

The Effects of Childhood Trauma and Peer Relationships on Well-being

Zehan Du^{1,a,*}

¹College of Education, Changchun Normal University, Changchun, 130000, China

a. kongmingqing@ldy.edu.rs

*corresponding author

Abstract: As more and more people begin to talk about traumatic childhood experiences, the topic has gradually become a hot topic in society. Childhood trauma (CT), which stems from various sources such as family instability, social environments, and personal experiences, can lead to long-term psychological issues that diminish an individual's perception of happiness. Most people believe that CT can affect happiness, and that peer relationships are equally important in an individual's upbringing, and can even affect happiness. This essay explores the complex connections between peer relationships, well-being, and early trauma, with an emphasis on how these interactions affect happiness. Therefore, through the investigation of existing data and literature, the results show that people who have experienced CT are less likely to experience happiness, while people who have positive peer relationships are better able to experience happiness. The results highlight how important peer interactions and CT are to an individual's overall wellbeing. Despite the extensive scope of the available studies, there remains a void in research examining happiness beyond the college years. This research argues that in order to fully comprehend these processes, more comprehensive studies of happiness throughout various life phases are required. All things considered, promoting long-term well-being and happiness requires resolving CT and cultivating strong peer relationships.

Keywords: Childhood trauma, peer relationships, well-being.

1. Introduction

Childhood is a critical developmental stage that affects a person's long-term emotional, psychological, and social health. The things that go through these formative years can have a big impact on one's overall happiness and mental health (MH). In today's world, the effects of peer connections and childhood trauma (CT) on an individual's feeling of wellbeing are becoming more widely acknowledged. Adverse experiences throughout childhood, including abuse, neglect, or dysfunctional families, are considered to be an important contributing factor to the development of a large number of psychological disorders.

Peer interactions are crucial in determining an individual's social landscape, in addition to early trauma. Peer relationships (PR), from early friendships to teenage social networks, have a big impact on MH and overall wellbeing. Good PR frequently give people chances for personal development, a sense of community, and emotional support. Studies have indicated that those who foster positive PR typically report feeling happier and experiencing less stress and anxiety. On the other hand, unfavourable PR can increase stress and feelings of loneliness, as well as prolong the symptoms of

trauma. As a result, the interaction between PR and early trauma builds a complicated web that affects a person's overall happiness.

People define happiness in different ways, largely because of past experiences. Among them, CT and PR are very important, and people who have experienced CT are likely to have a weak perception of happiness. And people with good PR are likely to have a greater sense of happiness.

2. The Definition of CT, PR and Happiness

2.1. Definition of CT

CT appears to be an important cause of many serious diseases in childhood and adulthood for many people. Trauma can trigger a variety of problems, each of which can lead to a more complex and serious mental condition, no less so than if a person had childhood rheumatic fever. Childhood trauma can be clearly diagnosed by several characteristics, such as severe sleep problems, excessive shock response and vigilance, fear of worldly things, developmental regression, avoidance, irritability, and depression [1].

2.2. Definition of PR

PR refer that the communities' link and interactions that have similar age, status and experience. Normally, they are described by mutual respect, mutual interest, as well as a sense of equality. PR are important throughout life, from childhood friendships to professional networks, because they are helpful to personal growth, social well-being and a sense of belonging [2].

2.3. Definition of Well-being

Generally speaking, well-being (WB) is individuals rate their life as a whole. In other words, the higher the rating and evaluation, the more satisfied the person is with their current life [3]. Happiness encompasses several constructs, including affective WB (feelings of joy and pleasure), eudaimonic WB (sense of meaning and purpose in life), and evaluative WB (life satisfaction) [4].

2.4. The Status of Happiness

The status of happiness in psychology is very important, it is a key indicator to measure the quality of personal life and social harmony and stability. Happiness is a complex and subjective concept. In psychology, happiness is defined as self-experienced happiness, which is called "subjective WB" [5]. It mainly consists of three dimensions: positive emotional experience, negative emotional experience and life satisfaction. In addition, there is a realization theory of psychological happiness, which from the perspective of development believes that individuals in the personal field in the face of life challenges when the meaningful life and the realization of self-potential is also a kind of happiness, this happiness is called "psychological happiness" [6]. Psychological WB focuses on whether an individual has fulfilled his or her potential to achieve self-actualization. Its core elements include autonomy, control of the environment, personal growth, positive relationships with others, a sense of purpose in life, and self-acceptance.

3. The Effects of CT on WB

3.1. The Source of CT

There are many sources of CT, and different types of CT, can affect an individual's attitude of happiness. Some studies suggest that early bad traumatical experiences add up to a decline in

happiness in adulthood [7]. These bad traumata experiences mentioned above include family, social environment, educational issues and so on.

First of all, family problems are a common source of CT, including parents who fight frequently, parents who are divorced or in foster care, and living in single-parent or reorganized families [8]. Then social environments also have a profound impact on children's MH, and some situations that can be potentially traumatic for children include racial discrimination at school, natural disasters or terrorism. In addition, violence in the society or in the school can also cause psychological trauma to children. Besides, family education can not be ignored. In the case of parents in order to survive and rarely accompany the child, the child does not have a safe attachment environment, lack of security and correct guidance, can only rely on their own bumps and bruises grow up. These experiences will also leave a lot of CT to the child. Finally, children's personal experiences are also important sources of CT, including the sudden loss of a loved one, a serious illness that leaves their health insecure, or natural disasters such as floods or earthquakes.

3.2. Impact of CT on WB

Past traumas can leave a shadow over an individual and linger on into adulthood, affecting their perception of happiness. There is a wealth of data to suggest that these early unfortunate events can occur repeatedly over a long period of time, affecting important aspects of a child's development, including mental cognition, emotional affection, general health, and the nervous system. [9]. With 25% of adults reporting physical abuse, according to the WHO (World Health Organization), it is clear that the high frequency of child abuse is becoming a global issue that people need to take seriously. Exposure to CT has long-term consequences, examples include diseases that appear in adulthood and in later older age [10]. For example, some inflammation, chronic diseases and immune system problems have been linked to him [11]. Not only that, but it's also a significant contributor to anxiety-related risky behaviors and even suicidal thoughts [12, 13].

One study used a non-probability sample of total 700 students both in men and women from two different universities in Chile, ranging in age from 18 to 30. Among them, 55.9% were male and 44.1% were female, and the sample was between 18 and 30 years old. Therefore, the selection of samples is random and without purpose, and the result can be guaranteed to be natural and unintentional [14]. The participants filled out a test kit generated on the Internet. The data is automatically generated directly in the data system and the results are displayed. Psychological WB (PWB) is an important measure of life outcomes and is now found to be strongly associated with health, quality of life and social success [15]. PWB is a basic conceptual framework for the study of trauma theory [16]. It includes multiple dimensions such as self-acceptance, personal growth, autonomy, life goals, and positive relationships between the accepting environment and others [17]; The multiple dimensions of PWB are essential to happiness and are fundamentally rooted in how individuals respond to challenges in life [18]. Life experiences such as adverse childhood experiences (ACE) were associated with higher MH troubles and lower PWB [19]. For example, Merrick and his colleagues solemnly found that ACE was associated with low PWB, just as high MH problems in adulthood were associated with risky behaviors. At the same time, positive thoughts were associated with lower levels of psychological distress and higher PWB. While comparing emotional abuse and the specific effects of neglect on depression and WB, they observed that the psychological WB model was more appropriate as a function of emotional abuse and neglect than the depressive symptom model as a function of the same variables. This result suggests that the two levels of trauma, emotional abuse and neglect, together have a greater negative effect on MH. Therefore, from the above results, it can be assumed that emotional neglect will lead to a more self-abandoned development, which greatly hinders the realization of happiness, while emotional abuse will make people punish themselves more, through excessive criticism and constant attacks on self-esteem, which may also

affect WB and eventually lead to depression. Therefore, CT experience is an important risk factor for low self-esteem and low psychological WB [20].

There is a relationship between CT and the fear of happiness. Some people who have experienced CT develop a sense of fear when they feel happiness, and this fear of happiness is the belief that happiness may have negative consequences, suggesting that it should be avoided [21]. People increasingly view happiness as an internal state that can be achieved and controlled by themselves. Paradoxically, however, this thinking may further cause distress because of the perceived pressure to achieve happiness, so positive emotions such as happiness are not a pleasant and comforting thing in these people. These emotions are often thought of as scary, and these people believe that happiness is a transient experience and will eventually lead to some bad things and accidents.

Some people think that excessive happiness may cause bad things to happen, in their point of view, if they are happy, they are likely to be exposed in the eyes of evil people, if serious, they will attract jealousy and frame-up [22]. A group of graduate students from the Faculty of Educational Sciences at Trakya University participated in the study. The university's campus is located in the city of Edirne, a small town located on the western border of Turkey (Thrace). Most of the participants were indigenous to the area. For the 2015-2016 school year, nearly 1,000 students were selected. The result shows that there was no difference in the fear of happiness between the sexes. Women, on the other hand, were more likely to say that "good intentions can end in bad intentions." [22]

4. The Effects of PR on WB

4.1. The Significance of PR

PR play an important role in people's growth. Some people have healthy PR, some people are not. Therefore, the effect of PR on different people is different. According to the research, people with positive PR tend to feel happier, while those with negative PR feel less happy [23]. In addition, students who view PR positively tend to show lower pressure levels, greater anxiety as well as significant loneliness, which greatly contribute to their MH [24].

Firstly, most people see PR as an emotional haven. Among friends and companions, people can share happiness and seek comfort. It is an emotional interdependence and support that is considered one of the most precious parts of a PR [25]. Secondly, it is believed that PR can increase identity and belonging. In peer group, people define themselves through common interests, values and norms of behavior, and find their own place. This sense of belonging is of great significance to individual MH and social adaptation. Therefore, these relationships are more than just socialization, they are important contributors to the student's emotional experience and MH. Then, peers can learn from each other and make progress together. In PR, people can be exposed to different perspectives, experiences and knowledge, thereby broadening their horizons and promoting personal growth. If people are in competition with their peers, then the competitive atmosphere can better stimulate their potential and motivation [26]. In addition to school grades, peers also have a significant impact on students' behavior, daily attitudes, and decision-making. Social comparison in peer groups influences various academic behaviors, such as academic communication, learning habits and attitudes, and daily participation in the classroom [27]. Not only that, but peer interaction also affects students' perceptions of the overall school atmosphere, teacher-student relationships, and the overall school circumstances [28].

Especially during the adolescence teenage years, the world of peers presents them with unique developmental challenges. Such challenges are as important as those experienced in their families and can even affect their MH later in life. In order to successfully negotiate relationships with peers, adolescents must deal with the challenge of connecting with peers while establishing the autonomy of peer influence. Both the nature of this challenge and the way it is handled are closely linked to the

way adults treat adolescents in their lives [29]. This approach can help adolescents develop their autonomy and connectedness within the family, as well as through interventions in which adolescents interact with adults outside the family to help them cope better with adulthood.

4.2. The Effects of PR on WB

A new study shows that having meaningful social interactions with peers can reduce loneliness and improve WB. The lead author of the study, Mahnaz Roshanaei, a research scientist at Stanford University's Department of Communication tracked three groups of college students over three years and collected data on their social interactions and momentary WB. Roshanay said the study focused on the impact of meaningful interactions on happiness. The findings suggest that meaningful interactions with peers have a positive impact on improving WB, reducing stress and alleviating loneliness. In short, spending more time having substantive, deep conversations with anyone with a strong or weak relationship leads to more happiness. At the same time, the environment in which these interactions take place also plays a role.

The study also found that face-to-face communication was more important than communication channels such as phone calls and text messages, because people were more likely to have meaningful social interactions in person and generate greater happiness [30]. At the same time, meaningful social interaction during breaks was associated with greater happiness than social interaction during activities such as studying or eating.

Moreover, PR also have a considerable impact on academic performance and motivation of pupils. Constructive peer interaction can promote WB by learning through mutual assistance, peer communication and sharing, and exchange feedback [31]. Therefore, it can be seen that PR has a positive impact on happiness [32].

5. Discussion and Suggestion

To sum up, based on the existing studies, their advantage is that they adopt a variety of experiments, the subjects are selected appropriately, and the experimental results have sufficient theoretical basis and credibility. Besides, they study the specific sources of CT and its impact on happiness, and how PR affect the perception of happiness. However, the disadvantage may be that the research scope is mostly in the student period, and there are few data sources after getting married and working, so the research on how to define happiness in later adulthood provides less support. Although the student period is closer to the CT, which can provide more theoretical basis, people's mentality will also change with the change of time, so individuals suggest that the age range can be extended appropriately to make the research on happiness more comprehensive.

6. Conclusion

Both CT and PR have important effects on happiness. If a person has suffered abuse, illness and other major events in childhood that affect his physical and MH, then this shadow is likely to remain with him. This person is more pessimistic and less likely to feel happy than others. Positive PR, on the other hand, can help people feel happier and more motivated to do things, and thus have a stronger sense of happiness. Negative PR will affect daily activities, so that people's perception of happiness is weakened, it is difficult to maintain happiness. The research highlights the significant impact of CT and PR on individuals' WB, emphasizing the need for a more comprehensive understanding of happiness that spans different life stages beyond the student years.

References

- [1] Terr, L. C. (2003). Childhood traumas: An outline and overview. *Focus*, 1(3), 322-334. <https://doi.org/10.1176/foc.1.3.322>
- [2] Asher, S. R., & Parker, J. G. (1989). Significance of peer relationship problems in childhood. In *Social competence in developmental perspective* (pp. 5-23). Dordrecht: Springer Netherlands. <https://doi.org/10.1023/A:1021923917494>
- [3] Veenhoven, R. (2023). Happiness. In: Maggino, F. (eds) *Encyclopedia of Quality of Life and Well-Being Research*. Springer, Cham. https://doi.org/10.1007/978-3-031-17299-1_1224
- [4] Chida, Y., & Steptoe, A. (2008). Positive psychological well-being and mortality: a quantitative review of prospective observational studies. *Psychosomatic medicine*, 70(7), 741-756. DOI: 10.1097/PSY.0b013e31818105ba
- [5] Huang, C. (2010). Internet use and psychological well-being: A meta-analysis. *Cyberpsychology, behavior, and social networking*, 13(3), 241-249. DOI:10.1089/cyber.2009.0217
- [6] Ryff, C.D.; Singer, B. Psychological well-being: Meaning, measurement, and implications for psychotherapy research. *Psychother. Psychosom.* 1996, 65, 14–23. <https://doi.org/10.1159/000289026>
- [7] Huang, C.C.; Tan, Y.; Cheung, S.P.; Hu, H. Adverse Childhood Experiences and Psychological Well-Being in Chinese College Students: Mediation Effect of Mindfulness. *Int. J. Environ. Res. Public Health* 2021, 18, 1636. <https://doi.org/10.3390/ijerph18041636>
- [8] Papero, D. V. (2017). Trauma and the family: A systems-oriented approach. *Australian and New Zealand Journal of Family Therapy*, 38(4), 582-594. <https://doi.org/10.1002/anzf.1269>
- [9] Abraham, E.H.; Antl, S.M.; McAuley, T. Trauma exposure and mental health in a community sample of children and youth. *Psychol. Trauma* 2022, 14, 624–632. <https://psycnet.apa.org/doi/10.1037/tra0001035>
- [10] Norman, R.E.; Byambaa, M.; De, R.; Butchart, A.; Scott, J.; Vos, T. The long-term health consequences of child physical abuse, emotional abuse, and neglect: A systematic review and meta-analysis. *PLoS Med.* 2012, 9, e1001349. <https://doi.org/10.1371/journal.pmed.1001349>
- [11] Gilbert, L.K.; Breiding, M.J.; Merrick, M.T.; Thompson, W.W.; Ford, D.C.; Dhingra, S.S.; Parks, S.E. Childhood adversity and adult chronic disease: An update from ten states and the District of Columbia, 2010. *Am. J. Prev. Med.* 2015, 48, 345. <https://doi.org/10.1016/j.amepre.2014.09.006>
- [12] McElroy, S.; Hevey, D. Relationship between adverse early experiences, stressors, psychosocial resources and wellbeing. *Child Abus. Negl.* 2014, 38, 65–75.
- [13] Downey, C., & Crummy, A. (2022). The impact of childhood trauma on children's wellbeing and adult behavior. *European Journal of Trauma & Dissociation*, 6(1), 100237.
- [14] Joseph, S., Maltby, J., Wood, A. M., Stockton, H., Hunt, N., & Regel, S. (2012). The Psychological Well-Being—Post-Traumatic Changes Questionnaire (PWB-PTCQ): Reliability and validity. *Psychological Trauma: Theory, Research, Practice, and Policy*, 4(4), 420. <https://doi.org/10.3390/healthcare10122463>
- [15] Staudinger, U. M., Fleeson, W., & Baltes, P. B. (1999). Predictors of subjective physical health and global well-being: Similarities and differences between the United States and Germany. *Journal of Personality and Social Psychology*, 76(2), 305–319. <https://doi.org/10.1037/0022-3514.76.2.305>
- [16] Herman, J. L. (1992). Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. *Journal of traumatic stress*, 5(3), 377-391. <https://doi.org/10.1002/jts.2490050305>
- [17] Fu, F., & Chow, A. (2016). Traumatic Exposure and Psychological Well-Being: The Moderating Role of Cognitive Flexibility. *Journal of Loss and Trauma*, 22(1), 24–35. <https://doi.org/10.1080/15325024.2016.1161428>
- [18] Ryff, C.D. Psychological Well-Being Revisited: Advances in the Science and Practice of Eudaimonia. *Psychother. Psychosom.* 2014, 83, 10–28. <https://doi.org/10.1159/000353263>
- [19] Merrick, M.T.; Ports, K.A.; Ford, D.C.; Afifi, T.O.; Gershoff, E.T.; Grogan-Kaylor, A. Unpacking the impact of adverse childhood experiences on adult mental health. *Child Abuse Negl.* 2017, 69, 10–19. <https://doi.org/10.1016/j.chiabu.2017.03.016>
- [20] An, Q., Jia, X.M., & Li, B. (2009). The relationship between childhood trauma experiences and self-esteem, subjective well-being in middle school students. *Chinese Journal of Mental Health*, 23(8), 607-608. <https://doi.org/10.3969/j.issn.1000-6729.2009.08.016>
- [21] Joshanloo, M. Eastern Conceptualizations of Happiness: Fundamental Differences with Western Views. *J Happiness Stud* 15, 475–493 (2014). <https://doi.org/10.1007/s10902-013-9431-1>
- [22] Şar, V., Türk, T., & Öztürk, E. (2019). Fear of happiness among college students: The role of gender, childhood psychological trauma, and dissociation. *Indian journal of psychiatry*, 61(4), 389-394. DOI:10.4103/psychiatry.IndianJPsychiatry_52_17
- [23] Mosley-Johnson, E., Garacci, E., Wagner, N. et al. Assessing the relationship between adverse childhood experiences and life satisfaction, psychological well-being, and social well-being: United States Longitudinal Cohort 1995–2014. *Qual Life Res* 28, 907–914 (2019). <https://doi.org/10.1007/s11136-018-2054-6>

- [24] Chan, S. W., Pöysä, S., Lerkkanen, M. K., and Pakarinen, E. (2016). Positive peer relationships and academic achievement across early and midadolescence. *Soc. Behav. Personal. Int. J.* 44, 1637–1648. doi: 10.2224/sbp.2016.44.10.1637
- [25] Balluerka, N., Gorostiaga, A., Alonso-Arbiol, I., and Aritzeta, A. (2016). Peer attachment and class emotional intelligence as predictors of adolescents' psychological well-being: a multilevel approach. *J. Adolesc.* 53, 1–9. doi: 10.1016/j.adolescence.2016.08.009
- [26] Rodkin, P. C., & Ryan, A. M. (2012). Child and adolescent peer relations in educational context. In K. R. Harris, S. Graham, T. Urdan, S. Graham, J. M. Royer, & M. Zeidner (Eds.), *APA educational psychology handbook, Vol. 2. Individual differences and cultural and contextual factors* (pp. 363–389). American Psychological Association. <https://doi.org/10.1037/13274-015>
- [27] Wentzel, K. R., and Watkins, D. E. (2002). Peer relationships and collaborative learning as contexts for academic enablers. *Sch. Psychol. Rev.* 31, 366–377. doi: 10.1080/02796015.2002.12086161
- [28] Wentzel, K. R., and Caldwell, K. (1997). Friendships, peer acceptance, and group membership: relations to academic achievement in middle school. *Child Dev.* 68, 1198–1209. doi: 10.1111/j.1467-8624.1997.tb01994.x
- [29] Di Wu, Xin Dong, Autonomy support, peer relations, and teacher-student interactions: implications for psychological well-being in language learning, *Frontiers in Psychology*, 10.3389/fpsyg.2024.1358776, 15, (2024). <https://doi.org/10.3389/fpsyg.2024.1358776>
- [30] Ruzek, E. A., Hafen, C. A., Allen, J. P., Gregory, A., Mikami, A. Y., and Pianta, R. C. (2016). How teacher emotional support motivates students: the mediating roles of perceived peer relatedness, autonomy support, and competence. *Learn. Instr.* 42, 95–103. doi: 10.1016/j.learninstruc.2016.01.004
- [31] Wentzel, K. R. (1998). Social relationships and motivation in middle school: the role of parents, teachers, and peers. *J. Educ. Psychol.* 90, 202–209. doi: 10.1037/0022-0663.90.2.202
- [32] Leung, C., Leung, J.T.Y., Kwok, S.Y.C.L. et al. Predictors to Happiness in Primary Students: Positive Relationships or Academic Achievement. *Applied Research Quality Life* 16, 2335–2349 (2021). <https://doi.org/10.1007/s11482-021-09928-4>