**Course Paper for Academic Writing in English**

**Pleasantness of criticism has correlation with childhood trauma**

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**Abstract**

Research have found that childhood trauma could result in negative emotions and mental diseases. However, the association between childhood trauma and pleasantness of self-referential criticism have not been revealed. We introduced Childhood trauma questionnaire, which has been widely used in different studies, to evaluate participants’ childhood trauma degree. Participants were asked to complete a childhood trauma questionnaire, and we used the score to analyse their trauma. We also designed an evaluation task in which we rated participants’ pleasantness facing self-referential criticism and praise. Results showed that pleasantness of self-referential criticism and praise has association with childhood trauma. To be more accurate, participants who have suffered childhood trauma would feel more pleasant toward self-referential criticism than those who haven’t experienced childhood trauma. The findings may help to fully understand impacts of childhood trauma.

**Introduction**

Mental conditions brought on by horrible external events in childhood present a wide range of findings. If one looks only at the clinical manifestations of trauma in a given day in the life of the traumatized child, one could diagnose conduct disorder, borderline personality, major affective disorder, attention deficit hyperactivity, phobic disorder, dissociative disorder, obsessive-compulsive disorder, panic disorder, adjustment disorder, and even such conditions, as yet unofficial in the nomenclature, as precursors of multiple personality or acute dissociative disorder, and not be wrong. If one projects this multiplicity of technically correct diagnoses onto a traumatized child’s adulthood, one finds even more diagnostic leeway. We must organize our thinking about childhood trauma, however, or we run the risk of never seeing the condition at all. Like the young photographer in Cortazar’s short story and Antonioni’s film, “Blow Up,” we may enlarge the diagnostic fine points of trauma into such prominence that we altogether lose the central point that external forces created the internal changes in the first place. We must not let ourselves forget childhood trauma just because the problem is so vast. (Lenore C,1991)

Childhood psychic trauma appears to be a crucial etiological factor in the development of a number of serious disorders both in childhood and in adulthood. Like childhood rheumatic fever, psychic trauma sets a number of different problems into motion, any of which may lead to a definable mental condition.( Lenore C,1991) As childhood trauma has a deep impact of motion, mental health and personality, it’s important to study on how childhood is generated and what will it result in. In *Childhood Traumas: An Outline and Overview*, the author divided childhood trauma into two basic types, Type I and Type II. Type I trauma includes full, detailed memories, “omens,” and misperceptions. Type II trauma includes denial and numbing, self-hypnosis and dissociation, and rage. Crossover conditions often occur after sudden, shocking deaths or accidents that leave children handicapped. In these instances, characteristics of both type I and type II childhood traumas exist side by side. Not only does childhood trauma could lead to these symptoms, but it would also lead to some deep impacts. For example, childhood trauma is related to personality traits present in adulthood.( Allen & Lauterbach,2007) More specifically, their results show that different types of childhood trauma (Type I and Type II) could generate or affect personality differently, thus, persons in the Type I group displayed less interpersonal dependency than did persons in the Type II or control groups.

Childhood trauma not only could cause mental health disorder, but also could affect physical condition. According to *the biological effects of childhood trauma* (De Bellis & Zisk,2014), childhood trauma could cause anomaly in locus coeruleus–norepinephrine, sympathetic nervous system, catecholamine system, serotonin system, oxytocin system and immune system. Also, childhood trauma could affect on neuropsychological functioning and cognitive development, as well as brain development.

Since childhood trauma could cause so many mental and physical disorder, it’s of great value to be studied. Researches on childhood trauma could help us fully understand how trauma affects our body, and could help those who have childhood trauma to alleviate their pain.

The Childhood Trauma Questionnaire (CTQ; Bernstein et al., 1994) is a retrospective, self-report measure that was developed to provide a brief, reliable, and valid assessment of a broad range of traumatic experiences in childhood. More specifically, it assesses experiences of abuse and neglect in childhood, including physical, emotional, and sexual abuse and physical and emotional neglect, as well as related aspects of the child-rearing environment. The CTQ is intended for adolescents and adults. It contains 70 items arranged according to four factors: physical and emotional abuse, emotional neglect, sexual abuse, and physical neglect. Most items are phrased in objective, behavioral terms (“When I was growing up, someone tried to touch me in a sexual way or tried to make me touch them.”), while others call for more subjective evaluations (e.g., “When I was growing up, I believe that I was sexually abused.”) (Additional sample items are given in a previous report [Bernstein et al., 19941, and the entire scale can be obtained from the authors.) Items are rated on a 5-point Likert-type scale, with response options ranging from “Never true” to ‘Very often true.” Instructions for the CTQ ask respondents about their “experiences growing up” and, therefore, in the case of adolescents, do not distinguish between current and past maltreatment. The CTQ requires about 10 to 15 minutes to complete. Since the CTQ was published, there have been many researches on the CTQ, including translating it into different languages, as well as add or delete some contents; also, it has been used in number of studies to test childhood trauma. Since it has been widely used for testing childhood trauma, in this study we used CTQ to evaluate our participants.

**Methods**

**Participants**

100 healthy undergraduates and postgraduates were investigated to participate in our test. 50 of them were males and another 50 of them were female. Participant’s ages ranged from 18 to 26 years(M = 23.66, SD = 1.43). All participants were native Chinese speakers.

**Questionnaire**

Participants completed Childhood Trauma Questionnaire, which evaluates their childhood trauma. Responses were quantified on a 5-point Likert-type scale according to the frequency with which experiences occurred, with 1 = "never true" and 5 = "very often true." This questionnaire required 10 to 15 minutes to administer and could be administered in individual or group sessions.

An evaluation task was developed for this study to evaluate participant’s pleasantness when they face self-referential criticism. Responses were quantified on a 7-point scale, with 1= “very unpleasant” and 7=”very pleasant”.

**Stimuli**

Since participants’ native language was Chinese, and according to *Criticism in a foreign language hurts less* (Gao et al., 2019), participants’ reaction for criticism in native and second language may be different, we provided 100 self-referential sentences written in Chinese to them, both praising or criticizing. Regardless of language manipulation, the sentences focused on gender-independent attributes of personality and appearance, encompassing comments of four categories (60 of each): appearance based praise (e.g. “你笑容迷人！”, “Your smile is charming!” in English translation), appearance-based criticism (e.g. “你满脸痘痘！”, “Your face is spotty!” in English), personality-based praise (e.g. “你充满激情！”, “You are passionate!” in English) and personality-based criticism (e.g. “你优柔寡断！”, “You are indecisive!” in English). After listening to these sentences, participants will rate each sentence for pleasantness from 1-7, as mentioned before.

**Procedure**

At the beginning of procedure, participants completed the Childhood Trauma Questionnaire. After finishing the CTQ, participants were exposed to the evaluation task we made up for this study that measures their pleasantness of self-referential criticism. When participants finished the evaluation task, all data were collected and ready for analyse.

**Data analysis**

Paired t-test (two-tailed) was used for pleasantness. T-test is a kind of statistical hypothesis test in which the test statistic follows a t-distribution under the null hypothesis. As we have two groups of data that have significant difference (participants may receive praise sentences and criticism sentences in pleasantness evaluation task) , we use paired t-test to measure this difference. To use paired t-test, the average of two groups of data(praise sentences and criticism sentences) , their difference d, as long as d’s variance, were firstly calculated. After this, the test statistic t could be calculated using values mentioned before. The specific formula was as follows:

Assume that when p < 0.01, the significance was approved.

Pearson correlation (two-tailed) analysis was used for measuring the association between pleasantness and CTQ scores. In statistics, the Pearson correlation coefficient is a measure of linear correlation between two sets of data. It is the covariance of two variables, divided by the product of their standard deviations; thus, it is essentially a normalised measurement of the covariance, such that the result always has a value between −1 and 1. If the value of r (result that calculated using Pearson correlation analysis) was near 1, two variables were positively correlated; if r was near -1, two variables were negatively correlated.; if r was near 0, then the two variables may have no correlation.

**Results**

In this study, there are two parts of results that collected or calculated in the course of the study. The first part of results come from the pleasantness evaluation test , including means of pleasantness, test statistic and significance of difference between pleasantness when listening to praise sentences and criticism sentences.

Table 1 Values and result of t-test

|  |  |  |  |
| --- | --- | --- | --- |
| Means of pleasantness | | *t* | *p* |
| Praise | Criticism |
| 5.65 | 2.02 | 24.36 | <0.001 |

The second part of results comes from both the pleasantness evaluation test and the CTQ. Results are divided into several parts due to the CTQ have several parts, meanwhile the sentences have two opposite meanings.

Table 2 Correlations between pleasantness ratings and Childhood Trauma Questionnaire scores

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Questionnaires | Pleasantness | | | |
| Criticism | | Praise | |
|  | *r* | *p* | *r* | *p* |
| CTQR-emotional abuse | 0.164 | 0.116 | 0.025 | 0.815 |
| CTQR-physical abuse | 0.349\* | 0.001 | −0.096 | 0.358 |
| CTQR-sexual abuse | 0.299 | 0.004 | −0.085 | 0.417 |
| CTQR-emotional neglect | −0.152 | 0.147 | −0.047 | 0.655 |
| CTQR-physical neglect | 0.338\* | 0.001 | 0.041 | 0.696 |

\*Significant correlations with Bonferroni correction, i.e., *p* < 0.0025 (0.05/60)

**Discussion**

This experiment primarily aimed to reveal the connection between childhood trauma and pleasantness of self-referential criticism and praise. Participants were presented with the CTQ and a pleasantness evaluation test. The CTQ rated their childhood trauma, and the pleasantness evaluation test rated their pleasantness when listening to self-referential criticism and praise.

The results in Table 1 show that when participants receive different types of sentences, their average of pleasantness points were different (5.65 compared with 2.02), and the difference is significant (t = 23.46 and p < 0.001). This means that the pleasantness evaluation test we used in this study is reasonable and valid. The fact is that in *Criticism in a foreign language hurts less* (Gao et al., 2019), the authors have seen the same fact.

The results in Table show more detailed information than Table 1. Firstly, there are three groups of data in the first and second columns in Table 2(r=0.349, p=0.001; r=0.299, p=0.004; r=0.338, p=0.001) that have small chances to get wrong conclusion. However, these five groups of data don’t have r value that near 1 or -1. This means that pleasantness of self-referential criticism may positively correlated with degree of childhood trauma. When it comes to the third and fourth column, the p values that we get were quite large that shows there might be no correlation between childhood trauma and pleasantness of self-referential praise. This means that pleasantness of self- referential praise may have no correlation with degree of childhood trauma.

**Conclusion**

This study shows that if someone have childhood trauma, he or she may be less sensitive (have higher pleasantness) than those who does not have childhood trauma. At the same time, childhood trauma could hardly affect pleasantness of self-referential praise. These conclusions might be reasonable based on our life experience. If someone has experienced abuse (emotional, physical or sexual) in his/her childhood that causes childhood trauma, he/she might be less sensitive when facing criticism than those who have not experienced abuse. On the other hand, whether someone have childhood trauma or not, their pleasantness of self-referential praise might be the same. This may because their bad memories in childhood were not awaken.

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