

A One-way Ticket Towards Desolation? A Systematic Review on the Childhood Traumatic Experiences and Empathy



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INTRODUCTION

As the critical period for development, **traumatic event** affect child in the development of empathy (can be both positive/negative) & Possible for posttraumatic growth

- Childhood traumatic experience usually categorized into five types: Physical abuse & neglect; Emotional abuse & neglect; Sexual abuse

Empathy can be further divided in Cognitive and Affective Empathy

- Distinct but Interconnected: Different brain region involved & impaired in one may not affect another
- May affected by traumatic even in different way

Posttraumatic Growth: As a coping strategy to cope with childhood traumatic events

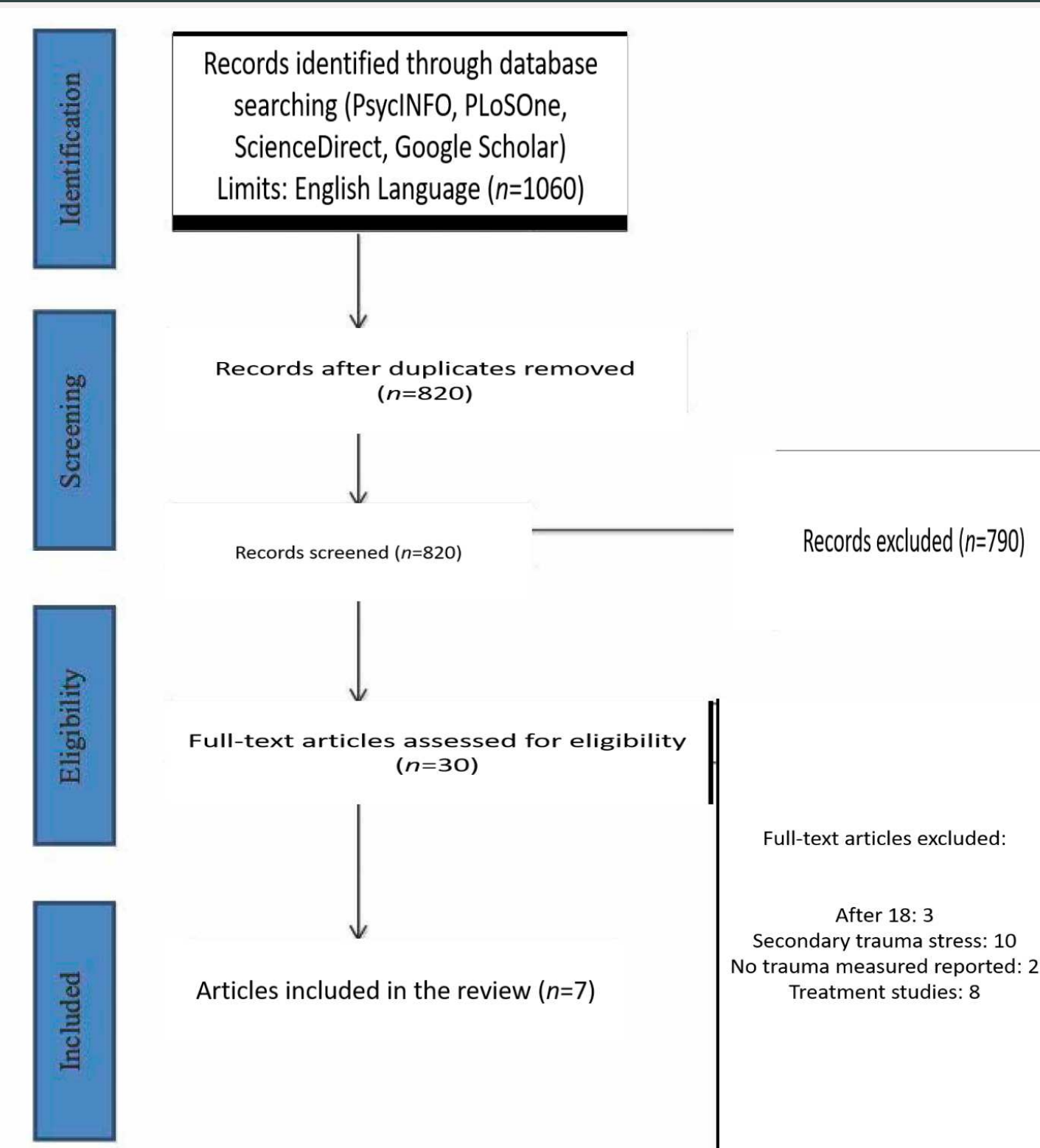
- Different continuum with emotional adjustment
- Link with compassion, empathy and pro-social behavior

OBJECTIVE

Given that the mixed founding of existing studies in relationship between trauma and empathy...

- The current review synthesizes available evidence on this topic to interpret similarities and discrepancies of the results and explore potential explanations in a structured manner.
 - By divided it in different population

METHOD



RESULTS

- 1) **Community Population:** Elevated Empathy Ability (except behavioral Aff. empathy)
- 2) **PTSD Population:** Mixed founding
- 3) **BPD Population:** Lower Empathy Ability

Study No.	Author (Year)	Journal	Sample Size	Population	Age (mean)	Gender (%female)	CTE Measurement	Empathy Measurement	Trait Cog	Trait Aff	Behav Cog	Behav Aff	Overall	Symptoms Severity
1	Wendt et al. (2022)	Neurobiology of Stress	4686 (EQval: 126,219/PCL-6)	Healthy	N/A	52 (EQ); N/A (PCL-6)	PCL-6	EQ	Pos cor.	Pos cor.			Pos cor.	Pos cor.
2	Greenberg et al. (2018)	PLoS ONE	829	Healthy	34.89	67	CTES	EQ, IRI	Higher	Higher			Higher	Higher
3	Locher et al. (2014)	Annals of Clinical Psychiatry	49	Healthy	N/A Ranged from 20-60	67	CTQ-SF	TRC-R			Lower	Lower		As mediator
4	Parlar et al. (2014)	Brain and Behavior	49	PTSD vs. Control	42.5 (PTSD)	100	CTQ, CAPS	IRI, TIQ	Lower	Mixed			Lower/Mixed	Not cor.
5	Nietlisbach et al. (2010)	Psychological Reports	32	PTSD vs Control	43.7 (PTSD)	50	SCID, IES-R	CST, RMET, FFT			Null	Lower	Lower/Mixed	Not cor.
6	Flasbeck et al. (2019)	The World Journal of Biological Psychiatry	93	BPD vs. Control	28.5 (BPD)	100	CTQ	IRI, SIT, ERP	Lower	Lower		Lower	Lower	

DISCUSSION

- 1) **BPD:** The lower empathy may due to Oversensitivity/Hypomenthalizing/emotion-specific
 - "Oversusceptible" to others's negative emotion
 - Hypomenthalizing: overconfident and exaggerate other's emotions because lack of knowledge about mental states
 - Emotion-specific: Attentional bias towards fearful faces & Avoid angry face
- 2) **PTSD:** Mixed/negative founding because of coping strategy & personal distress
 - Coping Strategy: Protect themselves from overwhelmed by distressing emotions
 - High personal distress: The extra distress through empathizing others + the huge personal distress --> "burnout" and withdraw from empathic-induced situation
 - * This still can be seen as PTG, to protect themselves
- 3) **Community:** Elevated empathy (except behavioral Aff. empathy), related to emotion regulation skills/Posttraumatic Growth & Social Support
 - Emotion regulation skills: Trauma lead to either over control or lack of it
 - Over-control: blunted affect in response to other's emotion (can be seen in moderate trauma group)
 - Low emotion regulation: Easily sank into other's emotion; Poor self-other boundary

Posttraumatic Growth can be seen in all population bu in different way

1. **In community population...**
 - Elevated empathy as one of many aspect of PTG
 - Work as construal of meaning to trauma: Feeling controllable of traumatic event and life beneficial to psychological health
 - Perceived traumatic event as opportunity to help other with similar condition, which paradoxically help to alleviate their distress
 - Reason why learn empathies with other instead of inhibiting it...
 - Social support as key element
 - Through self-observation and experience, knowing empathy would bring a positive outcome (i.e., positive mood)--> reproduce this behavior (as social learning theory proposed)
2. **In clinical population...**
 - Learnt different coping strategy: Withdraw to empathize other to avoid re-experiencing the negative feeling during traumatic event
 - Learn to inhibit empathy may due to lack of social support

CONCLUSION

This study contributes to view the relationship between childhood trauma and empathy in different perspective. In conclusion, childhood traumatic experience may not necessarily lead to lower ability of empathy, but there is possibility leading to posttraumatic personal growth including elevated ability of empathy. However, the link between two variables may depend on other factors such as previous clinical diagnosis, sensitivity level, social support, emotion regulation skills and different emotions being empathized etc.



FUTURE STUDIES

- 1) **Emotion-Specific Empathy**
 - Most of scale measuring empathy only assess sadness empathy
 - E.g., Interpersonal Reactivity Index (IRI)
 - Ability of empathizing with different emotion may vary
 - E.g., BPD show attentional bias to fear face & avoid angry face
- 2) **Type of Trauma**
 - Shown by studies as having different correlation value with empathy
 - E.g., Physical neglect has higher correlation value & could predict level of affective empathy