The structure of values system after experience of trauma in childhood or adulthood

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SUMMARY
Aim: To show the late effects of early childhood trauma and trauma in adulthood for further development of the personality. The condition was that early childhood trauma is not remembered contrary to the trauma in adulthood.

Subject and method: The subjects were 329 persons with traumatic experience deportation or imprisonment from political reasons. Value Survey compiled by Milton Rokeach, has been used for the research.

Discussion: In the presentation, emotional reactions of people deported from Poland to former USSR in the 1940s of the 20th century have been presented. Most of them spent several years under deportation; some spent their early childhood there. The fact of spending several years under deportation in severe conditions, seeing people dying, a frequent loss of relatives and a constant feeling of threat left behind a solid trace in their personality. Even after many years after deportation (about 50 and 60 years), it is possible to observe consequences disturbing daily functioning.

Results: They showed statistically important differences between two groups of people traumatised in childhood or adulthood. In declared values consequences of the experienced trauma are traced, they are shown by the fact that people give higher ranks to certain values, which are associated with lost values, such as, freedom.

Conclusion: The study confirmed the importance of the early childhood trauma for the development of the personality even if trauma is not remembered.

trauma / values system / deportation / personality

INTRODUCTION

The following article presents results of the research carried out in a group of traumatized people and it describes the results of observations concerning chronic consequences.

The results confirmed that this experience left consequences for the rest the testees life in a specific way; they were influencing their everyday existence unconsciously. These consequences were different for people who experienced trauma in adult life.

The purpose of the research was to estimate the influence of painful early-childhood experience on further personality development. The importance of emotional situations experienced in the childhood has been known to psychiatry for years, however, there exist few publications and there are few occasions to compile the data statistically and to make conclusions out of the observed facts. The research conducted in the Centre for Victims of Political Persecutions at the Chair of Psychiatry of the Jagiellonian University Collegium Medicum has made it possible to
estimate the influence of early childhood experience on the whole future life.

Among the testees there were prisoners of concentration camps, people deported by the Soviet authorities to Siberia, political prisoners acting in anti-communist underground. People who experienced trauma in childhood include the deportees and concentration camps prisoners. Children were frequently situated in such places together with their parents or without them, or they were sometimes born there and spent their first years of life in such conditions.

During the research, which was carried out in a group of people persecuted for political reasons, a difference in the clinical picture which depended on the moment of trauma was noticed: the earlier the trauma, the more visible withdrawal (estrangement) from the society and difficulties in relations with other people. A later trauma was most often connected with different anxiety and depression symptoms which constituted PTSD.

The confirmation of this observation, carried out by means of modern statistical methods, would provide an excellent proof of the impact of experience and lived through emotions in the early childhood, on the structure and features of the later developed personality.

The research was conducted on people who experienced extreme stressors, nevertheless, the confirmation of such an impact shows in general the influence of early years on later choices, emotions, relations, etc. It seems significant that the period under research refers to the whole life, so the trauma is experienced in its beginning, when the verbal memory is not yet developed and the experience cannot be remembered and then recollected. This has been a considerable methodological challenge, however, when compared with the results obtained from people who experienced similar trauma in later life, the results gathered in this study made it possible to estimate the influence of the traumatic experience from one point of view and also the influence of the early years from the other point of view.

As a limit, the trauma experienced before or after 5 years of life was assumed; this was done to differentiate between the verbal memory and specific relations, as well as social needs. The trauma experienced after 5 years of life is more easily remembered and is associated with the behaviour later on; also, in the development period, it is the time of higher autonomy. Earlier years are characterized by a big dependence on the care received and usually the lack of memories from that time. Even if they appear, they are fragmentary and hesitant, and there still is the lack of proper self-defence mechanisms to manage the experience of the trauma.

The research has its uniqueness and it concerns people who were exposed to severe stress in their early childhood as compared to those who suffered from it in later years. Both groups had never been treated and they lived in the same conditions in their life after the trauma. Those people had never been consulted with a specialist, which excludes the possibility to influence the personality with the use of therapeutic experience. Both groups were gathered at random. It all adds to the uniqueness of the research. It is impossible to imagine nowadays how one could repeat the research on a group of people who are known to have experienced the trauma, especially in the early childhood, and would not undergo any therapy. The data gathered is statistically representative and can be transferred onto other groups, for example, the casualties of accidents or people abused in the childhood. By confirming the influence of the traumatic experience in the early period, one also confirms its importance for the rest of life.

Well-known researchers on the child period (Bowlby, Miller and Winnicott) wrote an open letter to The British Medical Journal in 1939, in which they warned against the dramatic consequences of evacuating children under 5 years of age. The risk connected with separation which would lead to psychical disorders was pointed out. At the same time, the attention was focused on the fact that children older than 5 suffered from the evacuation and the loss of their home less [1].

The same age was assumed for this research. However, the assumption was based on the occurrence of verbal memory and the ability to recall events. The lack of this sort of memory and the lack of full memories (of fragmentary memories) indicate that the experience cannot have a conscious influence on a person. It is also possible that the importance of the age of 5 years is connected with unconscious (non-verbal) live-
ing and using different mechanisms in relations characteristic of this age.

For the surrounding people, the consciousness of the child’s life begins only with reflecting upon itself and understanding the notion of I [2]. However, this does not mean that earlier experience has no influence. What is more, other observations and the result of the research indicate that the influence is big.

The results univocally confirmed the assumed thesis. The statistical value of the data surpassed the research expectations; the analysis showed a very high statistical validity of the results. This practically proves unbeatably that early life experience has a huge impact on a further consolidating personality structure.

SUBJECT AND METHODS

329 people underwent the examination. An average age in the moment of the examination was 68 years and it ranged from 44 to 88 years.

In both groups there was a noticeable difference in sexes. In Group 1, the range was of no big difference though there were more women (55%) than men (45%). In Group 2 there were considerably more men (65%) than women (35%).

The differences result from the social structure: in Group 2 more people were directly involved in conspiracy activity, also in guerrilla squads, and this resulted in a higher number of men in this group. On the other hand, deportations and imprisonments in concentration camps took place irrespective of the sex (especially in the case of children); that is why, the set of sexes is different.

Concluding the description of trauma in both research groups, one can see that in group 1, in which people were exposed to the trauma in early childhood, there are mostly deportees (90%). In group 2 the stay in prison and exile, constitute evenly about 40% and one third constitutes other types of trauma.

The trauma length of time was on average 54.8 months: in Group 1 – 59 months and in Group 2, 52.1 months. About 4.5 years, and 7 years average.

The research directly concerns the functioning after the trauma and the occurring symptoms. The attention was focused on the marital status and number of children, as factors which describe the family functioning of the people examined.

Comparing an average age of the people examined and the first year of their marriage, one can observe that most people got married at about 20–25 years of age. This corresponds with cultural norms of those days. Nowadays a later time of contracting matrimony has been observed.

Percentages of married people are almost identical in both groups, and they are 88%.

A majority of people, more than 1/3rd, had 2 children. However, almost the same number of people did not have children at all, and 1/6th of the people had one or three children.

In conclusion, family functioning in both groups is very similar and the differences are not statistically valid.

All people undergoing examination have been diagnosed with post-traumatic disorders of PTSD type, according to DSM-IVTR (F43.1 or F62.0 acc. to ICD–10).

Value Survey

Value Survey was compiled by Milton Rokeach in 1973 and was adopted to use in Poland in early 80’s [3].

The Survey is based on the author’s personality theory which refers to a system of convictions. Nevertheless, although the very theory of personality remains questionable and is not sufficient, it very well refers to the research and provides considerable possibilities for statistical analyses. It has also been chosen bearing in mind the influence of traumatic experience on the values in question. The survey includes two groups of values: 18 terminal and 18 instrumental values. The task of the testee is to rank each value from 1 (the most important) to 18 (the least important) within each group according to its importance.

Ultimate values are the most important suprasituational aims of human life. The values were defined as general ways of behaviour and they are characterized as means which are helpful during realisation of aims, also terminal values.

The fundamental aim of using Value Survey was to assess the values as declared by the test-
ees. Values here are interpreted as a way of expressing one’s personality. They are stable features and undergo slow dynamic changes in the course of time, along with the changing and growing personality. On the other hand, they are stable and not susceptible to changes, for example, those influenced by temporary fear. This causes that the declared values constitute good research data while comparing personality features and they were used accordingly.

### RESULTS

#### Terminal values

Terminal values are the most important suprasituational aims of human life. The values were defined as ways of behaviour and they are characterized as means which are helpful during realisation of aims, also terminal values [3].

The top three most valued features are the following: family security, national security and wisdom (Tab.1). However, the averages analysis indicates considerable differences in applied ranks. Family security is positively distinguished from other values; it is followed by national security and wisdom, the other values are ranked less distinguishably between one another. The last value is an exciting life and it also stands out of other values at the bottom of the list.

Two groups undergoing comparison differ significantly in the position of three values: family security, comfortable life and well-being.

Variation comparison (Fig.1) indicates that views of people exposed to trauma in early childhood in the range of family security, pleasure and exciting life are more differentiated than in the case of people exposed to trauma in later life. It is particularly visible in the family security value. This absence of variation uniformity poses difficulty in interpreting the averages. People from group 1 rank comfortable life and well-being higher.

Placing the values shows the difference between testees in groups as to ranking 4 values. People from group 1 value well-being and comfortable life higher and people from group 2 val-

<table>
<thead>
<tr>
<th>Variable</th>
<th>Trauma in childhood</th>
<th>Trauma in adulthood</th>
<th>difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Security</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Family Security</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Mature Love</td>
<td>12</td>
<td>11</td>
<td>1</td>
</tr>
<tr>
<td>A Comfortable Life</td>
<td>8</td>
<td>13</td>
<td>–5</td>
</tr>
<tr>
<td>Wisdom</td>
<td>3</td>
<td>4</td>
<td>–1</td>
</tr>
<tr>
<td>A Sense of Accomplishment</td>
<td>14</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>Self-Respect</td>
<td>5</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>A World at Peace</td>
<td>4</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>True Friendship</td>
<td>10</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Pleasure</td>
<td>17</td>
<td>17</td>
<td>0</td>
</tr>
<tr>
<td>Inner Harmony</td>
<td>7</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Equality</td>
<td>13</td>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>well-being</td>
<td>6</td>
<td>10</td>
<td>–4</td>
</tr>
<tr>
<td>A World of Beauty</td>
<td>16</td>
<td>16</td>
<td>0</td>
</tr>
<tr>
<td>Social Recognition</td>
<td>15</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>Freedom</td>
<td>9</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Salvation</td>
<td>11</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>An Exciting Life</td>
<td>18</td>
<td>18</td>
<td>0</td>
</tr>
</tbody>
</table>
The structure of values system after experience of trauma in childhood or adulthood

This vividly brings to an interpretation that people who, in adult life, experienced the loss of freedom and doubts concerning choices made by themselves (for example, whether to engage oneself in the fight for independence) value more freedom and salvation, understood not only from the religious or moral perspective. On the other hand, people traumatised in their childhood, have a higher value for well-being and a comfortable life. These are values experienced in a passive way, which is dependent on the environment and typical of child experiences. Well-being is something which is lived and experienced, freedom is the value which one takes advantage of actively. It is remarkable that the ability to make use of freedom is acquired in adolescence; then, it also becomes a value. In both cases these values, (mainly freedom and a comfortable and happy life) are those situations which were lost in the moment of experiencing the trauma. This explains why the moment of trauma experience differentiates both groups as far as declared values are concerned.

Visible grouping of values different from the average can be easily explained by means of the theory of complexes. This indicates a certain similarity of the acquired data with the data gathered, for example, in the test of verbal associations, in which these contents appear subconsciously and are associated with one another [4]. Here, the binding content is the trauma. A complex, which is created around the trauma, includes values. As it has been mentioned, for people who were exposed to the trauma in early childhood, the values are their well-being and a comfortable life, while for those exposed to the trauma in later life – freedom and salvation (morality).

**Instrumental values**

Instrumental values are a system of moral and competence values, so these convictions which concern the functioning in the society, for example, following the Code of law and competition. For these reasons, the system of instrumental values will take shape mainly in relations and reflections of one’s own activities.

Similarly in this case, one can see that extreme values stand out. The most important value is honesty and, later on, responsibility (Tab.2). Others group themselves in a less distinguishable structure, in which the most vivid is obedience.

Statistical analysis and comparison of both groups by means of the Mann-Whitney test indicate considerable statistical differences in values: loving, happy, self-controlled.

Variation analysis shows that views of people who were exposed to the trauma in early childhood are more differentiated than the ones in the case of people who were exposed to the trauma in later life; it is in accordance with the terminal values analysis (Fig.2).

Placing the values shows the difference between testees in groups as to ranking 8 values, with the condition of ± 1. People exposed to the trauma in early childhood value the following more: independence, courage, broad-mindedness, and helpfulness. People exposed to the trauma in later life value more the following: loving, imaginative, self-controlled and happy.

Instrumental values higher in Group 1 are the features which undergo the biggest disturbances in the process of personality disorders. It is in accordance with high psychopathy in the MMPI–2 test in this group and the diagnosis. Symptoms like: difficulties in building stable relationships with a proper feeling of independence, foreseeing the activities and freedom, are responsible for the clinical picture of personality disorders.
Instrumental values in group 2 may be more connected with active symptoms of PTSD, for example, hypervigilance and irritability.

This points to an interpretation that experiencing the trauma, which can be accompanied by a feeling of loss, for example, the loss of current life, may result in giving higher ranks to instrumental values required in self-functioning.

This indicates that higher ranks are given to more wanted and expected forms of behaviour which are, in a higher degree, handicapped by disorders symptoms. While examining, the results were confronted with another research on the same group, and it was proved that, for people who were exposed to trauma, personality disorders and PTSD are a more frequent and typical reaction.

However, it seems worth turning the attention to the fact that the experience of trauma sometimes results in visible consequences in a completely unconscious way (that is, before the creation of ability to remember and recalling verbal memories). It seems easy to notice that people with such symptoms, complexes focused around the trauma and the ones concerning the values (also, basing on these values) function socially and make choices, for example, while voting. It is visible then, how important the consequences of the trauma are, and also how significant is the fact of not working them over or keeping them unconscious. They influence the whole societies since the results of, for example, polls in

<table>
<thead>
<tr>
<th>Variable</th>
<th>Trauma in childhood</th>
<th>Trauma in adulthood</th>
<th>difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambitious</td>
<td>4</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Clean</td>
<td>12</td>
<td>13</td>
<td>–1</td>
</tr>
<tr>
<td>Intellectual</td>
<td>10</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Loving</td>
<td>3</td>
<td>5</td>
<td>–2</td>
</tr>
<tr>
<td>Logical</td>
<td>7</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Independent</td>
<td>15</td>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td>Imaginative</td>
<td>14</td>
<td>16</td>
<td>–2</td>
</tr>
<tr>
<td>Responsible</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Courageous</td>
<td>9</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Self-controlled</td>
<td>5</td>
<td>8</td>
<td>–3</td>
</tr>
<tr>
<td>Broad-minded</td>
<td>17</td>
<td>14</td>
<td>3</td>
</tr>
<tr>
<td>Happy</td>
<td>13</td>
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<td>–4</td>
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<tr>
<td>Helpful</td>
<td>6</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Obedient</td>
<td>18</td>
<td>18</td>
<td>0</td>
</tr>
<tr>
<td>Honest</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Polite</td>
<td>8</td>
<td>9</td>
<td>–1</td>
</tr>
<tr>
<td>Capable</td>
<td>16</td>
<td>16</td>
<td>1</td>
</tr>
<tr>
<td>Forgiving</td>
<td>11</td>
<td>11</td>
<td>0</td>
</tr>
</tbody>
</table>

Fig. 2. Instrumental values hierarchy. Comparative presentation
one country influence the policy of another one in many ways.

CONCLUSIONS

Concluding the results of the Value Survey, one should note that:
1. in declared values consequences of the experienced trauma are traced,
2. they are shown by the fact that people give higher ranks to certain values, which are associated with lost values, such as, freedom. They are grouped in the way that they form complexes which are shown in Value Survey,
3. people exposed to the trauma in early childhood acquire more differentiated results; the basis of the values is similar in both groups,
4. differences in ranking concern 4 terminal values and 8 instrumental values. Instrumental values depend more on individual experience and the way of functioning than terminal values do,
5. conclusions from the interpretation of the declared values profile are connected with the results of other tests, mainly MMPI–2.

All gathered results are the basis of the research hypothesis confirmation.

The paper concerns the importance of early childhood experience or, to be more precise, the trauma and its influence on the personality. Obviously, the trauma is the extreme, though not the only experience which shapes the personality; one should emphasize that the obtained results concern people for whom treating the consequences of the trauma was seriously limited. Those people lived in an extremely unfriendly environment: they were deprived of medical care and, when the maternal care was possible, mothers were so traumatised that the proper care can’t have been correct [1, 5]. With no similar research, one should hope – based on clinical data – that people with similar experience but growing up in better conditions present a lower pathology or no pathology at all.

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