

Adverse childhood experiences, Automatic negative thoughts and Psychological well-being among emerging adults

Keerthi B. Raj¹, Kalarani K.S², Harikrishnan Alingal^{3*}

¹Assistant professor, Sree Sankara Vidyapeetom College, Nagaroor, Kilimanoor, Pin : 695601

²Associate Professor, Department of Psychology, University College, Thiruvananthapuram 695 034

³Assistant Professor, Department of Psychology, University College, Thiruvananthapuram 695 034

ABSTRACT

Background: Adverse childhood experiences encompass stressful or traumatic events in early life, which may include emotional, physical, and/or sexual abuse, as well as emotional and/or physical neglect, and can stem from household dysfunction. Automatic thoughts are mental processes or visualizations that arise in response to triggers from actions or events. An automatic thought is an immediate and spontaneous thought that emerges as the initial response to a given situation. Psychological well-being pertains to an individual's overall emotional wellness, covering elements such as satisfaction with life, sense of purpose, and positive interpersonal connections. It indicates how individuals perceive the trajectory of their lives and their capacity to navigate life's obstacles. **Aims:** The current study explored the relation of adverse childhood experiences, automatic negative thoughts and psychological well-being among emerging adults. The study also evaluated whether adverse childhood experiences, automatic negative thoughts and psychological wellbeing changes with gender. **Methods:** The sample comprised of 163 young adults between the age of 18 and 25. A convenience sampling method was adopted. Data was procured by using the tools, adverse childhood experiences questionnaire, automatic thoughts questionnaire and psychological wellbeing scale and a demographic form. Statistical analysis was done using Spearman's rank order correlation analysis and Mann-Whitney U test. **Results and conclusion:** Significant correlation between the variables, ACE, ANT and PWB. It also evidenced that adverse childhood experience shows a significant difference with respect to gender.

Keywords: childhood experiences, Automatic thoughts, Psychological well-being, emotional wellness

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INTRODUCTION

Childhood experiences, especially the challenging ones, have a lasting impact on our adult lives, influencing the direction we take in profound ways. As we move into adulthood, these initial experiences can shape how we deal with difficulties, our ability to bounce back, and our overall perspective, either limiting us or giving us the strength to fulfill our potential. While the link between childhood and adulthood is not set in stone, recognizing this connection can help us break free from negative patterns, change how we see our past, and create a more positive future. The childhood experiences create a crucial base for the rest of our lives. The quality of these experiences is influenced by the way families, communities, and society treat children. The best well-being of a child is only possible in environments that are safe, supportive, and stable (Boynton-Jarrett, Ryan, Berkman & Wright, 2008).

Anda (2009) defined "Adverse Childhood Experiences (ACEs) as any stressful or traumatic experiences like abuse, neglect, and household dysfunction including a serious impact on child's health, well-being and development throughout life".

Corresponding Author- Harikrishnan Alingal, Assistant Professor, Department of Psychology, University College, Thiruvananthapuram 695 034

Email id- harikrishnan.a@universitycollege.ac.in

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"Adverse Childhood Experiences be one or many in the form of emotional, physical and or sexual abuse, neglect being it physical and or emotional manifests as household dysfunction, stemming from substance misuse or mental illness amongst family members, violent treatment of mother, separation or divorce of parents, imprisonment of family member" (Qirjako, Burazeri, Sethi & Miho, 2013). Felitti et al., (1998) further

added by attributing events such as violence against children, encompassing any form of abuse, physical and/or emotional neglect, and adverse household situations (e.g., parental separation, domestic violence, substance abuse within the household, etc.), as the primary causes of ACEs. Corcoran and McNulty (2018), ACEs as “traumatic events or ongoing stressors are that which the child has little control upon.”

Exposure to adverse childhood experiences (ACEs) is a widespread and enduring phenomenon found in all societies and cultures across various social strata (World Health Organization, 2014). For instance, in 2014, about 702,000 children under 18 years of age in the United States experienced abuse and neglect (Wildeman et al., 2014). The ground-breaking study, which is the largest of its kind on ACEs conducted by Felitti, Anda, et al. (1998) and Felitti (2002), examined the “long-term impacts of maltreatment and household dysfunction during childhood” on 17,421 participants throughout their lives, leading to startling revelations. The various forms of abuse were connected to the overall family environment and the health of the adults. Over 50% of the participants encountered at least one type of adverse childhood experiences (ACEs), and 25% disclosed experiencing more than two types of ACEs. Sexual abuse was associated with almost every other ACE. Additionally, being raised in an environment with ACEs raised the likelihood of experiencing various health behaviors and outcomes for subsequent generations (Dube, 2012).

ACE have been consistently linked to poor wellbeing (Oshio et al. 2013; Hughes et al. 2017; Mosley-Johnson et al.2019) and both lifetime and recent depressive disorders (Chapman et al. 2004). According to the World Mental Health Survey, childhood adversity accounted for 29.8% of all mental health disorders worldwide (Kessler et al. 2010). In this study earnest effort is made to investigate the relationship between Adverse Childhood Experiences (traumatic events of childhood including violence, abuse, and growing up in a family with mental health or substance use problems), Automatic Negative Thoughts (spontaneous thoughts that can affect your mood and perceptions) and Psychological Wellbeing (state of mental health that is characterized by positive feelings and a lack of negative feelings) among young adults. And also to evaluate whether there is any significant differences in the relationship according to gender. This research aims to examine how these variables interact, whether presence of ACEs aggravate Psychological Wellbeing and increase the intensity of Automatic Negative Thoughts.

Method

The study adopted a quantitative research design to investigate the role of automatic negative thoughts in relation to adverse childhood experiences and psychological well-being. Data

were collected from 163 young adults (aged 18-25) using convenience sampling. Participants completed three sets of questionnaires along with an informed consent form: a Demographic Form, the Adverse Childhood Experiences Questionnaire (ACE-Q, Felitti et al., 1998), the Automatic Thoughts Questionnaire (ATQ-N, Hollon & Kendal, 1980), and the Psychological Well-Being Scale (Ryff & Keyes, 1995). The ACE-Q assessed instances of adverse experiences before the age of 18, while the ATQ-N measured the frequency of negative automatic thoughts. The Psychological Well-Being Scale evaluated six dimensions of well-being. All measures were administered following a clear explanation of the study’s purpose and assurances of confidentiality. The Kolmogorov-Smirnov and Shapiro-Wilk tests were employed to assess the normality of the data distribution, revealing that the data were not normally distributed, necessitating the use of non-parametric statistical methods for further analysis. Spearman’s rank-order correlation analysis was conducted to assess relationships between ACEs, automatic negative thoughts, and psychological well-being. The Mann-Whitney U test was utilized to compare differences in these variables between males and females.

RESULT AND DISCUSSION

The correlation analysis conducted on a sample of 163 young adults aged 18 to 25 yielded significant results concerning the relationships between Adverse Childhood Experiences (ACE), Automatic Negative Thoughts (ANT), and Psychological Well-Being (PWB). The results highlight several critical associations that merit discussion.

Correlation Between ACE and ANT

The correlation between ACE and ANT of 0.590 ($p < 0.01$), indicates a strong positive relationship. This suggests that individuals who experienced higher levels of ACE are more likely to exhibit higher levels of ANT. This finding is consistent with existing literature that links early adverse experiences to the development of negative cognitive patterns. Such negative thought processes can stem from internalized beliefs and attitudes formed during childhood, potentially leading to maladaptive thinking in adulthood. This highlights the importance of addressing automatic negative thoughts in therapeutic settings, especially for individuals with a history of ACE.

Correlation Between ACE and PWB

The negative correlation of -0.572 ($p < 0.01$) between ACE and PWB indicates a significant inverse relationship; as ACE increases, psychological well-being decreases. This finding aligns with numerous studies suggesting that adverse childhood experiences can have long-lasting detrimental effects on psychological health. The implications of this

relationship are profound, as they underscore the need for early interventions and support systems for individuals who have faced such adversities. Enhancing psychological well-being in those affected by ACE is crucial for improving overall life satisfaction and mental health outcomes.

Correlation Between ANT and PWB

Similarly, the correlation between ANT and PWB was -0.603 ($p < 0.01$), which reveals a strong negative association. Higher levels of automatic negative thoughts correlate with lower levels of psychological well-being. This result highlights the detrimental impact of negative thinking patterns on mental health, as individuals who engage in ANT may struggle to achieve a positive state of well-being. The findings suggest that addressing and modifying these negative thought patterns through cognitive-behavioral interventions may be effective in enhancing psychological well-being.

The results of the Mann-Whitney U test reveal significant differences in Automatic Negative Thoughts (ANT) between individuals with and without Adverse Childhood Experiences (ACE). Participants without ACE had a mean ANT score of 61.82, while those with ACE reported a significantly higher mean score of 111.66. This stark contrast suggests that ACE contributes to a pervasive negative cognitive style in adulthood, as evidenced by a sum of ranks of 5996.50 for participants without ACE compared to 7369.50 for those with ACE. The Wilcoxon W value of 5996.50 and the Z value of -6.619 further support these findings, with a p-value of $.000$, indicating a highly significant difference. These results underscore the importance of considering childhood experiences when assessing mental health outcomes, as individuals with ACE demonstrate more frequent and intense negative automatic thoughts.

The results of the statistical analysis indicate a significant difference in Psychological Well-Being (PWB) between participants with and without Adverse Childhood Experiences (ACE). Participants without ACE had a mean PWB score of 106.09, reflecting a generally high level of well-being, while those with ACE had a mean score of only 46.60, indicating substantial deficits in their psychological health. The sum of ranks for participants without ACE was 10,290.50, compared to 3,075.50 for those with ACE. The Wilcoxon W statistic of 3,075.50 and the Z value of -7.903 further support the conclusion of a strong statistical difference between the two groups, with a p-value of $.000$ indicating that these results are statistically significant. This stark contrast emphasizes the detrimental effects of adverse experiences on individuals' mental health and underscores the urgent need for targeted interventions for those with a history of ACE.

The analysis reveals notable gender differences in Adverse Childhood Experiences (ACE) and Psychological Well-Being

(PWB) among participants, with males scoring significantly higher on ACE (mean rank = 95.78) compared to females (mean rank = 70.26), as indicated by a z-value of -3.504 and a p-value of $.000$, confirming the statistical significance of this difference. This suggests that males in this sample may report more frequent or severe adverse experiences during childhood, potentially due to various factors, including gender differences in trauma reporting, cultural norms around masculinity influencing perceptions of childhood experiences, or actual differences in prevalence. Males exhibit a higher mean rank for Automatic Negative Thoughts (ANT) (89.79) compared to females (75.36), the difference is not statistically significant (z-value = -1.945 , p-value = $.052$). This near-threshold p-value suggests potential gender differences in cognitive processing, as males may be more prone to cognitive distortions like catastrophizing or overgeneralization due to socialization that discourages emotional expression, which may increase their risk of developing conditions like depression or anxiety. Furthermore, females report significantly higher PWB (mean rank = 89.51) than males (mean rank = 73.19), with a z-value of -2.200 and a p-value of $.028$, indicating a real difference in psychological well-being that may reflect broader gender disparities in mental health, coping strategies, or social support.

CONCLUSION

There exists a significant positive correlation between adverse childhood experiences and automatic negative thoughts, where a significant negative correlation exists between adverse childhood experiences and psychological well being, and for automatic negative thoughts and psychological wellbeing. The results from Mann-Whitney U test indicated that adverse childhood experience shows a significant difference with respect to gender. Automatic negative thoughts doesn't showcased any significant difference with respect to gender, while ANT showed significant difference between ACE and Non-ACE participants. Psychological wellbeing shows significant difference with respect to ACE and Non-ACE participants, and gender.

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