

The Effects of Childhood Trauma and Social Support on Individual Depression and Anxiety

Zepeng Du^{1,†}, Junyu Ji^{2,a,*}, Qinghe Liu^{3,†}, and Yue Zhuo^{4,†}

¹*College of Economics and Trade, Guangzhou Huashang College, Auxiliary Road of Lixin Highway, Guangzhou, China*

²*College of Arts and Sciences, Syracuse University, Syracuse, New York, 13210, United States of America*

³*King Edward's Witley school, Surrey, GU8 5SG, United Kingdom*

⁴*Hangzhou High School, Jiangdong Road, Zhejiang, China*
a. jji102@syr.edu

**corresponding author*

†These authors contributed equally.

Abstract: As the social competition becomes more and more intensifies, anxiety and depression are very prevalence in recent society and even develop into illness. Also, families can have both positive and negative effects on children, which can affect their mental health throughout their lives. Thus, childhood trauma can be a vital factor of anxiety and depression. This paper analyzes how childhood trauma affects anxiety and depression and how social environment alleviates these emotions. Research had found that childhood trauma indirectly affects anxiety and depression. Different negative attitudes towards children will lead to different emotional dysfunctions and even brain changes in children. Moreover, the mental health of the following generation may also be impacted by a generation that experienced childhood trauma, creating a vicious cycle. There are also some ways to improve this negative emotion. When people encounter difficulties, they can relieve anxiety and depression by finding effective social support and using positive coping styles. This paper can be referred to the field of psychology counseling in order to give effective suggestions to consult. Future research could focus more on the preventing and factors of anxiety and depression.

Keywords: childhood trauma, depression, anxiety

1. Introduction

Childhood represents the most critical mental development stage of human beings. Each human being experiences this stage of development which becomes the foundation for their emotional and mental state. Not all human beings have the same extent of development and those who experience trauma are likely to have their mental health disrupted for the remainder of their lives. Children require stability and emotional nourishment to facilitate genuine development however there are many that experience traumatic experiences which uniquely result in anxiety and depression in various forms from the time the traumatic experience occurs. Contemporary research has indicated that there is an intrinsic relationship between childhood trauma and mental health deficiencies [1]. These mental health deficiencies which include but are not constrained to depression and anxiety are explicitly

connected to physiological, cognition and emotive aspects of the affected individual. On a positive note, mental health has become more socially acceptable to confront due to continuous research and the general increase in education levels. This environment has fostered reductions in stigmatization of discussing and confronting mental health in adults and children [2]. Throughout this paper, academic literature will be used to determine how children are affected by childhood trauma and subsequently suffer from depression and anxiety from the time the trauma takes place in their lives. This paper aims to also establish a fair understanding of how early life trauma specifically happens, is processed, and then is incorporated into the lives and decisions of those affected by it. Based on the effort put in to this research and the results that it produces, it is hoped that empathy for those experiencing mental health issues connected to childhood trauma will increase generally throughout the health care industry. Thus, a more comprehensive approach to mental health resulting from childhood trauma can be utilized in the industry.

2. Relationship Between Depression and Anxiety

The symptoms of depression and anxiety can overlap while the individual is experiencing mental health issues. In many cases, the rate at which symptoms manifest as well as the severity of the symptoms could be misconstrued as either depression or anxiety. Therefore, the only reliable way to ascertain the nature of the mental health issue as either depression or anxiety is to appropriately diagnose it over an appropriate period of time [3]. It should be noted that symptom severity of depression and anxiety are critical to determine the therapeutic approach needed. However, the therapeutic approaches are similar for depression and anxiety which include mostly nervous system stimulants. Notably, the physically manifesting symptoms of depression which include fidgeting and the physically manifesting symptoms of anxiety which include psychomotor agitation are believed to originate from the same disturbed parts of the neural system and can be treated with similar therapeutic measures. The subsequent analysis of the manifestation of anxiety will highlight overlapping symptoms as well as corresponding therapeutic measures. Depression and anxiety often co-occur, sharing common psychological mechanisms in individuals with social anxiety and depression. For instance, individuals experiencing depression struggle to regulate their emotions, similarly to those with anxiety. Moreover, both groups face challenges in accurately describing their emotional experiences, which may contribute to the high comorbidity between anxiety and depression. However, the precise role of this shared emotional trait in the coexistence of social anxiety and depressive symptoms remains unclear [4].

2.1. Manifestation of Depression

Kennedy argued the key signs of major depressive disorder (MDD), such as low mood or anhedonia, as well as a host of other symptoms [5], and difficulty concentrating, feelings of guilt or worthlessness, trouble remembering and making decisions [6]. Together, these signs and symptoms help to diagnose MDD and are essential in separating it from other mood disorders. Kennedy also discusses how carefully evaluating the presence and severity of these fundamental symptoms is necessary for clinicians to effectively diagnose MDD [5]. It's essential to comprehend MDD's primary symptoms in order to develop efficient treatment plans. Different symptom profiles may call for different therapeutic approaches, such as psychotherapy, medication, or a mix of the two [5]. Additionally, in order to be diagnosed with depression, at least five of these symptoms must be present and be felt for the majority of each day for at least two weeks. Either a low mood or a loss of interest or pleasure must be present for the diagnosis to be made. This agreement in symptom criteria highlights how the DSM-5 and ICD-11 recognize the same basic depressive symptoms, making it easier to diagnose and categorize depression [7]. Even while these symptoms of depression are common, not everyone who

experiences them does so. It can vary in terms of how strong they are, how often they happen, and how long they last [6]. In addition, there are some features that can further define different types of depression.

2.2. Manifestation of Anxiety

People diagnosed with anxiety disorders always experience intense and persistent feelings of worry, panic, and fear in response to normal daily situations. These sudden feeling will occur frequently and reach their peak within minutes. Additionally, individuals may exhibit physiological symptoms such as increased heart rate, excessive sweating, trembling, and difficulties with sleep. Consequently, these behaviors significantly disrupt normal daily activities. Furthermore, specific anxiety disorders present distinct symptoms; take Social Anxiety Disorder (SAD) as an example. It is characterized by an overwhelming fear of negative evaluations and avoidance of social interactions [8].

There are various diagnostic approaches available for anxiety assessment. Revised Child Anxiety and Depression Scale (RCADS) is a reliable tool utilized to diagnose anxious mood or anxiety disorder in teenagers, aged 8 to 18 years [9]. It comprises a comprehensive questionnaire consisting of 47 items designed to identify symptoms of anxiety and depressive affect in teenagers. Respondents rate each item on a scale ranging from 0 (never) to 3 (always), where 0 denotes the absence of occurrence and 3 signifies its consistent presence, reflecting the frequency with which they personally experience these symptoms or observe them in their children. For adults, DSM-5 is commonly employed as an assessment method. DSM-5 criteria state that excessive and uncontrollable worry and anxiety should show across a range of occasions or endeavors and should significantly impair social, occupational, or other crucial domains of functioning. These signs could include impatience, muscle tightness, sleep difficulties, restlessness or feeling tense or on edge, difficulty concentrating or going blank, and so on.

2.3. Treatment

For the treatment of depression, there have been attempts to link specific depressive symptoms or clusters of symptoms to an antidepressant medication preference over a particular psychotherapy or to a preferential response to a particular antidepressant medicine. Moreover, oftentimes, either by itself or in conjunction with treatment, antidepressant medicines are recommended. It may be necessary to experiment with several drug kinds, drug combinations, and occasionally other medications in order to find the correct antidepressant. Additionally, by addressing and controlling symptoms through talk therapy, regular appointments with a mental health professional, such as cognitive-behavioral therapy (CBT), can be successful in treating depression. When other therapies, such as antidepressants, have failed to work or are contraindicated for medical reasons, electroconvulsive therapy (ECT) may also be tried. The brain is electrically stimulated to enhance neurotransmitter activity [5]. Furthermore, cognitive behavioral therapy (CBT) is an evidence-based, reinforcement, structured, time-bounded form psychotherapy. It focuses on the symptoms. Psychotherapy is a non-pharmacological approach to addressing mental or emotional disorders, employing psychological techniques instead of medication. Specifically, it serves as an effective intervention for anxiety disorders. Cognitive behavioral therapy helps people realize how negative thinking, attitude, expectation lead into their sad and anxious feeling. In this way, people that receive CBT can learn how to identify and change their pattern of thinking. However, there is one limitation to this treatment. Cognitive behavioral therapy cannot be used in severe patients [10].

3. The Impact of Childhood Trauma on Anxiety and Depression

3.1. Influence of Childhood Trauma on the Development of Anxiety and Depression

Nowadays more people having anxiety which is upper than casual level. This paper looked in to the could lack of education of parents effects their children's mental health. The reason shows because the lack of education, their parent was raised in a terrible environment which they don't need to learn to earn works, so they don't have high education which course most of them don't have the basic knowledge of educating. which could course them don't understand how does their children feel and course childhood trauma, and with that childhood trauma it'll course the people have symptoms like post-traumatic stress disorder (PTSD), autism spectrum disorder (ASD), Adjustment Disorder, reactive attachment disorder (RAD), disinhibited social engagement (DSED), Unclassified and unspecified trauma disorders [11]. People who have anxiety and depression effects by childhood trauma could also affects their children's mental health as well, for example people who lives in physical abuse environment got high level chance to have violent tendency, it could be a bad loop for the next generation and continue. Results have shown that the children who experience childhood trauma is more likely to have depression, alcohol addiction, drug addiction and poor academic achievement [12].

3.2. The Discussion of How Negative Interaction Could Result in Childhood Trauma

The negative interactions between parents and children could result in childhood trauma, the first negative interaction between parents and children is physical or emotional neglect. For example, Berzenski found that a child been ignored very often by the parents in childhood, could be related to his adult's dysfunction emotional regulation and problems in social relationship [11]. It will make them easier to be distracted by negative emotions, making them easier to get anxiety and depression.

Besides, previous research had shown that it is common child be verbal abuse by parents. Pocari et al. find when a child is exposed to verbal abuse is positively correlated with anxiety, depression, dissociation, and drug addiction when grows up [13]. The experiment was studying how would verbal abuse by parent how would it impart on children's depression and anxiety. Parent's verbal abuse and ignorance their child can also affect their child's mental health, so parent's mental wellness is also very important. The sample of the experiment included 2518 participants (948 males 1570 females) 40% of the participants did collage, 41% of the participants completed collage [13]. The conclusion shows the verbal abuse by parents can directly impact people's mood and behaviors disorder, but people always ignore this important factor [13].

Another childhood trauma results from negative parenting could be the permanent brain changes. Early childhood trauma, serious distress and abuse produce potential changes of the brain, these changes could cause the underdevelopment of the neurons. Teicher suggest that early stress in childhood will cause reduced size of the mid-portions of the corpus callousness and attenuated development of the left neocortex, hippocampus, and amygdala, these reductions may lead to the mental disorders in adults, and these dysfunctions of brain play an important role in the emergence of anxiety and depression [1].

In conclusion, the children who experienced maltreatment could be more easily to develop anxiety and depression as they may suffer the childhood trauma and will be influenced emotionally and biologically in their adulthood.

4. The Relationship Between Social Support and Anxiety and Depression

4.1. Structure and Categorization of Social Support

Social support is a novel concept in academia. There is no recognized unanimity in the academic community. Social support includes both cognitive and environmental factors [3]. Researchers have interpreted the probability of social support differently from different perspectives. Social support is a way for people to pay attention to each other, trust each other, and support each other in life, which can increase an individual's social capital and coping ability, and reduce stress and anxiety in daily life.

Targeting those who may be experiencing mental health issues such as depression and anxiety, Chen mentioned that social support can be categorized into professional and non-professional social support [3]. Professional social support mainly comes from colleges and universities and social organizations, including school mental health education, counselling agencies, training, counselling and treatment provided by counselling institutions and social professional counselling and medical institutions. Non-professional social support is more extensive, referring to the various supports provided by colleges and universities, families, peer groups, social organizations and so on. In terms of a few relatively important points: First, the support of family members and relatives. The companionship, love and support of relatives are the most important capital when people suffer setbacks and difficulties. Family members can provide appropriate support and comfort through emotional listening, encouragement and affirmation. Second, help from classmates and friends, such as providing study materials, visiting and accompanying, talking and chatting. Third, proper guidance from mental health organizations in school or society. In this form of support, people solve psychological barriers, improve their mental health and build their capacity to cope with various difficulties and challenges through the help of professionals. However, social support is not unconditional. When one assesses the extent of social support, it cannot be assumed that social support is always present in the social network; in fact, social support is also very much related to individual, environmental and cultural factors [2]. Therefore, when categorizing social support for different research subjects, relevant factors are also taken into account. For example, in collectivist and individualist cultures, the categorization of social support is bound to be different.

4.2. The Positive Role of Social Support in Alleviating Individual Anxiety

Anxiety is an emotional state of nervousness, tinged with fear, that arises when an individual anticipates that difficulties may arise in the future that cannot be overcome or that a goal that he or she wants to accomplish cannot be reached. Furthermore, anxiety is a predictor of depression, which affects an individual's decision-making and cognitive functioning, and affects an individual's ability to engage in negative hindsight rumination [14]. Many people with mild symptoms or chronic anxious and depressed moods do not have extreme outcomes (i.e., develop a mood disorder such as major depression or an anxiety disorder such as a phobia), and they eventually become well-adjusted individuals. Social support acts as a protective factor and acts as a buffer in this process. When people encounter difficulties and become anxious, if they always think of solving problems or achieving goals, the result may be counterproductive, which will aggravate their anxiety and lead to their inability to extricate themselves from the situation. At this point, if people can seek effective social support, such as talking to good friends or family members, or other people to provide really helpful material support, etc., people's anxiety will be alleviated to a certain extent. A study conducted by Roohafza et al. shows appreciated social support and positive coping are protective factors for anxiety and depression, especially family social support and positive positive recomprehension [15]. This adaptive cognitive coping can lead to emotional well-being by positively refocusing and

reappraising the situation. Individuals will be more likely to adopt positive emotion regulation strategies to cope with anxiety and depression, such as cognitive reappraisal strategies, control and modification strategies and situational choice strategies while avoiding excessive use of negative emotion regulation strategies rumination. Thus, it has an opposite effect on depression and anxiety symptoms. The role of social support in the alleviation of anxiety and depression is not only that it buffers life's stresses in the present and promotes healthy development but also that it can have a positive impact on long-term stressful events.

5. Conclusion

Due to epidemic problems and other reasons, mental problems at all ages have emerged. A number of policies have also made it clear that intervention in common mental disorders and psychological and behavioural problems such as depression and anxiety should be strengthened, and the prevention and treatment of mental illnesses has risen to an unprecedented level. Psychogenic diseases are also more difficult to deal with and cause as much pain as physical pain. Anxiety and depression not only affect the individual physically and psychologically, but also has an impact on the individual's family and social life. Thus, the impact of anxiety on human beings is broad and comprehensive. Children who experienced maltreatment could be more easily to develop anxiety and depression as they may suffer the childhood trauma and will be influenced emotionally and biologically in their adulthood. Childhood trauma can affect a child's cognitive functioning and brain development, which in turn can have an impact leading to poor relationships and an inability to access effective social support. In contrast, the absence of effective social support or lower social support can prevent individuals from coping well with anxiety and depression. The purpose of this study is to help people recognize the positive buffering effect of social support on anxiety and depression, especially for individuals who have experienced childhood trauma.

Past research into the symptoms and diagnosis of depression and anxiety in a single period is relatively well established and comprehensive. However, for some of the more severe cases of anxiety and depression, their condition did not necessarily develop over a certain duration or short time period. Therefore, future research should give more consideration to the role of social support for depression and anxiety in the context of a long period of time, and the extent to which social support can play a role in different periods of time. Indeed, social support is only one of many influences, and the interactions between the various factors and the existence of more complex models have not yet been discussed. Therefore, preventing and intervening in anxiety-for-depression in larger contexts and time periods is a future direction and focus of research.

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