

How Childhood Trauma Relates to Present-Day Anxiety and Panic

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Childhood trauma is a major predisposing factor in forming anxiety symptoms and disorders in adulthood. Traumas can include physical abuse, emotional abuse, sexual abuse, neglect, exposure to domestic violence, parental substance abuse, and abandonment. Traumas can be thought of in terms of what therapists refer to as Big Ts and Little Ts. Big T events are those we typically associate with trauma and PTSD, including violence and physical or sexual abuse. Little T traumas are more subtle and can include bullying, insulting, scapegoating, humiliating, etc. Little T traumas, while not as large and obvious as Big T traumas, can be just as damaging as bigger traumas, especially when they occur multiple times. Experiencing childhood trauma can predispose people to developing anxiety and panic symptoms and disorders in several ways. These are related to unpredictable childhood environments, changes in how one perceives physical sensations, and changes in brain structure and function.

Unpredictable Environment

Growing up in an unpredictable environment is one of the most influential factors in the development of anxiety disorders, including Generalized Anxiety Disorder. Kids growing up in unpredictable environments might not have known if their parents would be present or not, if their parents would be under the influence or not, or if they would be angry or not. They might not have access to regular meals or stable homes and might have moved a lot on short notice. Unpredictable parents respond to their children in erratic ways, sometimes loving and present, sometimes angry or absent. People who grew up in unpredictable environments had to learn to gage their environment in an

attempt to estimate what would happen in order to respond appropriately. For example, a child with an angry or violent parent may have had to learn to read their parent's mood in order to know when to avoid them or try to calm them down. These children grow into adults who constantly evaluate their environment and other people's responses for danger. They might be worried if someone doesn't respond quickly enough or might anticipate the worst case outcome of every situation.

Perception of Physical Sensations

There is evidence that changes in the nervous system associated with childhood trauma lead to chronic hypervigilance of physical sensations. While someone who did not experience trauma might notice certain physical sensations or write them off as normal fluctuations, those who experienced trauma can be more sensitive to these sensations and more likely to arrive at frightening conclusions about them. For example, a person with pain in their torso might not notice it or might conclude it is a harmless occurrence like indigestion while a person with anxiety might conclude they are having a heart attack. Or, a person experiencing more frequent urination might believe this is from drinking more water while someone with anxiety might jump to the conclusion that they have a serious disease like cancer. This hyper-perception and overestimation of sensations is linked to panic attacks and health anxiety.

Changes in Brain Structure and Function

People who experienced childhood trauma have been documented to have changes in the brain and nervous system that can be long-lasting. One of these changes is a larger or overactive amygdala. Deep in the center of the brain, the amygdala is involved in detecting and responding to threats, among other functions. An enlarged or overactive amygdala is associated with in increase in reaction to danger. People who have this symptom might detect danger or threats where there are none, thus becoming afraid or worrying over even minor occurrences. The worry and anxiety these people experience can feel very real and distressing, even when there is nothing to worry about, and can be difficult to calm down.

Experiencing childhood trauma does not guarantee that a person will develop anxiety or panic and the route is not entirely clear. Other factors in the environment and personal differences can moderate thee effects of trauma. Still, many people who experienced childhood trauma go on to develop some kind of anxiety and/or panic symptoms. Similarly, not all people who live with anxiety and/or panic experienced childhood trauma, but many do discover both large and small traumas in their histories when looking more closely at their childhoods. When treating anxiety and panic, it is useful to explore past experiences to see how they could have contributed to present symptoms. Addressing these experiences, along with applying tools for calming anxiety, can help people find relief from their symptoms.

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