

# The Connections of Different Experience in Childhood with Later Adulthood's Health, Family Health, Emotion Regulation and Coping Strategies

**Siyu Zhou**

*Guangzhou Ulink International  
School, Guangzhou, 510000, China  
Corresponding author:  
Lilyzhou0923@outlook.com*

## **Abstract:**

Mental health issues, problematic family relationships, and difficulties in maintaining a stable emotion have become increasingly common in nowadays society-these issues not only influence individuals' daily life but also bring negative effect to social well-being, which makes it critical to explore the underlying causes. Different related research indicates that childhood experience acts as a key contributing factor, and this literature review is going to indicate how it connects to adulthood health, family health, emotion regulation, and coping strategies. After analyzing different related research, adverse childhood experiences can be regarded as having a negative correlation with long-term impacts on adult's physical and mental health, family relationship, emotional regulation, brain development and methods of problem-solving. While positive childhood experiences can act as a protective factor that enhances emotional resilience, health outcomes, and family health in adulthood. As a result, childhood can not only be simply seen as an experience in one's life but an important period that can shape lifelong development. By knowing the significance of childhood experience, individuals should nurture positive childhood experiences and avoid emotional neglect and other mental harms that lead to adverse childhood experience.

**Keywords:** Adverse Childhood Experience, Positive Childhood Experience, Working Memory, Emotion Regulation, Coping Strategies

## **1 Introduction**

In contemporary society, an increased number of in-

dividuals face diverse problems that deal with mental issues like depression and anxiety which brings challenges to their family relationships and emotional

regulation. Evidence suggests that these issues often can be traced back to childhood experiences including both adverse childhood experiences (ACEs) and positive childhood experiences (PCEs). This research is going to show the outcomes of both negative and positive childhood experience with later adulthood's health, family health, emotion regulation and abilities to solve problems. Research has found that ACEs, such as abuse, and neglect or parental separation can potentially lead to long-term negative outcomes like influencing sleeping quality, chronic health and depression (Felitti et al., 1998). On the other hand, PCEs, that has been analyzed as having a supportive family relationships, stable caregiving, and psychological comfort, can act as protective factors because it helps to enhance and promote emotional resilience, better health and a positive family dynamic in adulthood. This shows that childhood is not only a short stage of an individuals' life but a critical period that builds foundation for an individual's later life. The positive and negative experiences during this period shape brain development, emotional regulation skills, coping strategies and working memory, which shows the importance of promoting a positive childhood experience and realize the negative outcomes of an adverse experience in childhood.

## 2 Childhood experiences

### 2.1 Relation with Adult Family Health

Research has found that both adverse and positive childhood experience, ACE and PCE have different effects on adult in family and interpersonal relationships, promoting adult family health. Positive and negative childhood experiences influence on adult family in four categories which are family social and emotional health processes, family healthy lifestyle, family health resources and family external support (Danies et al. in 2021). Research by Danies et al. rooted in Resiliency Theory found the association between childhood experience and adult family health. Adverse childhood experiences are related to traumatic events like child abuse, neglect, family members having mental issues, and parental divorce or separation (Felitti et al., 1998). Positive childhood experiences are defined as beneficial events, including supportive family relationships, stable caregiving, and beliefs that provide psychological comfort. The result shows that without accounting for PCEs, ACEs were negatively correlated with all four family health domains. When PCEs were included, ACEs remained negatively associated only with family social and emotional health processes (standardized coefficient: -0.09,  $p < .01$ ) and family health resources (standardized coefficient: -0.20,  $p < .001$ ). PCEs were positively associ-

ated with all four family health domain (standardized coefficients: .24-.31, all  $p < .001$ ), regardless of ACE scores. The absolute value of PCEs' standardized betas was larger than ACEs' across all domains, indicating that PCEs had stronger link to adult family health. By applying Resiliency Theory, PCEs are seen as promotive factors that enable individuals to develop resilience and continue to develop even when traumatic events happen which can promote better family health in adulthood (Skodol et al., 2007). According to the Life Course Theory, early adverse experiences like family separation, neglect by care givers and abuse will lead to delayed health issues that influence care and parental resilience. Also, people that experienced these traumatic events are found more easily to feel depressed, anxious and develop a detrimental health in adulthood. In addition, findings showed that parents usually use the same method as they were used by their parents to their children. Therefore, this indicates that adult who had adverse childhood experience are less likely to have a healthy family, as they are more likely to have unresolved emotional issues, than adults who had positive childhood experience (Murphy et al., 2014). Research by Danies, CL, et al in 2021 also indicates that ACEs harm specific aspects of adult family health, but PCEs consistently promote all dimensions of family health -even in the presence of childhood adversity. The key results found in this research were, after accounting for PCEs, ACEs were negatively associated only with 2 family health domains: family social and emotional health processes and family health resources. ACEs had no significant link to family healthy lifestyle or external social supports when PCEs were included. Irrespective of ACEs PCEs were all positively associated with 4 family health domains.

### 2.2 Relation with Adult Health (Mental and Physical)

The experiences individual encounter during childhood for example adverse events like abuse or neglect and positive ones such as being nurtured by stable caregiving or having supportive relationships, can serve as a foundation that promotes long-term physical mental and psychosocial health outcomes in adulthood. Child Abuse & Neglect published in 2019 studied how positive and negative childhood experiences influence adult health. Rooted in Resiliency Theory, this research examines how adverse childhood experience and counter-adverse childhood experience influences adult's physical health and emotional development such as depression symptoms, executive functioning, and gratitude. The result found indicates that counter-ACEs brought a positive effect on adult health: they protect against poor health outcomes and enhance

overall wellness. While ACEs scores are moderate, counter-ACEs largely neutralize the negative effects of ACEs on adult health (AliceAnn Crandall et al., 2019). Findings indicate a strong correlation between experiencing multiple ACEs and adult negative health indicators like less physical activity and higher BMI, smoking rates, depression, and chronic health conditions (AliceAnn Crandall et al., 2019). The connection between ACEs and low adult health can be explained by physiological responses to stress and more likely to adopt bad habits to cope with stress and depression (Felitti et al., 1998). Numerous studies had found that ACEs has been associated with sleep disturbances, higher stress and anxiety, also lower consumption of fruits and vegetables, less psychological wellbeing and less closeness with family members among middle and older adulthood, which all leads to bad adult health (Nurius et al., 2010; Salinas-Miranda et al., 2015; Savla et al., 2013; Windle et al., 2018). Research had also found that counter-ACEs can improve future social experiences and healthy relationships, like positive school engagement and interpersonal connection, which helps predict a better productivity and responsibility in adulthood (Kosterman et al., 2011; Narayan et al., 2018). Also people who experienced more positive childhood like having a warm family environment and extra caring including eight components of high parental education, high perceived social economic status, no smokers in the family, high parental warmth, high emotional support and high instrumental support were found to be more optimistic and having a higher cardiovascular health score (Aalto et al., 2019). Consistent with Resiliency Theory's Compensatory Model, higher counter-ACEs scores correlate with better emotional outcomes and even neutralize harmful emotional impacts brought by ACEs, however in contrary, according to the Protective Factors Model, ACEs related to worse emotional health more strongly than individuals with above-average counter-ACEs and in the Challenge Model, counter-ACEs; positive effects on emotional development were less in those with 4 or more ACEs'. In conclusion, all these results reinforce that both two distinct childhood experiences are not distant memories but active that influences on emotional skills, stability, and well-being that define adult emotional development. Similar results were obtained in research by Deborah Han et al in 2023, higher PCE levels were significantly but modestly associated with lower ACEs, confirming PCEs and ACEs are partially independent. Many individuals experienced both and one does not exclude the other, PCEs predict more favorable adult outcomes independently of ACEs more often than they buffer ACEs. PCEs are important for constructing lifelong wellbeing. Furthermore, research Negative and positive childhood experiences

across developmental periods in psychiatric patients with different diagnoses found the associations between psychiatric diagnoses and positive and negative life events (childhood to adult). The result was that emotional neglect and abuse were the most prominent negative experiences in psychiatric patients more than physical or sexual abuse. Patients with personality disorders and schizophrenic disorders had significantly higher childhood emotional abuse scores than those with alcohol-related disorders. Adolescence is more "sensitive period" for negative experiences than early childhood. Patients with personality disorders and alcohol-related disorders showed the sharpest increase in childhood neglect compared with other diagnostic groups and control participants, highlighting the vulnerability of these populations. Childhood separation experiences were more common in patients than controls, with scores increasing through childhood into adolescence. These results showed that ACEs is strongly related to psychological problems in adulthood meaning that ACEs might be harmful to adults' mental health.

### 3 Childhood experience as a foundation for adult emotional development

Childhood experience acts as a foundation for adult emotional development, with both adverse childhood experience (ACEs) and positive childhood experience (PCEs), having a long-lasting impact on person's emotional regulation and coping strategy formation. Adverse childhood experiences (ACEs) such as neglect and trauma can challenge brain development causing a negative influence in managing emotions and forming an effective way in problem-solving. Individuals who experienced high levels of stress during their formative years are more likely to exhibit heightened emotional responses such as increased anxiety and anger, which greatly impacts their ability in problem-solving. In contrast, positive childhood experiences (PCEs), like having a childhood with care and love, promotes emotional resilience, which enable individuals to be calm when dealing with difficulties and come up with efficient ways in solving their problems. The differentiation in emotional responses between the two types of childhood experience is vital, as research highlights that beneficial and supportive relationships in childhood can foster healthy emotional development, whereas the absence of such support can lead to dysfunctional behaviors in adulthood (Aalto et al., 2025; Bank, 2024; Bhui et al., 2024; Salinas-Miranda et al., 2025). Research by Acar et al. in 2024 indicates the relationship between insecure attachment and emotional skills, revealing that secure attachments promote healthier emotional outcomes, which

shows the ACEs and PCEs different influence brain development, ultimately relating to problem-solving abilities and emotional regulation skills. This research uses method designed for parents to assess attachment insecurity in preschool, questionnaire which consisted of three sub-dimensions related to recognizing, expressing, and regulating emotions, and questionnaire that describes parent's response to children's negative emotions to make analysis of the mediating role of working memory in the relationship between attachment insecurity levels and emotion regulation skills. Results found a negative correlation between children's attachment insecurity, emotion regulation skills and working memory with a positive relationship in emotion regulation skills and working memory (Acar et al. in 2024). Also, there is a negative relationship in parent's negative reactions with child's emotion regulation skills. Parents' secure attachment meaning noticing and responding to a child's emotional issues is crucial. Researchers Ainsworth in 1978 and Bowlby in 1969 had found that secure attachment, like a caregiver giving comfort to their kids when they are sad, helps individuals to build trust with others and handle their feelings in a flexible way when facing tough situations. This is because a child can share their feelings with their parents in any situation which helps them learn the way to calm down. (Cassidy, 1994; Mikulincer & Shaver, 2007). However, when avoidant attachment occurs in a family, where the caregiver keeps rejecting a child for giving emotional support, the child will shut down emotionally because they learn and feel that they are pushed away from their feelings without coping with their stress (Mikulincer & Shaver, 2007). In addition, ambivalent attachment is also negative to children's emotional development because the childhood doesn't always get emotional support and response which makes the children experience heightened emotions, often feeling on the edge trying to get their caregivers attention (Cassidy, 1994). Children with experience that lacks attachment with caregivers might struggle to maintain calmness in the face of challenges, which could increase the risk of developing maladaptive coping mechanisms, making them more susceptible to anger or frustration. Also, they might have a decrease in self-compassion and form ineffective coping mechanisms, making them less equipped to handle stressors. Besides emotion, childhood experience also impacts on how individuals think that refers to their working memory. The prefrontal cortex in the brain is important for working memory which can be affected by parents in early time of a child. A long-term secure attachment helps facilitates neural connectivity in the prefrontal cortex, which enhances working memory functioning, while negative experience in childhood like verbal abuse from the caregiver has negative influence on

the working memory and short-term memory (Power et al., 2021). Individuals that experience this kind of psychological abuse are found struggled to keep information in their mind. Working memory plays an important role in emotion regulation, children with good working memory knows how to deal with their feelings and find good ways to manage them as they remember how their emotions are being understand and fixed. Individuals that have a good working memory will not be easily controlled and get overwhelmed by their emotion, as well as they can find helpful strategies to allow their emotions to stay in balance (Groves et al., 2021). Therefore, shows that positive childhood experiences are associated with positive adult functioning, individuals with PCEs are better equipped to manage stress and resolve conflicts with calmness, enhancing their overall emotional well-being during adulthood.

## 4 CONCLUSIONS

To conclude, this research demonstrates that adverse childhood experiences such as abuse, neglect and familial disruption, negatively impacts an adult's life in various ways and multiple domains. The influential factors include physical health (e.g. chronic conditions, sleep disturbances), strained family relationships (including deficit social-emotional processes and health resources), impaired emotional regulation and ineffective coping strategies. The psychological and physiological harm experienced during childhood greatly influences brain development and causes depression that leads to the main above-mentioned long-term harm. In contrast, positive childhood experiences described as having a supportive relationships, stable caregivers, and constant comfort, can be seen as a powerful protective and promotive factor. PCEs not only buffers ACEs but also independently foster resilience, better health outcomes, and adaptive emotional and problem-solving skills. However, the results of ACEs negatively influence adults' life and PCEs acting as resilience that are beneficial to adult life has its limitations, since it ignores the fact that human are active social learners. Although trauma experiences during childhood carries significant risks, individuals' life and emotion might not directly be influenced, as they are not passive victims of their childhood histories; they can actively engage in healing, develop coping mechanisms, and even turn adverse experiences as strength and insight. For example, there are cases when individuals who had a tough childhood experience feel easier to overcome and deal with their hard situations later in life, as they had experienced similar situations in childhood that helps them know how to grow and build more empathetic relationships, which



shows that ACEs shape outcomes but do not determine them. In addition, most of the research findings show the correlation between childhood experience and adult life uses cross-sectional methods and questionnaires; the lack of longitudinal experiments and long-term observations can influence the conclusions made and neglected different possible outcomes, making the finding too narrow. In synthesis, this literature review affirms that childhood is a critical period which significantly shapes adulthood. Interventions and policies should be made to rise people's awareness of the importance of childhood experience by fostering PCEs and reducing ACEs, which can lead to an increase in lifelong well-being and resilience for individuals and families.

## References

- Aalto, S., Punamäki, R. L., Vänskä, M., Kankaanpää, R., Turunen, T., Lahtinen, O., Derluyn, I., Spaas, C., De Haene, L., Smith Jervelund, S., Skovdal, M., Andersen, A. J., Opaas, M., Osman, F., Sarkadi, A., Durbeej, N., Soye, E., & Peltonen, K. Patterns of mental health problems and resilience among immigrant and refugee adolescents: a latent profile analysis. *Eur. J. Psychotraumatol.*, 16(1), 2479924 (2025). <https://doi.org/10.1080/20008066.2025.2479924>
- Bretherton, I. The origins of attachment theory: John Bowlby and Mary Ainsworth. *Dev. Psychol.*, 28(5), 759–775 (1992). <https://doi.org/10.1037/0012-1649.28.5.759>
- Cassidy, J. Emotion regulation: Influences of attachment relationships. *Monogr. Soc. Res. Child Dev.*, 59(2–3), 228–283 (1994). <https://doi.org/10.2307/1166148>
- Crandall, A., Miller, J. R., Cheung, A., Novilla, L. K., Glade, R., Novilla, M. L. B., Magnusson, B. M., Leavitt, B. L., Barnes, M. D., & Hanson, C. L. ACEs and counter-ACEs: How positive and negative childhood experiences influence adult health. *Child Abuse Negl.*, 96, 104089 (2019). <https://doi.org/10.1016/j.chiabu.2019.104089>
- Daines, C. L., Hansen, D., Novilla, M. L. B., & Crandall, A. Effects of positive and negative childhood experiences on adult family health. *BMC Public Health*, 21(1), 651 (2021). <https://doi.org/10.1186/s12889-021-10732-w>
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *Am. J. Prev. Med.*, 14(4), 245–258 (1998). [https://doi.org/10.1016/s0749-3797\(98\)00017-8](https://doi.org/10.1016/s0749-3797(98)00017-8)
- Groves, N. B., Wells, E. L., Soto, E. F., Marsh, C. L., Jaisle, E. M., Harvey, T. K., & Kofler, M. J. Executive functioning and emotion regulation in children with and without ADHD. *Res. Child Adolesc. Psychopathol.*, 50(6), 721–735 (2022). <https://doi.org/10.1007/s10802-021-00883-0>
- Inter-American Development Bank. Growing in motion: Challenges and opportunities for migrant early childhood. Inter-American Development Bank (2024). <https://core.ac.uk/download/664290735>
- Jeste, D. V., Savla, G. N., Thompson, W. K., Vahia, I. V., Glorioso, D. K., Martin, A. S., Palmer, B. W., Rock, D., Golshan, S., Kraemer, H. C., & Depp, C. A. Association between older age and more successful aging: Critical role of resilience and depression. *Am. J. Psychiatry*, 170(2), 188–196 (2013). <https://doi.org/10.1176/appi.ajp.2012.12030386>
- King, R. B., Tse, J. K. Y., & Zhoc, K. C. H. The importance of social and emotional learning in facilitating positive transitions from kindergarten to primary school in Hong Kong (2025). <https://core.ac.uk/download/659489041>
- Kosterman, R., Mason, W. A., Haggerty, K. P., Hawkins, J. D., Spoth, R., & Redmond, C. Positive childhood experiences and positive adult functioning: Prosocial continuity and the role of adolescent substance use. *J. Adolesc. Health*, 49(2), 180–186 (2011). <https://doi.org/10.1016/j.jadohealth.2010.11.244>
- Majer, M., Nater, U. M., Lin, J. M., Capuron, L., & Reeves, W. C. Association of childhood trauma with cognitive function in healthy adults: A pilot study. *BMC Neurol.*, 10, 61 (2010). <https://doi.org/10.1186/1471-2377-10-61>
- Mikulincer, M., & Shaver, P. R. Attachment, group-related processes, and psychotherapy. *Int. J. Group Psychother.*, 57(2), 233–245 (2007). <https://doi.org/10.1521/ijgp.2007.57.2.233>
- Murphy, A., Steele, M., Dube, S. R., Bate, J., Bonuck, K., Meissner, P., Goldman, H., & Steele, H. Adverse childhood experiences (ACEs) questionnaire and Adult Attachment Interview (AAI): Implications for parent child relationships. *Child Abuse Negl.*, 38(2), 224–233 (2014). <https://doi.org/10.1016/j.chiabu.2013.09.004>
- Narayan, A. J., Rivera, L. M., Bernstein, R. E., Harris, W. W., & Lieberman, A. F. Positive childhood experiences predict less psychopathology and stress in pregnant women with childhood adversity: A pilot study of the benevolent childhood experiences (BCEs) scale. *Child Abuse Negl.*, 78, 19–30 (2018). <https://doi.org/10.1016/j.chiabu.2017.09.022>
- Power, J., van IJendoorn, M., Lewis, A. J., Chen, W., & Galbally, M. Maternal perinatal depression and child executive function: A systematic review and meta-analysis. *J. Affect. Disord.*, 291, 218–234 (2021). <https://doi.org/10.1016/j.jad.2021.05.003>
- Salinas-Miranda, A. A., Salemi, J. L., King, L. M., Baldwin, J. A., Berry, E. L., Austin, D. A., Scarborough, K., Spooner, K. K., Zoorob, R. J., & Salihu, H. M. Adverse childhood experiences and health-related quality of life in adulthood: Revelations from a community needs assessment. *Health Qual. Life Outcomes*, 13, 123 (2015). <https://doi.org/10.1186/s12955-015-0323-4>
- Skodol, A. E., Bender, D. S., Pagano, M. E., Shea, M. T., Yen, S., Sanislow, C. A., Grilo, C. M., Daversa, M. T., Stout, R. L.,

Zanarini, M. C., McGlashan, T. H., & Gunderson, J. G. Positive childhood experiences: Resilience and recovery from personality disorder in early adulthood. *J. Clin. Psychiatry*, 68(7), 1102–1108 (2007). <https://doi.org/10.4088/jcp.v68n0719>

Tracy, M., Salo, M., Slopen, N., Udo, T., & Appleton, A. A. Trajectories of childhood adversity and the risk of depression in young adulthood: Results from the Avon Longitudinal Study of Parents and Children. *Depress. Anxiety*, 36(7), 596–606 (2019). <https://doi.org/10.1002/da.22887>

Windle, G., Joling, K. J., Howson-Griffiths, T., Woods, B., Jones, C. H., van de Ven, P. M., Newman, A., & Parkinson, C. The impact of a visual arts program on quality of life, communication, and well-being of people living with dementia: A mixed-methods longitudinal investigation. *Int. Psychogeriatr.*, 30(3), 409–423 (2018). <https://doi.org/10.1017/S1041610217002162>