

The Impact of Childhood Trauma on the Attachment Styles of Adults

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ABSTRACT

The childhood of an individual is vital in determining who they will grow up to be in the future. A safe, healthy, communicative family is bound to raise a well-functioning emotionally mature adult.

Childhood trauma has been defined by the National Institute Of Mental Health (USA) as “the experience of an event by a child that is emotionally painful or distressful, which often results in lasting mental and physical effects. More than two-thirds of children in community samples report having experienced a traumatic incident by the age of 16.

A significant research in the year 2016, determined the relationship between childhood trauma and attachment styles. In addition to this, the results of the research showed a negative, significant relationship between childhood abuse and a secure attachment style. Furthermore, the results focused on predicting the attachment styles of an individual having undergone a traumatic event. The results indicated that participants displaying relatively high levels of childhood trauma tend to report insecure types of attachment (fearful, preoccupied, and dismissing attachment styles) (Erozkan, 2016).

The current study aims to understand the impact of childhood trauma and attachment styles among adults. Two tools were administered for this – the Adult Attachment Scale by Collins and Childhood Trauma Questionnaire by P. Bernstein. The result indicated a significant correlation between the two variables as well as having childhood trauma negatively predict attachment styles.

CHAPTER 1

INTRODUCTION

An event of trauma in one's childhood can lead to chaos and if not dealt with in a psychologically safe manner, it can have adverse effects on an individual's attachment style. The Cambridge Dictionary of Psychology states trauma as "Any event which inflicts physical damage on the body or severe shock on the mind or both. Being the victim of a serious car incident, assault, rape or false prosecution is likely to produce shock in an individual with lasting mental consequences just as being injured in some ways inflicts damage to the body". Childhood trauma has been defined by the National Institute Of Mental Health (USA) as "the experience of an event by a child that is emotionally painful or distressful, which often results in lasting mental and physical effects". It is important to realise that trauma is highly subjective, what may be extremely traumatic for one individual may not have the likely effect on another. Thus, it is essential to pinpoint what maybe a traumatic event for the generalised population. Therefore, the following are events that come under a traumatic experience for a child (a child is considered to be anyone below the age of 18 years).

- **Bullying** – Bullying is a conscious action taken by an individual to undermine another by overpowering them either physically or emotionally. Bullying can involve emotional manipulation, gaslighting (the process of psychologically manipulating a person to the point of making them question their own reality, sanity and perception) and social ostracising a child.
- **Physical Abuse** – Physical abuse, under childhood trauma occurs when one parent, or both parents or a caregiver physically harms a child. Physical abuse incurred on a child occurs due to various reasons. Some are – parents are trying to discipline their child, parent has a mental illness, parents need to let out their anger and frustration and, in the process, use their child as a punching bag and so on. Physical abuse is considered abuse even if the injuries are unintentional.
- **Sexual Abuse** – The Centers for Disease Control and Prevention in the United States defined child sexual abuse as "any completed or attempted (noncompleted) sexual act, sexual contact with, or exploitation (i.e., noncontact sexual interaction) of a child by a caregiver". The definition provided by the World Health Organisation regarding child sexual abuse also covers aspects of child pornography, verbal threats and so on. "Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to: — the inducement or coercion of a child to engage in any unlawful sexual activity; — the exploitative use of a child in prostitution or other unlawful sexual practices; — the exploitative use of children in pornographic performance and materials"(WHO, 1999).
- **Parental Loss** – It is an incredibly tough situation when a child loses their parent, even worse if their parent suffered via a long drawn physical illness. The loss of a caregiver, not just a parent can cause an emotional turmoil in a child and the impact it has is long-lasting.
- **Emotional Abuse and Neglect** – Emotional abuse is sometimes known as psychological abuse. Emotional abuse as compared to other events, is more covert in nature. Emotional abuse is the recurrent emotional maltreatment towards a child. This includes calling a child names, degrading them, constantly criticising the child and so on. Emotional neglect comprises of a parent being inattentive and unresponsive to a child's emotional and developmental needs. This include providing the child with the free reins to do anything, such as giving them the permission to use alcohol and drugs (Talbot and Lawler, 2012). When a kid is traumatised before he or she can speak, he or she has no language to assist him or her make sense of the circumstance. If the mistreatment is ongoing, the youngster learns that it is "normal" and does not recognise themselves as traumatised. Even neurobiological research demonstrates that for children who have experienced extensive trauma, the "abnormal" physiological changes produced by trauma become chronic and "normal." Early childhood trauma, in fact, is more widespread and harder to cure than other

forms of trauma. Many traumatised young children will not just "get over it." While children can be resilient, at-risk children from chronic traumatic stress situations lack the protective components that contribute to resilience.

A. *Effects of Childhood Trauma*

Childhood trauma is caused by prolonged abuse mitigated on a child Trauma not only psychologically impacts the child, but also plays a huge role in the physiological aspects as well. The child's eating and sleeping patterns may see a drastic change. Either they indulge themselves or show complete disinterest. The child finds it difficult to concentrate and can show learning problems. This can lead to a dip in their academic achievements. Further, they may indulge in delinquent behaviour.

The effects of trauma impact children of different age groups in diverse ways. Children in preschool (2 to 5 years), are afraid of being away from their caregiver, tend to have nightmares and they show an overall lack of enthusiasm when it comes to food. Children in elementary school (5 to 10 years), have a higher chance of being anxious, they are flooded with feelings of guilt and shame. In addition to this, the child faces difficulty in concentrating and faces trouble sleeping. Lastly children in middle (12 to 14 years) and high school (14 to 16 years) have higher chances of feeling depressed, they may resort to self-harm and may find solace in substance and alcohol abuse. (Substance Abuse and Mental Health Services Administration, 2022). The long-term effects of childhood trauma in an adult can lead to the development of several biological issues, such as – diabetes, malnutrition, cancer, high blood pressure and so on (Widom, Czaja, Bentley, & Johnson, 2012; Monnat & Chandler, 2015; Afifi et al., 2016). The psychological impact is the formation of Post-Traumatic Stress Disorder in an adult. Such adults display intrusion symptoms; characterised by the repetitive memory of the traumatic event. Adults, also have trouble regarding emotional regulation, this was specific to adults who have undergone sexual abuse as children (Bradley, Etkin et al, 2016). Childhood abuse and neglect also lead to an increase in substance abuse (Korgan, Plamer et al, 2017). Childhood abuse also leads to increased chances of developing mood disorders (Lippard and Nemeroff, 2019). Many individuals also face trouble in forming healthy social bonds with other adults. Adding to this, adults having undergone childhood abuse are highly likely to form insecure attachment styles, which are mainly anxious or avoidant in nature. Anxiety attachment has played a partially mediating role between the two variables of childhood abuse and health anxiety among adults (Power, Wright et al, 2019).

B. *Attachment Styles*

John Bowlby defined attachment as a 'lasting psychological connectedness between human beings'. Bowlby provided an evolutionary perspective on attachment. He stated that the survival rates in infants has gradually increased over the years as infants have learned to stay in close proximity with their caregivers. Thus, there has been significant changes in a child's attachment style as they realise that by being in close proximity with their caregivers ensures protection. Mary Ainsworth, an American- Canadian psychologist undertook the research on infant-parent separation, thereby providing a distinct line on attachment styles and individual differences. The research identified four attachment patterns based on a child's response to their caregiver leaving them in another person's care. They are as follows:

- Secure Attachment – This is the healthiest form of attachment style. The infant has formed a secure attachment with their caregiver, which means even if they are frightened or scared, they will return to their caregiver for reassurance. They use their bond with their caregiver as a strong base to explore the world. Among adults, a secure attachment style is characterized by a positive sense of self, such individuals trust others, are open with communication and view relationships with a positive mindset.
- Insecure - Avoidant Attachment – The child undergoes a significant amount of distress upon the caregiver's departure. The child is reluctant to greet the caregiver and avoids greeting them. Among adults, an insecure or avoidant attachment is characterized by having trouble forming an emotionally intimate bond with others. These adults find it difficult to acknowledge their emotions and feelings towards a close relationship.
- Insecure – Ambivalent Attachment – This along with the above style of attachment is insecure in nature, the child exhibits extreme sadness when the caregiver leaves and greets the caregiver with a multitude of

emotions, ranging from ignoring the caregiver upon their arrival to exhibiting signs of anger. Furthermore, the child refuses to seek comfort when the caregiver displays support. This type of attachment style is in contrast with the insecure – avoidant attachment. Adults with this attachment style crave emotional intimacy but are afraid that their emotions won't be reciprocated.

- **Disorganized Attachment** – The child receives the caregiver with a plethora of emotions. The child exhibits fearful behaviour under their care but also seek comfort in the arms of the caregiver. “Infants with disorganized attachment face an unsolvable dilemma: their haven of safety is also the source of their fear and distress”(Diane Benoit, 2004). Among adults, this attachment manifests itself via emotional dysregulation. These individuals have an intense fear of abandonment. Adults with this type of attachment are rarely able to maintain a long-lasting relationship with their partner.

C. Childhood Trauma And Attachment Styles

Childhood trauma or having undergone a traumatic event can have a significant impact on an adult's attachment style. This has been proven a number of times in the recent years. There is a lot of research on childhood trauma and attachment styles. Most researches show that childhood trauma does have a correlation with attachment styles. However, very few show the type of attachment style childhood trauma as a whole can have on an individual's attachment style. Childhood trauma is researches is broken down into the five main domains – physical abuse, physical neglect, emotional abuse, emotional neglect and sexual abuse. Each abuse leads to the formation of an insecure attachment style.

Physical abuse and physical neglect: Research show that physical abuse on a child, leads to higher levels of them developing an anxious attachment style Physical neglect on the other hand, lead to higher levels of them developing an avoidant attachment style (Widom, Chauhan et al, 2017).

Emotional Abuse and Neglect: Individuals who have been emotionally abused and neglected are more likely develop an avoidant attachment style.

Sexual Abuse: Individuals who have been victims of sexual abuse as children faced attachment anxiety (Noll et al, 2010).

A significant research in the year 2016, determined the relationship between childhood trauma and attachment styles. In addition to this, the results of the research showed a negative, significant relationship between childhood abuse and a secure attachment style. Furthermore, the results focused on predicting the attachment styles of an individual having undergone a traumatic event. The results indicated that participants displaying relatively high levels of childhood trauma tend to report insecure types of attachment (fearful, preoccupied, and dismissing attachment styles) (Erozkan, 2016). Children who have undergone physical abuse develop an attachment avoidant style.(Luca and Unger, 2014). Another research utilised attachment style as a mediator in determining the relationship between childhood maltreatment and the experience of betrayal trauma as an adult. The research showed that children facing trauma that is high in betrayal (that is, the trauma is induced by a caregiver, parent or family member) tend to have higher levels of betrayal trauma (Gobin & Freyd, 2009). The research findings indicated that child maltreatment is associated with adult betrayal trauma and anxious attachment partially mediates this relationship (Surrette, Simons and Hocking, 2016). Research stated that physical abuse and physical neglect lead to two different types of attachment styles. Physical abuse lead to adults developing higher levels of anxious attachment style, whereas neglect predicted adults developing an avoidant attachment style (Widom, Chauhan, Cjaza et al, 2018). Many adults who have undergone childhood trauma develop a fearful – avoidant attachment style. This attachment style is insecure in nature. Adults using this attachment style often exhibit confusing behaviour. They want to be cherished and cared for by others, however often withdraw from relationships. They are uncomfortable with being vulnerable (either emotionally or physically) with their partner and may immediately back off when it happens. Trauma or having undergone a traumatic event in one's life can change an individual's perception on relationships. This paper establishes to understand the type of attachment style an individual with childhood trauma (as a whole variable and not its domains) would form.

CHAPTER 2

REVIEW OF LITERATURE

Mesut Işık, M. & Kirli, U. (2022) conducted a research on the mediating effect of attachment insecurity on circadian consequences of childhood trauma. The main aim of this study is to investigate the associations of childhood trauma and attachment styles with circadian preferences. A total of 673 participants were evaluated using the Morningness– Eveningness Questionnaire (MEQ), the Childhood Trauma Questionnaire 28 (CTQ-28), and the Experiences in Close Relationships-Revised (ECR-R) questionnaire. The results indicated that 14.9% (n = 100) of the participants were morning type, 20.6% (n = 139) were evening type, and 64.5% (n = 434) were intermediate type. Both childhood trauma and attachment-related anxiety/avoidance scores were associated with being evening type ($p < .01$). Moreover, attachment-related anxiety and avoidance fully mediated the association between childhood trauma and circadian preferences. The present study showed that attachment styles might be associated with circadian preferences.

Voestermans, D., and M. Eikelenboom (2021) studied the relationship between childhood trauma and attachment functioning in patients with personality disorders. The authors analysed adult and childhood attachment style in a sample of 75 individuals with various personality disorders and established the relationship with both the incidence and severity of childhood trauma. The authors discovered that the sample had significant attachment dysfunction and high levels of childhood trauma. The authors demonstrated, using crosstabulations and analysis of variance, that patients with a scared or dismissive attachment style had more severe childhood trauma than patients with a preoccupied attachment style. Patients who reported affectionless control bonding with either parent experienced frequent and severe childhood trauma. Although temporal causality cannot be proved, these findings highlight the need of screening for childhood trauma in individuals with personality disorders and imply that attachment-centered psychotherapy for these patients may benefit from prior or concurrent trauma treatment.

Pellegriti, P. , Santi,R. , Costanzo, A. et al (2020) conducted a study on Childhood trauma, attachment and psychopathology. Three-hundred fifty-two adults aged between 18 and 73 years old ($M = 32.70$; $SD = 11.72$) completed measures on child maltreatment, attachment styles and psychopathology. A regularized partial correlation network was estimated to examine the relationships between the three constructs. The network showed 101 out of 190 non-zero correlations linking childhood traumatic experiences, anxious and avoidant attachment dimensions, and clinical symptoms. The analysis of the network showed that being exposed to emotional abuse and emotional neglect increased the risk of being exposed to other types of childhood trauma, such as physical abuse. Anxious attachment was more strongly linked to child maltreatment and psychopathology than avoidant attachment. Suicidal ideation and maladaptive personality functioning were the clinical symptoms most strongly connected with the other variables in the network. These findings might be relevant for the assessment and treatment of individuals who display clinical problems related to insecure attachment and early relational trauma.

Zhong, M., and Wang, J. (2020) conducted an investigation on insecure attachment and maladaptive emotion regulation as mediators of the connection between childhood trauma and borderline personality traits. A total of 637 patients with psychological disorders completed a battery of psychometric instruments, including the Personality Diagnostic Questionnaire, the 23-Item Borderline Symptom List, the Childhood Trauma Questionnaire, the Attachment Style Questionnaire, and the Cognitive Emotion Regulation Questionnaire. Path analyses were performed to evaluate the experience-driven paradigm of whether insecure attachment and maladaptive emotion regulation may moderate the association between childhood trauma and borderline personality disorder characteristics. The random forest regression was used to identify variables that contribute significantly to borderline personality disorder traits, which variables would be put into the data-driven model to further corroborate the experience-driven model Both the experience-driven model and the data-driven model confirmed that there were three significant mediation pathways (childhood trauma insecure attachment/maladaptive emotion regulation borderline personality disorder features,

childhood trauma insecure attachment maladaptive emotion regulation borderline personality disorder features; all $p < .05$), with the most weighted mediation pathway influencing the borderline personality disorder features being through insecure attachment and then through maladaptive emotion regulation. Childhood trauma mostly influenced bipolar personality disorder traits through a mix of insecure attachment and dysfunctional emotion regulation.

Perez, D., Williams, B. et al (2018) conducted a research on fearful attachment styles being correlated with Depression, Childhood Abuse and Alexithymia among Motor Functional Neurological Disorders. Fifty-six patients with motor Functional Neurological Disorders were recruited from the Massachusetts General Hospital FND Clinic. The primary study measure was the Relationship Scale Questionnaire, which was completed by all 56 patients. Furthermore, studies via self-report measures were done in order to illustrate the severity of functional neurologic symptoms and the presence of predisposing vulnerabilities perpetuating factors. In order to measure the symptoms, a couple of questionnaires were administered. They are as follows - Patient Health Questionnaire-15 (PHQ-15), Screening for Somatoform Symptoms Conversion Disorder Subscale (SOMS:CD), Connor-Davidson Resilience Scale (CD-RISC), Somatoform Dissociation Questionnaire-20 (SDQ-20), Short Form Health Survey (SF-36), Beck Depression Inventory-II (BDI), Spielberger State-Trait Anxiety Inventory (STAI-T), NEO Five Factor Inventory-3 (NEO), Toronto Alexithymia Scale (TAS), Dissociative Experiences Scale (DES), Barrett Impulsivity Scale (BIS), Life Events Checklist-5 (LEC), Posttraumatic Stress Disorder (PTSD) Checklist-5 (PTSD-CL5) and Childhood Trauma Questionnaire (CTQ). The result indicated a positive and significant correlation between childhood trauma and fearful attachment styles among individuals with motor Functional Neurological Disorders. The correlation further adds on to the emphasis of insecure attachments in adults stemming from childhood maltreatment.

Wong, S., Bucci, S. (2017) conducted a study on associations between trauma, dissociation, adult attachment and proneness to hallucinations. This paper investigates the relative contribution of childhood adversity, dissociation and adult attachment in explaining hallucination proneness in a non-clinical sample. Students and staff with no previous contact with secondary care at the University of Manchester were recruited. Participants completed a series of self-report measures: the Launay-Slade Hallucination Scale (LSHS), the Relationship Scale Questionnaire (RSQ), the Childhood Trauma Questionnaire (CTQ), the Dissociative Experiences Schedule (DES II) and the Positive and Negative Affect Schedule (PANAS). As hypothesized, insecure attachment, childhood adversity and dissociative symptoms were correlated with hallucination proneness. Multiple regression analysis, controlling for confounds of age and negative affect, indicated that the RSQ, CTQ and DES II predicted hallucination proneness. Only DES II and RSQ avoidant attachment were significant independent predictors in the final model.

S. Koong, S. & Kang, D. (2017) investigated attachment insecurity as a mediator of the link between childhood trauma and adult dissociation. The study comprised 115 mental outpatients who visited a trauma centre. Data was gathered using the Childhood Trauma Questionnaire, Revised Adult Attachment Scale, and Dissociative Experience Scale. Structural equation modelling and route analysis were utilised to study the mediating effects of attachment insecurity on the link between childhood trauma and adult dissociation. Attachment anxiety totally buffered the association between more childhood trauma and increased dissociation. Sexual assault influenced dissociation by a synergistic combination of attachment anxiety and attachment avoidance. It was discovered that there was a balanced interaction between the direct and indirect effects of emotional neglect on dissociation; the indirect effect of emotional neglect on dissociation was partially mediated by attachment insecurity. Individual types of childhood trauma and adult dissociative symptoms may be explained by attachment insecurity features.

Alsadat, A. & Mohsen, A. (2017) conducted an experiment on the association between emotional divorce and childhood maltreatment; whilst early maladaptive schemas, attachment styles and emotional regulation play a mediating role. 150 married couples were chosen as a sample population. They were residents of Tehran, Iran. Five sets of questionnaires were administered on the married couples. The tests

were as follows - Young Schema Questionnaire Short Form, Child Abuse and Trauma Scale, Difficulties in Emotion Regulation Scale and Adult Attachment Scale. The result showed a significant, positive correlation between the variables. A positive correlation occurred between emotional divorce and insecure attachment styles, as mediative schemas play a mediating role. Furthermore, there is a positive correlation between emotional divorce and emotional regulation. The experiment further establishes the aspect that childhood maltreatment leads to the formation of insecure attachment styles, early maladaptive schemas and difficulties in emotional regulation.

Chan, K.L. Camilla, K.M. et al (2017) conducted a meta- analysis on insecure adult attachment and child maltreatment. his meta-analytic study examined the relationship between parents' adult attachment and child maltreatment perpetration/child abuse potential. Studies examining the relationship between parents' adult attachment and child maltreatment/child abuse potential published before February 2017 were identified through a systematic search of online databases. In total, 16 studies (N = 1,830) were selected. Meta-analysis based on random-effects models shows a significant positive association between insecure attachment and child maltreatment (pooled effect size: odds ratio [OR] = 2.93, $p = .000$). Subgroup analyses show insecure attachment was more strongly associated with failure to thrive (OR = 8.04, $p = .000$) and filicide (OR = 5.00, $p < .05$). Medium effect sizes were found for subgroup analyses on insecure romantic attachment (OR = 3.76, $p = .000$), general attachment (OR = 3.38, $p = .000$), attachment to own child (OR = 3.13, $p = .001$), and to own parents (OR = 2.63, $p = .000$) in relation to child maltreatment.

Erozkan, A. (2016) conducted a research titled to understand the link between attachment styles and childhood trauma. 911 students from the Mugla Sıtkı Kocman University, Turkey were chosen. The students were chosen via purposive sampling and a cross – sectional method. Among the sample population, 419 students were male and 492 were female. The students lied between the age groups of 19 to 24, from freshman to senior year. Two tools were administered to determine the relationship between the two variables. The Childhood Trauma Questionnaire – Short form, which consists of 28 items to measure the five dimensions of a negative childhood experience. The dimensions are – physical abuse, emotional abuse, physical neglect, sexual abuse and emotional neglect. The second tool is a self-report questionnaire of 30 items called the Relationship Scales Questionnaire. The questionnaire measured the students' attachment style; secure, preoccupied, fearful and dismissive. Program for Social Sciences (SPSS) 19.00 and the linear structural relations (LISREL) 8.70 were used to calculate the data. The result of the research stated that there is a significant relationship between negative childhood experiences and attachment styles.

Madigan, S., Brumariu, L. E., Villani, V. et al (2016) conducted a meta- analysis on attachment and the relations to child internalizing and externalizing problems. The metanalysis is a wide-ranging examination of the literature on attachment and behavioral problems in children aged 3–18 years, focusing on the representational and questionnaire measures most commonly used in this age range. Secure attachment was compared with insecure attachment and a modest association with internalizing behavior was found. Multivariate moderator analyses were used to disentangle the unique influence of each significant univariate moderator more precisely, and results revealed that effect sizes decreased as the child aged. Plus, were larger in studies in which the participants were ethnically White, where the child was the problem informant, and when the internalizing measure was depressive symptoms. Attachment and externalizing behavior were also associated and effect sizes were larger in ethnically White samples, and in those where the child was the problem informant. Avoidant, ambivalent, and disorganized attachment classifications were associated with internalizing behavior, but only disorganized attachment was associated with externalizing behavior.

Hasking, P., Newman, L. et al (2016) conducted a research on emotion regulation, childhood abuse and assault and attachment and examining the predictors of non-suicidal self- injury among adolescents. This study associated the relative risk of non-suicidal self-injury with a history of, poor attachment relationships, poor emotion regulation among adolescents and physical and sexual abuse or assault. A total of 2,637 adolescents aged between 12 to 15 years were selected. They completed questionnaires at 3 time-points: baseline, 12, and 24 months later. Across the study, 9.4% reported a history of non-suicidal self-injury. Each

individual with a past or recent abuse or assault, poor attachment relationships, and poor emotion regulation was associated with non-suicidal self-injury.

Humbert, B., Langton, C., et al (2015) investigated childhood sexual abuse, attachments in childhood and adulthood, and coercive sexual behaviours in community males, as well as the primary impacts and moderating role for attachment. The researchers studied 176 adult community males to see if there was a link between self-reported coercive sexual conduct toward adult females, childhood sexual abuse (CSA), child–parent attachment types, and attachment with adult romantic partners. Attachment style with each parent and romantic partners was also studied as a possible mediator. Using hierarchical multiple regression analysis, it was discovered that avoidant connection with mothers as a kid accounted for a considerable portion of the variance in forceful sexual conduct. Similarly, even after adjusting for anxiety attachment in adulthood scores, avoidance attachment in adulthood was a significant predictor of coercive sexual conduct. When additional kinds of childhood adversity, violence, antisociality, and response bias were included, these major effects for avoidant and avoidance attachment were not statistically significant.

Bazzo, D. (2015) conducted a study on individual risk factors for physician boundary breaches, as well as the effect of childhood trauma, attachment style, and maladaptive beliefs. A sample population of 100 health care professionals attending a CME (continuing medical education) course on professional boundaries was employed, and they were asked to complete three questions. Experiences in Close Relationships Questionnaire Revised, Childhood Trauma Questionnaire, and Young Schema Questionnaire are the questionnaires. The link and correlation between the various risk variables, as well as between self-rating and expert-rating, were investigated. One-fifth of those polled claimed moderate to severe childhood maltreatment, while six-fifths reported moderate to severe emotional neglect. Despite this, the average attachment anxiety and attachment avoidance were modest, and experts evaluated more than half of the subjects as "secure." Childhood maltreatment was linked to avoidance and attachment anxiety, and it predicted insecure attachment and maladaptive attitudes according to experts.

Sheinbaum, T. Bifulco, A. (2015) studied insecure attachment types as mediators between poor childhood care and schizophrenia-spectrum phenomenology. 214 nonclinical young adults were interviewed for subclinical symptoms (Comprehensive Assessment of At-Risk Mental States), schizophrenia-spectrum PDs (Structured Clinical Interview for DSM-IV Axis II Disorders), poor childhood care (Childhood Experience of Care and Abuse Interview), and attachment style (Attachment Style Interview). Participants also completed the Beck Depression Inventory-II, and all analyses were done with depressed symptoms excluded. Parental hostility and role reversal were both linked to subclinical positive symptoms as well as paranoid and schizotypal Parkinson's disease features. Subclinical negative symptoms were also linked to role reversal. Angry-dismissive attachment moderated correlations between antipathy and subclinical positive symptoms, while entangled attachment mediated connections between antipathy and paranoid and schizotypal PD features.

CHAPTER 3

METHODOLOGY

A. Aim:

The aim of the study is to investigate the relationship between childhood trauma and its impact on attachment styles among adults.

B. Objectives

- To understand the relationship between childhood trauma and attachment styles
- To understand the impact childhood trauma has on an adult's attachment style

C. Hypotheses

- Childhood trauma does have an impact on an adult's attachment style.
- There will be a significant relationship between childhood trauma and attachment styles.

Sample: The sample of individuals were chosen from the sub-continent of India, the individuals resided in various states of India. The sample selected for this study was 104 individuals ranging between the age groups of 18 to 35 years and were mainly male, female and non-binary.

D. Description of tools used

The Childhood Trauma Questionnaire (Short-form) Childhood Trauma Questionnaire (CTQ; Bernstein et al., 1994) is a retrospective, self-report measure that was developed to provide a brief, reliable, and valid assessment of a broad range of traumatic experiences in childhood. More specifically, it assesses experiences of abuse and neglect in childhood, including physical, emotional, and sexual abuse and physical and emotional neglect, as well as related aspects of the child-rearing environment. The CTQ is intended for adolescents and adults. It contains 70 items arranged according to four factors: physical and emotional abuse, emotional neglect, sexual abuse, and physical neglect. Responses are quantified on a 5-point Likert-type scale according to the frequency with which experiences occurred, with 1 = "never true" and 5 = "very often true." This questionnaire requires 10 to 15 minutes to administer and can be administered in individual or group sessions. Drug- or alcohol-dependent patients (N = 286) were given the CTQ as part of a larger test battery. The CTQ demonstrated a Cronbach's alpha of .95 for the total scale. The CTQ also demonstrated good test-retest reliability for a subgroup (N = 40) over a 2- to 8-month interval, with an intraclass correlation for the total scale of .88. Sixty-eight of the patients were also given a structured interview for child abuse and neglect, the Childhood Trauma Interview, also developed by the authors. The CTQ demonstrated convergence with the CTI, indicating that patients' reports of child abuse and neglect based on the CTQ were highly stable, both over time and across types of instruments. Discriminant validity was supported as the CTQ factors and total score were unrelated to measures of verbal intelligence and social desirability.

E. Revised Adult Attachment Scale - Close Relationships

The Revised Adult Attachment Scale (RAAS; Corollins, 1996) was created to examine individual variations in attachment type. This 18-item scale has three subscales (each with six items): (a) The close subscale assesses how comfortable a person is with closeness and intimacy; (b) the depend subscale assesses how comfortable a person is depending on others and believes that people can be relied on when needed; and (c) the anxiety subscale assesses how worried a person is about being rejected and abandoned by others. The following modifications have been made to the updated scale. To begin, one item on the near subscale was substituted to increase dependability. Second, an incorrectly phrased item on the anxiety scale has been changed with a comparable item. Finally, two items on the anxiety scale dealing with a strong desire to "merge" with a partner were replaced with two new things dealing with "ambivalence" regarding partnerships. Participants are asked to reply to each question in terms of their general attitude toward

intimate relationships. Cronbach's alphas for the near, depend, and anxiety subscales were .77, .78, and .85, respectively, in a sample of students.

F. Procedure:

The sample of 104 individuals were informed about the aim of the study, their consent was taken before they provided their answers to both the questionnaires - the Childhood Trauma Questionnaire (Short-form) and the Revised Adult Attachment Scale - Close Relationships.

G. Statistical Analysis

A correlational research design was prepared, where data was analysed using Pearson's Product moment of correlation.

CHAPTER 4

RESULT

		Childhood Trauma	Attachment Style
Childhood Trauma	Pearson Correlation	1	-.471**
	Sig. (2-tailed)		.000
	N	103	103
Attachment Style	Pearson Correlation	-.471**	1
	Sig. (2-tailed)	.000	
	N	103	104

Table 1: Correlation between Childhood Trauma and Attachment Style.

** . Correlation is significant at the 0.01 level (2-tailed).

From the above table, we can see that there is a significant correlation between Childhood Trauma and Attachment Style, at the 0.01 level of significance.

R	R Square	Adjusted R Square	Std. The error in the Estimate
.471 ^a	.222	.214	7.325

Table 2: Model summary of the regression analysis

- a. Predictors: (Constant), Childhood Trauma
- b. Dependant Variable, Attachment Style

R-Square is the coefficient of determination. It is the proportion of variance in one variable (attachment style) which can be predicted from the other variable (childhood trauma). This value indicates that 22.2% of the variance in attachment styles can be predicted from the variable – childhood trauma

VARIABLE	B	β	Standard Error
Constant	44.863***		2.649
Childhood Trauma	-.241	-.471	0.045
R ²	.222		

Table 3: Model summary of the regression analysis

The above table, depicts the impact of childhood trauma on attachment styles. The R² value of .222 reveals that the predictor variable explained 22.2% of the variance in the outcome variable with F = 28.796. p<.001. The table thus reveals that childhood trauma negatively predicted attachment style.

CHAPTER 5

DISCUSSION

The data obtained showcased that most individuals with childhood trauma adopted an anxious attachment style, with a high dependent sub-scale, while other developed an avoidant attachment style. A very small percentage also developed a secure attachment style. The sample of 104 individuals taken from the sub-continent of Asia consisted of 71 females, non-binary individuals, and 29 males. According to table no. 4.3, childhood trauma negatively predicted attachment styles, therefore having an impact on the variable, thus accepting the first hypothesis. According to table no.4.1, a significant correlation is present between both the variables, that is childhood trauma did depict an attachment style among individuals. Most individuals from the sample, had displayed an insecure attachment style. An insecure attachment style includes – anxious attachment style, preoccupied attachment style, fearful attachment style and avoidant attachment style.

Hiebler-Ragger ,M., Kresse,A. (2019) experimented on the influence of attachment styles and personality organisation on the emotional functioning of an individual having undergone childhood trauma. Six hundred and sixteen individuals were chosen and were given a couple of questionnaires - Childhood Trauma Questionnaire, Adult Attachment Scale, Inventory of Personality Organization, and Affective Neuroscience Personality Scales. The results suggest that the relationship between emotional dysfunction and childhood trauma might be the result of dysfunctional internalization processes related to traumatic early object relations. This subsequently leads to discrepancies in personality organization and the formation of insecure attachment patterns in the adult mental apparatus.

In the current study, , not all individuals depicted an anxious attachment style, some also developed an avoidant attachment style. Yes, both of these attachment styles come under an insecure attachment style, however, one cannot specifically state that childhood trauma will 100% lead to the formation of an anxious attachment style. The intensity of childhood trauma as well as the type of childhood trauma plays a vital role in the development of an insecure attachment style. For example, emotional neglect and abuse were associated with higher levels of avoidant attachment, whereas physical abuse was associated with higher levels of anxious attachment. Factors such as income and family size, parental age and education, major stressful events, such as loss of a parent, birth of a sibling, severe illness, marital relationships and breakdown affect the quality of attachment relationships (Gervai, 2009). Childhood trauma, if not handled with care, can wreak havoc in an individual's life. Not only will it impact their attachment style, which will subsequently impact their relationships, but it will also impact their self-esteem, and their mental health and can lead to the formation of a mental disorder. Childhood trauma stems from childhood abuse and the intensity of the childhood abuse is enough for an individual to espouse an insecure attachment style. This is not always the case, some individuals can develop a healthy, secure attachment style. For example, in this research itself, 3.8% of the sample population represented a secure attachment style For those individuals with a secure attachment style, several factors could have played a role in helping them develop a healthy attachment style. Despite recent improvements in the study of child trauma, there is still much to learn, including the important challenges outlined below.

In all circumstances, research that involve varied populations (e.g., culture, ethnicity, and developmental level) as well as diverse forms of trauma are required. The limitations of the study was that the research was conducted on a small population of 104 people in the ever-growing sub-continent of India, and therefore, the result cannot be used as a generalized result for a bigger sample. Furthermore, It was difficult to find participants to fill in the questionnaires as they were victims of childhood abuse and it can induce feelings of embarrassment in some people. Lastly, it can be a harrowing experience for people to go through a traumatic event while filling in the questionnaire.

Despite the limitations, the research paper can be used in a multitude of dimensions. Such as:

- This research can be used to further explore on this topic as there is limited data on the role of childhood trauma and anxious attachment style.
- The research emphasizes the detrimental effects of childhood trauma on an individual.
- Individuals should be taught that their childhood trauma resulting in childhood abuse can well enter their adult life and that just because it was a while back, doesn't mean that it cannot have an adverse effect.
- Childhood trauma doesn't necessarily have to be physical or sexual; emotional abuse and neglect are just as harmful.
- Attachment styles are not solely formed due to childhood trauma, there are various other causes; such as environment, school life, culture, and so on.

CHAPTER 6

SUMMARY AND CONCLUSION

The result indicated a significant correlation between the two variables as well as having childhood trauma negatively predict attachment styles. In addition to this, a significant correlation was found between the two variables. However, not all individuals depicted an anxious attachment style, some also developed an avoidant attachment style. The data obtained showcased that most individuals with childhood trauma adopted an anxious attachment style, with a high dependent sub-scale, while other developed an avoidant attachment style. A very small percentage also developed a secure attachment style. The sample of 104 individuals taken from the sub-continent of Asia consisted of 71 females, non-binary individuals, and 29 males. As seen in table no.4.3, childhood trauma negatively predicted attachment styles, therefore having an impact on the variable, thus accepting the first hypothesis. According to table no. 4.1, a significant correlation is present between both the variables, that is childhood trauma did depict an attachment style among individuals. Most individuals from the sample, had displayed an insecure attachment style. An insecure attachment style includes – anxious attachment style, preoccupied attachment style, fearful attachment style and avoidant attachment style.

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