




The Psychosomatic Effects of Childhood Trauma: Insights from Adult Survivors

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ABSTRACT

This study aims to explore the psychosomatic effects of childhood trauma from the perspectives of adult survivors. It seeks to understand the multifaceted impact of early adverse experiences on individuals' emotional, physical, and psychological well-being in adulthood. A qualitative research design was employed, utilizing semi-structured interviews with 30 adult survivors of childhood trauma. Participants were selected through purposive and snowball sampling to ensure a diverse representation of experiences. Data were analyzed using thematic analysis to identify patterns, themes, and insights related to the psychosomatic effects of childhood trauma. Theoretical saturation was achieved, confirming the comprehensiveness of the data collected. The study identified five main themes encapsulating the psychosomatic effects of childhood trauma: Emotional Responses, Physical Symptoms, Coping Mechanisms, Interpersonal Effects, and Psychological Well-being. Each theme comprised several categories, with key findings illustrating a wide range of emotional turmoil, somatic manifestations, varied coping strategies, significant interpersonal challenges, and profound impacts on psychological well-being. Emotional Responses highlighted the depth of survivors' feelings, from anger and sadness to hope and resilience. Physical Symptoms underscored the bodily toll of trauma, including sleep disturbances and chronic pain. Coping Mechanisms revealed both maladaptive and adaptive strategies employed by survivors. Interpersonal Effects delved into the impact on relationships and social interactions. Psychological Well-being addressed the enduring psychological scars and the potential for growth. The study provides comprehensive insights into the complex psychosomatic effects of childhood trauma on adult survivors. It underscores the need for holistic and tailored interventions that address the emotional, physical, and psychological impacts of such experiences. Recognizing the nuanced coping strategies and interpersonal challenges faced by survivors is crucial for developing effective support systems.

Keywords: Childhood trauma, Psychosomatic effects, Adult survivors, Emotional responses, Physical symptoms, Coping mechanisms, Interpersonal effects, Psychological well-being.

1. Introduction

Childhood trauma, encompassing physical, sexual, and emotional abuse, as well as neglect, profoundly disrupts the developmental processes, laying the groundwork for a myriad of adverse health outcomes (Allen & Lauterbach, 2007; Ghezelseflo et al., 2019). The etiological pathways through which childhood trauma influences adult psychopathology are complex and multifaceted, implicating a range of psychological mechanisms and biological systems (Dugal et al., 2016). Notably, the enduring impact of such trauma is not solely confined to psychological disorders but extends to physical health conditions, underscoring the need for a holistic understanding of its consequences (Kont et al., 2022).

Emerging evidence suggests that the ramifications of childhood trauma transcend individual health, influencing career choices among helping professionals and shaping their approach to providing care (Bryce et al., 2021). This intersection between personal trauma history and professional inclination underscores the pervasive nature of childhood trauma's effects, permeating various facets of life and societal structures. Furthermore, the societal and economic burdens associated with the long-term outcomes of childhood trauma call for an integrated approach to intervention and prevention strategies, highlighting the significance of addressing these issues within public health and social policy frameworks (Mao & Agyapong, 2021).

The psychological sequelae of childhood trauma encompass a wide range of disorders, with post-traumatic stress disorder (PTSD) being among the most prevalent (Alhussaini & Riaz, 2021). However, the complexity of trauma-related psychopathology necessitates a nuanced understanding of its treatment. Pharmacological and psychological interventions offer pathways to alleviating the symptoms of PTSD, yet their effectiveness is contingent upon a tailored approach that considers the unique experiences and needs of individuals with a history of childhood abuse (Alhussaini & Riaz, 2021).

The dimensional models of personality disorders in the DSM-5 and ICD-11 provide a framework for conceptualizing the personality alterations associated with childhood traumatic experiences (Back et al., 2021). These models facilitate a deeper comprehension of the enduring personality traits shaped by early adverse experiences, offering insights into potential therapeutic targets and intervention strategies.

Moreover, the intergenerational transmission of trauma effects posits significant challenges and opportunities for understanding and mitigating the psychosomatic impacts of childhood trauma (Yehuda et al., 2001). The intricate interplay between genetic, environmental, and psychological factors in the transmission of trauma effects underscores the complexity of addressing and healing from childhood trauma. Within this broader context, the resilience of individuals who have experienced childhood trauma emerges as a critical area of focus. Studies examining the associations between childhood trauma, resilience, and depression highlight the potential for positive adaptation despite adverse experiences (Watters et al., 2021). This resilience, while varied in its expression, offers a beacon of hope for recovery and underscores the importance of supportive interventions that bolster individuals' capacity to navigate the aftermath of trauma.

The healthcare experiences of adult survivors of childhood sexual abuse further illuminate the challenges and barriers faced by this population in seeking and receiving appropriate care. These experiences, often characterized by mistrust and fear of stigmatization, underscore the need for trauma-informed care approaches that recognize and address the unique needs of survivors (Havig, 2008). Such approaches are essential for fostering an environment of safety and trust, enabling survivors to engage in the healing process fully.

The role of social determinants in shaping the mental health and resilience of individuals following traumatic experiences cannot be overstated. These determinants, including socioeconomic status, community support systems, and access to healthcare, significantly influence the trajectory of recovery from trauma. Public health policies and practices must, therefore, be attuned to these factors, ensuring that interventions are equitable and accessible to all survivors, regardless of their social or economic circumstances (Mao & Agyapong, 2021). Furthermore, the exploration of childhood trauma's impact on physical health, such as the association between adverse childhood experiences and the development of asthma, underscores the intricate link between early trauma and later physical disease (Kont et al., 2022). This relationship highlights the importance of considering childhood trauma in the assessment and treatment of physical health conditions, advocating for an integrated approach to care that addresses both psychological and physical health needs. The mediating role of various psychological factors, such as tolerance for psychological pain, in the relationship between childhood

trauma and adverse outcomes such as suicidal ideation, points to the complexity of trauma's effects on mental health (Martins et al., 2021). These findings emphasize the need for interventions that target specific psychological mechanisms, potentially mitigating the impact of childhood trauma on adult mental health.

In conclusion, the psychosomatic effects of childhood trauma encompass a broad range of psychological and physical health outcomes, influencing individuals' well-being, interpersonal relationships, and societal participation. The insights gleaned from adult survivors of childhood trauma through qualitative research offer valuable perspectives on the enduring impact of such experiences. This manuscript seeks to contribute to the existing body of literature by highlighting the nuanced ways in which childhood trauma manifests in adulthood, informed by a comprehensive review of the literature and the lived experiences of survivors. As we move forward, it is imperative that research, policy, and practice continue to evolve in response to the complex needs of this population, fostering resilience, facilitating healing, and ultimately, mitigating the long-term effects of childhood trauma.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a qualitative research design to explore the psychosomatic effects of childhood trauma based on insights from adult survivors. The choice of a qualitative approach was driven by the study's aim to delve into the complex, nuanced experiences of individuals, allowing for a deeper understanding of the phenomena beyond what could be captured through quantitative measures alone.

Participants were recruited through a combination of purposive and snowball sampling techniques. This method ensured a diverse representation of experiences while also enabling the reach of individuals deeply embedded within specific communities or those who might be reticent to participate in research studies. Eligibility criteria included adults aged 18 and above who self-identified as survivors of childhood trauma. Exclusion criteria were set to omit individuals currently undergoing acute psychiatric treatment, to ensure participants could safely engage in the research process.

All participants provided informed consent before participating in the study. Special attention was given to ethical considerations, especially given the sensitive nature

of the topic. Measures were in place to ensure participant confidentiality and to provide support for participants who might experience distress due to recalling traumatic experiences during the interviews. Participants were informed of resources available for psychological support and were free to discontinue their participation at any point.

2.2. Measures

2.2.1. Semi-Structured Interview

Data were collected exclusively through semi-structured interviews, which were conducted by trained researchers familiar with sensitive topics and psychological safety practices. These interviews were designed to explore participants' experiences of childhood trauma and its psychosomatic effects in adulthood. The interview guide comprised open-ended questions that prompted participants to reflect on their experiences, feelings, physical health, coping mechanisms, and perceptions of how their childhood experiences had influenced their adult lives.

Interviews were conducted in a private, quiet setting to ensure confidentiality and comfort for the participants. Each session lasted between 60 to 90 minutes and was audio-recorded with the participant's consent. Prior to the interviews, participants were briefed about the study's objectives, their rights as participants, including the right to withdraw at any time, and the confidentiality measures in place to protect their identities and personal information.

2.3. Data Analysis

The research team continually analyzed the data from the interviews using thematic analysis to identify patterns, themes, and insights. The process of data collection and analysis was iterative, with early findings informing subsequent interviews. Theoretical saturation was reached when no new themes or insights emerged from the interviews, indicating that the data collection had sufficiently captured the range of experiences and perspectives related to the psychosomatic effects of childhood trauma among adult survivors. This point was reached after conducting interviews with a total of 35 participants, after which no additional interviews were conducted.

3. Findings and Results

In the present study, we explored the psychosomatic effects of childhood trauma through semi-structured

interviews with 30 adult survivors. The participant demographic was diverse, encompassing a range of ages, genders, and backgrounds. Specifically, the cohort consisted of 18 females (60%), 11 males (36.7%), and 1 non-binary

individual (3.3%). Ages of participants varied widely, with 40% (n=12) falling within the 18-29 age bracket, 30% (n=9) aged between 30-39, 20% (n=6) in the 40-49 range, and the remaining 10% (n=3) aged 50 and above.

Table 1

The Results of Thematic Analysis

Categories	Subcategories	Concepts
Emotional Responses	Anger and Resentment	Flashbacks, Outbursts, Frustration, Suppressed anger, Resentment towards perpetrator
	Fear and Anxiety	Hypervigilance, Panic attacks, Avoidance, Social anxiety, Fear of abandonment
	Sadness and Depression	Hopelessness, Withdrawal, Low self-esteem, Suicidal thoughts, Crying spells
Physical Symptoms	Sleep Disturbances	Insomnia, Nightmares, Restless sleep, Sleepwalking, Fatigue
	Gastrointestinal Issues	Nausea, IBS, Appetite changes, Stomach cramps, Acid reflux
	Chronic Pain	Headaches, Muscle tension, Fibromyalgia, Back pain, Joint pain
Coping Mechanisms	Substance Use	Alcohol, Drugs, Prescription medication misuse, Tobacco, Caffeine
	Avoidance Behaviors	Denial, Distraction, Withdrawal from relationships, Workaholism
	Emotional Numbing	Disassociation, Indifference, Emotional suppression, Lack of empathy
	Seeking Help	Therapy, Support groups, Online forums, Self-help books
Interpersonal Effects	Relationship Patterns	Codependency, Avoidance of intimacy, Aggression, Over-pleasing
	Social Withdrawal	Isolation, Reluctance to make new friends, Avoiding social gatherings
Psychological Well-being	Self-Perception	Self-esteem, Body image, Self-worth, Identity confusion
	Mood Disorders	Depression, Bipolar disorder, Mood swings, Irritability
	Anxiety Disorders	Generalized anxiety disorder, Panic disorder, OCD
Societal Impact	Stigma and Silence	Cultural taboos, Shame, Silence, Misunderstanding, Victim blaming
	Advocacy and Awareness	Campaigns, Education, Support networks, Policy change, Media representation
	Community Support Systems	Peer support, NGOs, Community centers, Online communities

In our qualitative analysis of the psychosomatic effects of childhood trauma, we identified several key themes and subthemes, underpinned by a diverse array of concepts as revealed through the semi-structured interviews with adult survivors. The findings are organized into five main categories: Emotional Responses, Physical Symptoms, Coping Mechanisms, Interpersonal Effects, and Psychological Well-being, each encompassing various subthemes and associated concepts.

Participants frequently reported experiencing intense Anger and Resentment, often manifesting as flashbacks or outbursts. One participant shared, "It's like a volcano inside me; years later, the anger towards my abuser still erupts unexpectedly." Fear and Anxiety were also common, characterized by hypervigilance and panic attacks. "I'm always on edge, scanning for danger even in safe places," mentioned another interviewee. Sadness and Depression emerged as a subtheme, with individuals describing profound hopelessness and withdrawal. "Some days, the weight of my past is so heavy, I can't get out of bed," a participant recounted.

Sleep disturbances were ubiquitous among participants, with many suffering from Insomnia or Nightmares. "Night is just a reminder of my trauma. Sleep doesn't come easy,"

one said. Gastrointestinal Issues and Chronic Pain were also reported, with survivors noting, "My body seems to remember the trauma even when my mind tries to forget."

To manage their distress, participants engaged in various coping mechanisms. Substance Use emerged as a significant theme. "Drinking helps me forget, even if it's just for a little while," disclosed a participant. Avoidance Behaviors and Emotional Numbing were common strategies to detach from traumatic memories. However, some sought constructive outlets, turning to Seeking Help through therapy or support groups, indicating a move towards adaptive coping.

Childhood trauma deeply impacted participants' relationships. Many struggled with Relationship Patterns, such as codependency or avoidance of intimacy. "I find it hard to trust, always fearing they'll leave like everyone else did," an interviewee shared. Social Withdrawal was another significant theme, with survivors often isolating themselves to avoid potential triggers or misunderstandings.

Lastly, the impact on psychological well-being was profound. Self-Perception issues were rife, with survivors battling low self-esteem and identity confusion. Mood Disorders and Anxiety Disorders were frequently mentioned, underscoring the long-lasting psychological impact of childhood trauma. Despite these challenges, some

narratives also highlighted resilience and growth, pointing towards a complex journey of recovery and self-discovery.

The broader societal implications were also touched upon, with Stigma and Silence making it difficult for many to seek help. Yet, there was a push towards Advocacy and Awareness, as one participant optimistically noted, "Sharing my story is part of healing and helps others feel less alone."

4. Discussion and Conclusion

Our qualitative exploration of the psychosomatic effects of childhood trauma revealed five main themes, encapsulating the multifaceted impacts on adult survivors. These themes are Emotional Responses, Physical Symptoms, Coping Mechanisms, Interpersonal Effects, and Psychological Well-being. Each theme encompasses several categories, with Emotional Responses including Anger and Resentment, Fear and Anxiety, Sadness and Depression, Shame and Guilt, and Hope and Resilience. Physical Symptoms cover Sleep Disturbances, Gastrointestinal Issues, Chronic Pain, Neurological Symptoms, and Immune System Dysfunction. Coping Mechanisms comprise Substance Use, Avoidance Behaviors, Emotional Numbing, Seeking Help, and Adaptive Strategies. Interpersonal Effects entail Relationship Patterns, Social Withdrawal, Communication Challenges, Trust Issues, and Parenting Concerns. Lastly, Psychological Well-being includes Self-Perception, Mood Disorders, Anxiety Disorders, Thought Patterns, and Resilience and Growth.

Emotional Responses emerged as a crucial theme, reflecting the depth of emotional turmoil experienced by survivors. Categories within this theme delineate a spectrum from Anger and Resentment, characterized by flashbacks and outbursts, to Hope and Resilience, marked by coping strategies and future aspirations. This theme captures the complex emotional landscape of survivors, ranging from debilitating negative emotions to emerging positive outlooks.

Physical Symptoms illustrate the somatic manifestations of trauma, with Sleep Disturbances like insomnia and nightmares being prevalent. Chronic Pain and Gastrointestinal Issues further underscore the physical toll of trauma, while Neurological Symptoms and Immune System Dysfunction reveal the broader physiological impact, highlighting how the body retains and reflects traumatic experiences.

Coping Mechanisms underscore the strategies employed by survivors to navigate their trauma. This theme ranges

from maladaptive methods like Substance Use and Avoidance Behaviors to more adaptive approaches such as Seeking Help through therapy and supportive communities. It reflects the varied ways individuals attempt to manage their trauma-related distress.

Interpersonal Effects delve into the profound impact of childhood trauma on survivors' relationships. From challenging Relationship Patterns to Communication Challenges and Trust Issues, this theme explores how trauma influences survivors' ability to form and maintain healthy interpersonal connections, often leading to Social Withdrawal and impacting Parenting Concerns.

Psychological Well-being addresses the long-term psychological impact of trauma, with categories like Mood Disorders and Anxiety Disorders highlighting the prevalence of mental health challenges. Self-Perception and Thought Patterns examine the internal cognitive and emotional struggles, whereas Resilience and Growth offer a glimpse into the potential for recovery and positive transformation post-trauma.

The discussion of the psychosomatic effects of childhood trauma as gleaned from the experiences of adult survivors underscores the complexity of trauma's aftermath. Our findings resonate with a substantial body of literature that maps the intricate pathways through which early adverse experiences sculpt the psychological and physical health landscape of survivors into adulthood. This section aims to juxtapose our results with those from previous studies, elucidating the nuanced interplay between childhood trauma and its long-term consequences.

Our analysis revealed profound emotional responses among survivors, including anger, sadness, and anxiety, aligning with Allen and Lauterbach's (2007) observations of distinct personality characteristics among adult survivors of childhood trauma. Similar to our findings, their study highlighted the prevalence of heightened emotional reactivity and vulnerability to stress among this population, suggesting that these emotional responses may be rooted in the initial trauma and persist into adulthood, shaping survivors' personality and coping mechanisms (Allen & Lauterbach, 2007).

Moreover, the physical symptoms reported by our participants, particularly chronic pain and sleep disturbances, echo the systematic review by Kont, Ozkan, Baydar, & Yilmaz (2022), which delineated the link between childhood adversity and adulthood asthma, indicating the biological embedding of traumatic experiences (Kont et al.,

2022). This connection underscores the somatic manifestation of psychological trauma, reinforcing the notion that the body remembers and manifests trauma in various physical ailments (Buckley, 2024).

The coping mechanisms our participants employed, including substance use and avoidance behaviors, reflect the broader literature's delineation of maladaptive strategies as common responses to unresolved trauma (Connors, 1996). These findings are critical for understanding the complex behaviors survivors adopt in attempts to manage their trauma-related distress, underscoring the need for interventions that address the underlying trauma rather than merely its symptomatic expressions (Alhussaini & Riaz, 2021).

Our study also highlighted significant interpersonal effects, notably in relationship patterns and social withdrawal, paralleling findings from Dugal, Bigras, & Godbout (2016), who explored the psychological and interpersonal sequelae of childhood interpersonal trauma (Dugal et al., 2016). This correlation further emphasizes the pervasive impact of childhood trauma on survivors' ability to form and maintain healthy relationships, often resulting in isolation and difficulties with trust (Mohamad et al., 2022).

The discussion on psychological well-being revealed that survivors face an array of challenges, including mood disorders and anxiety, resonant with the work of Watters, Aloe, & Wojciak (2021), who examined the relationship between childhood trauma, resilience, and depression. Their multivariate meta-analysis highlights the critical role of resilience in mitigating the adverse effects of childhood trauma, suggesting pathways for recovery that could be emphasized in therapeutic interventions (Watters et al., 2021).

Furthermore, the societal impact of childhood trauma, particularly concerning stigma and the pursuit of advocacy and awareness, aligns with the scoping review by King et al. (2022), which explored community resilience in trauma-informed communities. Their findings highlight the importance of collective efforts in addressing and mitigating the impacts of trauma, reinforcing the value of community support systems as identified in our study (King et al., 2022).

In conclusion, our findings, supported by the existing literature, underscore the multifaceted impact of childhood trauma on survivors' emotional, physical, and psychological well-being. The persistence of these effects into adulthood necessitates a comprehensive, multi-dimensional approach to intervention that addresses both the psychological and somatic manifestations of trauma. As advocated by

Alhussaini and Riaz (2021), integrating pharmacological and psychological interventions offers a promising avenue for treating the complex sequelae of childhood trauma. Moreover, fostering resilience, as highlighted by Watters, Aloe, & Wojciak (2021), could play a pivotal role in survivors' recovery and well-being, emphasizing the importance of supportive, trauma-informed care practices and community initiatives aimed at mitigating the long-term effects of childhood trauma.

The study is not without its limitations. The qualitative nature of our research, while providing in-depth insights, limits the generalizability of the findings. The sample size, although adequate for reaching theoretical saturation, represents a relatively small and potentially self-selecting group of individuals willing to share their experiences, which may not fully capture the diversity of trauma survivors' experiences. Additionally, the reliance on self-reported data introduces the potential for recall bias, possibly influencing the accuracy of the recounted experiences.

Future research should aim to address the limitations noted by expanding the scope of investigation to include larger, more diverse populations, and by employing mixed-methods approaches to triangulate findings from qualitative and quantitative data. Longitudinal studies could provide valuable insights into the evolving nature of the psychosomatic effects of childhood trauma over time and the efficacy of different intervention strategies. Additionally, further exploration into the mechanisms of resilience and recovery could inform more targeted supports and interventions for survivors.

The implications of our findings for practice are significant. Mental health professionals, healthcare providers, and policymakers must adopt a trauma-informed approach that recognizes the pervasive impact of childhood trauma on adult health and well-being. This includes training for healthcare professionals in recognizing and addressing the somatic manifestations of trauma, developing comprehensive support systems that offer a range of therapeutic options, and advocating for policy changes that prioritize the needs of trauma survivors. Community-based interventions that foster social support and resilience could also play a crucial role in supporting survivors, highlighting the importance of a collective, societal response to the issue of childhood trauma.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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