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Relationship between adverse early experiences, stressors, psychosocial resources and wellbeing

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ABSTRACT

The study examined a diathesis stress model of the relationship between adverse child experiences (ACEs), stressors and psychosocial resources to explore their relationship with wellbeing. A cross sectional study was conducted across two mental health and addiction treatment centers. 176 individuals were interviewed using a demographics form, SCID-DSM-IV(First, Spitzer, Gibbon, &Williams, 2002), Child Trauma Questionnaire (Bernstein & Fink, 1998), NEO-Five Factor Inventory (Costa & McCrae, 1992), Trait Emotional Intelligence Questionnaire (Petrides, 2009), The Coping, Inventory for Stressful Situations (CISS) (Endler & Parker, 1990), Recent Life Events Questionnaire (Department of Health, 1985) and perceived social support from family, friends and religion. Multiple, regressions and correlations were used to analyze the data. All early experiences, except physical, abuse and death of a parent in childhood, were significantly correlated with increased number of, stressors and lower wellbeing scores. This is possibly because of sample specific issues. Number of stressors partially mediated the relationship between ACEs and wellbeing. Increased number of ACEs was related to higher neuroticism and emotion-focused coping and lower conscientiousness, agreeableness, trait emotional intelligence and task coping scores. These resources were significantly related to increased stressors and lower wellbeing. Distraction and emotion coping significantly moderated the relationship between number of stressors and wellbeing. These findings support the diathesis stress model and indicate that there are significant relationships between ACEs, psychosocial, resources, stressors and wellbeing. Recommendations to improve wellbeing are discussed.

A higher frequency of adverse child experiences (ACEs) is associated with increased subsequent rates of mental health difficulties and substance dependence (Lee & Kim, 2011; Springer, Sheridan, Kuo, & Carnes, 2007). Examples of ACEs include emotional, physical, and sexual abuse; neglect; being bullied; and death of a parent. Individuals who have experienced a greater number of ACEs are more likely to report illicit drug use and substance dependence and have increased risk of attempted suicide (Dube et al., 2003). Children who experience a range of ACEs are more symptomatic later in life than children who experience repeated episodes of same kind of victimization (Finkelhor, Ormrod, & Turner, 2007).

This paper examines a diathesis stress model, which postulates that early ACEs produce vulnerability as they generate a stable difficulty in dealing with later stresses (Slavik & Croake, 2006). Experiencing many ACEs, without adequate support, exceeds a child's ability to form adequate psychosocial resources to deal with the ACEs resulting in increased stressors and decreased ability to manage stressors when they occur (Slavik & Croake, 2006). The diathesis stress model postulates that as

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the degree or number of diatheses increases, the required severity of a stressor necessary to reduce well-being decreases (Mc Keever & Huff, 2003). This model is supported by research highlighting that children who experience high levels of ACEs are more at risk of increased stressors in later life (Middlebrooks & Audage, 2008) and ongoing victimization (Widom, Czaja, & Dutton, 2008). The psychological consequences of ACEs may also serve as precipitants for re-victimization (Cuevas, Finkelhor, Clifford, Ormrod, & Turner, 2010). Post-traumatic symptoms such as dissociation and numbing may prevent victims from being aware of danger cues and exercising appropriate judgment (Chu, 1992). This may explain why the individual is less able to manage later stressors and why the severity of stressors required to reduce well-being or precipitate psychopathology is decreased over time.

Impact of early experiences on psychosocial resources

It is postulated that early internal working models of attachment or caring experiences (Ainsworth, 1969; Bowlby, 1973) organize and influence subsequent personality development and interpersonal relations throughout the life cycle (Blatt & Blass, 1990). Linehan (1993) suggested that experiences of an invalidating environment during childhood contributes to emotional dysregulation by failing to teach the child to label and modulate arousal, to tolerate distress, or to trust their emotional responses and this reduces coping ability. Furthermore, the cognitive reactivity diathesis-stress perspective (Beck, 1967; Segal, 1988; Williams, Watts, MacLeod, & Mathews, 1997) suggests early childhood experiences shape schemas that guide appraisal of self, others, and the world, which in turn may influence psychosocial resources. All these theories suggest that ACEs influence psychosocial resources. Such resources include personality traits, coping styles and trait emotional intelligence (TEI). TEI refers to a constellation of behavioral dispositions and self-perceptions concerning one's ability to recognize, process, and utilize emotion-laden information (Petrides & Furnham, 2001).

Relationship between ACEs, psychosocial resources and well-being

The relationship between ACEs and personality traits is important as personality traits are robust predictors of important outcomes such as psychological well-being (Wihelm, Wedgwood, Parker, Geerligs, & Hadzi-Pavlovis, 2010) and life satisfaction (Gannon & Ranzijn, 2005). Some studies suggest that individuals who experience many ACEs are more likely to develop personality disorders (PDs) in adulthood (e.g., Afifi et al., 2011; Widom, Czaja, & Paris, 2009), yet other studies have found that many children who experience abuse do not develop PD later in life (Clarkin & Sanderson, 2000). As ACEs may affect personality in subtle ways, studying personality traits may be more useful than measuring diagnostic PDs. Research has shown a relationship between ACEs and personality traits. A relationship between ACEs and high neuroticism and openness to experiences was found in a nationally representative sample in a study conducted in the United States (Allen & Lauterbach, 2007). Modest correlations were reported between neuroticism scores in adults and their recall of intrusive parenting (Reti et al., 2002) and lack of religious upbringing (Willemsen & Boomsma, 2007). Lower openness and extraversion scores were found in women who had been sexually abused by a parent (Talbot, Duberstein, King, Cox, & Giles, 2000). Research has focused predominantly on the relationship between neuroticism, extraversion, and well-being rather than the other big five traits. Findings on relationship between extraversion and well-being have been mixed (e.g., Kendler, Gatz, Gardner, & Pederse, 2006; Lönnqvist et al., 2009), whereas high neuroticism is generally linked to lower well-being.

Despite theories suggesting that ACEs contribute to emotional dysregulation, to date little research has examined the relationship between ACEs and TEI or the relationship between TEI and well-being (Hertel, Schutz, & Lammers, 2009). Low TEI individuals are hypothesized to be at higher risk of lower well-being because of poor emotional regulation and relationship difficulties (Mikolajczak, Nelis, Hansenne, & Quoidbach, 2008). High TEI individuals are less prone to clinical disorders (Petrides, Furnham, & Mavroveli, 2007; Petrides, Perez-Gonzalez, & Furnham, 2007). Meta-analysis showed that TEI had a moderate association with mental health ($r = .36$), psychosomatic health ($r = .33$) and physical health ($r = .27$; Martins et al., 2010). Examination of the relationship between ACES and TEI and how they relate to well-being would be useful clinically as it could inform potential risks for low well-being and inform treatment to increase well-being.

Research, albeit limited, has indicated that ACEs and coping style are associated. Experiencing many ACEs may result in the individual associating certain people and environments with trauma, which consequently interferes with their normal coping (Finkelhor et al., 2007). Abuse history has been associated with increased avoidance and emotion-focused coping and reduced task-focused coping (Bal, Crombez, Oost, & Debourdeaudhuij, 2003; Shikai, Uji, Shono, Nagata, & Kitamura, 2008).

Typically, strategies that facilitate problem solving (e.g., task focused) are viewed as adaptive, whereas those that encourage excessive focus on emotions are not (Folkman & Lazarus, 1985). Low levels of task-focused coping have been associated with high levels of depression, alcohol and drug use behaviors (Christensen & Kessing, 2005). However, avoidant coping strategies have been associated with both negative (Min, Farkas, Minnes, & Singer, 2007) and positive outcomes (Dashora, Erdem, & Slesnick, 2011). Therefore, findings on the relationship between coping style and well-being are unclear.

Protective factors in diathesis stress model

The diathesis stress model recognizes that individuals may have protective factors that promote resilience against stressors (Slavik & Croake, 2006). Social support is hypothesized to be a protective factor. The main-effect model suggests that social support has a general beneficial effect regardless of stressors, as it provides positive experiences and a sense