

Effects of CPTSD and PTSD in Early Childhood on Personality Formation in Adulthood

Xinyan Xiao^{1,*}

¹Liberal Art, Penn State University, State College, Pennsylvania, 16803, United States

Abstract. In the 21st century, more and more adults have psychological problems of varying degrees, which bother them and make their quality of life decline a lot. But going back to their childhood, they all experienced some "abnormal" stimuli. This article explores the effects of these childhood anomalies on individuals as adults. A lot of previous research has shown that some stressful events really do have an impact on personality. Those impact cannot be eliminated without any intervention by professional psychologist. The author hopes that this paper can give some guidance to individuals who are experiencing or have experienced these "abnormal" events, and hope that everyone can have a healthy mind. Future research should be more focus on People's mental health under the epidemic. Many people have lost relatives or experienced serious psychological trauma because of the unequal distribution of medical treatment in the epidemic, and these injuries are lingering in their hearts, and even every time they get sick and cold, they will think of these wounds. It is hoped that future research will focus more on trauma interventions and treatments in these epidemics.

1 Introduction

With the rapid development of society and economic progress, more and more people are facing various problems, such as some infectious diseases such as the new coronavirus, as well as various psychological problems. In the growth of a person's life, some lucky children have never experienced great stress stimuli before adulthood, while other children who experienced stress stimuli in childhood have different degrees of personality disorders in adulthood. Early stress refers to individuals experiencing trauma or adverse life events in childhood, and its content mainly includes physical or emotional abuse, neglect, etc. The purpose of this paper is to discuss the influence of CPTSD and PTSD in the early childhood on personality formation in adulthood. There are some childhood shadow events that will have a great impact on the formation of adult personality, even a lifetime cannot be erased. This paper aims to give some help to those who have psychological trauma [1].

2 Post-traumatic stress disorder (PTSD) vs. Complex PTSD (CPTSD)

The diagnostic criteria for PTSD include an individual's exposure to a traumatic event that combines the following: experienced, witnessed, or encountered one or more actual deaths involving oneself or others, or was threatened with death, serious injury, or a threat to physical integrity [2]. Reactions include intense fear, helplessness, or panic (in children, which may manifest as chaotic or agitated behaviour). The traumatic event is experienced repeatedly in one (or more) of the following aspects: (1) recurrent, intrusive

painful memories of the event, including images, thoughts, or perceptions. Recurrent troubled dreams about events; (2) Frightening dreams, but no recognizable content; (3) Feeling as if the traumatic event is reoccurring (including re-experiencing the traumatic experience, delusions, hallucinations, dissociative flashback events, and occurring in an awake or intoxicated state), intense psychological distress when exposed to internal or internal cues similar to some aspect of the traumatic event. When exposed to internal or intrinsic cues that symbolize or are similar to some aspect of the traumatic event, a corresponding physiological reaction occurs. This trauma is accompanied by a persistent avoidance of stimuli, and the response to general things appears numb, and more than three of the following appear avoidance of trauma-related thoughts [3]. The patients avoid activities, places, or people that prompt the recall of the trauma. Unable to recall important aspects of the trauma. Symptoms of increased alertness (which did not exist before the trauma) are manifested by two or more of the following: Difficulty sleeping, Irritability and anger, Difficulty concentrating, Hypervigilance, and Excessive startle response. These symptoms last longer than a month. Some patients have obvious mental symptoms and intense mental pain after suffering a major traumatic event, but they do not fully meet the diagnostic criteria for post-traumatic stress disorder. Some patients meet the corresponding criteria for post-traumatic stress disorder in terms of symptoms, course, and severity, but the induced events are general stressful events such as love, dismissal, and so on [4]. Neither of these conditions should be diagnosed as post-traumatic stress disorder but should be considered as adjustment disorder. The main difference between acute stress disorder and post-

* Corresponding author: xbx5073@psu.edu

traumatic stress disorder is the onset time and course of the disease. When the onset of acute stress disorder is within 4 weeks of the event, the duration of the disease is less than 4 weeks, and the symptoms persist for more than 4 weeks, the diagnosis should be changed to post-traumatic stress disorder [5].

The biggest difference between CPTSD and PTSD is that experiences the same traumatic event repeatedly, while PTSD is referred to as a single episode, so CPTSD is more difficult to diagnose and treat than PTSD. Diagnostic criteria for CPTSD include but are not limited to, diagnostic criteria for PTSD. The most typical symptom of CPTSD is that he does not belong to any of the symptoms, he may be depression, mania, dissociation, psychosis, dissociation, emotional irritability, etc. These can all be diagnosed in one person, and it is a big challenge for doctors to diagnose so many symptoms at the same time without confusion. Thus, CPTSD is more difficult to diagnose than PTSD.

For the diagnosis of CPTSD, personality analysis becomes more important. The dissociation of personality structure is divided into three layers, one layer is the appearance of the normal part (ANP) and the emotional part (EP). The first layer contains an ANP and an EP. Layer 2 contains one ANP and multiple eps. Layer 3 contains multiple ANPs and multiple eps. Multiple ANPs and EPS are explicit forms of multiple personalities, with ANPs and EPS switching back and forth to compete. Therefore, CPTSD is sometimes associated with multiple personalities [6].

3 The impact of early experiences on adulthood

Capricious parents and a turbulent growth environment will all cause children's "complex trauma", which not only hinders the individual's psychological development but also damages the individual's neurological and emotional development. Early stress, as a kind of chronic stress, can cause damage to people's cognitive and emotional processing abilities. These negative experiences not only endanger the physical and mental health of individuals, but also bring about changes in the development of emotional cognition, and have adverse effects on the emotional regulation and social behaviour of individuals in adulthood. Every year, about 15% of children in the world experience physical abuse, and 10% experience neglect or psychological abuse [7].

3.1 The complex post-traumatic stress disorder

The complex post-traumatic stress disorder in childhood is mainly manifested in adulthood as follows: Firstly, dissociation and inner numbness. Sufficient stimulation makes the individual choose to use numbness in adulthood to prevent re-injury. Secondly, always feel flawed. At the stage when the child's personality is not yet fully formed, his cognition of the world is not comprehensive. When a parent's behaviour hurts him, the first thing he thinks is not that others hurt her because others are bad, but to attribute the problem to himself, individual feels that he is not good enough. On the contrary, some parents like to say hurtful words to stimulate their children, such as "You are too stupid", and "You are too

clingy", which will make the children feel that they are not good enough to have the best, low self-esteem, Low self-confidence. Thirdly, extreme anxiety. When a young individual cannot protect himself, he will be in a state of tension and anxiety for a long time, and subconsciously feel that he must always be on guard against accidents. In such a mental state for a long time, the individual will become more and more nervous and anxious. Fourthly, relieve stress with addictive and/or compulsive behaviours. When suffering from trauma, the individual's brain will automatically trigger the protection mechanism. To numb the desperately suppressed pain, the individual may have addictive behaviours, including alcoholism, unrestrained consumption, overeating, drug dependence, etc. In this way, individual can get the temporary pleasure of "feeling better". Fifthly, fear of intimacy. The damage caused by stress trauma to the individual is too great. To prevent these from happening again, the individual will choose to refuse to enter the intimate relationship to protect himself and will not be hurt again. Sixthly, the formation of split personality.

Splitting is also a defense mechanism. When splitting occurs, everything in the individual's eyes is black and white with no gray areas, and some things may be done that are not from the original intention. For example, if someone is hurt by someone they trust, the individual will immediately feel betrayed, and abandoned, and immediately withdraw, verbally attack, or react violently, and later regret using these actions to destroy each other's relationship. At the same time, individuals may also direct anger at themselves, overwhelmed by guilt and shame.

In addition, the individual's experience may lead him to believe that if he is successful or happy, he will threaten his parents and siblings and be hated by others; if he achieves high achievement, he will be said to be an "arrogant" person. Deep down, the individual harbors "survivor's guilt", believing that if he achieves more and grows faster than his family, he will betray his family. Fear of one's abilities, albeit only subconsciously.

3.2 The complex post-traumatic stress disorder

There are two processes in the formation of complex traumatic stress disorder: one is that the individual is in a state of helplessness for a long time but cannot escape from this environment, and has no sense of trust in the people around him. The second is that after the individual has experienced long-term trauma, he is psychologically imprisoned, taking his life out of control for a long time, so his sense of self-worth and cognition are destroyed. Epidemiological investigations have found that the incidence of early stress is 30%-40% [3]. And the most common types of traumas are: physical abuse, neglect, and emotional abuse. Anxiety, depression, self-control, and poor mental resilience are closely related to individuals who experience early stress, and it is found that early stress has a higher incidence in college students.

Low socioeconomic status families affect the neurophysiological mechanism of children's emotional development, pointing out that socioeconomic differences can affect children's amygdala-prefrontal cortex circuits through stress hormone responses.

Compared with the control group, whether college students with early stress have defects in the process of emotional conflict processing, compared with a questionnaire survey and behavioural research, has a great advantage in helping to understand the psychological mechanism behind it. The survey shows that the incidence rate of adverse childhood

experiences among college students is 46.6%, of which 20.8% of the total number experienced 1 event, and 13.9% experienced 2 events [8]. The flow chart for the selection of included studies for systematic review and meta-analysis is shown in Figure 1.

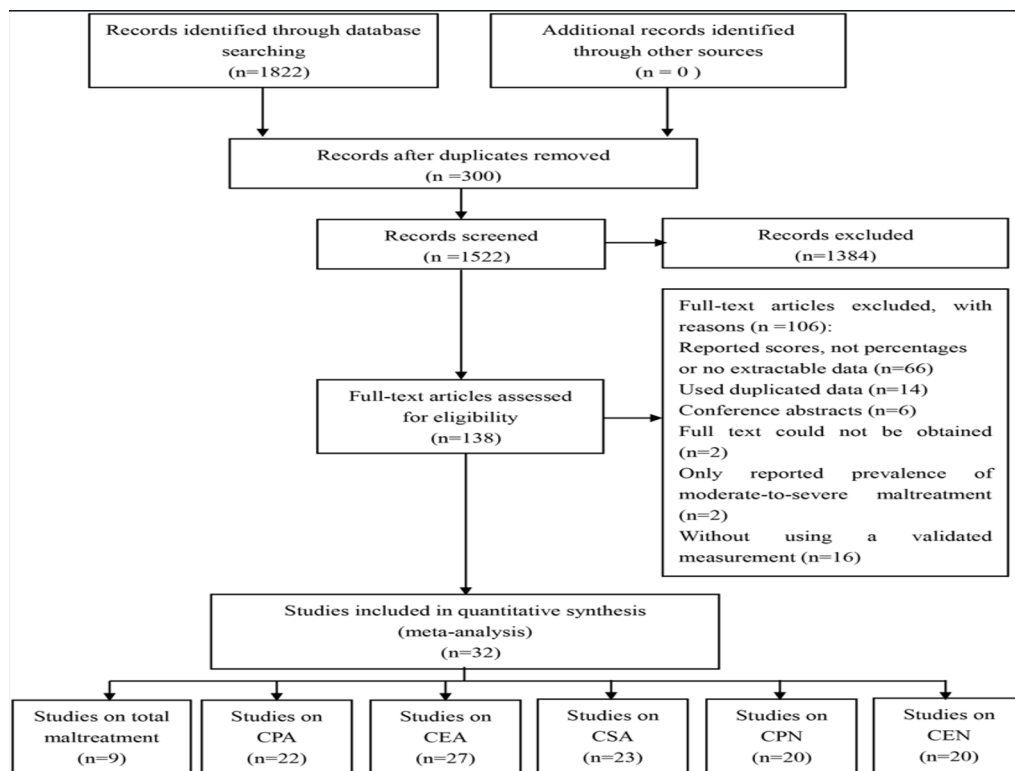


Fig 1. Flow chart of the selection of included studies for systematic review and meta-analysis [8].

Overall, the incidence of adverse childhood experiences was high, and the incidence of physical neglect and emotional neglect was the highest. The research survey found that the incidence of childhood trauma among college students is higher. Chinese psychologist Guo et al. conducted a survey of 318 students and found that the incidence of emotional abuse was 9.12%, the incidence of physical abuse was 11.95%, and the incidence of emotional neglect was 8.81% [9].

For example: In most families in poor and backward areas, it is common for young parents to go out to work. As a result, many children are separated from their parents in childhood, and there are more and more left-behind children. They could not get the care and communication of their parents in childhood, because the long-term separation from their parents made these left-behind children feel insecure, and thus appeared unhealthy psychology.

Therefore, it can also be concluded that the education level of parents has a significant impact on childhood traumatic experiences. Parents with high education levels can better understand children's physical and mental development and can communicate effectively with children, not just by beating and scolding. Brutally solve problems. As a result, stressful events are less likely to occur, thereby reducing the likelihood of children being traumatized at an early age [10].

Gender is also a factor affecting early stress. In the research in China, it was found that there were significant gender differences [11]. The survey results found that there were significant gender differences in the five dimensions of the stress and trauma questionnaire, and all boys were significantly higher than girls. This result is similar to the existing results, but the research results in terms of gender are not consistent with those of foreign countries. Among the physically abused children in Canada, the incidence rate of girls is higher than that of boys [12].

The reason for the different results of gender differences may be related to different cultural backgrounds. In China, boys are naughty, and the idea that boys are not good enough is deeply rooted. Therefore, more stringent methods will be adopted in the education of boys, but girls, will get more care from their relatives, and they think that girls need more care.

Childhood trauma can have adverse effects on children's depression, anxiety, anhedonia, and other emotions. Many adult psychological and even physical illnesses are related to childhood traumatic experiences. Individuals with psychosomatic illnesses generally had severe childhood trauma compared with controls.

4 Cure the adverse effects of complex stress trauma disorder

3.3 Gender differences

There are three main stages of psychotherapy: The first stage helps the individual establish a sense of security so that the individual can accept complex stress trauma disorder. The second stage exposes the trauma that the individual has suffered, re-establishes the perception of trauma, and reduces the impact of trauma on memory. The third stage is to investigate and intervene in other psychological problems of the individual and consolidate the previous trauma reconstruction. With the help of a psychological professional, recall of less traumatic memory scenes begins. Guide the patient's mind and body to gradually adapt to this response to the traumatic memory, and then gradually guide the patient to gradually recall the increasingly intense traumatic experience. Such methods include prolonged exposure therapy, narrative desensitization, and so on. By repeatedly experiencing trauma-related content in a safe environment, individuals gradually reduce the level of psychophysiological arousal to alleviate symptoms [910].

However, the most common treatment for traumatic stress disorder is medication, including Sertraline, Paxil, fluoxetine, etc. These drugs have good efficacy, safety, and mild adverse reactions. The antipsychotic drugs risperidone, olanzapine, and quetiapine fumarate can effectively control the abnormal mental states of patients such as mental excitement and thinking disorders. PTSD also causes some physiological brain damage and changes in the anterior cingulate cortex. For patients who already have physical changes, psychological treatment is usually followed by drug therapy or surgical treatment [13].

5 Conclusion

This paper discusses the effects of childhood anomalies on individuals. A lot of previous research has shown that some stressful events really do have an impact on personality. In conclusion, the impact of traumatic events in childhood on adulthood is inevitable, such events have a great impact on the formation of personality, so far there is no therapy can completely eliminate these effects. The society should pay more attention to left-behind children and some lack of care of children, pay attention to children's mental health, reduce the occurrence of these traumatic events to the greatest extent.

Of course, previous studies have not mentioned the impact of events such as the recent coronavirus pandemic on children, many of whom have lost loved ones, survived the virus themselves, and will certainly have such events in their future lives, because no one can guarantee that they will not get sick for decades. Nobody knows what kind of psychological shadow this will have on them, and in the future studies may more focus on eliminate some effects for children who survive the disease for example covid 19 or some new virus so that they can live a healthier life.

Ongoing research aims to determine the prevalence and incidence of post-traumatic stress disorder and type c post-traumatic stress disorder caused by the pandemic, particularly among healthcare workers, COVID-19 survivors, and individuals who have experienced significant loss. Identify risk factors for susceptibility to trauma-related disorders during a pandemic, as well as protective factors that promote resilience. A longitudinal study to assess the long-term effects of the pandemic on mental health, including the persistence

or remission of PTSD symptoms over time. To assess the effectiveness of tele-health and tele-intervention for the treatment of trauma-related disorders during the pandemic and its impact on the future provision of mental health care.

Research in these areas will help us better understand the psychological impact of the COVID-19 pandemic and inform strategies to respond to and prevent trauma-related illnesses in future crises.

References

1. CPTSD Foundation. org., What is complex post-traumatic stress disorder?, <https://cptsdfoundation.org/what-is-complex-post-traumatic-stress-disorder-cptsd/>
2. The National Foundation to End Child Abuse and Neglect, PTSD and adult survivors of child abuse, <https://endcan.org/2022/01/14/ptsd-and-adult-survivors-of-child-abuse/>
3. Glimmer, Trauma Therapy, https://www.glimmr.com/condition/trauma?gclid=EAIaIQobChMIo4O636PLgQMVPIDCCB1dTQ8OEAAAYAiAAEgIXiPD_BwE
4. Cleveland Clinic, CPTSD (Complex PTSD), <https://my.clevelandclinic.org/health/diseases/24881-cptsd-complex-ptsd> (Accessed: 18 September 2023).
5. Northwest Battle Buddies, Understanding PTSD & how it affects our veterans. <https://blog.northwestbattlebuddies.org/blog/understanding-ptsd-how-it-affects-our-veterans>
6. P. Venkatesan, The Lancet Microbe, **4**(1), e18-e19 (2023)
7. L. D. Patton, Taylor & Francis, (2023)
8. H. Fu, T. Feng, J. Qin, T. Wang, X. Wu, Y. Cai, L. Lan, T. Yang, PLoS One. **13**(10), e0205808 (2018)
9. W. Guo, Y. Tao, X. Li, X. Lin, Y. Meng, X. Yang, H. Wang, Y. Zhang, W. Tang, Q. Wang, W. Deng, L. Zhao, X. Ma, M. Li, T. Chen, J. Xu, J. Li, W. Hao, S. Lee, J. W. Coid, A. J. Greenshaw, T. Li, J. MED. Internet. Res., **22**(8), e17560 (2020)
10. National Children's Alliance, National Statistics on Child Abuse, <https://www.nationalchildrensalliance.org/media-room/national-statistics-on-child-abuse/>
11. Y. Sun, Y. Zhong, W. Sun, L. Chu, J. Long, X. W. Fan, Frontiers in Public Health, **11**, 1167234 (2023)
12. B. Natterson-Horowitz, A. Aktipis, M. Fox, P. D. Gluckman, F. M. Low, R. Mace, A. Read A, P. E. Turner, D. T. Blumstein, Frontiers in Science, (2023)
13. I. W. Metzger, A. Moreland, R. J. Garrett, K. Reid-Quinones, B. N. Spivey, J. Hamilton, C. López, Child maltreatment, (2023).