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An Examination of the Experiences of Traumatic Events and the Consequences of Identity Formation

Alba Kremlin Bunnell
Walden University

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Walden University

College of Education and Human Sciences

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Alba Bunnell

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Walden University

2024

Abstract

An Examination of the Experiences of Traumatic Events and the Consequences of

Identity Formation

by

Alba Bunnell

MA, Walden University, 2019

BS, Walden University, 2018

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Developmental Psychology

Walden University

November 2024

Abstract

The specific problem addressed in this qualitative, phenomenological research study was understanding the impact of traumatic events on the identity formation. There was a lack of studies on identity formation and trauma. The purpose of this qualitative study was to understand the lived experiences of young adults who might struggle with identity formation as a result of experiencing trauma during childhood or adolescence. This study was guided by Erikson's psychosocial theory of development, which described how teenagers form their identity as they enter emerging adulthood. Purposive sampling was used to recruit 12 participants who indicated that they had experienced a minor traumatic event during childhood or adolescence; they were contacted to be interviewed using researcher-developed semistructured interviews. Thematic analyses were conducted following Giorgi's method. Based on these analyses, there were five themes: intense changes in emotions, identity changing as a result of external support, coping in context while going through the trauma, negative consequences of a traumatic event, and interpersonal changes while dealing with the trauma. Additionally, there were 20 sub-themes. The implications for positive social change include understanding and promoting healthy adolescent identity development and resilience.

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Dedication

This study is dedicated to individuals who suffered a minor traumatic event during childhood or teenagerhood that changed their identity and struggled to understand who they are after a trauma. This dissertation is also dedicated to all men and women who deal with some minor trauma like divorce, death, Health issues, or assault—those who, through all the struggles, have found the strength to overcome or fight the impossible. Also, those who have minor trauma in their life were changed, and the memory of those who lost their life as a consequence of the trauma and identity. To my son who, because of his trauma, caused me to seek an understanding of identity struggles after his trauma, thank you to all my church friends for believing in me.

I dedicated all that I have achieved to God. Without faith and constant reminders to make the impossible possible, I used it as a motivation to keep going. I am grateful to God; many nights when I wanted to give up, his words helped me to continue my journey. This dissertation is also dedicated to my family and friends, who supported and prayed for me throughout my journey. To my friend Cheryl Skidmore, thank you for your encouragement and support if you had not encouraged me to take the first step many years ago to obtain my bachelor's through Walden. Other friends like Melissa Gaddis, Ana Smith, and Ana Guillen constantly remind me to keep going. Thank you to my young daughter, who, many nights, waited for me to do my schoolwork. To my older children for believing, encouraging, and reminding me not to quit.

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I wanted to thank all the participants who shared their stories; I wouldn't have a dissertation without them. I am touched by each one and encouraged to add more to my research in the future. Their stories are a testimony to helping others in the future. Finally, my School and church. They are the reason for my passion for child development, and their incredible support has helped me grow professionally and spiritually.

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Chapter 1: Introduction to the Study

Many individuals experience traumatic events in childhood or adolescence. Traumatic events can seriously impact an individual's physical and psychological health (Marin & Shkreli, 2019; May & Wise, 2016; Truskauskaite-Kuneviciene et al., 2020). Although some researchers have investigated the relationship between trauma and identity development (see Marin & Shkreli, 2019; Raemen et al., 2021), much remains unknown. There is a gap in understanding experiences of identity formation due to traumatic events.

Traumatic events significantly impact physical and psychological development (Marin & Shkreli, 2019; May & Wise, 2016; Truskauskaite-Kuneviciene et al., 2020), so it makes sense that experiencing trauma as a child may influence one's identity development. Individuals might wonder who they are or find themselves more resilient to unexpected trauma. Due to this gap in the literature, there is a lack of understanding of supporting adolescents with their identity in response to trauma. Additionally, few researchers have examined identity development as it relates to experiences of trauma, mainly using quantitative methods. In this study, I explored the lived experiences of individuals who experienced trauma as a child or adolescent and how this trauma impacted their identity formation.

In Chapter 1, I present a brief overview of the background literature. This information is influential to the present study. The problem statement is introduced, and I explain how the relationships of the variables lead to the problem statement. Additionally, the theoretical framework, the nature of the study, definition, scope and

delimitations, significance, and conclusion will be described. Subsequently, the literature review with a thorough discussion of theories will be presented in Chapter 2. Chapter 3 includes a review of the methodology I used for this study. Chapter 4 includes a presentation of the study's results, and Chapter 5 includes a discussion of the results of the current study.

Background of the Study

Traumatic events have been studied in multiple ways, with many researchers discussing how exposure to traumatic experiences can impact individuals' well-being (Marin & Shkreli, 2019; May & Wise, 2016; Truskauskaite-Kuneviciene et al., 2020). Historical data have shown how unexpected traumatic events are detrimental to individuals and how often individuals are impacted. For example, the National Survey of Children's Health (NSCH) stated that 82% of children and youth experienced at least one traumatic event before entering services (Substance Abuse and Mental Health Services Administration [SAMHSA], n.d.). However, traumatic events often have long-term negative consequences as some other cases ended up taking their lives, and more never achieved a full recovery (Marin & Shkreli, 2019; May & Wise, 2016; Perry & Cuellar, 2022; Raeman et al., 2021; Truskauskaite-Kuneviciene et al., 2020).

Trauma is physically, mentally, and emotionally detrimental to a child or adolescent (Marin & Shkreli, 2019; May & Wise, 2016; Perry & Cuellar, 2022; Raeman et al., 2021; Truskauskaite-Kuneviciene et al., 2020). Some individuals who suffer from trauma experience long-lasting effects during their adolescence and adulthood (Marin & Shkreli, 2019; May & Wise, 2016; Perry & Cuellar, 2022; Raeman et al., 2021;

Truskauskaite-Kuneviciene et al., 2020). Trauma is mainly linked to adverse physical and mental health issues, as these events often lead to further victimization and health disparities due to a lack of support or coping strategies (Perry et al., 2021). Traumatic events in children or adolescents can cause low self-esteem, identity distress, and confusion about who they are or who they should be after a trauma (Marin & Shkreli, 2019; May & Wise, 2016; Perry & Cuellar, 2022; Raeman et al., 2021; Truskauskaite-Kuneviciene et al., 2020).

A traumatic event can alter identity. Traumatic events can cause individuals to question and re-evaluate their commitments to those roles associated with their identity formation (Marin & Shkreli, 2019; May & Wise, 2016; Perry & Cuellar, 2022; Raeman et al., 2021; Truskauskaite-Kuneviciene et al., 2020). Researchers have suggested that identity can affect how trauma is perceived (Marin & Shkreli, 2019). There is a relationship between identity formation and trauma. How identity formation may influence individuals dealing with a traumatic event must be evaluated. It is unknown how identity development is influenced by past experiences of trauma. By exploring the gap in the literature regarding how trauma impacts who someone is or who they will become, more can be done to assist individuals through the identity development process. The information from this study can be used to support adolescent identity development for those dealing with trauma, with the ultimate goal of achieving resilience.

Problem Statement

The specific problem that I addressed through this research study was understanding the lived experiences of young adults who experienced traumatic events

and how those events contributed to their identity development. Understanding how trauma is experienced in an individual can improve understanding regarding identity change or stasis after trauma. The American Psychiatric Association's DSM-5 (2013) estimated that 8.3% of the general population experienced severe consequences after a traumatic event (Blaauwendraat et al., 2017; Kilpatrick et al., 2013; Ursano et al., 2004). Understanding how traumatic events could influence young adults' identity formation is crucial. My goal for this study was to explore the lived experiences that individuals had of childhood and adolescent trauma to understand how participants describe their identity development.

Purpose of the Study

In this descriptive phenomenological study, I had participants describe their experiences of identity formation after experiencing trauma. I contributed to understanding how to support individuals who experienced trauma and questioned their identity. A deeper understanding of how trauma can impact identity formation may improve treatment for individuals through and after trauma, especially when there is a risk of identity confusion. I addressed the gap in the literature related to understanding if identity formation affects healing positively or negatively after a trauma.

Research Question

I designed the research question for this study to capture participant perspectives of traumatic experiences and identity formation. Many individuals have experienced trauma during their development (Berman et al., 2020; Raemen et al., 2021; Truskauskaite-Kuneviciene et al., 2020), and as children get older, traumatic experiences

are processed differently, and the degree to which a child can cope changes (Raemen et al., 2021). The research question for this study was: How do young adults describe their experiences of identity after experiencing trauma as a child or adolescent?

My goal was to expand understanding of how young adults experience trauma as a child or adolescent and how it impacts their identity formation. What variable makes a person more robust or weaker than others because of trauma is unknown. Society can benefit from knowledge about how trauma and identity are related, which can be a way to promote positive social change. Understanding how identity formation impacts an individual who has experienced a traumatic event can be beneficial in providing support and finding ways to respond. There is reason to be concerned about individuals who suffered trauma and the potential challenges of self and identity development.

Trauma confuses individuals (Marin & Shkreli, 2019), and it is uncertain how identity formation can influence recovery from trauma. The results of this study can be beneficial by helping to identify strategies to reduce suffering and questions related to identity that occur after childhood or adolescent trauma.

In this study, I identified variables and other experiences that can benefit individuals struggling with finding or making sense of their identity due to trauma. Traumatic events can be challenging, and helping individuals achieve a positive recovery and supporting them through the process is crucial, particularly for identity development. For some individuals, after a trauma, searching for who they are now or who they were before can save their life or keep them from years of pain.

Theoretical Framework

The conceptual framework that I used in this study was Erikson's psychosocial theory of development (Erikson, 1968). This framework describes identity development. Erikson (1968) stated the fifth psychosocial stage occurs during the often turbulent teenage years. This stage plays an essential role in developing a sense of personal identity, which will continue to influence behavior and development for the rest of a person's life (Erikson, 1968). According to Erikson (1968), an adolescent successfully integrates identity and works through an identity crisis through exploration and questioning. However, if someone does not resolve this crisis, they experience identity diffusion. Identity diffusion is the status where an adolescent does not have a sense of having choices they have not yet made (nor is attempting/willing to make) a commitment (Marcia, 1966). Identity diffusion essentially inhibits development in later psychosocial stages.

There are studies on identity diffusion and trauma. Studies found that trauma causes identity diffusion due to intense worry or stress (Marin & Shkreli., 2019). There is more to uncover how the significance of the experiences is adaptive and reflects positive identity formation. Marin and Shkreli (2019) stated that identity formation involves integrating what one has experienced in the past with present and future selves. Individuals who experienced trauma find themselves doubting who they were or who they would be after a trauma. Marin and Shkreli (2019) stated that achieved identity is when an adolescent has explored and committed to finding how identity development's foundation played a positive or negative role in a traumatic event. Some individuals are

more resilient due to their identity formation, meaning they do not experience self-doubt or confusion about who they are or who they should be. Hopefully, this study can be used to promote resilience after trauma.

When an individual has negative experiences, such as trauma, it can disrupt the normative identity process. Trauma impacts identity formation by calling into question previously held beliefs and assumptions about the self and the world (Marin & Shkreli, 2019). If the individual was not influenced and developed their identity, how did the trauma affect them? As individuals narrate their traumatic events and experienced stories, connections form between their past identity formation and between self and experiences. A more detailed explanation and examination of the theoretical framework of Erikson's theory will be explored in Chapter 2.

Nature of the Study

I chose phenomenology as the design for this qualitative research study because the phenomenological perspective allows for an opportunity to understand the experiences of participants (Giorgi, 2009). I used this approach and semistructured interviews to explore the lived experiences of young adults. Participants in this research study were young adults ages 18 to 25 years old. I used snowball sampling in selecting the participants for the interviews. Participants were recruited through posts on Facebook groups. Each participant was interviewed through Zoom, and the interviews lasted from 17 to 50 minutes. Each interview was recorded and transcribed immediately after completion of the interviews. The phenomenological research method is used to focus on how a specific experience impacts an individual's life by seeking to understand how

human beings engage with life (Moustakas, 1994). In this case, I focused on how young adults described their experiences of identity formation after an unexpected traumatic event. I used Giorgi's (2009) six steps to analyze interviews.

Definitions

Several terms in the research study may be interpreted differently depending on the context in which they are used. For this research study, the following words are defined to emphasize their meaning in the context of this research study.

Childhood trauma: Physical, emotional, sexual, physical, and emotional abuse are associated with adverse outcomes, including disturbances in emotion regulation, social cognition, and post-traumatic stress disorder (Doba et al., 2022). *Cumulative trauma* (Khan, 1963) and *complex trauma* are frequently used to define individuals, particularly minors, who experience multiple, chronic, prolonged traumatic events early in life and of a predominantly interpersonal nature (Ranieri, 2021).

Coping: This term involves using cognitive and behavioral strategies to manage the demands of a situation when these are appraised as taxing or exceeding one's resources or to reduce the negative emotions and conflict caused by stress (American Psychiatric Association, 2013; Overbeek et al., 2021).

Identity. Identity includes all the beliefs, ideals, and values that help shape and guide a person's behavior (Erikson, 1963).

Identity diffusion. This term refers to the ego psychology of Erik Erikson. It is a possible outcome of the identity versus identity confusion stage, whereby the individual emerges with an uncertain sense of identity and confusion about their wishes, attitudes,

and goals (Erikson, 1963). An example of identity diffusion includes individuals who may engage in self-harming behaviors to escape from negative feelings and thoughts related to experiencing identity diffusion (Raemen et al., 2021).

Identity formation. This technique involves integrating what one has experienced in the past with both present and future selves (Marin & Shkreli, 2019).

Trauma. In a broad sense, trauma is exposure to an experience that poses a psychological or physical threat to oneself or others (Lucas et al., 2020).

Assumptions

There were a few assumptions associated with the current study. I assumed that young adults who participated in this study would be aged 18 to 25. I believed that participants had comparable experiences during their traumatic experience, such as managing any problems, supports, and types of disorders. For example, some young adults may experience more difficulties with traumatic events during their identity formation than other participants, but this researcher assumes equitable experiences for this study. I also assumed that participants would respond honestly and with integrity when answering the questions in this study. These assumptions were necessary to conduct this study.

Scope and Delimitations

The scope of this research study related to understanding the lived experiences of individuals who experienced traumatic events in childhood or adolescence and how this trauma may have impacted their identity formation. Study delimitations reflect what is not included in a research study so that the focus of the study may be narrowed

(Burkholder et al., 2020). First, in this research study, participants were individuals ages 18 to 25 years who experienced trauma during childhood or as an adolescence from 12 to 17 years old. The reason for the age delimitations was that I concentrated on the age when identity forms, according to Erikson's (1968) theory. Second, participants must have experienced a traumatic experience during childhood and adolescence. When recruiting participants, I ensured that they meet the age criteria and have experienced a traumatic experience during childhood and adolescence.

Limitations

Generalizability is a limitation of this research study because the experiences recounted through interviews may have only reflected part of the target population. While the findings may be helpful to other populations and may have transferability to similar populations, the information gained may not be directly transferable because, in qualitative research, people's constructions of reality are being investigated. I studied how individuals see and understand the world, and these subjective experiences are unique to these individuals.

Additional limitations existed in this research study that I had to manage. Time management was a significant limitation. Scheduling the interviews took more time than expected, as it was difficult to find the best times to conduct the interviews. I managed this limitation by offering some options to participants when scheduling interviews. The topics discussed were traumatic events in childhood or adolescence that might have impacted or changed the participants as young adults, which may have made it difficult for participants to discuss, given the subject's sensitive nature. Participants were

reassured that I was an ally and I provided a list of mental health services for those who might needed. Participants was told that they could skip questions with no penalty. Additionally, confidentiality of information and data was pledged to all participants.

Significance

In this study, my goal was to understand the experiences of trauma that occur during childhood and adolescence and how this trauma impacts identity development. This study is significant because it can contribute to supporting adolescents who experience identity formation complications due to a traumatic event. Results from this study can be used by professionals to learn how trauma can change a person's identity or how identity formation might influence the outcomes of a traumatic event. The results can support understanding how some individuals cope positively or negatively with identity due to a traumatic event. Young adults could benefit from sharing their stories to encourage positive outcomes for others who may also experience trauma, particularly how trauma relates to identity formation. The community can learn more about how to guide or support young adults who have experienced or are going through a traumatic event and dealing with identity development, which can be a way to promote positive social change. More specifically, the results of this study could be used to acknowledge how identity formation might influence trauma, and this information may help people who have experienced a traumatic event.

Conclusion

My goal in this study was to understand the lived experiences of participants who had traumatic events in childhood or adolescence and how those events impacted their

identity formation. Blaauwendraat et al. (2017) stated that traumatic events are highly stressful situations threatening one's life, health, or personal integrity, or witnessing violent events or unexpected or violent deaths of close family or friends due to the need for more research concerning how identity formation impacts young adults after a traumatic event during childhood or teenagerhood.

This study is significant because I addressed the gap in the research about the lived experiences of young adults who experienced traumatic events during childhood or adolescence and how those events impacted their identity formation. I used Erikson's theory of identity formation to answer the research question: How do young adults describe their experiences of identity after experiencing trauma as a child or adolescent?

I used the phenomenological approach in this research study because it is a tradition that suitable for exploring deep concerns and giving individual voices a platform on which they can be heard (see Greening, 2019). These participants were young adults who experienced a traumatic event during childhood or adolescence.

Chapter 2 includes the literature search strategy that I used to create this research study. An explanation of the gaps in the research follows the search strategy discussion. Chapter 2 ends with an in-depth exploration of the theoretical framework that I used to guide this study and a literature review of the key concepts that I used to support this study.

Chapter 2: Literature Review

Introduction

Traumatic events and identity development are highly stressful for teenagers and young adults. When trauma coincides with identity formation, mental health issues may result. Blaauwendraat et al. (2017) stated that traumatic events are highly stressful situations threatening one's life, health, or personal integrity; witnessing violent events; or unexpected or violent deaths of close family or friends. In this study, I sought to understand how trauma may impact young adults' identity development, which has implications for mental well-being. Young adults have varying experiences of trauma, which can have different consequences on identity development. Learning how trauma impacts an emerging adult can improve understanding regarding potential identity changes.

Young adults experience similar pathways to forming their identities. Erikson (1985) argued that identity development begins in adolescence when individuals experience a normative crisis where they work to answer the question: Who am I? One critical form of identity work is making sense of one's experiences and understanding how one might relate to the self meaningfully. According to Erikson (1985), an adolescent successfully integrates identity and works through an identity crisis through exploration and questioning. Despite this theoretical foundation, there is a deficit in understanding how adolescent trauma can positively or negatively impact identity development. In this study, I explored how trauma affects identity development.

To achieve the goal of this study, it is crucial to understand how an adolescent's identity initially develops and how traumatic events play a role in this individual's identity formation. Researchers have studied other trauma-related barriers and consequences (Marin & Shkreli, 2019; May et al., 2016; Truskauskaite-Kuneviciene et al., 2020). Some traumas that young adults may suffer include (a) loss of identity, (b) confusion, (c) regrets, (d) blame, and (e) withdrawal of not understanding who they are and who they became (Marin & Shkreli, 2019). According to the literature, some young adults choose to abuse drugs and alcohol, some have PTSD, and others search for an understanding of who they are as a means of dealing with trauma (Marin & Shkreli, 2019; May et al., 2016; Truskauskaite-Kuneviciene et al., 2020). Despite all this information, how trauma impacts identity formation is still unknown. To address this issue, I explored the lived experiences of individuals who experienced trauma as a teenager and how it impacted their identity formation.

This chapter is organized into multiple sections. First, I will address the literature search strategy that I used for this study. Second, I will discuss the literature gaps I discovered. Third, I will present the theoretical foundation of this study, which revolves around identity formation. Fourth, I will discuss the literature review. Finally, I will present the conclusion.

Literature Search Strategy

I used Walden University's library to access different databases of peer-reviewed articles and other scholarly literature. The databases that I used included American Psychological Association PsycArticles (formerly PsycArticles), ERIC, SAGE Journals,

ProQuest, and Google Scholar. The topic of the study was how traumatic events impact identity formation. To find peer-reviewed journal articles related to the topic, the keywords that I searched included *trauma*, *youth development*, *adolescent*, and *identity formation*.

Research Gaps

Though there has been a lot of research regarding trauma, little research has been conducted covering how trauma impacts identity formation (Jenkins et al., 2021; Kearns et al., 2021; Lucas et al., 2020). Although trauma has many adverse effects, it is unclear how trauma impacts young adults' identity formation. Jenkins et al. (2021) stated that young adults who suffered from traumatic events had negative social experiences, which hinder social identity development. Young adults identified that traumatic events resulted in psychological distress, anger, anxiety, and increased abuse of drugs (Planellas et al., 2020). Empirical evidence shows a negative relationship between trauma and physical and mental health (Planellas et al., 2020). Traumatic events can cause young adults to suffer changes as they process their experiences. Young adults' experiences vary depending on the circumstances and how they deal with the trauma. Yet, how young adult trauma impacts identity formation is unclear.

Addressing this gap in understanding is essential, particularly for young adult development. Because many young adults experience trauma, it is essential to understand how this trauma plays a role in who they are and who they will become. Many young adults who suffer trauma and struggle with identity could suffer long-term or negative recovery. Some individuals' identity development could be hindered because of their

trauma. It is also possible that trauma plays a role in identity development, resulting in changes in identity formation. Research is needed to address this gap, particularly given the positive relationship between trauma and mental health (Marin & Shkreli, 2019; Planellas et al., 2020; Shalka, 2020). It is crucial to understand this gap to improve mental health care.

Literature Review

Trauma is exposure to an experience that poses a psychological or physical threat to oneself or others (Lucas et al., 2020). The prevalence of trauma varies in age from childhood to young adulthood. Although trauma can negatively impact individuals, little research covers how trauma affects identity formation in adolescents and young adults. Trauma and identity development literature will be reviewed to address this deficit. First, I will discuss the theoretical foundation of this study. Next, I will discuss trauma in adolescence, the long-term and short-term consequences of trauma, emotional and physical reactions to trauma, and sources of help with identity formation, such as friends and family. The literature review will conclude by connecting trauma and identity development.

Erikson's Psychosocial Theory of Development

In this study, I used Erikson's (1985) psychosocial theory to investigate the potential impact of trauma on identity development during adolescence. Erikson's (1985) theory of psychosocial development states that personality develops in stages, and at each step, a psychosocial crisis unfolds in a way that determines personality development. Erikson's theory states that conflicts are centered on resolving or failing to resolve a

conflict. According to Erikson (1985), the potential for personal growth is high during these times, but so is the potential for failure. If individuals successfully deal with the conflict, they gain psychological strengths that will serve them well for the rest of their lives (Erickson, 1985). If they fail to deal effectively with these conflicts, they may not develop the essential skills needed for a strong sense of self (Erikson, 1985).

Erikson said development occurs by addressing eight different psychosocial conflicts, with the fifth conflict being identity versus role confusion. This conflict commonly occurs between the ages of 12–18. During this conflict, adolescents search for a sense of self and personal identity through an intense exploration of personal values, beliefs, and goals (Erikson, 1985). The strengthened identity can affect how a young adult deals with future stressors and trauma. Erikson (1968) defined *identity* as a “fundamental organizing principle which develops constantly throughout the lifespan” (p. 98). Role confusion or identity crisis involves the individual being unsure about themselves (McLeod, 2023). It is crucial to establish a solid identity to avoid consequences in the role of confusion that could reverberate in later stages of development (Erikson, 1968).

This theory, specifically the concept of identity conflict, relates to the present study. My goal in this study was to understand how trauma impacts young adults’ identity development. Trauma may influence how individuals develop their identity. During a traumatic event, young adults may get confused and experience doubts as to who they are and who they will become. Trauma may expedite identity formation due to

psychosocial crisis. Without more research, it is unclear how trauma plays a role in identity development.

It is unknown in what ways could trauma can impact the development of individuals' identity. One variable could be how an individual resolves a traumatic event. Arguably, adolescents who successfully address trauma may experience healthy identity development and can work through an identity crisis through further exploration and questioning (Erickson, 1985). If young adults successfully deal with this identity conflict, they emerge with psychological strengths that will serve them well throughout their lives (Erikson, 1985). Going through trauma can strengthen an individual's identity.

On the other hand, when young adults deal with or struggle with identity issues, it can create distress or impede their ability to cope with trauma (Erikson, 1985). Erikson (1968) argued that identity development begins in adolescence when an individual experiences a normative crisis demanding identity work to answer the question: Who am I? One critical form of identity work is making sense of one's experiences and understanding how one might relate to the self meaningfully (McLean, 2005). It is crucial to understand how distress can cause young adults to suffer the loss of identity or provoke them to experience changes in their identity.

In Erikson's (1985) theory, there are negative consequences when adolescents do not deal with conflict or trauma. Berman et al. (2004) found that identity distress, characterized by intense worry or a long-term concern about identity issues, disrupts normal identity development. A considerable amount of distress has warranted the

Diagnostic and Statistical Manual of Mental Disorders (DSM-V) classification of either an identity disorder or an identity problem (Berman et al., 2004).

Trauma is likely to impede identity development, mainly if the trauma is unresolved. Traumatic events can cause confusion and distress, limiting one's ability to learn about their self-concept. According to Erikson (1985), when an individual successfully resolves a conflict, they can experience healthier personality development and acquire basic virtues; if they do not resolve the conflict, possibly because of trauma, their development is negatively impacted. For example, young adults who suffer trauma may have trouble with self-confidence, insecurity, and self-blame. Gameon et al. (2021) stated that when individuals talk about their experiences with others, they experience less self-blame and post-traumatic distress. Reciprocally, trauma can impede or potentially support identity development. More research is needed to determine identity development experiences because of trauma.

Branje (2022) stated that identity development occurs in real-time interactions with others, such as parents or peers. Branje (2022) suggested that life transitions and life events can contribute to identity changes. Branje (2022) indicated that more studies should be conducted to examine whether the role of life events in identity formation depends on how adolescents integrate them into their identity.

Current studies have also used Erikson's theory as a theoretical foundation for their research. For instance, Ergün (2020) used empirical data to show that an individual's interaction with the environment depends on and determines self and identity. Ergün (2020) stated that identity plays a key role in self-identification and

positive interactions with others and affects psychological well-being. Ergün (2020) also noted that childhood and infancy stories play a key role in narrative identity development.

Trauma

First, it is essential to define and discuss trauma and the outcomes of traumatic events for adolescents and young adults. Shalka (2020) stated that trauma can be conceptualized as a reaction to an overwhelming experience and may be event-based or more pervasive. Trauma often stems from a particular event, situation, or sense of circumstances, including (a) abuse, (b) sexual violence, (c) war, (d) natural or artificial disasters, (e) accidents, and (f) life-threatening or illness (Planellas et al., 2020).

Traumatic experiences can also compound over time, resulting in cumulative trauma.

According to Ranieri (2021), *cumulative trauma* (Khan, 1963) and *complex trauma* are used frequently to refer to experiences with multiple, chronic, and prolonged traumatic events. Some examples of traumatic experiences during childhood include (a) physical and mental abuse, (b) mental illness, (c) exposure to violence, (d) interpersonal violence, (d) death in the family, and (e) illness. Some traumatic events in young adults are associated with peer physical abuse, drugs, relationship conflict and abuse, social identification, environmental stressors, and cultural stressors (Albarello et al., 2021; Planellas et al., 2020; Ranieri, 2020). Although the definitions and experiences of trauma vary slightly, there are still many similarities, particularly given the literature's consistency of information on this topic.

Prevalence of Trauma

Next, it is essential to review the prevalence of trauma, particularly during childhood and adolescence. Kilpatrick et al. (2013) found that among a sample of approximately 3,000 individuals, 89.7% were exposed to trauma across their lifetime, and exposure to multiple traumatic events was common. The National Council Survey (2016) reported results that over 90% of children experience sexual abuse, 77% of children are exposed to a school incident, and 35% of urban youth are exposed to community violence, consistent with findings in the National Council for Behavior Health Survey (2018) report that 15–43% of girls and 14–45% of boys experienced at least one trauma during childhood (Veterans Affairs, 2018). The National Council Survey (2018) reported that 70% of adults in the United States have experienced a traumatic event at least once. Other data sources have illustrated similar results, like the National Survey of Children's Health [NSCH; SAMHSA], n.d.). Trauma is an experience that is more common than it should be, and this dissertation aimed to use this information to contextualize the effect of trauma on identity formation.

Childhood Trauma

Although traumatic events can be experienced throughout one's life, they may be more common during childhood. The King's College London (2019) found that 31% of young people experienced a traumatic experience during childhood. A traumatic experience in childhood can include witnessing experiences or experiencing physical, sexual, or emotional abuse, bullying, terrorism, loss of a loved one, family and community violence, refugee, and war experience, and living with a family member whose

caregiving ability is impaired (Meitel et al., 2019). Traumatic events are not only experienced directly, but trauma can occur second-hand by witnessing another traumatic event. The Health Resources and Services Administration (2016) provided data from the 2016 NSCH, which addresses the prevalence of exposure to traumatic experiences among children, youth, and adults in the United States. According to this data, 46% of the nation's youth aged 17 and under reported experiencing at least one trauma during childhood and adolescence (SAMHSA, n.d.). Some data from NSCH show that 37% of youth experienced physical abuse, and 15% of children and youth experienced maltreatment by a caregiver (SAMHSA, n.d.). This survey depicted statistics on who experienced trauma, including children with divorced parents (25%), living with anyone who had a problem with alcohol or drugs (9%), parents who spent time in jail (8%), living with anyone who has a mental illness (8%); witnessing parents or other adults slap, hit, kick, or punch (6%); being a victim of violence or witness violence in the neighborhood (4%); treating or being judge unfairly because race or ethnic group (4%); and having a parent or guardian die (3%; SAMHSA, n.d.). Trauma in early childhood can be changed into positive outcomes as they grow into young adults. There are many factors to the results, like support or treatments. The data in this survey demonstrated that traumatic events could occur in various ways but can strongly impact children.

Trauma is difficult for young children. Doba et al. (2022) found that early childhood trauma, including physical, emotional, and sexual abuse and physical and emotional neglect, can have significant indirect effects. In other words, trauma-impacted emotional regulation, which resulted in maladaptive adjustment. The indirect influence of

PTSD contributed to high emotional reactivity and a tendency to avoid emotional connections in interpersonal relationships (Doba et al., 2022). Children who experience traumatic events are at a higher risk of adverse outcomes experiences (Meşel et al., 2020; Yohannan et al., 2018). The effects of early childhood traumatic experiences include a higher risk for low self-esteem, educational delays, depression, substance abuse, issues with peer relationships, and lower trust in others (Doba et al., 2022). There were limitations to how trauma and identity formation affect young adults.

Researchers suggested that exposure to childhood trauma impacts developmental processes related to functioning and may alter the development of mentalizing abilities, which can contribute to even more severe consequences (Doba et al., 2022). For example, Doba et al. (2022) found evidence suggesting that childhood trauma potentially contributes to adulthood consequences like self-blame and rumination, leading to PTSD symptoms, which is consistent with Meşel et al. (2019, 2020). Doba et al. (2022) also found that the relationship between early childhood exposure to trauma and the risk of depressive symptoms is explained better by cognitive biases and resilient pathways. These researchers found that psychological intervention can help reduce maladaptive cognitions and promote interpersonal emotional regulation strategies. Although researchers have an advanced understanding of early childhood trauma, more research is needed to understand how early childhood trauma exposure can relate to identity formation in young adults. Information on the consequences of trauma informs the current dissertation by revealing the varied ways trauma impacts development; this

information can inform the present study regarding the impacts of trauma on identity development.

Prevalence of Trauma with Teenagers

The exposure configuration changes in adolescence. As children get older, trauma experiences are processed differently, and the degree to which a child can cope changes (Raemen et al., 2021). Examples of traumatic experiences with young adults include (a) school shootings, (b) parental homicide, (c) community acts of violence, (d) cultural witnessing of violence, (e) grief and loss, (f) accident and natural disaster, and (g) war. Raemen et al. (2021) explained that adolescence is an essential period of development in the context of trauma, as traumatic events can increase risks of self-harm, low self-esteem, destructive actions, and emotionally charged thoughts. Essentially, identity formation can be interrupted in adolescents when trauma occurs. In addition, Raemen et al. (2021) stated the need to target these adolescent risk factors to create prevention and intervention programs that target identity diffusion that coincides with suffering from a traumatic event. The reviewed literature has provided some indication of a relationship between adolescent trauma and mental well-being, which implies some aspect of identity development.

Adolescents and young adults are at an essential stage for developing emotions, which have implications for trauma experiences. Traumatic events from childhood that have not been dealt with can persist into adolescence (Mętel et al., 2019). The exposure varies in the amount of trauma suffered in childhood. Continuing exposure to childhood trauma (i.e., neglect, physical, psychological, or sexual abuse) hinders the developmental

process related to emotional regulation, which can persist in adolescence and adulthood (Meşel et al., 2019). Resilience mediates the relationship between early trauma and subjective mood disturbance (Meşel et al., 2019). Positive self-perceptions can modify and lower the impact of childhood trauma on depression symptoms. During childhood, children learn to regulate their own emotions and the ability to understand identity; when it is disturbed, it can have different effects on the outcomes (Doba et al., 2022). Empirical studies show that potential traumatic life events in childhood and adolescence have detrimental impacts on physical and mental health, including anxiety, depression, anger, self-esteem problems, and post-traumatic stress symptoms.

Age and Trauma

Researchers have also examined trauma across the lifespan. Planellas et al. (2020) provided an empirical report on lifetime trauma rates ranging from 51–90%, depending on age. Traumatic events can be highly stressful at any age, but young adults can become confused about who they are because of trauma. According to Planellas et al. (2022), teenagers may experience potentially traumatic interpersonal and non-interpersonal events in everyday life that could cause discomfort. Planellas et al. (2022) also found that teenagers generally demonstrated an excellent ability to recover from trauma but also noted that teenagers who experience increased distress over time are an at-risk population. Many ways young adults cope with trauma are emotion-focused or avoidant, meaning they manage by seeking diversions, venting feelings, escaping, or using cognitive avoidance. Yet, many of these approaches can cause increased psychological problems (Planellas et al., 2020). Developmentally, there is an increased risk of bodily

arousal in drinking alcohol in young adults due to trauma, indicating that body arousal is a fundamental attribute of trauma exposure (Kearns et al., 2021). Body arousal might serve as an indirect trauma-relevant interoceptive cue that increases the desire to drink alcohol due to the exposed traumatic event (Kearns et al., 2021). Overall, the literature expands understanding of the short-term effects of trauma, which informs how trauma may impact identity development.

Gender and Trauma

It is crucial to understand that different traumatic events also vary by gender. Rates of PTSD are estimated to be one and a half to five times higher in women than in men, with the average risk of PTSD being about two times higher for women (Søegaard et al., 2021). Researchers explored that boys and girls process trauma differently, as girls communicate their emotions more effectively than boys (Mętel et al., 2020). Women are more resilient in self-blame cognitions, which typically leads to feeling guilty; researchers used mediation models and concluded that both men and women reacted similarly with resilience in self-blame cognitions (Mętel et al., 2019). Other researchers stated that women express more than men, and women internalize pain. However, men externalized pain (Søegaard et al., 2021). This information is helpful because trauma may impact identity development differently depending on gender.

Culture and Trauma

Additionally, different cultures influence how a traumatic event is perceived based on personal or family beliefs and community (Boykin et al., 2020). For example, parents may reinforce their own gender beliefs when parenting children. If a parent views

women as weak and that men should not express their feelings, those parents may pass on those beliefs to their children; however, other families might believe that no matter your gender role, individuals should be able to behave how they want, which they could also pass to their children (Meşel et al., 2019). The frequency of trauma is evident in a percentage of the population experiencing a traumatic event; this data shows that boys and girls have similar prevalence rates, and trauma tends to be a somewhat universal experience. Other researchers stated that a connection between gender and coping is controversial (Planellas et al., 2020). For example, some researchers found no gender differences in PTSD, mental health, or substance abuse (Søgaard et al., 2021). Thus, Planellas et al. (2020) stated that more studies need to be conducted on how men and women react to trauma. This research has implications for the current study, as culture may also contribute to identity development in addition to trauma.

Short-term Consequences of Trauma

Empirical studies stated that trauma has short-term effects on well-being, including a medium level of distress and anxiety. For example, Planellas et al. (2020) expanded the understanding of short and long-term trauma. The researchers stated that while trauma can be unavoidable for some individuals, it poses short-term risks to mental health (Planellas et al., 2020). Yet, long-term or short-term traumatic events affect young adults differently, and early trauma addresses the best chance of recovery. Young adults might experience different symptoms or methods of dealing with traumatic stress. Raemen et al. (2021) echoed that similar themes explain how experiences and meaning are mediated. Children, adolescents, and young adults experience different types of

traumas, which have differing consequences for development. More explicitly, children exposed to negligence and abuse often experience instability in an attachment (Raemen et al., 2021). A child who suffered a traumatic event and grew up without any help could suffer a PTSD event that potentially could lead to a higher risk for subsequent trauma (Albarello et al., 2021; Planellas et al., 2020). Albarello et al. (2021) studied how adolescent identification with proximal and distant groups and social well-being plays a role in positively increasing their social well-being. Albarello et al. (2021) found that combining a developmental approach with a social-psychological one helps to comprehend how individuals and social factors interact to assist coping.

Long-term Effects of Trauma

Researchers have identified the long-term effects of trauma and how it can confuse the thinking of young adults. Some of the long-term results include anxiety, depression, and anger (Planellas et al., 2020). A history of childhood exposure to a traumatic event is associated with higher rates of chronic diseases, suicide attempts, mortality, and psychiatric disorders in adulthood, and interpersonal violence-related trauma is strongly associated with PTSD (Planellas et al., 2020). Yazdani et al. (2016) stated that adolescents increase their vulnerability to various impairments as they mature into adults. Yazdani et al. (2016) found that trauma can be associated indirectly with a family-shared environment, where the traumatic experiences have been transferred or reenacted in scary ways. Yazdani et al. (2016) stated that threats to personal safety can increase the consequences of fear, helplessness, or horror. These results are consistent with Yohanna et al. (2016), who found that young adults exposed to traumatic events are

at high risk for adverse developmental outcomes, prompting low academic performances, poor social skills, and mental health concerns. Kearns et al. (2021) argued that a traumatic event increases the risk of using alcohol as a coping strategy among young adults. Trauma also impacts cravings for alcohol with teenagers or young adults who may desire to drink to manage trauma, and this behavior becomes part of their identity (Kearns et al., 2021). The effects of trauma vary from one individual to another.

In some cases, traumatic events can have a physical effect, and some young adults or adolescents react differently to pain or fear (Shalka, 2020). Some physical symptoms caused by traumatic events include hypervigilance, sleep disturbances, and flashbacks, which individuals feel they have reexperienced the trauma or psychological reactions to triggers of the trauma (Shalka, 2020). Other consequences of trauma can be poor academic performance, poor social skills, and mental health concerns (Meşel et al., 2019). Trauma reactions can be unpredictable for some young adults or adolescents to pass, and others may continue to experience trauma in their bodies; in some cases, a traumatic event can lead to permanent developmental trauma (Ranieri, 2021). Ranieri (2021) found that trauma can result in stress that can affect the entire part of psychological growth. Another consequence of trauma is to develop a dissociated defense mechanism to avoid that feeling of mental health (Ranieri, 2020).

Trauma can also lead to alcohol abuse, drugs, suicide, depression, body movement, and breathing issues. For instance, Kearns et al. (2021) stated that the literature emphasized a risk factor for problematic alcohol use after a traumatic event. Kearns et al. (2021) suggested that the body's arousal stimuli during interpersonal

traumatic events can produce conditioned cues to trigger post-traumatic stress. Subsequently, this can lead to increased symptoms of drugs, drinking alcohol, using drugs, suicide, depression, and anxiety. Some researchers stated that traumatic events depend on when the trauma occurs, the situation, and whether the individuals received help (Kearns et al., 2021).

Blaauwendraat et al. (2017) suggested that trauma can manifest in many forms, and how teenagers or young adults deal with trauma depends on many elements, including physical or emotional circumstances and background. These researchers found that trauma can decrease body movement quality and body awareness, impacting the ability to manage psychological arousal, thus increasing pain; other health issues include increased rapid breathing (Blaauwendraat et al., 2017). These findings indicated that psychotherapists could contribute to decreasing pain and helping individuals resume their lives after receiving treatment. However, Shalka (2020) stated that a different approach embodied how the body responded to trauma. Shalka (2020) found that an individual's trauma can be felt through aches or pains in the body. Shalka (2020) also noted that the effects of increasing body awareness by implementing activities incorporate the body and role play. Some researchers found that trauma can be affected differently; however, pain can be managed with body awareness activities (Blaauwendraat et al., 2017; Shalka, 2020).

Traumatic exposure in childhood creates a higher risk of chronic diseases or increased psychiatric disorders in adulthood unless the trauma is addressed early. Yasdani et al. (2016) reported the need to understand the role of proximity when understanding

trauma with young adults by revealing that having a safe environment is more likely to support recovering from a traumatic event. Yazdani et al. (2016) stated that when a traumatic effect is addressed early, the long-term consequences of trauma can be reduced. Essentially, children and adolescents exposed to a traumatic event could recover if the trauma was identified early, interventions were implemented, and support was provided. Otherwise, the traumatic event can leave a child or young adult scared or injured, which may have consequences for future vulnerability. Trauma is related to a problem of the mind, but it can create negative physical reactions in the body.

Impairments Caused by Trauma

Empirical studies regarding early traumatic events reveal that trauma can lead to impairments in the neuronal system and emotional regulation, which can also have behavioral consequences (Doba et al., 2022; Meşel et al., 2019). Exposure to traumatic events during childhood is associated with multiple symptoms, including PTSD, depression, anxiety, or emotional regulation (Doba et al., 2022; Meşel et al., 2019, 2020) in young adulthood. Doba et al. (2022) found that childhood trauma is sometimes associated with emotional dysregulation, depending on how the trauma has been coped with. Doba et al. (2022) concluded that adolescents exposed to different types of childhood trauma could contribute to self-blame, rumination, and PTSD or depression, which can lead to a lack of concentration and avoidance of stimuli associated with the trauma. Researchers concluded that trauma could lead to maladaptive and emotional consequences with short-term and long-term cognitive effects.

Some researchers found that early traumatic events can impact mood via cognitive biases. Meşel et al. (2019, 2020) studied how early trauma influences attention, behavior, and attribution. Meşel et al. (2019) found that cognitive biases and resilience are essential factors in the relationship between childhood struggles and subjective depression mood. Interpersonal violence, including sexual abuse, can increase levels of depression, which can be the result of exposure to trauma and increase the risk of depressive symptoms in young adults (Meşel et al., 2019, 2020). Researchers concluded that trauma related to peer rejection could have severe consequences if it is not addressed immediately. This information informs the current dissertation by revealing how the impacts of trauma are related in many ways, meaning that the other consequences of trauma may also impact identity development.

Evidenced Based Interventions for Trauma

There are many ways to assist in coping with trauma. Planellas et al. (2020) stated that adolescents generally can recover from trauma; however, distressed teens might need psychological help. The National Council for Behavioral Health (2016) provided some strategies for young adults coping with trauma, including:

1. Acknowledge that you have been through a traumatic event,
2. Connect with others,
3. Exercise,
4. Relax,
5. Take music or art,
6. Maintain a balanced diet and sleep cycle,

7. Avoid over-using stimulants like caffeine and sugar,
8. Commit to something personally meaningful and essential every day, and
9. Write or draw about your experience for yourself or share it with others (National Council for Behavioral Health, 2016).

Meşel et al. (2019) stated that children who experience traumatic events process or cope differently than young adults. If they get help, they have more time and opportunities to overcome the trauma. The literature identified a recovery rate exceeding 50% for most events, reaching 72% in some cases, revealing consistent recovery and resilience in adolescents (Planellas et al., 2020). Identifying the stressor in a traumatic event is crucial for potential recovery, as adolescents' recovery should be catered toward the identified stressor (Planellas et al., 2020). Seeking friendships might be considered an emotional discharge rather than a way to resolve interpersonal problems, which can lead to mental problems (Planellas et al., 2020). Coping strategies are cognitive and behavioral efforts to deal with life events that are discerning to potentially minimize harm and promote psychological adjustments, such as family support, positive reappraisal, and problem-solving (Planellas et al., 2020).

Early Intervention

Research revealed that coping with traumatic events depends on when symptoms from trauma manifest. For example, Yohannan et al. (2018) stated that an early intervention could minimize the short-term risks of a traumatic event. Identifying the stressor with the most significant and most minor potential for recovery promotes understanding regarding how adolescents react to the specific stressor; more personalized

and stress-focused therapy survivors of trauma can benefit from connecting with others in different ways (Planellas et al., 2020; Shalka, 2020). Traumatic events with positive outcomes demonstrate that social support reduces the likelihood of PTSD (Shalka, 2020). Some examples of positive results are seeking help, overcoming the trauma, and understanding the stressor and ways to survive (Planellas et al., 2020; Shalka, 2020). Although some children, teenagers, and young adults with traumatic experiences do not show distress, and some experience symptoms (Planellas et al., 2020). Researchers concluded that events could cause individuals who showed no distress to experience low stress, react insensitively to the stressor, or respond using resilience. Other individuals who show some symptoms after trauma can recover but experience low signs of distress after seeking or going through therapy to overcome some obstacles as consequences of trauma (Planellas et al., 2020). This research is essential for this study, as intervention strategies also affect identity development.

Music Therapy

Wiess et al. (2019) explained that group music therapy, which involves playing musical instruments together in a group setting, helps because the sessions are safe, improving one's emotional state by promoting interpersonal relationships. Essentially, this technique begins with expressing emotions and feelings by 'choosing their feelings "here and now" and proceeding with singing and playing soothing music (Wiess et al., 2019). Therapeutic rituals, which are part of music therapy, were found to help children or young adults manage their feelings of distress and emotions caused by trauma (Wiess et al., 2019). Music therapy techniques appear to serve as a nonverbal communication

tool that can help individuals express and release issues related to traumatic feelings and memories. The literature showed that music therapy could be a positive way to treat traumatic experiences.

Focused Therapy

Identifying the stressors of trauma leads to personalized and focused therapies. These types of treatments involve gathering information like age and gender to help focus on what kind of therapy individuals might need (Albarello et al., 2021; Planellas et al., 2020). When the stressor is identified and personalized, it can be focused on determining the therapy needed to help with the traumatic event. The stressor in a traumatic event can be correlated to anxiety, depression, anger, self-esteem problems, and post-traumatic stress symptoms (Planellas et al., 2020). Planellas et al. (2020) stated that understanding the stressor's symptoms can help focus therapies or coping strategies. Focused therapy is designed to help individuals with their traumatic events. This includes group therapy, music therapy, medicine, counseling, or support groups. The main consequence of trauma is how the child or adolescent reacts to it. This therapeutic technique is another way trauma can be mitigated when considering identity development.

Coping Strategies

Individuals not seeking appropriate support can lead to victimization and maladaptive coping methods; when individuals do not use coping strategies, long-term effects of trauma often result (Perry et al., 2021). For example, Perry et al. (2021) found that coping mechanisms, including therapy, talking, and seeking guidance from family, friends, or school personnel, can reduce stress and the psychological effects of their

adversary and trauma. Individuals who use proactive and positive emotions-focused coping methods are more likely to increase a positive recovery.

Researchers have shown that individuals who had attachment insecurity before a traumatic experience would have more severe consequences from a traumatic event (Shaw et al., 2022). For example, Shaw et al. (2022) found that instrumental social support or seeking emotional and social support may contribute to helping weaken a link to PTSD. Many individuals who experienced trauma may have sought instrumental support or dealt with their trauma at a young age, which could help improve coping with a traumatic event. Shaw et al. (2022) concluded that individuals who struggle with insecurity and have sought help and support can positively support recovery. This research shows how people deal with and cope with trauma may affect identity development.

Personal and Social Resources for Coping

Another way to recover is to provide personal and social resources for adolescents and have a healthy family and supportive social environment (Planellas et al., 2020). The level of distress that results from a traumatic event varies depending on how the individual reacts because of the stressors. Trauma can aid in creating a coping method to build problem-solving skills and emotional management. For example, Perry et al. (2021) examined trauma-focused therapy, which uses psychoeducation, imaginal exposure, and cognition processing to help promote coping. Perry et al. (2021) stated that this approach uses social and emotional learning to promote resiliency for children and teenagers. Therapy was used to help solve individual experiences and manage emotions and actions

as consequences of trauma. Interventions can help promote coping with trauma. Maroney (2020) found that children, teenagers, or adults who can talk about their traumatic experiences experienced positive results, such as being more comfortable talking about the trauma and understanding one's emotions (Maroney, 2020). Children, teenagers, or adults with trauma can experience coping by writing in journals and drawing pictures, which can evolve their traumatic experiences into positive ones (Maroney, 2020). This study provided ways for children, teenagers, and adults to cope with trauma by writing a journal, reflecting on their thoughts, or elaborating, whether in written form or drawing on their traumatic experiences (Maroney, 2020).

Adolescent development is a sensitive period consisting of many stressors. Adding any traumatic event during this time may cause increased emotional stress and interrupt mental functioning (Maroney, 2020). Trauma can negatively impact social, emotional, and physical development (Weiss et al., 2019). The differences in short or long-term consequences depend on additional variables, like the time or length of the trauma, age, and after the trauma when the individual seeks help or receives support; all these variables determine the short or long-term consequence of a traumatic event. Weiss et al. (2019) stated that social support can play a small role in protecting against PTSD. Weiss et al. (2019) found a slight correlation between social support and PTSD following trauma. Social support provided by close caregivers or teachers benefits children and young adults with trauma. However, it is unclear how trauma may impact adolescent identity development. Thus, it is essential to review the literature on identity.

Summary of Research on Trauma

The present study aims to learn how identity formation can affect trauma. The literature explored different topics: child, adolescent, and young adult trauma. There were many empirical topics like the effects of trauma, coping, therapies, short and long-term consequences, instrumental support, early intervention, and personal and social resources. The present study will aim to address some of the limitations identified. Trauma has impacted many children, adolescents, and young adults' lives in various ways, and many individuals may be experiencing barriers that are impacting their ability to understand how or why they are surviving or changing who they are. Some individuals might wonder many questions like how they survived positively or negatively. What change or what gives them the resilience to survive?

Identity

Most of the research on identity development is theoretical. The most predominant theory on identity development is Erikson's (1963) psychosocial theory, which states that conflicts are centered on developing a psychological quality or failing to develop one. According to Erikson (1963), the potential for personal growth is high during these times, but so is the potential for failure. Erikson stated that individuals go through eight different psychosocial conflicts during development, with the fifth stage being identity versus role confusion. The fifth stage of Erikson's psychosocial development theory is identity versus role confusion, which happens during adolescence when individuals are 12–18 years old. Adolescents look for a sense of self and identity by deeply exploring personal values, beliefs, and goals. According to Erikson's (1963)

psychosocial theory, the consequences can be harmful when adolescents do not deal with the conflict or trauma. It is possible that trauma could interfere with resolving the identity conflict that Erikson (1963) described. According to Erikson (1963), if individuals successfully deal with conflict, they emerge from the stage with psychological strengths that will serve them well for the rest of their lives. If they fail to deal effectively with these conflicts, they may not develop the essential skills needed for a strong sense of self (Erikson, 1985). Trauma may be a barrier that inhibits identity development, preventing teenagers from developing their identity. Teenagers must form a strong identity and create a sense of direction in life to support short and long-term growth.

According to this theory, the adolescent mind experiences a moratorium, a psychosocial stage between childhood and adulthood involving identity exploration (Erikson, 1963). This is a significant stage of development where the individual has to learn roles they will occupy as an adult, what parents expect of the child or a profession or activity that an individual believes they can achieve (Erikson, 1963). During this stage, Erikson (1963) stated that the adolescent will continually re-examine their identity and try to discover who they are or what they want to do or be. By the end of this stage, teenagers should have a strong self of self through periods of moratorium.

Marcia's Theory Experienced Crisis and Commitment in Identity Statutes of Psychological Identity Development

Many other theorists expanded on identity development. Marcia (1966) extended Erikson's work by identifying four identity statuses of psychological identity. Marcia (1966) said that one's identity is defined by the choices and commitments one makes

regarding certain personal and social traits. Marcia's theory of identity connects different domains of identity development, including vocation, religion, relational achievement, and gender roles. Marcia's (1980) theory of identity achievements argues that crisis and commitment exist. Marcia (1966) described the crisis as a time to disrupt how old values or choices are being reexamined and expressed the commitment as the result of a crisis that leads to a specific role or importance. A crisis is an experience that triggers exploration, whereas commitment shows a dedication to an aspect of identity.

According to Marcia (1966), the age to achieve an identity is 18–22. Marcia argued that crisis and commitment contribute to an individual's identity. Marcia's theory states it is through whether individuals choose to explore and commit that determines which of four identity statuses an individual will develop:

- Identity achievement
- Identity foreclosure
- Identity moratorium
- Identity diffusion

First, identity diffusion is where an adolescent has no sense of choices and has not made or is unwilling to commit. Diffused teenagers also do not take the time to explore different identities. Identity diffusion is represented by a teenager who does not realize they can decide what to do in any situation and cannot choose one thing or another. An example includes a teenager who cannot choose what to wear or whether they want to attend college. Second, identity foreclosure is when an adolescent is willing to commit to some roles, values, or goals for the future but does not explore other identities. An

example of identity foreclosure is when a teenager chooses a college because their parents went there, but they did not examine any other choices for themselves. Third, identity moratorium is when an adolescent is in crisis and exploring different commitments to form a sense of identity—some role or value they have not yet chosen. In other words, they continue to explore, changing elements of their identity without committing. This identity is exemplified by a teenager who cannot commit to something, such as whether or not to go to college (and if they do choose to go to college, they remain confused about what to major in or what classes to take). Last, identity achievement is when an adolescent has gone through an identity crisis and has committed to a sense of identity. An example of this identity status is when a teenager visits multiple colleges and then chooses the best one for them, even if they get rejected for some of their college preferences (Marcia, 1966, 1980). A healthy identity is an achievement identity with a clear identity and strong commitment. A moratorium identity begins to commit to identity. However, it is still developing, and an unhealthy level is diffusion because there is no clear identity, no commitment, and little or no search. Foreclosure identity means unquestioningly accepting the identity given from childhood by family and others and no search or crisis. Marcia (1980) argued that teenagers could change statuses throughout their development.

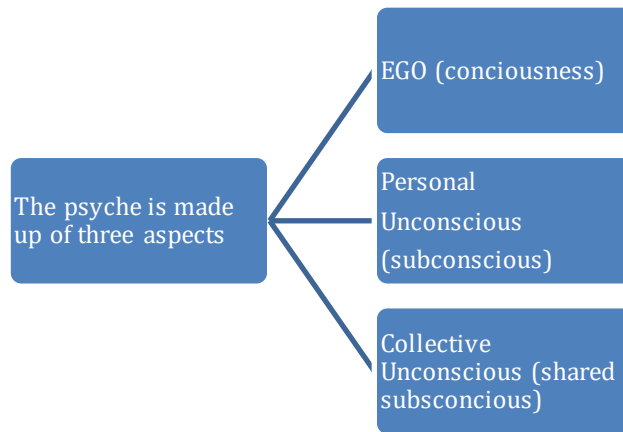
Figure 1

Marcia's Theory Experienced Crisis and Commitment in Identity Statutes of Psychological Identity Development

	Experienced Crisis	Not in Crisis
Committed	Identity Achievement Undergone a crisis and made a commitment	Identity Forclosure Not undergone a crisis but made a commitment anyway
Not Committed	Identity Moratorium Undergone a crisis but failed to commit to a value	Identity Diffusion Neither crisis nor commitment has been made.

Jung's Theory of the Psyche

Another theologian who examined identity was Carl Jung. According to Jung (1953), the collective unconscious comprises a collection of knowledge and imagery that every individual is born with and is shared by all human beings due to ancestral experience. According to Jung's theory (1953), humans may not know what thoughts and images are in their collective unconscious; it is thought that in moments of crisis, the psyche can tap into it. Jung's theory states that the ego forces the personality to develop to support identity development. Jung (1933) outlined an essential feature of the personal unconscious called complexes. A complex is a collection of thoughts, feelings, attitudes, and memories that focus on a single concept (Jung, 1933), influencing identity development. Jung's theory of the psyche has three aspects. (See Figure 2).

Figure 2*Jung's Theory of the Psyche**Adler's Theory of Individual Personality Types*

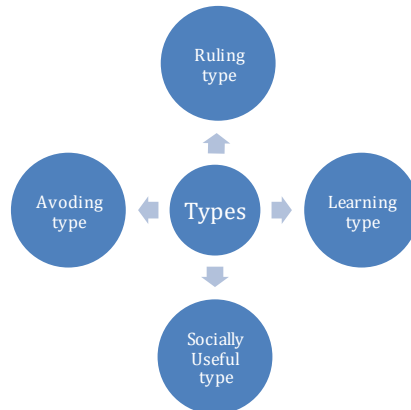
Another identity theory was proposed by Adler (2013), who claimed that once a psychologist knows an individual's style of life, "it is possible to predict his future sometimes just based on talking to him and having him answer questions" (p. 100). Adler's theory of individual personality involves the belief in the desire to overcome challenges and the interactions with family members, peers, and adults who influence the inferiority and superiority in life. Adler's theory explains that if individuals cannot compensate for normal feelings of inferiority, they will develop an inferiority complex. This theory states that individuals are responsible for who they are, and the future shapes that present behavior. Adler's theory states that behavior is motivated by social influence and striving for superiority, which impacts identity development.

Through this theory, Adler defined four personality types or psychological types: the *ruling type*, an individual who is aggressive or pushes others out of their way to gain

superiority. Second, the *learning type* builds a shelf on themselves, depends on others to help them in difficult times, and is sensitive. The third type, avoiding, is best exhibited by individuals who survive by avoiding their and others' lives. The last personality type is the *socially helpful type*; they have equal interests in themselves and do not push others; they are typically socially adept (Alder, 2013). Adler's theory concludes that courage is the willingness to engage in risk-taking regardless of whether the consequences are unknown or if there are possible adversaries. His theory is that an individual can be courageous, provided we are willing to engage in it (Alder, 2013). This courageousness supports identity development.

Figure 3

Adler's Theory of Individual Personality Types



Horney (1937) believed that environment and social upbringing impacted identity development rather than other factors. Horney believed individuals need a warm, supportive environment and strong relationships to realize their selves. Horney believed when individuals do not have those factors, they change the patterns that affect them and their relationships with others. Horney stated that primary anxiety causes individuals to

feel helpless or lost in the world. Horney believed that three coping styles are ways individuals cope with daily life problems that support identity development. The three coping styles move toward individuals, reflected by affiliation and dependence. The second coping style is moving against individuals, which causes aggression and manipulation. The last coping style involves moving away from individuals, best represented by detachment and isolation (Horney, 1937). The first coping style tends to be the best when supporting identity development (Horney, 1937). See Table 1.

Table 1

Horney's Theory Coping Styles and Description

Coping style	Description	Example
Moving toward people	Affiliation and dependence	A child seeking positive attention and affection from a parent; an adult needing love
Moving against people	Aggression and manipulation	Child fighting or bullying other children; an adult who is abrasive and verbally hurtful or who exploits others
Moving away from people	Detachment and isolation	Child withdrawn from the world and isolated; adult loner

Empirical Information on Identity Formation

Erikson (1993) stated that identity formation is a crucial period of adolescent development. According to Erikson (1993), an adolescent successfully integrates identity and works through an identity crisis through exploration and questioning. Identity formation complicates integrating what one experienced in the past with one's present and future selves. Some empirical studies revealed that trauma can disrupt identity

development (Marin & Shkreli, 201; Rabiau, 2019). Marin and Shkreli (2019) examined reflective and ruminative narrative processes in 32 trauma narratives written by a sample of young adults. They concluded that narrative patterns vary across identity statuses. This research suggested that young adults build their adaptive self-reflective ways. Rabiau (2019) focused on adolescent refugees struggling with cultural identity. The research found that support and coping help individuals' growth and identity formation toward a path of resilience and adaptation (Rabiau, 2019).

Other empirical studies have found evidence that family, community, interpersonal experiences, and intimate relationships play a crucial strategy in identity development (Akgül et al., 2023; De Moor et al., 2023; Jackson & Mumma, 2023). De Moor et al. (2023) study was conducted with adolescents in their first or second year of high school. The researchers found that educational identity changes around the transition and firm expectations of how adolescents should change (De Moor et al., 2023). Erikson (1968) conceptualized identity formation as a process located "in the core of the individual and yet also in the core of his community culture" (p.22). Akgül et al. (2023) studied adolescent non-immigrants and immigrants whose risk factors were coping strategies, resilience, and identity development. The research found that the identity development of immigrant or non-immigrant adolescents was essential to have social support in identity processing in the friendship domain, which might be related to the collectivistic characteristics of both cultures (Akgül et al., 2023). Jackson and Mumma (2023) used visual grounded theory to extend existing multiracial identity relationships between ecological factors, internal and interpersonal processes, and developmental age

for persons living multiracial. The researchers found that traumatic events influence multiracial identity development and can change milestones and shape a sense of self (Jackson & Mumma, 2023). No study has yet concurrently tested the relationship between childhood experiences and adolescent identity differences.

Other empirical investigations have helped describe the consequences of identity diffusion. Isenhardt et al. (2021) used cross-sectional data to study individuals between 16 and 21 years old. They found that identity diffusion was related to an aggressive deficiency in dealing with feelings of grief or sadness. Essentially, individuals with identity diffusion can increasingly lead to impulsive actions, leading to aggression. Additionally, Jørgensen et al. (2023) studied patients diagnosed with personality disorders, and data was analyzed using multiple regression (Jørgensen et al., 2023). They found that identity diffusion relates to subjective experiences, lack of self-coherences and self-continuity over time across different contents, and confusion about boundaries (Jørgensen et al., 2023). These studies show that identity diffusion can lead to an individual acting impulsively and, thus, to aggressiveness. Young adults who are insecure about their identity are at risk of suffering identity diffusion. Identity diffusion is a shared experience with negative implications for development, directly correlating to this study's goal. Next, the limited research on trauma and identity will be discussed.

Trauma and Identity

Adolescence is a crucial period of development in identity formation, and any trauma is likely to change a teenager's experiences with learning about who they are. Marin and Shkreli (2019) studied concentrated young adults who had 32 trauma

narratives. The study was qualitative and used the Ego Identity Process Questionnaire. The research concluded that a combination of identity commitment produced low identity distress—the limitation where clinical implications of the finding were discussed. Rabiau (2019) studied identity formation in adolescent refugees. The researcher concluded that family plays a role in cultural identity. The study was conducted on refugee adolescents (Rabiau, 2019). As a result, trauma and relationships played a role in identity.

Other studies have examined trauma in the adolescent or identity context. For example, Raemen et al. (2019) stated that traumatic experiences are related to identity diffusion, which was connected to more self-harming behavior. Previous researchers linked the mediating role of identity formation and self-harming behavior as consequences of traumatic events (Raemen et al., 2019). Raemen et al. (2019) stated that identity diffusion was positively associated with health concerns and concluded that it is essential to identify trauma and identity diffusion as risks for self-harming behavior. Berman et al. (2020) stated that trauma can alter or change identity formation and vice versa; a traumatic event can impact how individual feels about themselves or how they should deal with their trauma. Berman et al. (2020) revealed that severe traumatic experiences could have adverse effects and suggested further studies to understand better how trauma impacts' identity development. As a result, traumatic events may promote identity diffusion, which can have health complications.

Previous researchers stated that, to their knowledge, the connection between exposure to traumatic life events and identity statuses had not been studied in qualitative research (Berman et al., 2020; Raemen et al., 2019; Truskauskaite-Kuneviciene et al.,

2020). Truskauskaite-Kuneviciene et al. (2020) stated that finding a relation to sexual abuse trauma may increase the risk of developing a diffused identity. No evidence of a connection was found between trauma and identity formation (Truskauskaite-Kuneviciene et al., 2020). However, these studies emphasize that more studies on trauma and identity formation must be conducted. It is unknown how trauma and identity influence each other or how they change as consequences of a traumatic event.

Problem Statement

Traumatic events are highly stressful situations threatening one's life, health, personal integrity, or character. (Blaauwendraat et al., 2017; Kilpatrick et al., 2013; Ursano et al., 2004). These events can cause young adults to be confused about who they are and find themselves wondering who they are. It is crucial to find ways to understand how trauma and distress can change a young adult. Young adults might experience different symptoms or methods of dealing with traumatic stress. Learning how trauma is exhibited in an individual can help describe how significantly their identity changed or did not cause any change in who they were and who they are after the trauma. Many young adults might not experience the same traumatic event but could have felt the same impact on their identity. The lifetime prevalence of PTSD, defined according to the American Psychiatric Association's DSM-5 (2013), is estimated to be 8.3% in the general population (Blaauwendraat et al., 2017; Kilpatrick et al., 2013; Ursano et al., 2004). Not everyone suffers or expresses distress the same way. One critical form of identity work is making sense of one's experiences and understanding how one might relate to the self meaningfully (McLeod, 2007). It is essential to understand how distress, as examined

through trauma, can cause young adults to lose their identity. The goal of this study is to explore the experiences of adolescent trauma to understand its relationship with identity development better. By examining the problem of trauma and identity development, more can be done to support adolescent development.

Summary

This dissertation aims to understand better how trauma may impact young adults' identity development, which has implications for mental well-being. Children, teenagers, and young adults may experience trauma, affecting their identity development differently. The effects of early childhood traumatic experiences include a higher risk for low self-esteem, educational delays, depression, substance abuse, issues with peer relationships, and lower trust in others (Doba et al., 2022; Meţel et al., 2019). Learning how trauma impacts an emerging adult can help describe potential identity changes.

The goal of this chapter was to provide the theoretical grounding for this dissertation and review the literature on trauma and identity development. Adolescent trauma negatively affects teenagers; however, it is unclear why it can adversely impact them. There is a gap in how identity may explain the relationship between adolescent trauma and these negative consequences. However, no researchers have examined adolescent experiences of trauma and identity to address the social problem of teenage trauma. Exploring the effects of adolescent traumatic experiences may offer a clearer understanding of how traumatic experiences influence identity development (Marin et al., 2019; May et al., 2016; Trukauskaite-Kuneviciene et al., 2020). Adolescents look for a sense of self and identity by deeply exploring personal values, beliefs, and goals,

supported by the study's theoretical framework, which is Erikson's (1963) psychosocial theory of development. Erikson (1963) stated that individuals go through eight different psychosocial conflicts as they develop, with the fifth stage being identity versus role confusion. According to this theory, the consequences can be harmful when adolescents do not deal with conflict or trauma.

The review of the literature explained different topics, including children, adolescents, and young adults who experience traumatic events. Children who experience a traumatic event are at a higher risk of adverse outcomes and experiences (Meşel et al., 2020; Planellas et al., 2022). Berman et al. (2020) stated trauma can alter or change identity formation and vice versa; a traumatic event can affect how the individual feels about themselves or how they should deal with their trauma. The consequences of trauma are vast, and young adults might experience different symptoms and prolonged effects.

The present may address some of the gaps identified. A traumatic event can hinder development regardless of the stage, age, or gender of the individual. It is unknown how identity formation may change as a result of trauma. A qualitative phenomenological methodology will be used to achieve this study's goals.

Conducting interviews to get additional insight from a young adult who suffered a traumatic event should allow for a better understanding of trauma's impact on identity formation, which can be used to design effective strategies to support adolescent and emerging adult development and coping strategies for dealing with trauma. The results of this study may identify ways to acknowledge how trauma might influence identity and how this information can be applied to support development. Many studies have been

conducted to better understand trauma, including the risks of, consequences of, and recovery from trauma (Marin & Shkreli, 2019; Planellas et al., 2020; Shalka, 2020). It is still not understood how traumatic experiences impact identity. The next chapter will overview the methodology of this study.

Chapter 3: Research Method

Introduction

Traumatic events can be detrimental to children, teenagers, and young adults. However, it was unclear how trauma impacts young adults' identity development. The purpose of this study was to understand how some children, adolescents, or young adults experience trauma and how this trauma experience impacts identity formation. Although research studies have been conducted to study how traumatic events affect individuals and how identity formation might cause self-harming or identity confusion (Berman et al., 2020; Raemen et al., 2019; Truskauskaite-Kuneviciene et al., 2020), there was limited research on how trauma and identity formation may be related, specifically how trauma may impact adolescent identity development.

Adolescent trauma adversely affects teenagers; however, it was unclear how it can affect young adults. There was a gap in the literature about how identity may be impacted due to trauma. No studies to date had examined adolescent experiences of trauma and identity to address the social problem of adolescent trauma. Exploring the consequences of adolescent traumatic experiences may offer a clearer understanding of how traumatic experiences influence identity (Marin & Shkreli; May et al., 2016; Truskauskaite-Kuneviciene et al., 2020). Blaauwendraat et al. (2017) defined traumatic events as highly stressful situations that threaten one's life, health, or personal integrity, such as witnessing violent events or unexpected or violent deaths of close family or friends. I explored the lived experiences of young adults who experienced trauma as a child or teenager and how it impacted their identity formation.

In this chapter, I discuss the methodology, the research design, the rationale for the research, and the role of the researcher. I also present the collection method, how participants were selected, the instruments that I used to collect data, and the ethics associated with the implementation of this study. The chapter concludes with a summary of the main ideas that I presented in this chapter.

Research Design and Rationale

I conducted this qualitative, phenomenological study to gain a better understanding of how some young adults who experienced a traumatic event experience change their identity formation or development. The participants were individuals, 18-25 years old, who suffered a traumatic event as a child, teenager, and young adult. I used semistructured interviews about how the trauma influenced their identity development to gather data for this study to better understand the consequences of trauma and identity formation.

I used a qualitative, phenomenological method to understand participants' lived experiences. The analysis was deductive, meaning results were gained from specific participants who had experienced traumatic events. I examined how those events impacted their identity formation.

A quantitative approach was not appropriate for this study. In quantitative studies, researchers measure phenomena and generate hypotheses. Qualitative research is conducted to analyze phenomena from a human perspective (Creswell, 2007; Giorgi, 2012). There are different qualitative research designs, but phenomenology was the best approach compared to case studies, ground theory, or ethnography. A case study was

inappropriate because multiple participants are needed to understand lived experiences, and case studies usually involve the focus and/or observation of a single or small group of participants; ground theory does not apply to this study as this approach focuses on constructing a new theory (Giorgi, 2012). Phenomenology was the best approach for this study because I could use it to understand participants lived experiences of trauma.

Lived experiences are challenging to quantify, and by using a phenomenological approach, the data were rich and lacked any preconceived ideas. I conducted interviews to ask initial and follow-up questions about participants' lived experiences to understand their identity formation. I approached the participants' lived experiences with a mixture of curiosity, openness, and genuineness (see Bartholomew et al., 2021) that was allowed the narratives of the participants to come together in a way that can be understood by those who have not lived their experiences. Throughout the interviews and research process, I kept a journal documenting any thoughts or ideas for the research.

This research was essential to developmental psychology and the educational track within Walden University. Developmental psychology is used to understand the changes a person experiences throughout the lifespan. A traumatic event is detrimental to individuals' development and likely their identity formation (Mari & Shkreli, 2019; May et al., 2016; Truskauskaite-Kuneviciene et al., 2020). Traumatic events can harm a young adult's life and may impact their identity formation. Moreover, understanding an individual's experiences with trauma during childhood or adolescence can provide information to support identity development.

Research Question

I designed the research question in this study to address traumatic experiences and identity formation. Many individuals have experienced trauma during identity development (Berman et al., 2020; Raemen et al., 2019; Truskauskaite-Kuneviciene et al., 2020). As children get older, traumatic experiences are processed differently, and the degree to which a child can cope changes (Raemen et al., 2021). The research question was: How do young adults describe their experiences of identity after experiencing trauma as a child or teenager?

I designed the research question to expand understanding of how young adults experience trauma as a child or adolescents change or influence their identity formation. What variable made a person more robust than others to overcome trauma is unknown. Society can benefit from knowing how trauma and identity are affected, which can be a way to promote positive social change.

The Role of the Researcher

The role of the researcher in a qualitative study is complex. In this study, my role was to understand how traumatic experiences can change a person's identity formation and which variables make a person more robust than others in overcoming trauma. My role in this study was to observe and participate. I directly participated by interviewing participants and observing how they responded verbally, emotionally, and physically.

As a researcher, it was necessary to be conscientious of the present dual relationships or biases that may be present. The relationship that I had with the

participants was strictly professional. I did not have power or a supervisory role over the participants.

Researchers must know of any biases they may have. One bias is knowing what the research questions are before conducting the interviews. Another bias in this study was that I might have analyzed the responses from participants when hearing them, and I had to refrain from doing so until after the interview's conclusion. Biases were managed by respecting participant confidentiality and letting them know the interview procedures, which they could review ahead of time through the informed consent form. Last, a bias that may have existed was the perception of individuals with a traumatic event as a child did not change their identity formation because the researcher might be expecting a different answer from a teenager who might experience trauma after identity formation. During the process, keeping a field journal and reviewing the videos meant there was documentation of everything I was experiencing or thinking to ensure content validity and credibility.

An additional concern in research is ethics. Ethics is a critical component of research and includes the researcher's rights, responsibilities, and moral decisions (Koocher & Keith-Spiegel, 2008). Following the American Psychological Association's code of ethics was essential, especially under Section 8: Research and Publication (American Psychological Association, 2017). Researchers needed to ensure that informed consent was received, there was institutional approval, there was no lack of deception, there was an accurate representation of the results, there is integrity work, and debriefing (American Psychological Association, 2017). I was neutral, showed empathy, respected

any emotions, and disclosed information. Minors were not interviewed. Additionally, the participants' identities were kept confidential.

Methodology

Participant Selection

The participants selected for this study were 18 and 25 year olds who experienced trauma as adolescents. My plan was to collect information from a few participants. There was no exact number of participants to collect data for qualitative research. Vasileiou et al. (2018) stated that the sample size should be numerous enough to allow for a new and rich understanding of the phenomenon being studied while small enough that the most usable data possible may be gathered from each participant. For the current research study, the 12 participants completed interviews.

Purposive Sampling

I used purposive sampling in this study. Purposive sampling is used to discover, understand, and gain insight into a specific, identified phenomenon (Merriam & Tisdell, 2016). Interested participants completed a screening questionnaire (Appendix B) for this study. A relatively small, purposively selected sample increases the depth of information and understanding instead of the breadth of the knowledge (Campbell et al., 2020).

The participants were sampled due to their unique and specific experience with the phenomenon and the in-depth understanding derived from the information-rich narratives they provided. Participants were chosen using criterion-based selection (Merriam & Tisdell, 2016); specifically, they were individuals who had experienced a traumatic event and could speak to the consequences of identity formation.

Recruitment of Participants

I used a variety of methods to recruit participants for this study. The research participants were individuals who had experienced traumatic events in childhood or teenagerhood that impacted their identity formation. For this research study, the only demographic restriction was defined by individuals aged 18 to 25 years who experienced trauma during childhood or as a teenager from 12 to 17 years old.

Initial recruitment was done by posting in Facebook groups to recruit participants. These Facebook groups included Walden University, Walden University Doctoral Peer Mentoring Group, and Walden University Online Psychology Degree Programs. A sample post to the online group was: “I am a developmental psychology doctoral student working on a dissertation.” I was looking for participants who had experienced a minor traumatic childhood or teenagerhood event that might have impacted their identity formation. If they were interested and met the criteria, they could email me for further information.

Another way to recruit participants was by posting on my personal Facebook page, which was snowball sampling. The definition of snowball sampling is a non-probability sampling method where other units recruit new units to form part of the sample (Malilay et al., 1996). I shared the following on my personal Facebook page: “I am a doctorate student in the developmental psychology program at Walden University.” I stated that I was completing the dissertation and needed participants 18 years or older who had experienced a minor traumatic event during childhood or adolescence and have

experienced identity foundation. I asked others to share the study on their Facebook pages.

When potential participants contacted me, I sent them a screening questionnaire (see Appendix B) to ensure they met the criteria for becoming a participant in this research study. Once it was determined that the individual met the research study criteria, I emailed the consent form to ensure the participants knew the information used for this study. The potential participants emailed [me](#) the consent form. From those who responded to the email, a selection of seven individuals who had a traumatic experience growing up and are 18-25 were recruited to participate, representing snowball sampling.

For the current study, trauma was self-defined. The delimitations for this study were that participants were between the ages of 18 and 25 and experienced minor trauma during childhood or as an adolescent 8 to 17 years old.

Procedures

After recruiting participants, the next step was to communicate with them. The main form of communication was email. The informed consent was ensured that the participant knew how their information was used for this study. First, the participants completed a screening questionnaire (see Appendix B). Next, an email was sent with the consent form. Once the consent form was received, an email was sent to set up a time for the interview, and this researcher scheduled a Zoom interview with the participant. Through this approach, the participants can download a copy of the consent form (recommended in the informed consent form), which they can review before the interview. The email that serves to schedule the interview also lets the participants know

that any questions they had about the informed consent were answered during the Zoom call before the interview was recorded. The participant and interviewer met once the interview was scheduled. Before recording the interview, the participant repeated the consent statement. In other words, before the Zoom interview can begin, participants must say, “I agree to participate in this study, and I consent to be recorded.”

The interview was audio-recorded, and each interview lasted about 45-60 minutes. After the end of the interview, the participants were debriefed, thanked, and reminded that if they had any questions or concerns, to let me know. More details about the questions were asked and discussed in the next section. Next, copies and transcripts were made available to participants upon request. To organize the data after the interviews, the interviews were transcribed. However, to have data transcribed, I used Zoom transcribing services. Then, this researcher watched the video to ensure everything was transcribed appropriately. By transcribing the data, information can be organized for data analysis. This study used a phenomenological research design, and the analytic technique was thematic analysis (described later in this chapter). To analyze the data from phenomenological interviews, there was a sequence of steps to identify common themes and categories. This study was manually coded; however, if the data was provisional, Quirkos software wasn't used. Giorgi (2009) provided six steps to analyze responsive interviews. This organization was done through a Microsoft Excel spreadsheet.

Instrumentation

For this study, semistructured interviews was used, which are open-ended questions geared to address the research question of this study. A semistructured interview was done when the researcher seeks specific information about a topic and had predetermined questions to ask participants (Rubin & Rubin, 2012). Subsequently, the researcher used follow-up questions to gain any other necessary information (Rubin & Rubin, 2012). Six questions were curated for this study. Some of the questions included the following:

1. Describe your childhood and adolescence.
2. Describe a traumatic event or events you experienced during childhood and adolescence.

The main questions will focus on the prompt interview protocols, which will be included in Appendix C.

Though these are the structures to be asked, the ability to ask follow-up questions depends on the participants' answers to deepen the dialogue. Through the video interview, verbal cues, facial expressions, and partial body language, additional probing can be done to gather further information about what they are experiencing or have encountered. These was some of the follow-up questions:

1. Can you tell me more about that?
2. Can you elaborate further in your response?

The interviews were conducted where both parties were comfortable (Rubin & Rubin, 2012). Having a comfortable space was not the only important consideration but

also privacy. This environment was essential for the interview and establishing rapport with the participants, as rapport is a significant aspect of the interview process (Rubin & Rubin, 2012). About five to seven interviews were needed for this study. Interviews and surveys should take about 45-60 minutes to complete. Considering the targeted sample was homogenous, five to seven interviews would be an adequate number of participants. The sample size was determined by saturation, and many researchers debated on an appropriate number of interviews for qualitative research (Marshall et al., 2015). Data saturation was achieved through repeated codes and themes throughout the interviews and when no new information presented itself (Rubin & Rubin, 2012).

Data Analysis

The type of research used was a phenomenological research design. The informal phenomenological interviews encouraged participants to add their experiences to elaborate, in a less naïve fashion, about what they've lived (Giorgi., 2009). To analyze the data from phenomenological interviews, a sequence of steps was followed to identify common themes and categories.

Giorgi (2009) provides six steps to analyze responsive interviews. The first step was collected and described phenomenological data (Giorgi, 2012). Through Zoom, there was a feature that allowed for the transcription of audio. This step was conducted when the video was watched again to ensure no errors within the audio transcripts. If errors were found, they were corrected. Secondly, transcripts were read multiple times to be able to code the data. This was to find “excerpts from the transcript with specific

concepts, them, events, examples, places, or dates” (Rubin & Rubin, 2012, p. 190). These passages contain meaning that relates to the concepts being studied.

Third, the next step was to break down the description into meaningful units (Giorgi, 2012). There were many codes identified within each transcript. Sorting the codes from each transcript related to one another was done to organize the data. Each similar code was then grouped. From the codes, they were sorted into different files or groups and then summarized. Fourth, for each transforming meaning unit, those subgroups were used to compare the other codes within the group. After comparison and assortment, a file summary was completed (Giorgi, 2012).

Figure 4

Meaning Analysis Using Giorgi’s Phenomenological Method

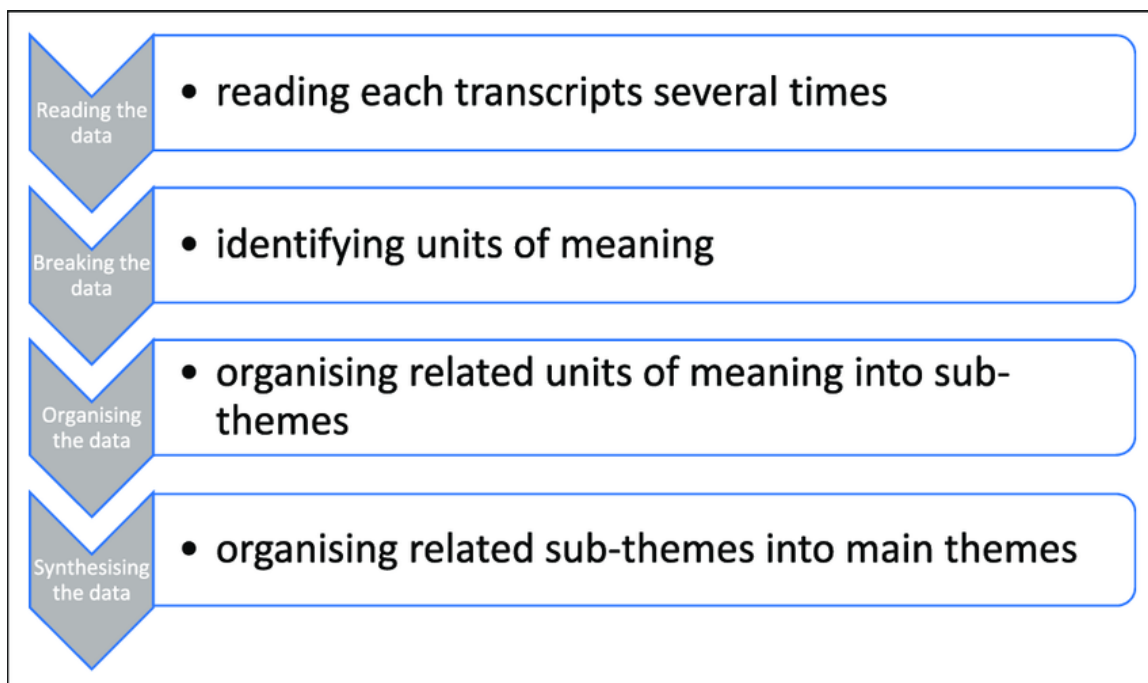


Table 2*Example of the Application of the Method of Giorgi*

Describe statement	Formulating meaning	Generalized meaning
PQ ₁	PQ ₁	PQ ₁

The fifth step was identifying the essential structure of the phenomenon (Giorgi, 2012). The codes from every file were then integrated to understand the different interview descriptions better. The sixth step integrates features into the phenomenon's essential structure, including combining themes to deduce what has happened with the participant's experiences (Giorgi, 2012). This step was critical as it allowed a better understanding of how the concepts answer the research questions (Rubin & Rubin, 2012). Last, concepts can be understood to understand generalizability to the larger population. To do this, reflections on what was found in this study and observed can be further speculated to see how these findings can be applied in other situations or conditions (Rubin & Rubin., 2012).

Issues of Trustworthiness

Trustworthiness

Trustworthiness in qualitative research measures how other researchers should view the value of the study and was the foundation of high-quality qualitative research (Birth et al., 2016). Trustworthiness was achieved by following a systematic approach throughout the study. Reliability was established by building trust and understanding with study participants (Ataro, 2020). This study built trust with participants by providing clear details of the research, responding to participant responses with empathy, and

maintaining eye contact during the interview. The consent form also contributes to establishing trust. The consent form was emailed to participants with precise details about the study. Before the interview, the consent form was reviewed to ensure participants felt comfortable with the study procedures. The researcher explained clear steps to proceed with this study's credibility, transferability, dependability, confirmability, and ethical procedures.

Credibility

Credibility was achieved through prolonged contact throughout this study. During the interview process, and in order to ensure credibility, the following questions were asked: "Give me an example" or "Elaborate a little more," engaging promptly after a question during the collection itself. Asking the participants during the interview potentially enhances the accuracy of the data. Next, allowing participants to review the interview transcript to ensure accuracy and trust in the information provided, the researcher focuses on confirming, modifying, and verifying the transcript (Birt et al., 2016). Member-checking was also used to validate participants' responses. The purpose of member checking was to validate, verify, and assess the trustworthiness of the results (Chang, 2014; Doyle, 2007). The reason for using member-checking was to aid in interpreting the data and provide additional context. Member-checking during the interview took skill and practice. Therefore, this researcher conducted three practice interviews, focusing on building skills and member-checking habits to prepare for the data collection.

Participants were allowed to add, remove, or clarify their statements after each interview by asking them, “So what this researcher hearing you say is...”. This helped to validate participant responses in order to establish credibility. After the interview, participants could review their transcripts and were invited to check the accuracy of the raw data. This method built trust with the participants if the researcher needed to return with more questions for future data. Member-checking can support participant confidentiality, allowing them to review how the researcher has used the information. This topic was sensitive, and it was crucial to connect with the participant to earn their trust.

Interviewers ensured they had extended time with participants to allow for a complete discussion of their topic. Prolonged contact refers to the ability to have adequate time spent with participants (Krefting, 1991). The benefits of protracted contact included the closeness of the relationship between the researcher and participants to increase trust. It was possible through prolonged contact that the fellowship of the relationship could cause difficulty in the interpretation of results. Therefore, reflexive analysis or reflexivity was used (Krefting, 1991). Reflexivity refers to the researcher’s background and biases and how they influence qualitative research (Krefting, 1991). To have reflexivity, there were multiple times that self-inventory was done to analyze oneself and the context of the research (Krefting, 1991). Additionally, no personal biases were used to increase credibility, and a field journal helped record preferences.

Another strategy to confirm credibility was through saturation. Fusch and Ness (2015) explain data saturation as the ability of other researchers to replicate the study

based on the amount of data collected. This study had at least five interviews to achieve data saturation. This number of interviews allowed rich data to identify common themes and codes of the selected population; however, it was essential to note that some studies may only need a few participants (Fusch & Ness, 2015).

Transferability

This phenomenological, qualitative design aims to understand how trauma may impact young adults' identity development. The information gathered was hoped to be applicable, which was the ability to generalize findings to a larger population (Krefting, 1991). Additionally, transferability was an important concept, as well. Transferability refers to how much information was shared to make it possible to transfer the findings to a different setting. For the researcher, describing exactly how the interviews were planned, how the participants were recruited and screened, how the interviews were conducted, and how the findings were generated through data analysis helps to determine if the results can be helpful in a different setting. Keeping clear and complete notes along the way helped to determine transferability.

Dependability

Dependability was how much readers depended on the research findings of a well-designed and executed study. Having detailed notes from the researcher's decisions and choices for each process step was the best way to document the study for dependability. To have dependability in this research study, the exact research methods are described, and the data is analyzed and interpreted. Krefting (1991) described this as essential to qualitative research, allowing the study to be replicable by other researchers.

Having the steps of this research study listed and explained enhances dependability due to the decrease in the interpretation of meaning. An audio/video trail includes records that include raw data, documentation of processes, and products of data.

Confirmability

Confirmability was proceeded by following the participants with honesty and clarity, reassuring participants of confidentiality. There was neutrality in the interpretation of data to allow for confirmability within this research study (Krefting, 1991). Personal biases and pre-conceived judgments were identified before researching to be able to interpret data. The field notes helped identify any ideas or thoughts during the research process and can be audited. Additionally, step-by-step procedures let other researchers understand how conclusions and decisions were deduced (Krefting, 1991). Again, complete descriptions of the research steps, including the interviews with the selected participants, helped confirm the study findings.

Ethical Procedures

To ensure the research was ethical, a post on a Facebook group was used stating the purpose of the study and asking for participants who had traumatic events in childhood or adolescence. To maintain confidentiality, interviews were conducted in a private Zoom setting. It was reiterated to participants that their confidentiality could only be maintained if both parties were in a private location without any interruptions. The video files are kept in a locked file on a password-protected computer. Throughout the research and after, participants were treated with respect. All participants were given

informed consent before the research study and told that if they chose not to participate, they could stop at any point without any repercussions.

More than anything else, each participant was treated as an autonomous agent who voluntarily gave informed consent to participate in the research study with the promise of privacy and confidentiality and the right to withdraw from participation in the research study without any penalty (Stadtlander, 2018). Participants read and agreed to the consent form (see Appendix A) before participating in the research study. The consent form included background information describing the research study, how the interviews were conducted, the voluntary nature of the research study, the risks and benefits of the research study, confidentiality protections, contact information for the researcher and the University in case a participant has questions or concerns; and low-cost mental health resources (see Appendix A). Before each interview began, this researcher asked each participant if they had any questions or concerns, including any questions about the informed consent form. After the participant said, "I agree," The Zoom interview proceeded with the interview questions. Follow-up interviews were scheduled to go over the transcription of interviews. A copy was provided to the participants.

Summary

The purpose of Chapter 3 was to cover this study's methodology and procedures. A qualitative phenomenological design was used to understand the lived experiences of individuals with traumatic events and the consequences of identity formation. Semistructured interviews were used to capture the experiences of the interviewees.

Interviews were transcribed, coded, and analyzed to identify common themes. This information was essential to promote social change as it allowed a better understanding to help professionals learn how trauma can change a person's identity and what makes some individuals cope positively or negatively. More specifically, the results of this study identified ways to overcome trauma by assisting identity development.

Chapter 4: Results

The purpose of this qualitative study was to explore the lived experiences of young adults who experienced traumatic events as children or adolescents and how their traumatic experiences played a role in their identity formation. The research question for my dissertation was: How do young adults describe their experiences of identity after experiencing trauma as a child or adolescent? I addressed how people describe changes in their identity as a result of trauma. My aim with this study was to understand how young adult's experiences of trauma as a child or adolescent contribute to their identity formation.

I analyzed the qualitative data using thematic analysis. The data analysis process used to process interview responses was the six steps proposed by Giorgi (2009). These steps included reading data, breaking down the data, organizing data, synthesizing the data, identifying the essential structure of the phenomenon, and the last step, integrating features into the phenomenon's essential structure, including combining themes to deduce what has happened with the participant's experiences (Giorgi, 2009). Through data analysis, I established the descriptive statements, meaning, and themes. The themes and participant responses are provided in this chapter to explore the experiences of trauma for changes in identity formation. This chapter includes discussion of the study's setting, participant demographics, evidence of trustworthiness, data analysis, and results.

Setting

An Institutional Review Board (IRB) application was completed and submitted through Walden University. The Walden University IRB provided approval (#01-11-24-

0485592) with authorization to commence research. In order to receive approval, I changed the operationalization of traumatic event to minor trauma, as major trauma could be triggering to participants. Minor traumas included things like hazing, moving, or a parent's divorce; I removed the counseling requirement, and another change was to remove recruiting participants from the Walden participant pool. Participant recruitment was completed according to Walden's IRB guidelines. Recruitment was conducted via social media platforms, such as Facebook groups and posts on LinkedIn. I clarified to the IRB that I would not have a pre-existing relationship with the participants.

I had a total of 16 participants who emailed me to notify me that they were interested in participating and that they met the requirements. Three of the 16 participants were sent to me via email from their relatives who had participated, representing snowball sampling. After receiving potential participant emails, I emailed them the consent form and verified eligibility. After I emailed them the consent form, 15 participants replied, "I consent" (one person never responded once I sent the consent form). I followed up with another email asking if they had a day and time that I could schedule a Zoom interview. I scheduled their Zoom meeting after they emailed me the day/time. Two participants did not respond to this follow-up email. Two participants set up the interview time but however, failed to show up for the scheduled Zoom interview. Another participant rescheduled a second time but did not show up then either. Therefore, I did not try to reschedule the participant again. As a result of this recruitment, I ended up with 12 interviews.

Interviews occurred over Zoom. Most participants chose a camera-on option while they could see my camera on. I let participants know they could choose whether to have the camera on or off. Participants were aware that it was going to be audio recorded. I chose a quiet, safe, and confidential setting. Likewise, all participants were in a quiet place setting, and other than the odd connection issues, which may have resulted in some statements being repeated or clarified, there were no distractions.

Data Collection

When going through the IRB approval process, the IRB initially required that I modify my study to only interview participants who had experienced minor trauma. Examples of minor traumas were parents' divorce, health issues, or parents' deaths. The interview questions were revised to comply with the IRB requirements and align with the research question. The informed consent form was revised to remove the signature and replace it with "I consent." This was done to maintain anonymity. The consent forms also had a few other changes after going through the IRB process, like changing "traumatic events" to "minor traumas." The recruitment post also had a minor adjustment to change "traumatic events" to "minor trauma." I removed therapy or counseling from the flyer as an inclusion criterion per IRB. I developed open-ended semistructured interview questions for data collection (see Appendix C). The target number of interviews was 10 to 15; my study had 12 participants. All interviews were conducted as planned. All interviews were recorded using the Zoom application and lasted 30 to 50 minutes. The interviews took place over approximately two months, from January 2024 to February 2024.

The social media posts used for recruitment clearly explained the study and how to participate in the study. The participants were informed of the confidentiality involved in the research study and provided a consent form via email, which outlined the research study's purpose (Giorgi 2009). Participants contacted me via Facebook Messenger and LinkedIn. After they contacted me, I replied with the consent form via email. Participants were required to reply with "I consent" via email. After I received the reply, I followed up by setting up the interview day/time. All interviews were conducted through Zoom.

Before I began the interview, I thanked each participant for taking the time to participate in my research study. I followed up by asking each participant if they had any questions regarding the consent form. I told them that it was acceptable if they needed to pause or stop. I explained that I would not use their names to protect their privacy. I completed all interviews at home on my secure laptop. I audio-recorded the interviews through Zoom and downloaded them securely on my laptop. The audio-recorded interviews and email consent form responses were secured as a password-protected file on a computer that I own. The participants' real names were not stated or acknowledged in the audio-recorded interview process. The only identifying information for participants was via personalized email names sent through the informed consent process via Walden University email. Data saturation was achieved once I interviewed my 10th participant, but I included two more interviews to ensure that a comprehensive amount of data was collected for this study.

Demographics

In this qualitative study, participants began to email me to let me know they wanted to participate and to confirm that they met the requirements for this study (that they were 18 and older and experienced some form of mild trauma). Minors and other vulnerable populations were not included in the recruitment process. I notified them I would not use names to protect their privacy; I would identify participants by numbers. Participants were identified as P₁ (for Participant 1) through P₁₂ (for Participant 12), which corresponded with when each interview occurred (see Table 3).

Table 3

Participants Interviews

Participants	Date interview	Interview duration	Gender	Mild trauma
P ₁	01/25/2024	32.33 minutes	Female	Parent's Divorce
P ₂	01/27/2024	34.29 minutes	Female	Parent's Death
P ₃	01/28/2024	35.55 minutes	Female	Parent's Death
P ₄	01/30/2024	26.09 minutes	Female	Health's Diagnosis
P ₅	01/31/2024	29.06 minutes	Female	Health's Diagnosis
P ₆	02/01/2024	31.37 minutes	Female	Parent's Divorce
P ₇	02/02/2024	33.19 minutes	Female	Family Tragedy
P ₈	02/03/2024	50.66 minutes	Male	Parent's Divorce
P ₉	02/03/2024	31.40 minutes	Female	Bullying School
P ₁₀	02/06/2024	17.41 minutes	Female	Health's Diagnosis
P ₁₁	02/12/2024	27.55 minutes	Female	Parental Conflict
P ₁₂	02/20/2024	21.40 minutes	Male	Parent's Divorce

Further demographic information was not collected for privacy reasons so that I could maintain the confidentiality of participants. In terms of responses, some participants replied at first via Facebook Messenger, and a few other participants sent me a message through LinkedIn. Then, as part of the snowball sampling method, some

participants invited others to participate in the study through their social media posts with their families or spouses. The 12 interviews were conducted between January 25, 2024, to February 20, 2024. Two male participants participated in the study, and the rest were female. The 12 participants met via Zoom, while only Participant 2 (P2) met via Zoom phone with the camera off and I had the camera on. Participants had the opportunity to engage in member checking by me summarizing their responses after each question in order to confirm their answers. Member checking is used to validate, verify, and assess the trustworthiness of results (Chang, 2014; Doyle 2007). At the end of the interview, I summarized the main points shared during the interview and read it to them, and I asked them if it was correct.

Data Analysis

I used a phenomenological research design for this qualitative study. Informal phenomenology interviews are a way for participants to share their experiences authentically and naturally (Giorgi, 2009). The Zoom platform provided audio, video, and written transcripts of each interview. Due to the study's nature as semistructured interviews, all participants were asked the same 11 questions (see Appendix D). I used semistructured interviews with open-ended questions, and responses were used as the primary data for this study to address the research question.

However, follow-up questions were asked to better understand the participant's experiences based on the participant's answers. Some participants were eager to share their experiences and would start telling stories at the beginning of the interview when asked the first question. To avoid disrupting the rapport-building process, I would let

them tell me the story, then go back and ask the semistructured questions, even if they had already been answered in their stories. As I interviewed, I took notes of how they were reacting and documented any behavior I noticed throughout the process in a journal. At the end of the interview, the participants were debriefed for member checking, and all were sent copies of the transcripts for their review. All participants responded and offered no objections or amendments.

According to Giorgi (2012), the researcher is responsible for reading the data with the goal of comprehending the fundamental sense of described events. The first step in this process was to read the transcript several times. I analyzed the transcriptions and listened to the recordings multiple times. The second step in the process was to print the interviews and highlight them to begin bracketing all my assumptions during the interview process to help develop the meaning unit. By reading the transcribed data a few times, unique meanings were marked appropriately. I created meaning within participants' lived experiences descriptions and saved them. I stored, organized, and manually organized the data using Microsoft Excel (see Table 3). The information was reviewed for possible relationships once the meaning units were developed using the hand coding approach. I found that participants who experienced similar trauma had some similarities in the context of the data. For example, an example of a meaning unit I found in several interviews was "fake emotions" (P1, P2, P3, P7). One participant expressed, "I would have to put a happy face" (P2); P7 said, "Act like it didn't affect me and didn't tell anybody what happened." While interviewing P10, no new meaning units were coming up, providing an indication of data saturation. Because I had already had

two more interviews scheduled, I conducted them to ensure that rich data was collected.

The 12 participants produced thick data, which I imported into an Excel sheet and divided into meaning units and description meaning units, with examples quotes of different participants (see Table 4).

Table 4*Descriptions and examples of thematic code*

Meaning Unit	Description of Meaning Units	Example Quote
Loss Confidence	People felt less confident when dealing through difficult situations.	"Am I good enough"(P4)
Fear	Feeling anxious and scared as a result of family experiences.	"The fear of that sense of Failure" (P1)
Academic Motivation	Feeling motivated to succeed academically in school.	"Outlet was going to school and staying" (P3) "As I got older, I changed because religious and maturity"(P6)
Self-Determine	Participants were determined to improve their identity.	
Early Marriage	Some people choose to get married young when experiencing family distress.	"I got married very early and that had to do with it because I wanted to be accepted and loved" (P3)
Loss Identity	When people go through a family situation suffered loss of identity	"My whole world just came down" (P11) "I didn't really fit in with anyone at that time" (P8)
Change in Peers Relationships	Peer relationships can change when dealing with difficulties.	"I was more in a caregiver role than necessarily a daughter"(P4)
Religious Support	People practice religious to find healing or support.	"My relationship with Christ, it is important to me" (P12)
Parental Pressure	Parents expectations can add pressure and distress.	"I wouldn't want to let me parents down" (P8)
Fake Emotions	People pretended to be someone to hide pain. Feeling anxious and scared as a result of family experiences.	"I would have like deep sadness. That I would try to cover up. I would have to put a happy face"(P2)

Meaning Unit	Description of Meaning Units	Example Quote
Coping through school	School can be a place where emotional reactions to stress might have a positive or negative impact.	"I do better, maybe then that might help changes things" (P12)
Coping through Work	Work is an outlet to forget worries or find self-worth	"I was allowed to start working part-time and that was a big change in my life because I felt self-worth" (P3)
Change in Personality	People describe how they see themselves or others when they experience difficulties	"What I had to live through, what made me hard, why I decide to be the person I was" (P3)
Marriage in Distress	Participants reported stress and conflict in their marriages	"I devaluated myself and I never self-worth. That affected my relationship with my husband" (P2)
Anger	People feel angry when dealing with difficult situations.	"As a teenager, I was very angry" (P3)
Program Support	People look for guidance and support when they go through difficult situations.	" I helped in the organization "Big brother, Big sister" (P7)
Diagnoses	People who go through health diagnosed can altered everyday life activities	"It was hard. I missed a lot key stages and social development" (P5)
Coping through school	School is affected when dealing with situations and expectations.	" I just literally go and just focus on what I supposed to do, go to class, and learn" (P11)
Counseling/ Professional Program	People look for counseling to help them when difficult situations.	"What change for me was, like they say counseling" (P10)

The meaning units reflect the descriptive information compiled from the interviews during the study research. The third step was organizing related units of meaning into sub-themes. In addition to these lived experiences, each participant had

their own childhood experiences or adolescent trauma, and some of their experiences had similarities that overlapped the sub-themes. I began to develop a clearer sense of how participants made sense of the phenomenon. I sorted through meaning units by grouping similar sub-themes in the Excel document. For instance, P1 and P3 had similarities in potential sub-themes, including academic motivation and self-determination. The fourth step was to organize related sub-themes into main themes. I reread the transcripts to reevaluate the relevance of the experiential themes developed (see Table 5).

Table 5

Thematic Analysis

Themes	Sub-themes	Meaning Units
They describe intense changes in emotions.	Fear	
	Fake emotions	Loss Confidence
	Anger	Fear
	Self-determined	Academic Motivation Self-Determine
They describe their identity as changing as a result of external support.	Counseling/Professional support	Early Marriage
	Religious support	Loss Identity Change in Peers Relationships
	Program support	Religious Support
		Parental Pressure
Coping in Context	Work as coping	Fake emotions
	Academic motivation	School Difficulties
	School as coping	Coping through Work Change in Personality
	Early Marriage	Marriage in Distress
Negative Consequences	Loss Confidence	Anger
	Loss of Identity	Program Support
	Parental Pressure	Health Issues
	Marital Distress	Change in Family roles
	Health Issues	Coping through school Counseling/ Professional Program
	School Difficulties	

Interpersonal Changes	Change in Peers Relationships Change in Personality Change in Family roles
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The fifth step and final step was to synthesize this information. I integrated features into the phenomenon's essential structure, including combining themes to deduce what has happened with the participant's experiences (Giorgi, 2009). These units were completed by organizing a data analysis table, which I interpreted. I drew together the statements to identify interesting and significant components of each participant. The meaning units were grouped based on their similar nature into broader theme patterns. The sub-themes were taken from the meaning units and grouped into specific themes. The total was 20 sub-themes and five major themes.

Evidence of Trustworthiness

Credibility

To ensure credibility, there was a conversation before the interviews in which the participants shared their age and the trauma that occurred in childhood or adolescence to be checked for credibility. Also, it was an opportunity to gain their trust. I thanked them and asked if they had any questions regarding the consent form. Another way credibility was established was by paying attention to participants' responses and, if needed, asking additional follow-up questions. I asked a follow-up question if I felt that an answer needed more clarity to the question response. Member checking was also done. I used member checking to validate the accuracy of the interview. To do member checking,

during the interviews, after each question, I summarized their responses to ensure that they matched my interpretation of what they said (see below for an example).

18:10:36 Participant 2: “I started college. And, in my college years, I didn't have any direction.”

18:10:44 Participant 2: “I never knew or believed in myself. That I was as good as everybody else that was in college. I just, I kind of felt like I was like a little bird with a broken wing.”

18:11:03 Researcher: “Okay”

18:11:06 Researcher: “So going back to the question, you will say the trauma impacted your confidence, your ability, directions, and loss of belief in yourself, correct?”

18:11:25 Participant 2: “Yes”

Reflexivity was also used to achieve credibility and prevent personal biases. I used a field journal during the interviews. This journal was used to ensure that saturation was meant and to address the meaning-making process of analysis better.

Transferability

Transferability is used to apply data to outside sources (Krefting, 1991). In this research, I established transferability by collecting all the data possible regarding the research related to the demographics. I promoted transferability by using quotes from each participant. Their vivid descriptions of their experiences offered deep insight into the lives of those who experienced a traumatic event in their childhood or adolescence. The stories of each participant provided evidence of the consequences of identity formation after a traumatic event.

Dependability

The dependability and reliability of the data obtained and analyzed in this study were rigorously conducted (Amankwaa, 2016). The dependability of this research is based on the accuracy of the interview responses collected and coded (Amankwaa, 2016).

I promoted the dependability of my findings by reviewing the audio recording collected via the media platform Zoom. I also printed and reviewed every interview transcript. During the interview, dependability was accomplished in this study by clearly describing each step and process. I used population selection, data collection, data analysis, interpretation of the data, and the research findings. I summarized the interview to the participants to confirm that the data collected was accurate through member checking. I manually kept an audit trail on each printed transcript where I kept descriptive and conceptual experiential notes. Throughout my research, all digital and physical copies of relevant materials were kept confidential by being in my possessions, locked, or password protected. Backups of transcripts and analysis were retained on password-protected cloud drives.

Results

The purpose of my qualitative study was to understand how some children or adolescents experience trauma and how this trauma experience contributes to identity formation. The study showed that five themes and 20 sub-themes emerged from the 20 meaning units using Giorgi's phenomenological analysis by examining the lived experiences of participants' responses. Emerging themes and statements from each interview were then entered into the Excel documents (see Table 6).

Table 6*Themes and Sub-themes Answering the Research Questions*

Themes	Sub-themes
Participants experienced intense changes in emotions.	Fear Fake emotions Anger Self-determined
Participants experienced their identity as changing as a result of external support.	Counseling/Professional support Religious support Program support
Participants experienced their coping in context as they were going through the trauma.	Work as coping Academic motivation School as coping Early Marriage
Participants experienced negative interpersonal consequences as a result of their traumatic event.	Loss Confidence Loss of Identity Parental Pressure Marital Distress Health Issues School Difficulties
Participants experienced interpersonal changes as they were dealing with the trauma.	Change in Peers Relationships Change in Personality Change in Family roles

Theme 1: Participants Experienced Intense Changes in Emotions

Many participants experienced changes in emotions after a traumatic event. Some participant's emotions were found in fear, fake emotions, anger, and self-determination.

Fear

Some participants, like P1, P2, P6, P7, and P8, felt anxious and scared due to family experiences. P1 said she was afraid to fail because of what happened in her family. Her mom left her family without notice, and they were a Christian family. She did not want her marriage to fail like her family.

P1 shared her traumatic event referring to his dad:

In his controlling way. What she would do, she couldn't do anything, including you know, she didn't want her even controlling any of the funds or the money or anything like that. And then, in his opinion, If she didn't work out or she didn't even deserve a hug or anything else or any attention. And, and... that was a major blow. To go along with everything else that had just happened to her. And... Those kinds of things just continued until finally. It just broke her down. And... she started having panic attacks. The fear of that, a sense of failure. Cause now she thought that She had lost her self-worth. And then, that caused trouble with her at school, where she was always at the very top of her class. You know, now she can't even focus on her work. And, and... that just led to, you know, depression and anxiety. She did not understand how to deal with it. The fear of being a failure. And... now she's afraid that her marriage is falling apart. And... it was it was one too many blows for her to take. You know...

When I asked about the impact of trauma, P6 stated,

Hmm... It's different now as an adult than it was as a kid. As a kid, it made me fear men. It made me really afraid of authority figures I had to be I felt like I had

to be very respectful of them and not always, always... stay. Quiet and kind of out of the way so that I would not.

I asked the participants how the trauma impacted their family relationships during adolescence. P8 stated, "I was always... I think... I was always fearful of letting people down again....". Participants shared how their trauma impacted their emotions, with some participants mentioning how they tried to protect themselves from the fear as a consequence of the trauma.

Fake Emotions

Some participants, like P2, P3, and P7, felt that after a trauma, they hid their emotions. When I asked about how trauma impacted their personality development, P2 stated,

Yeah. Well, I think that... I think that just having alcoholic parents in general, you know since I was a very young child. I always... I had to put on a happy face when I went to school and, you know, pretend like I wasn't.

Participant 3 shared the same emotions as others:

But I had a lot of stuff going on inside.... I did not have the resources to expel it, and I don't know if I did. That's why I think it is a personality trait, not a chameleon, where you can be one person and be another person.

Participant 7 shared the impact of trauma and how they acted:

He, he... did a school shooting. But nobody, nobody... passed away or anything like that. He tried to do something bad. So, it affected our whole family. My dad

ended up actually seeing a psychiatrist. Me, I just kind of... Act like it did not affect me and did not tell anybody what happened.

Participants said they pretended to be someone or acted differently to hide their emotions. The three participants shared ways in which the trauma impacted their feelings and hid their emotions.

Anger

Anger was a common emotion expressed by the participants after a traumatic event. Participants shared how they felt and acted after a trauma. When I asked about how they identify themselves as a teenager, P3 stated,

Due to the to that event... Yes, as a teenager. I was very angry. I might say very. Guarded has been my feelings as a person; I withheld them from a lot of people by not showing emotion.

Participants felt angry when dealing with difficult situations. For example, P4 shared,

I love my dad, but because of his choice to have an affair and the effects that that had on our family. I was very angry with him and struggled with that relationship and trying to understand. The decisions that he made.

When I asked about how the trauma impacted who they are, P5 stated,

At first... in my younger years, my teenage and young adult life, I was very angry and sad. It took a long time to move past that. Even as a Christian, I was still very angry and sad even with God in my life and trying to ask him, you know.

Participants shared how frustrated they felt after they experienced a trauma. P8 stated,

I was put on the stand.... I was in a judge's office, I am... I should say...I was put in a judge's office and asked by the judge who I wanted to live with when I was 12 years old, and each of the attorneys was on either side. We are trying to convince them that I hated the other parent, and that broke me. I do not know if I have ever recovered from that.

Some participants described how trauma impacted them, with some feeling anxious and scared as a result of family experiences. Other participants pretended and hid their feelings.

Self-determined

Some participants, like P3, P6, and P11, shared what helped them to be self-determined. P3 mentioned what motivated her after the trauma:

The personality trait was motivation, you know, because I knew one thing, I did know is that I had to keep going. I could not stay behind. I know I need it because of my dad. I needed to finish school, which always motivated me to do my best in school.

Participants described who they are or who they see themselves before or after a difficult situation. For example, P6 stated,

Gosh, I do not know I just think I was...I would say average, but I do not know. I was...really into school. It was important to me that I achieved success in school. So that I could make something of myself. So, I was really studious. Being friendly was important to me, as well as being kind to people.

Some participants mentioned who impacted their lives. P11 stated,

I will say, my son, yes. It is my son because I would not want him to see me the way I saw my mom that night. I wanted him to trust me to know that it is okay to trust his mom. And, I am always going to be there no matter what. So, I'm trying to be a better person for him to show him the good and bad things about this world. Yeah, it is him. He's the reason why I want to keep my goals so that he can know that through struggles, better things are coming.

Some participants expressed having difficulty in their emotions like fear, Fake emotions, and anger after the trauma. Others mentioned how, after the trauma, someone or something encouraged them to be self-determined.

Theme 2: Participants Experienced Their Identity as Changing Due To External Support

Some participants described their identity as changing due to external support. The external support was from programs like counseling/professional support, religious support, and program support.

Counseling/Professional Support

Some participants look for counseling or professional support for help after the traumatic event. Some participants shared how counseling or support programs helped them after a trauma. P4 stated,

When we were going through the divorce, my mom did have a counselor working with us—the same counselor who worked with my mom, me, and my brother. My brother is five years younger than me. And so again, along with the divorce and

then her health changes, we went through a lot as a family... and I think the time I most benefited from the counseling was probably in high school.

Participant 10 mentioned that counseling helped her cope with her situation. She did not want to go through life being anxious:

I think what impacted me the most to change was...I think, like...trying to control everything I like. I did not want to go through life like... Being always anxious and stuff. That is when I reached out to a counselor to help me. Manage through my anxiety.

Some participants mentioned how counseling or support groups helped them deal with difficult situations after a traumatic event. Some participants mentioned how having family support made a difference.

Religious Support

Some participants found support in religion, or they might have had high expectations in their family. Other ones were involved in their church. Some participant's religion helped them after a trauma. For instance, P5 stated,

What keeps me going now is just the fact that ...I just need to keep going. I just. It is God's plan. It is me... it is God's plan for me to keep going. You know, until he says it is not for me to keep going. It is that I am here for a purpose. And I, you know. I cannot explain it. That is it. Hold on, let me find the words. I keep going because God has a plan for me to inspire others around me.

Some participants shared how religion and maturity impacted their lives after a trauma. For instance, P6 stated,

Am I different now? Yes, but not because of the trauma because... the trauma made me who I was. I think I am different now because I ... met Jesus; through his grace, he showed me that I do not have to live like that. So, the trauma made me who I was, but God and then maturity and just age and kind of maybe hopefully a little wisdom in there.

Some participants mentioned what helped them to overcome a trauma. P7 stated:

I have my mom on the phone. I called her and said, I need help, and we need help. So, I got with...actually, a Christian counselor. And I was not going to church at that time at all. I got with a Christian counselor and then also a regular counselor because I wanted to get healthy. I started listening to forgiveness tapes, which friends and many friends helped me with. I moved down from my house.

Some participants mentioned how religion plays a role after the trauma. P12 stated,

Who was I without... this without this governing how, how... did I act? And then the second part of it was my relationship with Christ, which, again, because of what I went through because of that key point. Because I struggled to trust my parents because I struggled to feel emotionally safe with my parents. I struggled even after I became a Christian after I accepted Christ. I struggled with the state to put 100% trust and faith in him. Over the last couple of years, like I said, my wife and I went through a little bit of counseling last year. Through that, I am really starting to try and, and... okay. This is a relationship with Christ that I say is important to me. I need to start acting like it. It really kind of helped me, too. I realize it is no longer okay to let that event dominate my life.

Some participants expressed that religion affected them when their parents divorced. Other participants found religion as a way to forgive and deal with the difficulties caused by the trauma.

Program Support

Some participants expressed how support programs impacted them positively after the trauma. Participants mentioned different programs to help them after experiencing a trauma. P5 stated,

I believe God brought a survivorship program into my life as well, and it, it...

brought a new light on why I was brought to this path, and now it has changed.

P7 said, "I helped in the organization Big Brother, Big Sister," she said that maybe because of her pain, she felt good trying to help children. Some participants shared how family support impacted them after the trauma. For example, P11 stated,

What helped me the most was... I will say.1. Just the fact that... I had my dad with me. He was there for me through all of it. And and...he was the only person I talked to about my situation when I felt sad because he is the only one who has shown me support ever since that day.

Some participants said they chose to get help counseling because they did not want to feel anxious. Other participants felt that participating in support programs and helping others felt good. Some participants expressed that having family support was essential for them.

Theme 3: Participants Describe Their Coping In Context as They Were Going Through the Trauma

Some participants discussed how they managed to cope with their circumstances as they were going through the trauma. Participants shared how they deal with coping at work or school. Some participants expressed how academic motivation helped with the trauma, and others sought relationships like early marriage to fill the hole caused by the trauma.

Work Coping

Some participants found work as a guiding force was helpful as they were trying to cope with their traumatic events; for others, it was a survival or fake emotions method to cope with trauma. Some participants described what work meant to them after a trauma. For example, P2 stated,

My work? I worked at a little Christian daycare, and I actually had many different jobs. So, I would have to say that was my outlet. My jobs were really my outlet. I felt like I could go, and I did not know it. It was a lot of me pretending.

Participant 3 shared that when she was at work, she felt self-worth. She stated, “I was allowed to start working part-time, and that was a big change in my life because I felt self-worth.” Participant 4 shared, “As a teenager. I had a lot of responsibility because my mom became a single parent working full time.” As she grew up, P4 said her job helped her to help others, and it was healing to help other families. She said it affected her professionally and personally. She worked in a profession that help children and families. She tried to provide a safe place. P5 said she likes to get to work and inspire others. She

said, “I wanted to share my story and tell them, and there is a light at the end of the tunnel.”

Some participants’ work was vital to dealing with their trauma. P6 stated that they needed money. At work, she did not want to make anyone mad and shared, “I just never wanted anyone to get mad or angry, and I just did not know” and “I usually had male bosses, and I just I ... was always afraid of them, because I was afraid of the men.” P7 said she worked, was overly compliant, and tried to make everything perfect.

Some participants used work to cope with the trauma. P8 said she had a good job in high school and made pretty good money for a high school. P8 mentioned that as an adult, he immersed himself in work. P8 stated, “I do not like to deal with things, and I will put my head in the sand or immerse myself in work if I have to.” Some participants’ work stayed the same; they did not have to cope and followed their parent’s examples. P12 shared his trauma work impact: “I have always believed them working hard. So that really did not affect it. At least one comes to a job; I believe in working hard. I have not necessarily done that school.”

Some participants found work as a place where they could help others as they were dealing with trauma experiences. Others saw an identity for their future, and many other participants were immersed in a job to avoid dealing with their trauma difficulties.

Academic Motivation

Some participants, like P1, P3, P8, P9, and P10, described school as a motivation. P1 dad shared, “It had to be an A and the highest “A” that She could have,” which was

what she expected of herself. Some participants mentioned that the trauma impacted their school. P3 stated:

It was back in the sixties and seventies, when maybe it was a cultural thing, or you know, where you go to school, you come home, you do chores, you ... know. You do your homework and go to school, which is the only kind of interaction you have. I mean, that was me. The outlet was going to school and staying there.

P6 said the school was essential to her. School was easy for her, and she excelled because she liked the recognition there. P6 stated, "I was really into school. It was important to me that I achieved success in school. So that I could make something of myself, I was really studious."

Some participants shared how the school did not make any impact after the trauma. For instance, P8 stated,

The trauma did not really impact my school that much because when my parents were going through a divorce, it was in my seventh-grade year, and...I maintained great, you know, as far as, throughout school, no matter the trauma. I maintained... the ability to focus on the job at hand and get things done. And... I have that.

P9 said she was an "A" student. She was involved in extracurriculars like band and theater. After the trauma, her grades went down, and she quit band and theater. Some of her classmates were not nice to her. P9 stated:

And then, because I became so doubtful about myself, and ever since my grades started dropping, I stuck to being an "A," just an average student. Because you

know, before, I would always get A's, all A's, B's. But as I got older, I kind of just settled for the bare minimum, and I feel like that stopped me from getting a lot more opportunities.

Participant 10 was affected, too; however, the support from teachers was helpful. P10 said she volunteered during high school. Volunteering helped her to keep herself active and kept her busy. She stated, "It affected my school because I felt behind on a lot of homework and stuff, and sometimes in my test and final."

Some participants used academics as motivation to get positive attention. Others found school to be the place where support was received or to avoid dealing with trauma.

School as Coping

Some participants dealt with school coping positively or negatively. P7 said she went with the flow, but maybe too much. She said she was a class clown. She stated, "Yeah...you know, maybe it did affect the school as well. I have just almost the perfectionist". P10 said it affected her school because she missed a lot due to her illness. She said her teachers were very understanding. She volunteered at school for a lot of hours because she was missing school. She was nervous about not being able to graduate. P10 stated, "Most of my teachers were understanding, too."

Some participants shared how, after trauma, they were affected negatively. P11 shared,

My classmates. I have never really talked to anyone. I was very isolated. I would just literally go and focus on what I was supposed to do, go to class, and learn,

then move to the next class. And I, like I said, I didn't. I was not. I was really not great at socializing with others. It was just me and my own little mind.

Participants discussed the impact of grades and behavior issues at school after the trauma. P12 shared,

I would love to say it did, but my problem is all right. The problem I have with the current way we do education is that it does not; it needs to be designed to meet an individual, and so on. For me, I was always, and...I was struggling because I was bored, not because I did not understand the material or what the teacher was saying. I was just bored, and they reflected in my grades; you know, C's and B's were common for me. Hey, I just never put in the effort because I was bored. And so, when all this came down. There was a time when I thought, well, maybe if I do better, maybe that might help change things. And for a little bit, I did for about a year. I did better and went from B's and C's days to B's, but it did not change anything. And so, I went back to the old way since I figured I was putting in a little extra effort to get no results. Yeah. It is not the way I want it. Let me rephrase that. I decided just one more, then back to doing things I always had. Okay, so. So, I got a short improvement for about a year and then back to things.

Some participants expressed how school affected them positively through their trauma because it was a place where they had support. Others felt that because of their health issues, they found it hard to relate to others at school. Other participants found school as a place where they went in/out without being noticed.

Early Marriage

Some participants shared about the impact of trauma on relationships. P1 shared that his daughter married at a young age, and she felt that he was a great man, except he was controlling toward her. Her dad mentioned how the trauma impacted her choices. P1 stated:

But back to the divorce. It happened whenever her mother decided to leave, and that caused some issues for her... She was a perfectionist. She was always the best at everything she did, so failing was not an option for her. She got married to a guy who was in the Air Force.

P3, she said she married young. She wanted to be accepted and loved. P3 said, “I got married very early, and that had to do with it because I wanted to be accepted and loved.” Some participants cope through work, academic motivation, or school as an outlet to forget worries and find themselves worthy. Other participants were impacted at school due to having missed because of health issues or other trauma-related issues.

Theme 4: Participants Experienced Negative Consequences Because of Their Traumatic Event

Participants discussed the negative consequences of their traumatic event. The final codes regrouped with the themes of loss of confidence, loss of identity, parental pressure, marital distress, health issues, and school difficulties.

Loss of Confidence

Some participants mentioned how they lost confidence after the trauma.

Participant 1 shared that after her mom left, she was confused about what happened in her safe home, Christian environment, and she began to have self-doubt. P1 dad shared,

When her mother decided to leave, that caused questions, doubts, and... worries because that was not supposed to happen. And... I am sure now that cost her a worry in her life. And then she found out that the person she married was not quite what she thought it was going to be.

Participant 4 described that she felt that she missed out. She could not do things like a teenager. P4 said, “am I good enough?” and the following:

Yeah, I think my confidence I am not very competent. And... It affected me physically, but even academically; when I was going through the surgeries, I was in a homebound program, and I struggled in school. And I think that because I had at that time, I would have been a child with disabilities.

Participants described how their emotions changed after the trauma. Participant 7 said she was a people pleaser over safety concerns. P7 said she did not realize she was smart and pretty but overly shy. P7 stated, “I would say very insecure, not realizing how smart, pretty, and that I was a good person. I did not realize that at that age.”

Participants lose confidence when they experience a change in their life. Some participants were affected by their parent's divorces, and others because of health issues that changed their lives.

Parental Pressure

Participants felt their parents' expectations added pressure and distress. P1 did not have to work. Her parents expected her to achieve a scholarship to pay for her college. Her parents expected her to be an "A" student. P1 dad shared what was expected from her:

I told her her... job was to, you know, get the scholarships. That was her job, and she earned 32 different scholarships. And... I mean, the closest one to her was at the school where we were you know, I had probably ten scholarships. So, for her to have 32 was huge. And that was her; that was her work. That is what she did. She went through trying to make sure that she had enough money for college, and she did. She had a lot. And... So she did not have to work. She focused more on getting the scholarships and then on her schoolwork. And then, by the time she got into college. Any, you know, these are not acceptable. It had to be an "A" and the highest "A" she could have. And that was what she expected of herself. And she probably knew that is what I expected of her. And, and... so she was always achieving at the very top. She was even the president of her little fraternity at the school. And, and... there was another club that was there that was just for the people that were in the psychology department, and she was the president of that. So that was, to me, that was her job. Those were the things she was doing to try to get an education. Okay. And just be the best that she could be. And, and... she earned enough money with those that while she was in college, she did not have to work.

P8 said he needed to help his mother because she did not handle things well.

P8 stated,

Yeah. It makes me more of a people-pleaser, and I discussed this with my wife. And, and... I do not want to let anyone down, you know? And that is what I kept trying to do. As a teenager, I would not want to let my parents down. Because I felt in the back of my mind, I was thinking that had something to do with them breaking up, and logically, I know that is not. That's not it. And I have had long talks with both my parents about that in the past. And they reassured me that that was not the case. But I always had this and, carried this till today. I have to please whoever I am with. You know, I cannot. It is like I carry the weight of the world on my shoulders with relationships.

Some participants felt that their parent's conflicts affected them. Participant 10 said that it affected her when her parents were fighting. They were a supportive family, and they sought counseling to help them. P10 stated:

When my parents were fighting. It affected me because I heard them fighting them. It got to me like I was like... I hope they don't get divorced and move out. And I would have to be going back and forth like, and... I cried a lot when they were fighting.

Some participants mentioned were impacted by difficulties caused by parent's pressure after the trauma. A loss of confidence impacted other participants. When dealing with trauma.

Marital Distress

Some participants had conflicts in relationships that affected their marriages when they got married years later after the trauma. Participant 2 shared that she realized it affected her first marriage. She devalued herself and affected her relationships. She felt not authentic, not happy, and sad. She said she could not deal with a relationship. It affected how she handled conflict. Her second marriage was the same; she said she was very susceptible. P2 said, “I devaluated myself, and I never self-worth. That affected my relationship with my husband”. P2 also stated:

But, I was not able to deal with relationships. Very well. It, it... affected. It affected the way I handled conflict. I would... You know, I would bottle it. And just. I would end up just exploding. Probably every three months because I would put on a happy face, and... instead of expressing my emotions daily and saying, you know. You know, when you do... when you... when you do this, it hurts my feelings. I, I... would bottle it and just go, oh, you know, I am like Teflon. Nothing, and that's just not. That's not true for anybody. And... I would say that with my second marriage. It was... it was the same, and I would have to say that I am very susceptible to just jumping into someone else's life because I could not handle my own. And... I am like, oh, you know, I'm going to subscribe to what you do. You go to casinos; you drink alcohol, and that sounds like fun to me. Let's and instead of me really focusing on. Who I am what I like—my passions. I would... I would just subscribe to whoever I was with.

Some participants shared how trauma caused marital distress and not being able to feel valued. Other participants seek relationships to deal with their pain through the trauma.

Health Issues

Two participants, P5 and P10, have these health issues that caused them to miss a lot of school. P5 said that was hard, and she missed a lot. She said that after the leukemia diagnosis, she felt that her life was spinning. P5 said her interaction with children in childhood was good; the children got along, and they were children with health issues like her. P5 said, "It was hard. I missed a lot of key stages and social development." P5 also stated:

Yes, at the age of six, I was diagnosed with childhood leukemia. Well, I was always a little bit different from everyone else. I had a different view on life compared to my peers. I was always treated like a little more precious than they did. And for this, I was kind of persecuting it for this, I guess, if you want to see it, I was even, even... going back younger. I was kind of just cheated differently. For that reason, I saw so much when I was a child. You know, so much. Sickness and, and... death that, that...my life was different compared to other children.

Participant 10 shared about how she described herself as a teenager:

Yeah, I, like, I suffer from a condition called CVS; every time that kicked in, I was hospitalized, and I missed a lot of schools, like elementary school and throughout middle school and high school. It went on...as a teenager. I think that

was more playful, quiet, and antisocial like antisocial because I think my condition like affected me with anxiety, too.

Both participants expressed how certain conditions, like a leukemia diagnosis, changed their lives. Both participants felt that missing school created setbacks in social interactions with their peers and family, and they felt that it was hard to miss special events that were important in their development and school.

School Difficulties

Four participants discuss how the school can be a place where emotional reactions to stress might have a positive or negative impact. P2, her schoolwork was more difficult. She said that she could not focus. She said that she pretended like she was not at school. P2 shared, “Yeah... Yeah, yes... schoolwork was much, much more difficult. I could not focus on it.” Participants shared how the trauma affected them academically. P4 shared that she could achieve more because people felt bad for her. She was failing her grades because of her time out for surgeries. She felt that she missed social interactions in relationships. She did not have any family support. P4 stated:

Honestly, I almost failed high school. I just was not strong academically, and I did not have as much support at home because my mom was working full time, and my parents were separated. So, it was really kind of like I felt like I was on my own. And I do not feel like I ever had the support to help me be a stronger student. I think my grades were just kind of accepted, so I did not do very well academically.

Some participants were impacted at school, and they shared their difficulties. P5 said that she missed a lot of school. It was hard. She was a home school student. P5 said that she missed a lot of socialization. P5 said her grades need to improve. She said she was disappointed because she could have done well in math or science.

When I was first diagnosed, I missed a lot of key stages. I missed kindergarten through, basically. Second grade, and so I missed a lot of social development. And so, when I went back to school in fourth grade, like when I went to home school, I missed childhood interactions. So, it was only when I was in fifth grade that I started interacting with children again other than children in the hospital but would not be in the hospital. We just got along. We were all the same children. We just got along, we, we... liked each other, you know. But when you're in the real world, you know, so and so does not like you because the day so and so does not like you because of this, so I had to learn really quick what it was like to be part of, you know, whether you are cool or you are not cool.

P5 shared changes in high school by saying, "By my teenage years, I started to have signs of depression. I started to have depression. So, my grades started to slip. And so. So yeah ... I started to have a lot of depression."

Participants expressed the impact of health issues and marital distress and how it affected them negatively at school or caused them to experience early marriage or school difficulties. Participants shared how the trauma affected their social development and, in some cases, emotional development.

Theme 5: Participants Experienced Interpersonal Changes as They Were Dealing with the Trauma

All 12 participants described one, two, or three interpersonal changes as they were dealing with the trauma. The three final codes were changes in peer relationships, personality, and family roles.

Change in Peer Relationships

Some participants shared how peer relationships can change when dealing with trauma. Participant 1 shared how she was before the trauma; her friends protected her, she cared for others, and she used her knowledge to help others. P1 stated how she was dealing with relationships after the trauma:

She tried to hide much of that because she did not want other people to know.

When her mother decided to leave, then those caused questions, doubts, and ... worries because that was not supposed to happen. And, and... I am sure now that cost. That worry in her life and when she found out that the person she married was not quite what she thought it would be. Because of problems on her end, she kept trying to do everything she thought she should do. And and... she kept getting hit by other issues. You know, from him. Towards her, that made things very, very... difficult. For her.

Participant 2 shared how her relationship with her sister became close. They were co-dependent, which caused problems and was unhealthy. After some years, they had to break away. P2 said it changed her confidence and ability to follow through. She focused on one relationship. She had low self-esteem.

P2 stated,

My ... two sisters and I became very close. Probably in an unhealthy, you know, unhealthy way. What is it called? What is that called when you attach yourself to someone? Co-dependent. We had unhealthy co-dependency going on after my parent's car wreck. And we would rely on each other, you know, for things you would rely on, maybe your parent or a grandparent. And it is it... Well, it... That is all, I guess. I guess it was all we knew to do. But over the years, it caused problems in our relationships. And we... had to break away from each other and then come back at a different level, if that makes sense. Of ... and create.

P2 said she had a boyfriend and would break up before the accident. After the accident, she chooses not to break up. She said her boyfriend was her secure blanket. P2 said she began to focus on her boyfriend and not friends. P2 said she had to move because of the trauma; she lost friendships.

P2 stated,

Yes, instead of feeling safe and secure, I always felt unsafe and insecure. And and... honestly, I still do not feel safe and secure. I still do little with that, but through my relationship with Jesus Christ, He is the one. He is the one that. That fills that hole.

P3 said her friends were only at school during recess. P3 said she was angry because she was raised with non-family. Her dad told her brother that no matter what, they stayed together and finished school. P3 said she wanted to give her family what she did not have.

P3 stated:

I was okay. We talked and asked if I had friends, but it was just during class during recess or in elementary school recess. Walking home, yeah, it was just. I would like to think that it was that I was normal in the sense where... We could talk and, you know, say, what are you going to do tonight? Blah, blah, I think I carried myself pretty well. Limited, but at the same time, it was okay. I would. I... just did the best I could with what I had. And, and... excuse me, I just kept a lot of stuff, but it was not to the extent. I did, I did... feel sorry for myself a lot. Some participants felt that it was not many changes in relationships after the trauma.

P4 shared:

So, when I was a teenager, and as far as the divorce goes, I am not sure that that had as much of an impact other than I was having to be really responsible at home and taking care of my brother and helping my mom. So, as a single-parent household, we probably had fewer than many people attending my school. But if I said what had the most impact, I would say having gone through these surgeries because I had scars on my legs on both knees and both ankles. It really affected my self-image as a teenage girl and being able to feel good about myself and feel confident because I was excluded from activities. I was lucky to have a high school boyfriend from my sophomore in my senior year. But I bring that up because he liked me and despised the scars, and the scars were long and very fresh. So, they were very visible then and had somebody who could. You could

say love me unconditionally despite, you know, what my insecurities were, helped me to get through my teenager. Mm...So, I think having a positive support system. And, and... the teenager was very helpful.

P4 said her mom's relationship was changing, and she became significant support and took care of helping her. She said she was angry with her dad and could not understand why he left his mom. P4 said that her stepfather became a role model. She said he was a great support. P4 said, "I was more in a caregiver role than necessarily a daughter."

Participant 5 said she was different than her peers. She said she had a different view of life.

P5 stated,

I just had a very different view of life, and they did not. I just, I, I... got bullied a lot for, for... my beliefs. And, and... it really just, It really just... changed me. They do not like you because of this, so I had to learn quickly what it was like to be part of, you know, whether you are cool or not. So. I still like behind. By the time I got to this part of the social scene. If that makes any kind of sense. So, it was very hard. I still do not stand how people would act the way they would act. Socially. Why would they treat people like they would for no reason? And it would hurt my feelings to see other people's feelings get hurt. I was very empathetic to other people. And other people would get mad at me for being empathetic to other people. And. I would lose friends over that, and friends would stop talking to me because of that. And it would just be a big mess, but. All right,

it was just. And then I would get mad. I would have. I would be angry at God for giving me this heart that cares so much. And it would cause me to get into a deeper depression.

Participant 6 said she stayed away from her friend's fathers. She was afraid of them. She had a large group of friends. She only had a few close friends and was cautious about friendships. P6 said that she and her sister were very close. Mom was strict. She said they followed Mom through her different relationships. Mom did not know how to be parenting. Mom's goal was to have a man in her life. She said she was a little baggage she brought along in her relationships. They were supposed to be quiet and stay out of her way through her relationships. P6 said the last man adopted her, and she had a good relationship with him. She said it took a long time to trust him. P6 cautions with relationships. Later, as a teenager, she began to like attention through relationships. She still did not like the older man. She did not know how to handle relationships.

P6 shared,

I was nervous when I would go home with friends. I did not want to be around their dads. I was always afraid of them. And, and... You know, at my house, we learned to be very quiet and stay out of the way. Because you do not want to anger anybody, I think I was that way everywhere. I, I... had a big group of casual friends. You know, there I was...I always did stuff with large groups, but like close friends, there were always just a couple. You know, the couple that you would trust. To really tell who you are, too. You know.

Participants shared how they were affected by relationships. P7 stated,

I was overly shy. People had to come to me to be friends. Versus me, joining in. I had to be, and it is still like that to this day. Unless I know you, it is easier. To I freeze, I freeze. I did as a child as well. Okay. And less I knew than the other children.

Participant 8 shared the impact on her relationships and feelings:

I did not go to prom. I did not go to homecomings. You know, I felt a social disconnect. Because I felt that, at times, I needed to take care of my mom and sister, whom I had at the time. I had three siblings: an older... sister, a younger, and an older brother. So, my two older siblings went and lived with my dad. And, and...myself, twelve years old, and my sister, who was seven years old at the time, went and lived with my mom. And my mom did not have a very good handle on things, and she, she... always worked and she never... missed a day of work, but she had a drinking problem and... she had a man problem. Yeah, not a lot of close friends. No, everyone liked me. I think I mean I was the class clown, trying to make everyone happy and ... do everything that everyone wanted me to do. I was hard at work, and, you know, so it was not like people sent me; there were clicks, of course, like in any normal high school. I was not a jock. I was not an athlete. I was not really a super brainy guy, so I was not part of that, you know, the real, smart people. And, you know, I would not want to be a stoner either. I did not like to do any of that. So ... I did not fit in with anyone at that time as a teenager.

Participant 9 shared the impact on her peer's relationships:

So. Unfortunately. My situation was very publicized. The way it was handled made it so that a lot of people at my middle school knew what happened. So, I was. It wasn't me thinking that people were judging me; there were people judging me. Because you know we were so young, you know that. People She was raped. Kids do not grasp that idea. They do not really understand what that means, and you know. I was a kid, and I had a boyfriend at the time. So. You know, it was, oh, she cheated on him. And you know, at such a young age, the idea of sex is so, you know, that is something that some people would not even think about. So, it did make people view me. Very differently, they saw me as promiscuous, and you know. And some of my friends, you know. It was hard for me to deal with the fact that some of my friends were friends with the person who did that to me. So, because I was so young, I did not really know how to. Dealing with that was kind of like. I attempted to give people an ultimatum, but. Like I said, we are so young. They can only agree to do that like, oh, I will stop talking to him, but I will keep talking to you. You know, I cannot stop people from being someone's friend, so. That made me very angry, and so I did lose a lot of friends.

Participant 10 shared the impact of health issues on her relationships:

I missed, I know, many birthday parties when I was young and when, like, I had to tell them, oh, because I was in the hospital. Some did not like that they did not get it and were disappointed. So, I did not have like... a lot of friends.

Participant 11 shared about the relationships at school:

My classmates. I have always been, but I have yet to talk to anyone. I was very isolated. I would literally go and focus on what I was supposed to do, go to class, and learn. Move to the next class. And I, like I said, I didn't. I was not. I could have improved at socializing with others.

Participant 12 described how his trust in relationships was after the trauma:

It may be a wonder when they are going to end. Watching my parents, you know. You are growing up, your parents are married, you assume that they are going to stay together forever, and then watch that get torn apart. At least for me, it made me wonder what other relationships in my life would end and when they would win. And So... I was always in the back of my mind. I had, yeah, a group of friends both at school and in the local neighborhoods that I grew up in. You know, and we, you know, my friends in the neighborhood, we would run around together in the evenings on weekends and friends I had at school. We did school events together, and we had a good time. Do not get me wrong, but...It probably drove some of my personality at that point, but I... caused it. Well, I necessarily feel like I kept people at arm's length, but I was probably. When I would make jokes, they were probably more mean-spirited than they needed to be or should have been, which came from that. Place of wondering how long that relationship was going to last. So, I guess, in a sense, one of the things that caused me to start self-sabotaging some of my friendships and relationships.

Participants described the impact of their interpersonal changes as they were dealing with the trauma. The participants shared some of the changes they made when dealing with difficulties.

Change in Personality

Four participants discussed how their personalities changed after the trauma.

Participant 2 shared how they see themselves:

You know, because I was 15 and I always, I always worked hard. I always had a job or a babysitter. But I need help to answer that question. Because it is age 15 is before you start having those dreams about who you want to be. So...I mean, I believe in my heart. I have loved children since I was little. So, I believe my destiny has always been to work with children. But I have to wonder what I would have done if I had been able to have parents who would have been able to pour into my life and also helped raise me throughout my high school years. With that, that is just that security and that safety that you get from even alcoholics. You so, I wonder what I would have ended up doing, but I love my job. I love what I do with children. I do not know. I don't know if that would have changed.

Some participants shared the positive changes in their personalities. P3 stated:

I am a happy person now. As you grow through your childhood, you know, you learn. How do you not know what you are doing as a child? You go through life. You need to realize how you are getting through it or why. You struggle if you do not have anyone to talk to, and then as you grow. My personality, my personality. I was very quite withdrawn but very quiet as I grew. I just I... do not know how

to answer that. My personality now. I like myself now before. I really did not like myself, but...I got along, so I do not know how to answer that. For myself, you know, but personality. I like the way I am now. I did not like the way I was then. Yeah, I was very mouthy. Let me put it that way. I was not a pleasant person. I was always in a bad mood. I guess that that is... what what... is. I do not know how we would If I had to see a person the way I was. You know, you try, you say, oh, everything is okay. Everything's okay. But it is not. It is not okay. And now I can, I can say as a personality, I say, hey, I am not having a good day, you know, I can remember. When I was like that, now I am this way, and I am a happy person now. I am joyful. I feel full of life. So, I do not know how that came about, but I do not want to be the person I was before.

Some participants describe how their personalities change as a consequence of the trauma, P6 stated:

Yeah, that is a hard, tricky one for me. I am not sure how to answer that because. It is like there was not me before the trauma. And then the trauma and then me after because I was so young. Yes. There was not one of me before, so I cannot answer that. The trauma shaped me. You know. Yes. Yeah....through the years now as an adult. The drama streams, too. However, we change you differently; like you say, you find God, and that helps you. Right, so the trauma made me who I was, but God, and then maturity and just age and kind of maybe hopefully a little wisdom in there. Has shown me that. There, I do not have to live like that. I do not have to be that person. I can be a better, you know, that like. Like a lot of

that, you know, it. It was not my fault, so that is not who I must be. I can be a better version of myself. But that was. The trauma. Hmm...I think it was me overcoming. The trauma through religion through maturity. Through just kind of life and age.

Participant 9 said her new friends supported her. She can be honest with them and let them know how she feels. Her boyfriend's support and motivation. Her boyfriend kept pushing her and helped her to follow through with her goals in life. P9 stated:

I... in high school I, I am... got a boyfriend and you know, I did not take it very seriously at first because I did not think you know it is a high school relationship. They can only last so long, but. I've actually been with him for the past six years. Moreover, he motivated me to keep going and follow through, like being more confident. He was always that little push. That, that I needed, you know. I did, and I think that was something I needed after having something. So horrible happens because something like that happening, you know, you know, it strips away every sense of yourself that you knew. Many people thought it was not a good idea for me to jump into a relationship after something like that happened so soon after. But I really do feel like it. I needed that. Constant support, and you know. Even if, at some point, it was a little co-dependent. He was understanding completely, and He was willing to like. Deal with whatever happened along the way because of, you know, all the stuff I had to deal with. He was just very understanding, and he is always, you know, motivated me to be my best self. So, I

think that is definitely something that has made me. I am willing to, you know, keep pushing through and following through with my goals in life.

Some participants mentioned their experiences with interpersonal changes in their relationships. Other participants described how they felt about their experience with the personality change.

Summary

The purpose of the qualitative phenomenological design is to understand better the lived experiences of individuals with traumatic events and the consequences of identity formation. All participants were recruited from social media, Facebook and LinkedIn. Qualified participants were emailed a consent form, and a Zoom interview was scheduled. Semistructured interviews were helped with a total of 12 participants to understand lived experiences better. All interviews were recorded. After the interviews, the interviews were transcribed. Five themes emerged Through the data analysis, and 20 categories/final codes emerged. The five themes were: They describe intense changes in emotions, they describe their identity as changing as a result of external support, they describe their coping in context as they were going through the trauma, they describe their negative consequences as a result of their traumatic event, and they describe their interpersonal changes as they were dealing with the trauma.

Chapter 5 will discuss the interpretation of the data further, addressing its limitations and strengths. It will also explore social change and how this research impacts social change. Lastly, Chapter 5 will explore how this research can further help understand the consequences of identity formation in traumatic events.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this qualitative phenomenological study was to explore the lived experiences of young adults who experienced traumatic events as children or adolescents and gain an understanding of how those events shaped their identity development. The research question for this study was: How do young adults describe their experiences of identity after experiencing trauma as children or teenagers? I conducted 12 semistructured interviews via Zoom. Data were analyzed using a descriptive phenomenological approach by Giorgi (2012) to gather rich data and focus on the participant's experience.

Through my data analysis, I identified five themes made up of 20 categories/final codes. The five main themes were (a) intense changes in emotions, (b) their identity changing as a result of external support, (c) their coping in context as they were going through the trauma, (d) their negative consequences as a result of their traumatic event, and (e) their interpersonal changes as they were dealing with the trauma. These five themes and 20 categories/final codes were discussed in Chapter 4. In Chapter 5, I discuss the interpretations of these findings and how the findings relate to the previous literature reviewed in Chapter 2. This discussion includes the conceptual framework, limitations, recommendations, social change, and a conclusion.

Interpretation of Findings

In my literature review, I focused primarily on understanding how trauma can impact young adults and their identity development. I also reviewed Erikson's (1968)

psychosocial theory of development. There have been studies that focused on trauma (see Jenkins et al., 2021; Kearns et al., 2021; Lucas et al., 2020) and other studies that focused on trauma-related barriers and consequences (see Marin & Shkreli, 2019; May et al., 2016; Truskauskaite-Kuneviciene et al., 2020) but few researchers have looked at how trauma impacted young adult identity formation. The findings of this study can be used to expand the current literature by including information about how trauma might have affected adult identity development.

Theme 1: Participants Experience Intense Changes In Emotions

Many participants experienced intense changes in emotions, which are best explained as fear, fake emotions, anger, or self-determination. These findings are consistent with what was found in research on trauma (see Blaauwendraat et al., 2017; Mętel et al., 2019; Yazdani et al., 2016). I found that some people grew up with a fear of relationships as a consequence of divorce, health issues, and other trauma. Additionally, participants expressed how minor trauma caused a lack of trust and low self-esteem and found themselves with anxiety, depression, and panic attacks. These findings are consistent with Doba et al. (2022), who explained that children who experience trauma likely feel strong emotions. It seems that the influence of minor trauma is relatively similar to the consequences of trauma in general. I found that emotions changed and confused individuals' identity formation.

Changes in emotions can cause individuals to doubt who they are, and this occurred frequently before the minor trauma, as reported by participants. Depending on individuals' experiences of trauma, not displaying emotions can disrupt identity

development, preventing teenagers from adding the identity versus identity dissolution psychosocial conflict (Erikson, 1963). Some participants went through a period of loss of identity. The key to promoting identity formation in individuals after going through the negative emotions of trauma is how the trauma is resolved and how much support they experience during identity formation (Berman et al., 2004; Erikson, 1985). Erikson (1985) explained how emotion regulation can assist teenagers with identity development, which is reflected in the participants' experiences in this study.

Some participants experienced anger as a side effect of their trauma, which changed many areas of their lives and who they wanted to be when they grew up. For example, for many participants, missing school made it hard for them to continue with what they wanted to be in the future.

I found that a lack of interactions with others from childhood to adulthood affected some relationships. In this study, I found that people who experienced health issues could overcome their fears if they had family support. For others, I discovered that due to a lack of self-esteem, the search for relationships in some cases caused more pain or becoming co-dependent with others, which had implications for their identity development. This finding is consistent with Yazdani et al. (2016), who found that people who experience trauma report emotional or behavioral changes that have implications for identity development. I found that many people often felt that withholding their emotions could be safer for them. In this study, I found that some people pretend not to be hurt, and they get involved in relationships to avoid feeling the pain from their childhood trauma. I found that other people fake their emotions in new relationships to avoid anyone seeing

their distress and lack of confidence. This fluctuation in emotions is consistent with Raemen et al. (2021), who explained that trauma can target risk factors to their identity as a consequence of traumatic events. I found that keeping emotions guarded from anyone helps individuals deal with the trauma, which is also similar to Raemen et al.'s (2021) findings. These findings show that childhood trauma can affect their identity development.

I found that some people experienced intense changes in self-determination as a consequence of trauma. I found that people who described themselves as strong-willed and motivated by someone close to them could achieve what they wanted. I found that when people were offered different opportunities after a trauma, they were able to drive with determination not to be stopped by the trauma. This study is consistent with Shaw et al. (2022), who found that people with support experienced a positive recovery. I found that some participants whose identity was established and had support did not report changes in their identity, meaning that support may limit the amount of fluctuations in identity. I found that individuals who had a strong character prior to their minor trauma found a driving force in their identity formation that helped them to deal with the conflict; they acquired psychological strengths that served them well to overcome and protect their identity.

In this study, I found that when children experience minor trauma as adults, they become fearful of letting others down. I found that many people have changed to be people-pleasers. This is consistent with others who go through life avoiding conflict. In this case study, individuals' identity was affected as a consequence of the trauma because

they changed to be people pleasers and avoided conflicts, which also inhibits the development of identity, according to Erikson (1985). This finding is consistent with Shalka (2020), who found that people react differently to pain or fear. I found that other people choose marriage at a young age, seeking family closure. I found that for some individuals, identity changed in all areas, like peer relationships, work environments, and love relationships. I found that people who do not deal with their trauma, in some cases, cause relationship issues, including in their marriage, and for others, these issues can cause divorce. I found that without any help or support, individuals' experience barriers throughout their lives, causing changes in their identity development.

I found that some people who are impacted by trauma become peacemakers, and when they get older, they may experience struggles in their marriages and other relationships and may affect their own children. For some people, instability seems to promote struggling to keep their jobs, family, and peer relationships. These findings are consistent with Ranieri (2021), Erikson (1985), and Shalka (2020) regarding how trauma can lead to problems that permanently affect identity formation.

Theme 2: Participants Describe Their Identity as Changing Due to External Support

I found that identity changes due to external support like religion, counseling, and support programs. I found that for participants who experienced trauma as a child, religion was crucial for changing their emotions into a positive emotional outcome. Some people found religion to be a motivation for healing and forgiveness. This finding is inconsistent with the literature reviewed in Chapter 2. However, there is consistency with

Branje (2022), because religion connects to how identity changes with real-time interaction with others, particularly in a religious context. Some appropriate religious counseling made minor trauma easier to navigate. This would mean that if trauma were to occur during identity development, finding support and religiosity could help teenagers address the identity versus identity dissolution conflict.

Most people in this study found healing when they decided to get help through support groups, family support, peer relationships, or counseling. I found that people with family or peer relationship support experience fewer changes in their identity formation. I found in this study that support groups, counseling, or family or peer relationships are the key to a positive outcome or fewer changes in identity development. This result is consistent with Branje (2022), because life transitions or life events can contribute to identity changes; however, I found inconsistency in some people who expressed that having family support did not change their identity development. Individuals felt that this caused some immediate effects on their identity development; however, through the years, their identity formation recovered and was not altered after going through life stages. I found that some individuals, as they were getting older and family was there through the hurting process, were able to overcome their pain and find or recover who they wanted to be. This result is inconsistent with Branje (2022) because life events can contribute to changes; some individuals explained that having family support and getting older did not influence their identity formation.

I found that other individuals reported that helping others gave them a new sense of identity. These findings are consistent with Perry et al. (2021), who found that coping

mechanisms, including therapy, support, or family, can reduce distress as a consequence of trauma. I found that other people who are too deep in depression, become perfectionistic, experience a severe lack of self-esteem, and have no program for recovery or family support can lose their identity, and some people never find a way out.

Individuals who fail to effectively resolve their minor trauma did not develop the essential skills needed for a strong sense of self (Erikson, 1985). I found that in this study, some people who had support, counseling, religion, or family support found a way back to their identity development; for others, their trauma and lack of support caused more barriers to their identity formation. I found that age and support can be critical to some individuals recovering their identity; unfortunately for others, the pain or hurt and loss of who they are became an obstacle to recovery. I found that other individuals, as they experience more life events as consequences of their trauma and their identity, like divorces, loss of jobs, and loss of relationships, found themselves wondering what is wrong and seeking religious counseling. The participants experienced extensive changes during times when participants sought religious counseling. This finding relates to Erikson's (1963) psychosocial theory of development. Erikson (1968) defined identity as a "fundamental organizing principle which develops constantly throughout the lifespan" (p. 98). As a result of minor trauma and other environmental variables, such as religious support, individuals' identities continued to change throughout development.

Theme 3: Participants Describe Their Coping in Context as They Went Through the Trauma

I found in this study that work, academic motivation, school, or early marriage can be essential for coping after a traumatic event. This finding is consistent with Perry et al. (2021) because having a way to reduce stress can provide some psychological effects. I found that most people's work is critical to finding healing and, for others, can be a place to feel value and self-esteem. I found that some people found work as an outlet for them to avoid worries or to avoid dealing with their trauma distress. I found that work can be, for some people, a place to share ways to help others. I found some areas where people who experienced trauma find work a place to hide. This shows that some people's work becomes their identity formation. This finding is consistent with Shaw et al. (2022) because seeking support can provide some recovery and can support identity development.

Additionally, I found that some participants' schools and plans for their future changed after the minor trauma; people developed a lack of interest in focusing on school. This finding is consistent with Doba et al. (2022), who explained that people who experienced trauma may lack concentration as a consequence of their distress. I found that some individual's identity was affected at school because of the lack of interest due to the trauma. Other people found school to be a place where they could pretend or avoid dealing with trauma distress. I found that some people's coping method with school was to act silly or be a class clown. However, I found that for other individuals, school was the place to feel recognized by different people, and people developed goals to finish

school to assist with coping. This finding is consistent with Albarello et al. (2021), who explained that trauma can create social factors to interact with to help with coping. I found that identity development at school was affected in many ways, whether distress or pretending at school to be someone else or school was a social support used as a coping method.

I found that for people with health-diagnosed trauma, schools can be challenging to relate to or interact with peer relationships. I found that for people who suffered health trauma, school can be a place where identity can be more confused because of bullying or restrictions or barriers due to health diagnoses. I found consistency with Meşel et al. (2019) about the implications that can continue when trauma is not dealt with as a child or young adult. I found that people who deal with health-diagnosed trauma can experience barriers to college opportunities, which is consistent with the literature.

The finding of this study regarding women coping with distress by getting married early after a traumatic event is consistent with Meşel et al. (2019), who found that women process their emotions differently than men. I found that women participants seek loving relationships more than men as a coping method to deal with their trauma. In this study, I found inconsistency with Yazdani et al. (2016) because some individuals exposed to trauma were at high risk, prompting low academic performance. I found in this study that coping methods were found at school for some individuals, and this is how they developed their identity. Other people found coping by accomplishing higher academic achievements, and they found their identity there. Additionally, as they got older, other people found identity at work. This finding connects with Erikson (1968),

who stated that unresolved trauma can impede identity formation; however, through an identity crisis, exploration and questioning can help promote healthy identity formation, as described by participants in this study.

Theme 4: Participants Describe the Negative Consequences Due to Their Traumatic Event

This study revealed how traumatic events have negative consequences for identity development. Some negative consequences are lost confidence, self-doubts, and loss of stability. Another finding is an increase in depression and panic attacks. I found that people who experienced a child's parent's divorce or the death of their parents can experience insecurity, the emptiness of losing their safety, loneliness, withdrawal from peers, anger, and lack of interest in school. People losing a lack of support from parents causes them to blame themselves or one of their parents, causing people to feel that they need to be in charge because their parents are not there. People experienced barriers of insecurities and character. This result is consistent with Kearns et al. (2021), Yazdani et al. (2016), and Planellas et al. (2020), who found that many people exposed to traumatic events can be at high risk of negative consequences due to trauma.

I found that for people who had health-diagnosed trauma, it can cause them to change their identity or future goals as a consequence of the side effects of the minor trauma. This study finds that individuals whose childhood was in health distress experienced severe consequences on who they wanted to be. I found this finding consistent with Blaauwendraat et al. (2017) because they explained that individuals who

deal with trauma depend on many elements, including physical, which can impact other health issues or psychological arousal.

I found that some people avoid dealing with any trauma, and other people move through life pretending not to have pain, do not cope in any form, do not seek help, and end up struggling with identity formation. Others go through adulthood struggling with relationships, numb themselves, and avoid conflicts, which can cause many broken relationships throughout their lives. This study is consistent with Raemen et al. (2021) because it explains how a traumatic event can increase individual risk factors. These changes in individuals created a change in identity formation. I found in this study that when a person has been sexually abused, it can cause a significant break in their character, emotional distress, identity confusion, and no trust in peer relationships. This finding is consistent with Doba et al. (2022), who explained how trauma can hinder and alter individuals' development of their self-concepts. In contrast, some participants disguised their identity or did other behaviors that did not allow them to determine who they were. In this way, participants were restricted in their identity development.

This fluctuation in emotions mask emotions is consistent with Raemen et al. (2021); this study finds that some adults could see later as adults how their identity changed after the trauma. Some people change from introvert to extrovert, outgoing to highly withdrawn, and joyful to angry. I found that some people's reaction is to be overly protected. Some findings in this study are that some people, after experiencing childhood trauma, go to adulthood using work or school as a place to feel self-worth, and some people find work as a healing place. I found that some people did not deal with their

trauma. This study is consistent with Perry et al. (2021), that if people do not seek help, it can lead to maladaptive coping methods. People who do not deal with a trauma or deny having a trauma struggle emotionally. These findings are similar to Erikson's (1985) theory that if trauma is not dealt with during adolescence, it can have negative consequences later in life, making it more difficult to resolve future psychosocial conflicts.

Theme 5: Participants Describe Their Interpersonal Changes While Dealing with the Trauma

This study found that most people who had a traumatic event in childhood experienced changes when dealing with peer relationships, personality changes, and family roles. These findings are some barriers that can be affected during the developmental stages of identity, and it can be the potential for failure. (see Erikson, 1985). Some examples of how personality changed, as described by participants when dealing with trauma, were being a hard worker, joyful, "A" student, defensive with others, angry with people and religious, having low academic grades, and having higher expectations of themselves than before the trauma occurred. Additionally, other individuals' personalities increased, becoming more perfectionist and hard on themselves, creating a no-failure policy. Other individuals felt disappointed in religion, were rebellious with parents or authorities, ended relationships, and reported anxiety, panic attacks, and depression. I found that some people end up in an abusive relationship and/or severe depression. These findings are consistent with Weiss et al. (2019) and Maroney (2020), who found that adding trauma can cause increased stressors and impact negatively on adolescent

emotional or physical development. I found in this study how identity is affected by risk factors and stressors as consequences of their trauma. Individuals, as they were growing and becoming older, explained how a recovery of some areas of who they were before the trauma began to reappear, which impacted their identity development.

Another finding regarding interpersonal relationships is that people change after a trauma. Some examples are co-dependency with siblings and seeking love relationships, which were consequences of minor trauma in this study. I found that some people changed their ability to follow through and focus on loving relationships, lost confidence, and most people lost friendships. Other findings were anger, struggling with relationships, trust in others, fear of failure, and insecurities. This finding is consistent with Meşel et al. (2019; 2020) about how early trauma can affect behavior. For some people, their role in their family changed after a trauma. Individuals had to be caretakers for their parents in some traumatic events. For people who suffered trauma in this study, I found that having positive peer relationship support can be helpful for their healing from the trauma. However, I found that with other individuals who had peer relationships who were abusive and experienced being bullied, it was hard to build trust in relationships. These findings were consistent with Doba et al. (2022), who explained the effects of early childhood trauma can cause issues with peer relationships and lower trust in others. This finding is also consistent with Raemen et al. (2020), who explained how individuals can experience different consequences for identity development.

I found that people's personalities changed to shy, frozen, socially disconnected, class clown, detached, brutal to make connections, afraid of men or women, afraid of

letting people down, people pleasers, feeling alone, and having a hard time with authority. Participants expressed how their personalities changed, which confirmed how identity development caused changes as a consequence of the trauma. Other findings of this study were expressed by the participants getting older; their personalities changed from being mean, violent, abused, and hating alcohol to being more understanding of how they felt after the trauma. I found in this study that after individuals become adults, having family support, religion, or counseling is the most positive answer for their pain and to move forward positively from their traumatic event. According to these findings, the participants' identity formation changed even more with age. These findings relate to the definition of identity, which develops consistently throughout the lifespan (Erikson, 1968). Support can help mold someone's identity and inhibit identity confusion as individuals develop over time.

Theoretical Implications

This study's findings were also related to the conceptual framework articulated in Chapter 2. Erikson (1985) said development occurs by addressing eight different psychosocial conflicts, with the fifth conflict being identity versus role confusion. I would argue that trauma likely hinders individuals' ability to figure out who they are. Trauma may make it harder for individuals to address the identity versus identity confusion psychosocial conflict. Trauma impedes identity development; however, individuals who address the minor trauma were able to find their identity; in this study, individuals who experienced external support like family support, religious support,

school support, peer relationships, or joined religion their identity were positively impacted.

Trauma can impact an individual in many ways; it may not impact their identity if the trauma impacts a previous stage of psychosocial development. However, if it did, according to Erikson (1985), not resolving conflict in earlier stages can hinder identity development. I found that age can be a factor because if a trauma occurred before their identity developed, according to Erikson (1985), identity development occurred between age 12 and 18. Some of the individuals needed clarification about who they were through teenagerhood. However, I found some participants whose identity development was changed. Then, they returned to who they wanted to be as they got older; others received some support and experienced healing.

I found that people who experience trauma also experience changes in emotions, which impede their identity development. I argued that during this process of emotions, it was natural for individuals to wonder who they were or wanted to be. I found that other participants did not think about who they wanted it to be because of all their emotions (see Blaauwendraat et al., 2017; Meşel et al., 2019; Yazdani et al., 2016). I found that most of my participants found identity at work. According to Perry et al. (2021), work or school motivation or peer relationships can be a coping method as a consequence of trauma. I found that some people found identity through the motivation of achieving excellent grades, with the idea of overcoming their trauma with success. Other participants seek identity through love relationships, such as getting married, who they choose to seek, and who they can be.

I found that some people who experienced minor trauma described negative consequences to their identity because it was covered with their emotions. The findings are consistent with Berman et al. (2004), who stated that when identity is in distress, it confuses their identity. I found that some individuals' identity development changed because of the stressors of trauma. Some individuals' identities are continually evolving by their stages of life (see Erikson, 1968). However, one consideration is to support teenagers at school, peers, relationships, support groups, and counseling; I found that Erikson's theory regarding identity development is consistent and can be affected negatively.

I found that some individual expressed that their identity did not change. However, in one particular case, the trauma caused their identity to develop a barrier of high expectations on others and themselves, and this individual did not know how to adjust or balance their identity and took their life. This finding is related to Erikson's theory that if an individual does not develop the essential skills needed for a strong sense of self, it can cause adverse effects. (Erikson, 1985). However, there is an inconsistency in this literature. If the individual did seek help to deal with conflict, there is an unknown area as to why the individual identity formation could not adjust even with help. It was more as the identity as a teenager grew to higher expectations, and trauma caused a solid identity to grow even more perfectionist. There were no programs to reach out to the individual to help or could have caused the individual too much damage to develop a mental health block, and there were no support programs, including treatment, to help with the individual identity formation.

Positive Social Change

This study shows that Erikson's theory is connected to this study of how young adults experience trauma and its impact on their identity development. The results of this study contribute to understanding the gap and identifying ways to help with individuals' identity development. One consideration for social change is to support children and teenagers after they experience a minor trauma. This study found that when a child or teenager experiences a trauma, having support like counseling, religious, or peer relationships is beneficial for their identity development. When individuals do not seek or have support, it can have significant danger to the individual. I found one case that even having support could not be overcome. Some individuals might never see their original identity; however, having external support or for others having some role that allows them to witness to others is beneficial. Resilient teenagers can overcome this by adding at-school educational training for teachers, counselors, or administration to be aware of the consequences of minor trauma during teenage identity formation is crucial. The study results can be shared with mental health professionals, non-profit organizations, schools, businesses, and community-based organizations to advocate awareness of the impact of minor trauma and identity formation. Mental health professionals, service providers, businesses, schools, cities, and policymakers can learn about the lived experiences of individuals who suffered minor trauma during their childhood or teenage years in their coping methods and how external support may have an impact on their lives.

Limitations of the Study

Although this study provided insight into the experiences of traumatic experiences and identity formation, it has its limitations. Descriptive phenomenology was ideal for the study because it helped emphasize describing the individual's trauma and identity development after experiencing trauma by using concepts and terms in interpreting data. One of the limitations was interviewing through Zoom; it was hard to read the body language and emotions. Recruit adapted well. However, some initially contacted me and did not show up for the Zoom interview, or after the initial communication, they stopped. Another limitation was that they were more mature adults who volunteered to participate. When I asked about the past, some people could have changed events fluctuation; some people can interpret their story differently, or some of them not share the whole story,

Recommendation for Future Research

Based on this study's strengths, limitations, experiences, and findings, I have some recommendations for future research. This study did not include significant trauma as part of that IRB recommendation. I could not interview people younger than 18 or people who experienced trauma like hazing or assault in their younger years. Future studies can explore expanding the interview to younger people and focusing on significant traumatic events, particularly to compare and contrast with the findings in this study, which focused on mild trauma. Additionally, I would recommend a more substantial sample size, notably including a more diverse sample, such as having more male participants.

This study illustrated the negative experiences of participants, and some participants were surprised by the significant effect of mild trauma on their identity development. Future studies can explore the impact of specific traumas like hazing, bullying, or assault rather than mild traumas generally. This approach would help identify similarities and differences regarding specific traumas rather than assuming they have a similar effect. Additionally, participants expressed experiencing low self-esteem, anger, depression, and anxiety as part of their trauma. Although participants shared that they utilize support systems, including family, friends, and religion, as a means of coping, this study didn't focus on the impact of the influence of these support systems on identity development. It would be interesting to learn more about the influence of support systems on identity development. It would also be fascinating to control for differences between those participants who sought out support for their trauma compared to those who did not seek out support. Many of these suggestions imply quantitative research. Examining trauma quantitatively may also help unravel the relationship between trauma and identity development. Although this qualitative study provided thick, descriptive information about trauma and identity development, quantitative data can be used to predict specific outcomes, like mental well-being, coping, and self-esteem.

Conclusion

This research was striving to understand the lived experiences of traumatic events in childhood or adolescence and how they impacted young adults' identity formation. Multiple studies have shown that traumatic events are highly stressful situations in individuals' lives (Blaauwendraat et al., 2017). I found that each individual expressed

distress differently depending on their trauma, age, coping, support, and identity were affected by the barriers of the trauma. Most of the individuals I interviewed were affected by their experienced emotional similarities; however, how their identity was changed or found again was a consequence of support and age. Some individuals took a long period of their lives struggling with who they are or who they became because of the trauma.

I agree with Erikson's (1985) theory of how adolescents successfully integrate identity and work through an identity crisis through exploration and questioning. As I conducted the interviews and heard individuals expressing their traumatic events, I noticed that, for some, having external support was crucial to their recovery. Erikson (1968) defined *identity* as a "fundamental organizing principle which develops constantly throughout the lifespan" (p. 98). I agree with the definition of identity; some individuals find their identity as they age. Another key was when and how it was handled throughout the process. I found that calling divorce minor trauma was not a good fit. I found that 11 participants were interviewed about how they struggled with their identity and questioned their lives, and another lost their lives. Most participants experienced resilience and played a crucial role in finding themselves or defining a new identity. I agreed with Erikson (1985) that individuals who do not have a way to deal with trauma find themselves identifying negatively and experiencing more negative consequences through the process of recovery that affects their understanding of who they are or who they want to be. For some individuals, coping through work, school, and religion was a key to finding a new identity in themselves, like helping others was a new sense of identity.

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Appendix A: Research Announcement in Social Media

Doctoral Research Study

Topic: An Examination of the Experiences of Traumatic Events and the Consequences of Identity Formation

Purpose of the study: To understand the lived experiences of individuals who experienced a traumatic event in childhood or adolescence and impacted positively or negatively their identity formation.

Participants will be interviewed via Zoom. Interviews will last approximately 45-60 minutes.

Information about free or low-cost mental health resources will be offered to participants.

You are eligible to participate if you lived experiences with a minor traumatic event during childhood or adolescence and a traumatic event played a role in your identity formation.

If you are interested in taking part in this research study, please get in touch with

XXXXX at XXXXX

Walden University

Appendix B: Screening Questionnaire

You have indicated that you are interested in participating in a research study examining the lived experiences of an individual who had a minor traumatic event, how an adolescent's identity initially develops, and how traumatic events play a role in this individual's identity formation. To ensure that you meet the criteria for this research study, please ensure that the following information is accurate for you.

1. Did you experience a minor traumatic event during your childhood or adolescence between the ages of 8-17?
2. If yes, please provide your email and phone number so the principal investigator can contact you and schedule an interview.

Appendix C: Interview Questionnaires

1. Describe a traumatic event or events you experienced during childhood and/or adolescence.
2. Describe how you identify yourself as a teenager.
3. How did the trauma impact who you are?
4. How did the trauma impact your peer relationships during your adolescence?
5. How did the trauma impact your school and/or job during adolescence?
6. How did the trauma impact your family relationships during adolescence?
7. How did the trauma impact your personality development?
8. How much did you change because of the trauma?
9. Describe what helped you with coping with the changes as consequences of the trauma experiences.
10. How did the trauma change who you were planning to be?
11. Describe what impacted you the most to change or keep your goals in life.