

# **Relationship Between Childhood Trauma and Emotional Dysregulation among Individuals with Drug Dependence**

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## **Abstract**

The study aimed to explore the relationship between Childhood Trauma and Emotional Dysregulation among individuals with drug dependence. The study used a correlational research design to determine how closely the study variables are connected; sample was 100 participants from the clinical setting. CTQ-SF (Childhood Trauma Questionnaire-Short Form) with 28 items (Bernstein et al., 2003), Difficulties in emotion regulation scale (Gratz & Roemer, 2004), Childhood Trauma positively associated with Emotional Dysregulation i.e., .44\*. It is concluded that childhood trauma experiences made people more prone of maladaptive coping to control their emotions. The study findings can apply to understand the role of Childhood trauma in Emotional Dysregulation which can help in Enhancing emotion control in this population.

**Keywords:** Childhood trauma, emotional dysregulation, individuals with drug dependence

## **Introduction**

According to the United Nations Office on Drugs and Crime, drug abuse is a serious problem among Pakistan's young people, who make up 28% of the nation's overall population. (Niaz et al., 2009). In 2013, 6.45 million people in Pakistan used drugs every year, with cannabis being the most prevalent substance, according to research by UNODC and the Pakistan Bureau of Statistics (UNODC, 2013). Childhood is the sensitive period of one's life. Childhood events can have long-lasting physical, social, and emotional impacts. While positive experiences and situations can set a young child on a better path for life, traumatic events or environments during those formative years can have a permanent, detrimental impact. The history of traumatic childhood experiences is the main topic of the current study. Numerous studies have shown that childhood trauma has an impact on neuronal structure and function, which increases a person's risk for cognitive impairments and mental disorders such as schizophrenia, severe depression, bipolar disorder, posttraumatic stress disorder (PTSD), and drug dependence in later life (Mills et al., 2006). Strong evidence links exposure to trauma with drug dependence in particular. For instance, The National Survey of Adolescents found that adolescents in America who had experienced physical, sexual, or harassment were three times more likely to admit to doing drugs than those who had not. (Kilpatrick DG et al., 2003). The population which is on borderline to experience such incidents is the young adults.

Childhood and adolescent trauma exposure are especially harmful because there are various characteristics involved in development of emotional social and cognitive, as well as mental health and educational outcomes (Koenen et al., 2003). Examples include the unexpected loss of a loved one, severe accidents, (mass) brutality, and natural calamities. Children who have experienced trauma are relatively common. Studies on the general population during times of peace found that exposure rates to any traumatic event ranged from 14% (Alisic et al., 2008) to more than 65% (Copeland et al., 2007; Elklit, 2002).

The capacity to monitor and assess emotional experiences, adjust to their intensity and length, and control emotional reactions to suit situational demands are all areas where emotion dysregulation is perceived as difficulty (Gratz & Roemer, 2004). It might also be described as having trouble controlling the quick swings of solid emotions (Marwaha et al., 2014). Emotion regulation is a process that people go through while controlling the emotions they have, when to feel them, how they feel, and how they wish to express them (Gross & John, 2003). On the other hand, people who have trouble controlling their emotions are said to have emotional dysregulation. This refers to unhelpful emotional reactions, making it challenging to manage one's behavior when confronted with unpleasant feelings (Gratz & Roemer, 2008). Trauma-related abnormalities in emotion regulation have been associated with a wide range of mental disorders (Sheppes et al., 2015). For instance, mood disorders are linked to higher mental morbidity and emotional dysregulation. However, emotional dysregulation is a presenting symptom of both major depressive and bipolar illnesses, which might be seen as a characteristic of mood disorders (Eskander et al., 2020; Kim et al., 2018). Children's and adolescents' developing brains appear to be severely impacted by childhood trauma, according to evidence. Disorders of the emotions are one of these effects. Childhood maltreatment and neglect can make it difficult for a person to deal with their emotions over time, which can raise the risk of emotional disorders like depression (Wingenfeld et al., 2011). The current study will explore the relationship between childhood trauma and Emotional Dysregulation, by focusing following question.

Answer to the following questions were focused in the present study

- What is the relationship between childhood trauma and emotional dysregulation among individuals with drug dependence?

## **Material and Methods**

### **Study Design**

The study was quantitative in nature and the research adopted a cross sectional research design for finding the correlation among variables.

The study used a correlational research design because it will to examine two or more variables and determine how closely they are connected.

### **Participants and Procedures**

The study population will be persons with drug dependence; purposive sampling was used to collect data. Sample size was 100 male adults with drug dependence from clinical settings. Purposive sampling strategy was used, and the data collection mode was in-person.

### **Ethical Principles**

In order to conduct this research, some ethical considerations were kept in mind.

Approval was taken from the Department of Psychology and Human Research and Ethics Committee of the organization. The informed consent was taken from each participant by explaining the nature of the study before administering the questionnaires. They were giving potential research participants the information they needed to make an informed decision about participating in the study is referred to as informed consent. The participant was also informed by the researcher that they had the right to discontinue at any time.

### Data Collection Tools

Childhood trauma in participants was assessed with the Versions of the CTQ-SF (Childhood Trauma Questionnaire-Short Form) with 28 items (Bernstein et al., 2003). Difficulties in emotion regulation scale (DERS) (Gratz& Roemer, 2004): DERS was used to evaluate participants' emotional dysregulation.

### Demographic Form

Demographic form was used consist of age, education, family system, birth order, marital status and drug categories.

### Child Trauma Questionnaire (CTQ)

Childhood trauma in participants was assessed with the Versions of the CTQ-SF (Childhood Trauma Questionnaire-Short Form) with 28 items (Bernstein et al., 2003). The 28-item survey comprises three validity items, 25 clinical items, and five dimensions: physical violence, physical neglect, psychological abuse, and sexual assault. Each survey item was scored using a 5- point Likert scale (with a range of 1–5).

### Difficulty in Emotional Regulation Scale (DERS)

Difficulties in emotion regulation scale (DERS) (Gratz& Roemer, 2004): DERS was used to evaluate participants' emotional dysregulation. An instrument called the Difficulties in Emotion Regulation Scale (DERS) In order to generate scores on the subscales, the 36-item self-report scale asked participants how they connect to their emotions. Six subscales make up the DERS.

### Data Analysis

SPSS was used for analysis of current study's result. Descriptive analysis was used for demographics mean: standard deviation frequency: Percentage to check the relationships among study variables Inferential analysiscorrelational analysis multiple regression analysis.

## Results

Table 1 shows the results of the correlation analysis between childhood trauma and emotional dysregulation. Analysis shows a positive correlation between the subscales childhood trauma and difficulties in emotion regulation. The subscales of physical abuse and sexual abuse are in positive relation with difficulties of emotional regulation, i.e., .43\*\*and .45\*\*. The total of childhood trauma is also positively related to difficulties in emotion regulation, i.e., .44\*\*, non-acceptance of emotional responses, lack of emotional responses, and lack of emotional clarity, have a positive relationship with childhood trauma, i.e., .21\*, .29\*, and .66.

**Table 1**

Correlation Between Childhood Trauma and Emotional Dysregulation (N=100)

S#	Variable	1	2	3	4	5	6	7	8	9	10	11	12
1	CTQ- Physical abuse		.46**	.53**	.14	.81**	.20*	.04	.24*	.17	.12	.52**	.43**
2	CTQ- Sexual abuse			.47**	.18	.76**	.25*	.08	.22*	.32**	.04	.48**	.45**
3	CTQ- Physical neglect				.15	.72**	.06	-.07	-.03	.26**	-.17	.46**	.17
4	CTQ- Emotional neglect					.41**	-.13	-.20*	-.09	.34**	-.02	.27**	.07

5	<b>CTQT</b>	.21*	-.01	.17	.29**	.02	.66**	.44**
6	<b>DERS- Non acceptance</b>		.34**	.35**	-.24*	.21*	.13	.59**
7	<b>DERS- goals</b>			.48**	-	.30**	-.13	.46**
8	<b>DERS- impulse</b>				.41**	-.12	.43**	.67**
9	<b>DERS- awareness</b>					-.04	.26**	.17
10	<b>DERS- strategies</b>						.07	.65**
11	<b>DERS- clarity</b>							.47**
12	<b>DERST</b>							

\*. correlation is significant at the 0.05 level (2-tailed). \*\*. correlation is significant at the 0.01 level (2-tailed). Note. CTQ= childhood trauma questionnaire, DERS= difficulty in emotion regulation scale.

### Discussion

The question of this study was that there would be a significant positive relationship between childhood trauma and emotional dysregulation among individuals with drug dependence. Regarding Table 2, a direct relationship is there between the subscales of childhood trauma and difficulties in emotion regulation. The subscales of physical abuse and sexual abuse are in positive relation with difficulties of emotional regulation, i.e., .43\*\*and .45\*\*. The total of childhood trauma is also positively related to difficulties in emotion regulation, i.e., .44\*\*. The subscales of difficulties in emotional regulation, which are non-acceptance of emotional responses, lack of emotional responses, and lack of emotional clarity, have a positive relationship with childhood trauma, i.e., .21\*, .29\*, and .66. As results suggest that physical abuse is positively related to difficulties in emotional regulation, previous literature showed that there are a number of long-term effects, such as a lack of trust in others, low self-esteem, anxiety, bodily issues, rage, hostility that is internalized, depression, interpersonal issues, and drug misuse.

War, persecution, or other forms of violence can cause childhood trauma in refugees, but it can also occur from the act of being uprooted or even the interruptions and changes of being resettled in the new country. Studies on young refugees reveal significant levels of exposure to trauma associated to conflict and have identified grave negative effects on children's mental health. Separation stress is an attachment bond breakdown that impairs brain growth and can be fatal (Ward et al., 2008), moreover, result also depicted positive relationship of sexual abuse with childhood trauma, Child sexual abuse (CSA), often known as child molestation, is when an adult or older adolescent takes advantage of a child for sexual gratification (Acuff et al., 1999). Repeated or extra victimization in adolescence and adulthood has a well-documented, long-term harmful effect (Messman& Long, 2000). Freyd et al. (2005) discovered a causal link between childhood sexual abuse and a number of adult psychopathologies, including criminality and suicide (Polusny&Follette, 1995). The criminal justice system sees males who experienced sexual abuse as children more frequently than a therapeutic mental health environment.

The study's findings are consistent with some other researches as well such as, Berfield et al. (2021) found that people who had experienced six or nine different forms of trauma had considerably more significant rates of adverse and favorable emotion dysregulation than those who had not. Trauma directly affects the brain, it impacts the limbic system's ability to adapt, which supports

several mental processes, including emotional life (van der Kolk, 2014). Therefore, adults who experience trauma as children have impaired abilities to control their emotions and moods, including the ability to recognize their own and others' emotions and to understand those (Schutte et al., 2011). There are several causes of emotional control problems, including genetics and early trauma. Childhood emotional abuse is linked to issues with emotion regulation, the desire to employ contradictory emotion control techniques (such as alcohol and drug usage), and a breakdown in emotions (Zysberg&Rubanov, 2010). According to research by Bardeen et al. (2013), a severe traumatic event increases impulsivity, which lowers the brain's ability for reaction inhibition and manage negative emotions.

### **Limitations**

The current study has the following limitations.

- The use of self-report instruments was one of the study's primary shortcomings. It's possible that most participants won't want to answer inquiries regarding upsetting events. The participants' varied socioeconomic, cultural, and demographic backgrounds and the population's makeup posed another restriction that may have impacted the findings.
- The study is conducted in Islamabad and Rawalpindi, so the findings cannot be generalized to the individuals of other cities.

### **Conclusion**

It is concluded that childhood trauma experiences made some people more prone to emotional dysregulation. People who experienced mistreatment during childhood can experience emotional imbalance and difficult to handle them. Individual with drug dependence are more prone to emotional dysregulation if they also have the history of childhood adverse experiences, study showed significant positive relationship with physical and sexual abuse, prone to face high degree of emotional dysregulation. This study can therefore be interpreted as showing that alcohol/substance addicts who grew up in an environment that devalued their emotions choose impulsive and non-adaptive methods of regulating their emotions because they cannot deal with their negative emotional experiences adaptively. The current study aimed to fill literature gap by adding fruitful information regarding this new combination of variables. Previous studies target different populations while studying childhood trauma. However, this study targeted drug addicts to study the variables, which will also be a new addition to the literature, with the age rang adults in age range between 18 to 65 years though previously studies focuses most of the time only on adolescents and young adults .

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