

The Influences of Childhood Trauma and Parenting Styles on The Bipolar Disorder of Teenagers

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Abstract. After Covid-19, more and more students were reported to commit suicide, which shows that the mental health problems have become normal phenomenons in the adolescents. It has attracted more and more attentions of parents and teachers. Among all the mental health problems, bipolar disorder has been a common and serious problem in the teenagers. Bipolar disorder is a chronic and complex disorder which is partly diagnosed in the adolescence and early adulthood. The leading causes of bipolar disorder mainly focused on genetics and environment. This paper aims to explore the influences of two aspects, childhood trauma and parenting styles on the bipolar disorder of adolescents. In this paper, some retrospective literature was reviewed again. The results show that the incidents of childhood trauma are frequent and severe in bipolar disorder. In the five subscales, emotional abuse, emotional neglect are the main two subscales which have much influence on the morbidity of bipolar disorder. Besides, compared with the control group, the different parenting styles may have different influence on children. severe punishment, emotional care and understanding, over control and protection of fathers, and the severe punishment, emotional care and understanding, preference of subjects and denial and rejection chosen by mothers may be the influential factors of the teenagers with bipolar disorder. Therefore, childhood trauma should be avoided or decreased as much as possible. Besides, parents are supposed to create a more caring and tolerable environment full of love for their children.

Keywords: Bipolar disorder (BD); teenagers; childhood trauma; parenting styles.

1. Introduction

Since Covid-19 invaded China severely, more and more Chinese Middle schools choose to deliver their lessons online instead of offline in order to avoid the infection of it. However, after resuming classes, it was unexpected that more and more news of suicide committed by teenagers were revealed. Therefore, the mental health problems of the teenagers have caught the attention of people in the society especially the parents and the teachers.

Bipolar disorder (BD) is one of the most serious mental health problems. It is a chronic and complex mood disorder [1]. It is seen as the 6th leading cause of disability among those who aged 15-44, which is characterized by the alternation of depressive episodes and manic and hypomanic episodes [2]. Among all the psychiatric illnesses, the suicidal rate of BD ranks the highest, which accounts for 3.4%-14% of those who die from suicide. Therefore, it tends to pose a big threat to the personal security of the patients and even their family members. The emergence of bipolar disorder usually happened in one's early adulthood. Besides, it is reported that there are 50%-75% of the patients whose symptom come up before the age of 18 [3]. The teenagers who are diagnosed with bipolar disorder has increased unceasingly during these years, scarcely lower than depression and anxiety. Bipolar disorder is influenced by many factors, mainly the genetic inheritance and environment. Family environment, especially the parenting style has always played an important role in cultivating the personality of the teenagers as different parenting styles will cultivate different personality. In addition, childhood trauma is also closely related to the suffering of bipolar disorder. In this paper, the influences of two aspects, the parenting style and childhood trauma on the bipolar disorder of teenagers will be discussed and analyzed in order to help others realize this mental problem clearly and find out some useful and proper ways to help patients with BD alleviate the pain brought by this problem.

2. Methodology

During the literature search was made, the database used are Web of science. The search terms are related to bipolar disorder, which including 'bipolar disorder', 'bipolar depression', 'mania', 'childhood trauma', 'parenting style', 'teenager mental health'. Besides, there are also another database which is used for further study such as Google scholar. Studies were included if they 1) are published after 2000 (as studies before 2000 may be out of date), 2) contain empirical data (including the date related to the influence of childhood trauma and the parenting style), 3) contain some analysis of bipolar disorder, and the influence of the parenting style and childhood trauma on bipolar disorder and some unsolved problem about this topic.

3. Overview of Bipolar Disorder

Bipolar disorder is a chronic and complex disorder which is diagnosed in the adolescence and early adulthood [1]. Usually, it has been many years since the symptoms of BD started to emerge. It is characterized by the transition between manic, hypomanic and depression [1]. In 2004, WHO listed bipolar disorder as the 12th common but serious one leading to disability. In the US, the lifetime morbidity rate is 4% [4]. According to the different symptoms and the course of the disorder, it is divided into four types, including bipolar I disorder, bipolar II disorder, circular mood disorder, unformed disorders. The former two are commonly known and talked by others. Bipolar I disorder is always connected closely to significant medical and psychiatric comorbidity, premature mortality and high level of functional disability, and decreased life quality. And it is ranked among the leading causes of worldwide disability. [5]

While bipolar II disorder usually require the occurrence of at least one hypomanic episode and one major depressive episode. It used to be seen as a milder form of bipolar disorder. But now it is not seen as it used to be any more because a large amount of time is spent in being in a state of depression with functional impairment and mood instability. The first type's extreme high states are known as manic episodes, which make someone's emotion fluctuate from being irritable to invincible. While these euphoric episodes are not ordinary feelings of joy because it has exceeded the normal level, which usually tends to cause some symptoms such as racing thoughts, insomnia, impulsive actions, rapid speech as well as some dangerous behaviors that may be harmful to the society and the people. In the depressed phase of bipolar disorder, the patients usually have a low mood, decreasing interests in their hobbies. What's more, their appetite changes and some of them may suffer from loss of appetite. They always feel worthless or extremely guilty with serious insomnia or somnolence [6]. About 1%-3% of adults experience a broad range of symptoms [7]. Compared with unipolar depression or pure manic, bipolar disorder with the mixed features is much more complicated. The research indicates that patients who suffer from bipolar depression have greater morbidity and mortality than those with bipolar mania. According to the structured interview, 21%-26% of the patients with depression or anxiety will reach diagnostic criteria of bipolar disorder. Patients with bipolar disorder often have other mental health issues, such as anxiety disorder, impulse control, attention deficit hyperactivity disorder, and substance abuse which may lead to a more serious outcome. Compared to those mentally healthy people with the same age, patients with BD are more likely to suffer from diabetes, obesity and cardiovascular diseases.

4. Bipolar Disorder on the Teenagers

In the past, more research on BD were conducted about the adults than children and adolescents. While since the beginning of 1980s, BD on adolescents has caught increasing attention. According to Post and Kowatch, 15%-28% of adults with bipolar disorder experienced the onset of it before 13 [8]. In the US, the adult with bipolar I disorder has clinical lifetime occurrence has reached to 4% of the US population while the occurrence of the adolescents has been reported as about 1%-5% [9]. In adolescents, the main symptoms of bipolar disorder are mood and sleep disturbance, anxiety,

aggression as well as hyperactivity [10]. Besides, emotional outbursts, irritability, lack of distinct episodes, poor tolerance, and response to medication also may happen to the adolescents with BD [8]. In addition, it may lead to preoccupation death, depression and withdrawal among adolescents [11]. Therefore, bipolar disorder in the adolescents is really significant as it is closely related to the poor psycho-social functioning and higher utilization of mental health services that persist into early adulthood. What are the leading causes of bipolar disorder in the adolescents? Like adults, the causes leading to bipolar disorder are mainly focused on genetics and environment. Recent studies in patients of BD suggest an interaction between genetic and environmental factors, especially parenting styles as well as some familial factors [12]. Besides, the influence of intra-familial dynamics and childhood trauma in patients with BD are also significant. That's to say, exposure to traumatic experiences in early childhood is common in patients with Schizophrenia (SQZ) and BD [13]. In this paper, childhood trauma and parenting styles will be discussed in the next two parts.

5. The Influence of Childhood Trauma on Bipolar Disorders of Teenagers with BD

Many teenagers may suffer from childhood trauma such as long-term abuse and neglect by their parents and others. The bad childhood experiences have posed a serious and long-term impacts on their personality and cognition. Childhood trauma events are shown more frequently by bipolar patients than unipolar patients. In research with the samples of 90 patients with BD, 30 of them have childhood trauma [14]. Chinese research has found that many adolescent bipolar disorder patients are associated with early childhood trauma, especially in emotional and behavioral trauma [15]. Childhood trauma questionnaire was usually conducted to see the relations between childhood trauma and the bipolar disorder. It assesses five dimensions of trauma— emotional abuse, physical abuse, sexual abuse, physical neglect and emotional neglect— each in four degrees of severity— none, low, moderate and severe. According to Garino et al., in a group of 100 adults, 51% of them has suffered from severe childhood abuse [16]. Emotional abuse is the most frequent type of childhood trauma, which accounts for 37%, physical abuse accounts for 24%, emotional neglect 24%, sexual abuse 21%, and physical neglect 12% [17]. Besides, the different types of traumas closely connected to each other. One third of the patients with bipolar disorder has suffered from two or more different forms of trauma. In a study conducted by Maguire C, childhood trauma is much more serious and frequent in those patients with BD than the group with healthy people [18]. In this study, there were 206 euthymic bipolar patients and 94 healthy people. CTQ total score was much higher for the BD patients than those subjects in health condition ($p < 0.0001$). 54.4% of the bipolar disorder while 31.9% of the control has suffered from at least one kind of trauma in their childhood ($p = 0.0003$). For those who experienced more than two types of traumas have the three-time possibility of getting BD. In Stuard Watson's study, the subjects were those with a diagnosis of bipolar disorder in the depressive episode. Besides, another criterion included age from 18 to 65 years old [19]. They tend to accept stable medication for at least 4 weeks. And the same time, the subjects should be those who have the willing to take part in this research and have the ability to understand English. In this research, the participants were assessed by many facets such as sex, age, BMI, pre-morbid IQ, and number of years of education. The childhood trauma questionnaire (CTQ) was also completed. In this research, all subscale scores were also much higher in the bipolar group except sexual abuse. In a word, higher scores were also shown in those patients with bipolar I and bipolar II instead of those in control group. Compared to the control group, sexual abuse was the only subscale measure that was not higher in bipolar patients. In those bipolar patients who used to be diagnosed with DSM-IV melancholia, emotional neglect and physical neglect scores were higher. For those who used to attempt to commit suicides or who with a diagnosis of rapid cycling bipolar disorder, the CTQ scores were higher. In a word, childhood trauma has much influence on the adolescents with BD.

6. The Influence of Parenting Styles on Bipolar Disorders of Teenagers

Among all the environmental factors, the most important factor is family environment. In all the family factors, parenting styles are also very significant in developing a healthy personality and mental health in the adolescents. The scale EMBU, compiled by Carlo Perris, was conducted to see the relations between parenting styles and bipolar disorder in the adolescents [20]. The scale will be conducted from two aspects, father parenting style factors and mother parenting style factors. The father parenting style factors will be investigated from 6 dimensions including severe punishment, emotional care and understanding, preference of subject, over control, over-protection and rejection and denial. In mothers' parenting styles, it will be investigated from 5 dimensions--severe punishment, emotional care and understanding, preference of subjects, over-control and over protection and rejection and denial. The higher scores of each items indicates more tendency to use this parenting style by parents. In conclusion, parents are the first teacher of children. In the family environment, parenting styles are the reflection of parents' values in parenting, their behaviour as well as their emotion and care for their children. In this research, the scores of severe punishments, preference of subjects in fathers' parenting styles factors are low. While the scores of emotional cares and understanding over control and protection, rejection and denial in fathers' parenting styles, and severe punishment, preference of subjects, over control and protection, denial and rejection in mothers' parenting are high. According to the analysis of logistic regression, severe punishment, emotional care and understanding, over control and protection of fathers, and the severe punishment, emotional care and understanding, preference of subjects and denial and rejection chosen by mothers may be the influential factors of the teenagers with bipolar disorder. In their daily life, parents cannot help to take on all the staffs of their children, which lead to the lack of the ability of living by themselves. Therefore, they depend too much on their parents and lack their own opinion. Besides, instead of praising, encouraging their children, parents tend to deny and reject the needs of their children. Therefore, their children are short of sense of security and achievement. They tend to have low self-value. Long term insecurity and fear may lead to anxious and depressive emotions and mental problems. According to Dai, the emotional care and understanding of fathers may be beneficial to the mental health of their children after they grow up [21]. While the over-protection of the parents may do harm to their mental health. In Bai's view, parenting styles have close relation to teenagers with bipolar disorder, especially the severe punishment have much influence on it [22]. As a result, it is significant to alleviate being harsh to their children in order to prevent bipolar disorder. Alloy LB thought the teenagers with bipolar disorder may feel less warmth and care from their mothers or fathers. Instead, the adolescents usually have to receive more criticism and judgement on their children. In research conducted by Meng, the result shows that the scores of emotional care and understanding in experimental group are lower than the control group, which has been called the protective factors [23]. While the scores of the severe punishment, rejection and denial as well as the over control are higher than those of the control group, which has been called the risk factors. In a word, improper parenting styles like lower rate of emotional care and understanding, higher rate of rejection and denial as well as severe punishment, over-control and protection has weakened children's resiliency. They may contribute to depression and mania. The teenager has faced lots of pressure in study, interpersonal skill and social relationship. Their psychological development is in low level. So, it is hard for them to deal with the pressure and conflicts. In this special phase, if parents provided their care and emotion to their children, understand, support and encourage them, as well as provide a safe and comfortable living condition for their children in a warm attitude, it is easier for their children to form a healthier personality. Their children may tend to adopt a more mature defense mechanism as a teenager. If parents always criticize their children and deny what they did instead of approving and encouraging, the self-value, self-esteem and confidence of children will be undermined. When they are faced with pressure, they tend to be anxious and depressive. The teenagers are in their rebellious phase. In this phase, under the severe punishment of fathers, some teenagers may feel more rebellious and irritated, which may lead to mania, while others are afraid to show their different opinions from their father. So, they have to depress their true feelings and needs, which may lead to

depression. The over control of mothers may limit the chance of their children to have more communication with the society and it may also stop developing their independence. It may be hard for them to deal with the problems in the real world on their own, which may result in lack of confidence, and it is difficult to have their own thoughts. They may be easier to live under the control of their parents which may make them feel desperate and have no strength to change their life and live their own life, which may also lead to mania, anger or depression.

In a word, both childhood trauma and parenting styles will have much influence on the teenagers of bipolar disorder. So, it is significant to prevent teenagers from bipolar disorder by protecting them from suffering trauma. Therefore, parents are supposed to build up a more caring and tolerable environment for their children. And except from family environment, unhealthy school and social environment may also be the causes of bipolar disorder on teenagers, which may be needed to be further discussed.

7. Conclusion

The paper intends to figure out how childhood trauma and parenting styles influence adolescents with BD. The results show that childhood traumas are frequent and severe in adolescents with BD. In the five subscales, emotional abuse, emotional neglect are the main two subscales which have many influences on the morbidity of bipolar disorder. Emotional abuses and sexual abuses tend to have double risks of committing suicides. In parenting styles, severe punishment, emotional care and understanding, over control and protection of fathers, and the severe punishment, emotional care and understanding, preference of subjects and denial and rejection chosen by mothers may be the influential factors of the teenagers with bipolar disorder. In a word, parents are supposed to provide much more care and love to their children to improve children's confidence. Besides, parents should encourage their children to help them express their real need in their heart instead of depressing their feelings. Parents' giving them much space and the chance to make choices by children themselves may improve children's self-value, self-esteem and confidence. Parents should create a more caring and tolerable environment full of love for their children. Therefore, there will be less trauma. While except parenting styles, school and social environment may also be the key factors which brought side effects to their mental health and may causes trauma. Students may suffer bullying from their classmates and their teachers. So, bullying in school and society also might be a problem needed to be further explored.

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