X	Her ex-boyfriend, her peers in school
Henry		X	An adult male friend of the family
Ingrid	X		Mother, father

Table 3

Emotional Themes Experienced by Each Participant

	Agg.	Anger	Fear	Frust.	Help.	Insec.	Irrit.	Lon.	Sad.
Amber	X	X	X				X		
Brandon	X		X	X	X	X	X	X	X
Carla		X	X				X		
DeAnna			X						
Emily		X	X						
Flora			X			X			
Henry									
Ingrid		X	X			X	X		X

Note: Agg.=Aggression, Frust.=Frustration, Help=Helplessness, Insec.=Insecurity, Irrit.=Irritability, Lon.=Lonliness, Sad.=Sadness

Table 4

Domains of Life Impacted, As Reported by Respondents

	Mood Related Problems	Self-Care	Social Support	Primary Partner Relationship	Career	Decision To have Children	Parenting
Amber	Yes	Some	Yes	Yes - Happy	Happy Delayed	Has Child	Yes
Brandon	Yes	Yes	Some	Yes - Unhappy	Happy Delayed	Unsure	Yes
Carla	Yes	Some	Some	Yes - Happy	Happy Delayed	Unsure	Yes
DeAnna	Yes	Yes	Yes	No - Unhappy	Happy Delayed	Has Child	Yes
Emily	Yes	No	Low	No - Unhappy	Unhappy	Unsure	Yes
Flora	Yes	No	Low	No - Unhappy	Unhappy	Has Child	Yes
Henry	No	Yes	Yes	Yes - Happy	Happy	Has Children	Yes
Ingrid	Yes	Yes	Yes	Yes - Unhappy	Happy Delayed	Has Child	Yes

Table 5

Interventions Used by Participants to Cope with Trauma

	Type of intervention used	Ages used
Amber	Psychotherapy, Medication	20-21
Brandon	Psychotherapy Exercise, yoga, meditation	17, 19 28-present
Carla	Psychotherapy	30-present
DeAnna	Psychotherapy Self-expression through art	18-22 20-present
Emily	Psychotherapy Self-help books Yoga Medication	15-25 25-30 30 Present
Flora	Psychotherapy	23
Henry	Psychotherapy Spirituality	25-30 26-present
Ingrid	Psychotherapy Self-help books Yoga Spirituality	27, 42 35-present 35-present Entire life

Table 6

Life Satisfaction, as Reported by Participants

	Type of trauma experienced	Occurred inside or Outside of home	Reported level of Life Satisfaction
Amber	Neglect, psychological abuse, sexual abuse	Inside	5
Brandon	Physical abuse, psychological abuse	Inside	N/A
Carla	Mental illness in family, psychological abuse, violence in home	Inside	N/A
DeAnna	Mental illness in family, physical abuse, psychological abuse, violence in home	Inside	5
Emily	Grief, loss, mental illness in family, neglect, physical abuse, psychological abuse, sexual abuse, violence in community, violence in home	Inside and Outside	2
Flora	Mass bullying	Outside	3
Henry	Psychological abuse, sexual abuse	Outside	5
Ingrid	Grief, loss, neglect, physical abuse, psychological abuse	Inside	3

APPENDIX A

TELEPHONE CONTACT PROTOCOL

Guidelines for Communication with Potential Participants on First Phone Contact:

1. First off: Thank you for your willingness to participate. I understand talking about difficult things that happened in your past isn't the easiest thing to do, or the most comfortable. I really appreciate you being willing to discuss your private life with me.

2. Introduce myself: I am a graduate student studying developmental psychology. I am most interested in trauma and how experiencing trauma in early childhood impacts people later in life.

3. Confidentiality: I want you to know this will all be completely confidential. While I will document and type up what you tell me, your name and any identifying information will not be associated with it. I will take notes when we talk, and I will use these when I write up my paper, but these will be shredded as soon as my paper is finished. I will tape record our interview, and this will be so that I can make sure I am grasping all that you are saying. These tapes will be destroyed within two weeks after the interview, as soon as I have had a chance to process all that you tell me.

4. A really important thing I'd like to bring up: quite often, discussing things from our pasts, especially if they were traumatic, brings up strong emotions. This is normal, but it can be uncomfortable and even unnerving. It is often hard to revisit difficult events.

5. If you realize at any time during this process or in the future that you want or need more help processing and coping with the effects of early trauma, the C&C at ASU is full of resources and wonderful therapists, and the cost is either covered or very minimal to ASU students. The CTC Training Center is another resource that is even more affordable and is available to ASU students.

6. I want us to be respectful of your feelings and of the emotion that may arise while talking about this. If you don't feel comfortable answering a question, no problem; just let me know. If you need a minute, or want some time to think about some of the questions, again, just let me know. Please remember, participation is voluntary.

7. A little bit about the study: My academic interest is in studying trauma and how it impacts social, emotional, and even physical development. I am curious as to if experiencing trauma in early childhood impacts people in adulthood.

By participating in this study, you are helping me bring awareness to the subject of childhood trauma and of the effects, if any, associated with experiencing trauma early in life. Findings from this study will be shared with other professionals. Together we are increasing our understanding about trauma and about the impacts, if any, it may have on people throughout their lives.

8. Describe what will happen in the interview: We will meet in a private room on campus at the CTC at ASU (446 Payne Hall), and I will ask what beverage I can bring

you from Starbucks. I will send out a confirmation email the day before our meeting is scheduled. I will ask that you reply and let me know what beverage I can bring you at that point.

In the interview, I will ask you about the traumatic events that took place in your past. I will ask for a general description and a little bit about what else was going on in your life at the time. I will also ask you about your current life situation. I will ask about personal details, such as how you feel physically, mentally and emotionally; your relationships, and your career choices, and other elements that relate to your overall satisfaction with life. This interview will take about 90 minutes.

9. Throughout this, I want you to feel comfortable. I know it is hard to talk about things like this with a person you barely know. There are no "right answers." I am genuinely interested in your experience because we are all different. The same events can happen to different people, and we will interpret them differently. AND, different events happen to each of us, and we aren't in each other's shoes. All of this is unique to each person; therefore I am interested to hear about *your* experience from your point of view.

10: Request: In order to remember what things were like in the past when you experienced this trauma, it is helpful to start to think a little bit about it before we meet. Would you be willing to find a few pictures of yourself from the time period when you experienced this trauma? If you have pictures of the people who were involved – either those who helped you or didn't help you, this can be helpful, too. Would you be willing to bring those pictures to our meeting?

11. Do you have any other questions?

12. My contact info. If you need to reschedule or if anything comes up, please contact me.

THANKS: again, thank you for your willingness to participate. I appreciate you being willing to share personal details of your life with me.

APPENDIX B

INTERVIEW PROTOCOL

INTERVIEW

Intros – Thank you again for your participation.

How are you?

I know this can be uncomfortable. Just let me know how you are doing throughout this, and remember, participation is voluntary. If at any time you want to take a break or don't feel comfortable answering any of the questions, just let me know.

It is really nice to meet you, and I am glad you are here.

PART ONE - ABOUT THE TRAUMA (20-30 minutes)

1. Tell me about the trauma you experienced.

2. Age

3. Circumstances: SES, family stressors, who lived in the home, in school or not.

4. Who was your primary caretaker?

5. At time of trauma, who did you go to for help? Who helped? Did they help?

6. Attachment relationship: Tell me about the relationship with your _____. Did s/he know you needed help? Was s/he involved? Available? Present? Nature and quality of help available from this person.

7. Impact on other aspects of life at this time: school, learning, friendships, relationships with siblings and/or other family members.

8. Did you receive any help for the trauma you experienced? If so, when, and what type? For how long? Did it help?

9. Rate trauma: On a scale of 1-5, how difficult of an experience would you say this was?

10. Is there anything else you want to share with me about these experiences you had?

Thank you for all of this information. This is really helpful. Now I want to change gears a little bit and shift our focus to the present day. Now, I am going to ask you about how you are doing today.

Break needed? (This may or may not be needed. May vary in context.)

PART TWO - CURRENT LIFE SATISFACTION (Approx. 60 minutes)

11. Stress level: How often do you feel stressed (how many days out of the week), and what is the level of the stress you experience (scale of 1-10)?

12. Mood/Somatic symptoms: Do you experience problems with sleep (too much or too little), appetite, headaches, muscle tension, irritability, tearfulness, fatigue, malaise? How often and what level of intensity (scale of 1-10)?

13. Self-care: Do you do anything on a regular basis to take care of yourself?

14. Coping skills: What do you do if you are feeling down or have had a bad day? What makes you feel better? (Is there a person you call, what helps?)

15. Social support: Tell me about the social support that you currently have in your life.

16. Relationship status

17. Student Life/Career/career satisfaction: Tell me about your career and how you came to choose this; and/or decision to go to graduate school; how you made these decisions and how you feel about your professional life.

18. Tell me about your relationships with your kids, or decisions regarding having kids.

19. Do you feel your early experiences have impacted your parenting, or will impact your parenting (or decision not to have kids)? Will your experiences impact how you raise your kids?

20. Tell me about your goals, both in career and in the larger scheme of life.

21. Do you feel your early experiences have impacted you and/or the course of your life? If so, how?

22. How do you feel about your life, in general, right now, on a scale of 1-5?

23. Is there anything else you would like to add? Anything else you think I should know related to how you feel right now, in relation to the trauma you have experienced in your past?

Those are all of the questions I have. I want to thank you for what you have shared with me today. I appreciate your time, your participation, and your willingness to discuss these things with me. I am thankful you have shared your story with me.

Do you have any questions for me, about anything to do with what we have talked about or about this study?

I want to make sure you know that the C&C at ASU is available for help and resources for other help if you are interested. (Give contact information and brochures)

Thanks again.