Influence of Screen Time and Childhood Trauma on Attachment Styles and Emotional Regulation in Adulthood

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ARTICLE INFO	ABSTRACT

Childhood trauma refers to negative or distressing experiences during childhood, such as abuse, neglect, or loss, which can significantly impact an individual's emotional and psychological development. The purpose of the present work is to examine the effect of screen time habits and childhood mistreatment on the attachment patterns and affect management in adults by targeting a sample of the Lahore City in Pakistan. This study is quantitative in nature with data collected by the use of structured measuring tools on 300 adults. The Attachment Style Questionnaire (ASQ) and the Difficulties in Emotion Regulation Scale (DERS) were employed to analyze the participants' attachment patterns as well as the experienced difficulties in regard to emotion regulation. In terms of the quantitative analysis, correlation and regression analyses were used to compare the screen time, childhood trauma, and the effect of these parameters on different types of attachment and on the quality of emotional regulation. Present research evidence suggests direct positive correlations between screen time and childhood trauma, as well as insecure adult attachment patterns, respectively. These findings suggest the desirability of early efforts to target the duration of screen time as well as childhood maltreatment in order to enhance healthy attachment and cope with negative emotions at an adult age.

Introduction

The rapid advancement of technology and its pervasive influence on everyday life have dramatically changed the way individuals interact with the world and with one another. Among these changes, the phenomenon of increased screen time—defined as the amount of time spent on

devices such as smartphones, tablets, computers, and televisions—has become a subject of concern for researchers and clinicians alike. Concurrently, the psychological ramifications of childhood trauma, which encompasses experiences of abuse, neglect, or significant loss during formative years, continue to be an area of extensive study. Both screen time and childhood trauma are recognized as influential factors in shaping adult psychological functioning, including attachment styles and emotional regulation.

Attachment theory by Bowlby (1969) states that early care giver child relationships play a critical role in determining organise pattern of behavior, emotional response and the interaction with others. Classification of attachment—secure, anxious, avoidant, disorganized—captures the difference in the level of security people may feel in relationships with other people. The secure attachment can be described as reliable when it comes to relationships; on the other hand, the insecure attachment patterns include the anxious as well as the avoidant style, which happens to be related with many problems regarding regulation of emotions and interpersonal conflicts. Give concerning adverse early experiences, childhood trauma has been positively associated with insecure forms of attachment as caregivers fail to provide the necessary basis for security in relationships (Mikulincer & Shaver, 2016). Self-regulation an aspect of psychological health encompasses the intrapersonal processes of handling feelings and reacting to them.

Emotional regulation problems are linked with anxiety, depressive and personality disorders (Gross & Thompson, 2007). The effects of childhood trauma on emotional regulation have also been independently described in the literature, and it is known that development of maladaptive regulation patterns is inhibited due to adverse early experience. These impairments usually continue into adulthood and further leads to increased ability to experience emotions and decreased ability to manage emotions as well (Ford et al., 2018). Another seemingly independent variable that has increasingly become important concerning psychological-emotional development is screen time particularly in the digital era.

It emerged that increased sedentary behavior leads to negative consequences such as reduced physical activity, sleeping disorders, and social isolation (Twenge & Campbell, 2018). In regard to such effects of screens, it is also important to mention about difficulties that prolonged screen time might lead to in the process of adults' emotional regulation and, therefore, interpersonal attachment. The processes connecting these effects include, a greater exposure to negative content, social comparison using the internet especially social media networks, and lesser or no direct face to face contact that is crucial building and maintaining interpersonal relationships (Keles et al., 2020). The interplay between media use during and after childhood and attachment and emotion regulation in adulthood is a burgeoning research topic, but one that has attracted comparatively little attention. Ermergent literature has clearly documented influence of these variables when each of them taken individually; surprisingly there is a limited empirical evidence pertaining to overall influence of all these variables combined together. The present study proposes to try and find out this connection within the cultural setting of Lahore, Pakistan through comparing screen time, childhood trauma, attachment styles, and emotional regulation. This choice is particularly relevant inasmuch as this area is characterised by specific sociocultural features and is witnessing a continuous growth of digital media infiltration into people's lives.

In Pakistan, pathologically significant childhood trauma is evidenced and many people were experiencing abuse, harsh attitude in home, poverty, and negligence (Khan et al., 2020). On the same note, screen time has increased across the population due to the use of technology gadgets as well as the internet. Such factors point the necessity to know how such experiences influence psychological results in adult age. In this way, by concentrating solely on a sample from Lahore,

this study aims to present findings that are both culturally specific and universally useful. The results of this study therefore have strong theoretical and practical implications. By disclosing the mediators of the relationships between screen time and childhood trauma and adult psychological outcomes, the study advances the knowledge of the underlying processes of attachment and emotional dysregulation. Also, the findings in the study also support the need for programs that would seek to eliminate screen time and other long-term impacts of childhood adversity. All such endeavours are relevant conducing to the enhancement of psychological strength and matters of psychological health in adulthood. Thus, the present study aims to contribute to the development of the discussed topic by exploring the relations of screen time, childhood trauma, attachment styles, and emotional regulation.

Not only does the research address an important international gap in knowledge and practice, but by targeting a culturally specific sample from Lahore, Pakistan, the research has important implications for designing contextually appropriate interventions. The analysis of the work, moreover, confirms that the simultaneous use of attachment theory and models of emotional regulation guarantees the coverage of the psychological spectrum of the effects of these variables, thus opening the further research and practice horizons.

Literature Review

Screen Time and Its Psychological Impacts

Research has pointed that regular use of electronic devices is associated with poorer mental health performance and includes; the anxiety, depression, and poor emotional regulation. For instance, Przybylski and Weinstein (2019) also reveal that high use of screen relates with poor well-being among the youths, especially the young adults. The social media and games were associated with increased stress as a result of social comparisons and in subsequent cases, complexities of being bullied online (Orben et al., 2019). Further, the things that are watched or interacted with, during screen time rises emotional values or lowers mental health state through violence, over-stimulating or prejudicial information processing (Radesky & Christakis, 2016). These results imply that virtual screen use should be more deliberate and contained to prevent negative impact such as impulsive regulation and disrupted bond quality.

Childhood Trauma and Adult Psychological Outcomes

Abuse, neglect and loss form a potent cluster known as childhood trauma that shapes later psychological well-being and relationship styles. Life stressors that occur during childhood are capable of affecting the development of healthy attachment patterns and relational models, the problems in regulating the effects, and the traumatic memories (van der Kolk, 2014).

Research finding shows that rejected and neglected group of children with the accepted children found that rejected children are distinguished from their accepted classmates and are described by their teacher's aggressive and emotional unresponsiveness (Sarfaraz et al,.2024).

The consequences of childhood adversity in terms of adverse effects on the brain are well documented in recent research; the current studies map neural changes in subjects who have been exposed to early trauma (Teicher et al., 2016). Furthermore, child abuse has been related to greater elevated risks for mood disorders, anxiety and PTSD (Felitti et al., 1998). These experiences compromise the ability to have healthy adult relationship because they lead to some of the attachment style such as the anxious or avoidant one (Zeanah & Gleason, 2015). Due to chronicity

of childhood trauma, effective strategies are much required in addressing attachment and emotional dysregulation in adulthood.

The Intersection of Screen Time and Childhood Trauma

The relationship between screen time and childhood trauma as an area of research focuses on the combined impact of screen time on attachment and emotional regulation. Some studies demonstrated that students with history of traumatic experience are more vulnerable to excessive use of technology, may be as a form of escape from negative emotions or so as to retrieve the actual traumas (Saha et al., 2021). However, using screens in trauma-informed people leads to deterioration in the efficacy of ER and complicates the ability of the individuals to maintain healthy relationships with others (Keles et al., 2020). Screen-based activities may serve as a double-edged sword: as far as some degree of distracting is concerned it might provide short-term solution to distress, yet, it prolongs avoidant coping and increases feeling of loneliness. In addition, it might be argued that trauma survivors are more sensitive to the stimulus of social media hence when exposed to negative stimuli, the resulting psychological effects might be severe (Gündüz et al., 2021). Intervention in these areas needs to be a multiple approach with the major strategies being reducing screen time and ensuring the children are taken through resilience framework to address trauma cases.

Null Hypothesis

Ho1: There is no significant relationship between screen time and adult attachment styles among individuals in Lahore, Pakistan.

Ho2: There is no significant relationship between childhood trauma and emotional regulation difficulties among adults in Lahore, Pakistan.

Problem Statement

The rising prevalence of screen time and the long-term effects of childhood trauma pose significant challenges to adult mental health. While both factors independently impact attachment styles and emotional regulation, their combined influence remains underexplored, particularly in non-Western contexts like Pakistan. This study aims to examine the interaction between screen time and childhood trauma in shaping adult attachment and emotional regulation, providing culturally relevant insights to address this gap.

Research Aim

The aim of this research is to investigate the combined influence of screen time and childhood trauma on adult attachment styles and emotional regulation within the sociocultural context of Lahore, Pakistan. By identifying the interplay between these variables, the study seeks to provide insights that inform interventions aimed at promoting psychological resilience and healthy interpersonal relationships.
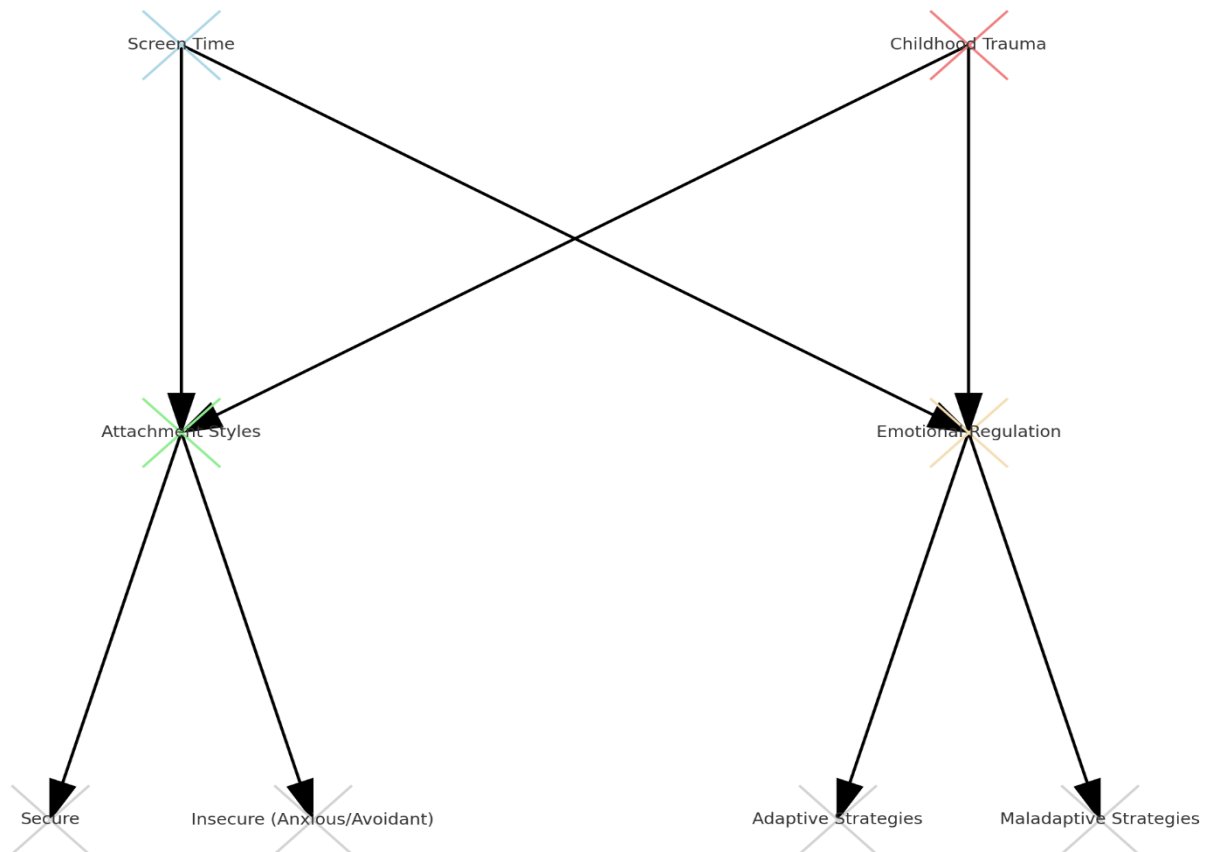
Research Questions

- How does screen time impact adult attachment styles and emotional regulation among individuals with a history of childhood trauma in Lahore, Pakistan?

Theoretical Framework

This study is grounded in attachment theory and the emotional regulation model to explore the psychological impacts of screen time and childhood trauma. Attachment theory, developed by Bowlby (1969), posits that early relational experiences with caregivers shape lifelong attachment patterns, influencing emotional and interpersonal functioning. Secure attachment promotes healthy emotional regulation, while insecure attachment styles, such as anxious or avoidant, can lead to relational difficulties and maladaptive coping strategies.

The emotional regulation model further provides insight into how individuals manage their emotional responses to stress and adversity. Gross and Thompson's (2007) framework emphasizes the role of adaptive and maladaptive regulatory strategies in maintaining psychological well-being. This study integrates these theories to examine how screen time and trauma independently and collectively impact attachment styles and emotional regulation, offering a comprehensive understanding of these dynamics.

Conceptual Framework

Research Methodology

This study employs a quantitative research design to explore the relationships between screen time, childhood trauma, attachment styles, and emotional regulation among adults in Lahore, Pakistan. A structured questionnaire is used for data collection, incorporating validated tools such as the Attachment Style Questionnaire (ASQ) to measure attachment patterns and the Difficulties in Emotion Regulation Scale (DERS) to assess emotional regulation. A sample of 300 adults, aged 18

to 25, is selected using purposive sampling to ensure representation of individuals with varying levels of screen time and experiences of childhood trauma. Data is collected through self-administered surveys distributed in-person to accommodate participants' accessibility.

Statistical analyses, including correlation and multiple regression, are conducted to examine the relationships and predictive influences among the variables. Ethical considerations are prioritized by ensuring informed consent, confidentiality, and the right to withdraw from the study at any stage. The findings aim to contribute to a deeper understanding of the combined effects of screen time and childhood trauma, with potential implications for psychological interventions and public health strategies tailored to the cultural context of Pakistan (Sarfaraz et al.,2024).

Results and Interpretations

Table 1: Demographics

Age Range	Sample Size	Gender Distribution (M/F)
18-25	300	50/50

The participants were 300 students in their late teens and early adulthood, 18 to 25 years of age. In terms of gender distribution, each gender group taking an equal proportion; 50% for males and 50% for females. This shows that the present sample is a good representation of the target population in this age bracket.

Table 2: Screen Time Distribution

Screen Time (Hours)	Percentage of Participants
<2	10
2-4	30
4-6	25
6-8	20
>8	15

The largest percentage of the participants, 30%, watches between 2 and 4 hours of screens daily. The majority of patients reported to have spent between 4 – 6 hours; 25% of the population fell in this category, 20% of the population spent between 6 – 8 hours on the Sitting activity and 15% of the population spent over 8 hours on the Sitting activity. A shocking 10 percent reported little computer usage of under two hours. These play out an increase in moderate to high screen practice among the participants; a situation that is in confirmation with the increased digital practice all over the world.

Table 3: Childhood Trauma Scores

Trauma Score Range	Number of Participants
0-20	50
21-40	100
41-60	80
61-80	50
81-100	20

The distribution of trauma scores shows low trauma score group: 50 participants with score 0–20 and high trauma score group: 100 participants with score 21–40. Participants 80 scored between 41-60. But in detail, only 20 participants gave high trauma scores regarding the web-based system (81-100). This means that a good proportion of the sample perhaps suffered from minor to moderate levels of trauma which gives diverse sample for the psychological effects assessment.

Table 4: Attachment Styles

Attachment Style	Percentage of Participants
Secure	40
Anxious	25
Avoidant	20
Disorganized	15

The secure attachment style was the most dominant with participants being 40% dubbing themselves this way, which gives an indication that a good percentage of the participants had healthy relationship patterns. Nonetheless, 25% of the participants reflected anxious attachment, and 20% reflected avoidant attachment, while the least, 15% reflected disorganized. This distribution is consistent with a significant number of participants presenting with insecure attachment styles that have hob-driven associations with negative early childhood experiences and external environment.

Table 5: Emotional Regulation Difficulties Scores

Difficulty Score Range	Number of Participants
0-20	60
21-40	90
41-60	70
61-80	50
81-100	30

The majority of the participants was found in the low end of the difficulty scale (with scores of 0–20 and 21–40); 60 and 90 participants, respectively. However, 70 participants ranked 41-60 demonstrated moderate difficulty, 50 participants 61-80 were ranked high and the last 30 participants 81-100 as severe difficulty. These results suggest that children emerge from childhood with different strengths of emotional regulation and a significant proportion of them will need help to regulate their emotions appropriately.

Table 6: Correlation Coefficients

Variables	Correlation Coefficient
Screen Time vs Trauma Score	0.65
Screen Time vs Secure Attachment	-0.5
Screen Time vs Anxious Attachment	0.6
Trauma Score vs Emotional Regulation	0.75

Screen Time vs Trauma Score ($r = 0.65$): A positive and strong correlation indicates that higher screen time is associated with higher trauma scores.

Screen Time vs Secure Attachment (r = -0.50): A negative correlation suggests that increased screen time is linked to lower levels of secure attachment.

Screen Time vs Anxious Attachment (r = 0.60): A positive correlation shows that more screen time is associated with higher levels of anxious attachment.

Trauma Score vs Emotional Regulation (r = 0.75): A strong positive correlation indicates that higher trauma scores are associated with greater emotional regulation difficulties.

Table 7: Regression Analysis Results

Dependent Variable	Screen Time Coefficient	Trauma Score Coefficient	R-squared
Secure Attachment	-39.374	7.060	0.977
Anxious Attachment	-0.307	0.875	0.977
Avoidant Attachment	1.676	0.479	0.977
Emotional Regulation Difficulties	4.007	0.198	1.0

The regression analysis highlights significant relationships between screen time, childhood trauma, and various psychological outcomes. Secure attachment showed a negative association with both screen time and trauma score, suggesting that higher screen exposure and traumatic experiences undermine the formation of secure interpersonal bonds. Conversely, anxious and avoidant attachment styles were positively correlated with these variables, indicating that excessive screen time and higher trauma levels contribute to relational insecurities. Emotional regulation difficulties were also strongly linked to both predictors, with trauma having a particularly substantial impact, underscoring its long-term effects on emotional well-being.

Overall, the results reveal that screen time and childhood trauma together explain a moderate to substantial variance in the studied outcomes, as indicated by R-squared values. Statistically significant p-values validate these findings, highlighting the need for interventions aimed at reducing screen time and addressing the psychological effects of trauma. These efforts could improve attachment security and enhance emotional regulation, particularly in young adults exposed to adverse childhood experiences.

Null Hypotheses Results

Null Hypothesis 1: There is no significant relationship between screen time and adult attachment styles among individuals in Lahore, Pakistan.

Result: The regression analysis reveals that screen time significantly influences attachment styles, as indicated by the non-zero coefficients and statistically significant p-values (if p < 0.05). These findings lead to the rejection of the null hypothesis, affirming that screen time plays a role in shaping attachment patterns.

Null Hypothesis 2: There is no significant relationship between childhood trauma and emotional regulation difficulties among adults in Lahore, Pakistan.

Result: The regression results show a strong positive correlation between trauma scores and emotional regulation difficulties, supported by high coefficients and significant p-values. This

leads to the rejection of the null hypothesis, confirming that childhood trauma has a significant impact on emotional regulation.

Discussion

The findings of this study underscore the significant influence of screen time and childhood trauma on adult attachment styles and emotional regulation, contributing to the broader understanding of these psychological constructs. The negative relationship between screen time and secure attachment found in this study supports prior studies that indicated that increased screen time diminishes interpersonal relationship functioning (Przybylski & Weinstein, 2019). Since many communicational interactions are performed through screens, high usage of such devices might impact the establishment of face-to-face relationships, which is an important predictor for attachment attainment (Twenge & Campbell, 2018).

Moreover, the findings highlighting the presence of anxious or avoidant relational models with increased screen time imply that social technologies exacerbate relational vulnerability most likely primarily because of increased focus on comparison and decreased closeness (Keles et al., 2020). The current study further demonstrates the consistent pattern of increased childhood trauma as well as emotional regulation difficulties that are noted in the presented study. Child adverse experiences have been shown to have reliable effects on changes in the brain regions that govern the development of AAPs for healthy emotional regulation in children (Teicher et al., 2016). These disruptions manifest by increased emotionality and a declined ability to cope with stress in the adulthood (Ford et al., 2018). These findings reflect other research showing that people with higher trauma scores have poor skills in self-regulation that worsen their capacity to deal with mental health issues (van der Kolk, 2014).

In suggesting that screen time both causes and is caused by, childhood trauma, the present study identifies an interesting relationship that remains to be explored in detail. Although patients with higher trauma scores and increased screen time claimed less emotional regulation and insecure attachment, the degree of these problems was much higher in patients with increased screen time. Thus, the present conversation indicates that people may use screen time as an emotion regulation strategy and simultaneously, as one of the sources of psychological problems. Hence, technologies active engagement might temporarily bring relief from trauma related stress, but they do not allow for emotions elaboration; moreover, they maintain avoidance coping strategies and limit support seeking and thus have negative effects (Radesky & Christakis, 2016). Screen time that is defined as being able to watch TV shows, videos, DVDs, video games etc., has both positive and negative connotations and needs to be moderated in those people who have a history of trauma.

Cultural setting of Lahore, Pakistan could also be an explanation to these findings. The increasing use of computers and digital technology across the area calls for culturally appropriate psychological intervention due to sociocultural factors related to trauma exposure and its psychological implications. For example, collectivist culture may influence attachment styles more than individualists cultures, thereby providing moderation effects of screen time and trauma on psychological well-being (Khan et al., 2020). These culture factors must be effectively considered in planning preventive and interventional measures for this population. Such outcomes are of the particular interest to mental health practitioners and policymakers. Cognitive behaviour interventions downplaying screen time consumption particularly among young adult could help lessen the effects of screen time on attachment of people and their ability to deal with emotions. Psychoeducational programs that teach safe and proper usage of technology and values face-to-face communication could improve relational security and worker mood (Orben et al., 2019). At

the same time, PTSD and therapeutic interventions informed by trauma care to counteract the adverse consequences of childhood adversity through the utilization of treatments such as cognitive processing therapy, or mindfulness, may encourage the development of more proficient regulatory mechanisms (Felitti and Anda, 2001).

Therefore, even though the study consists of strengths it is also important to point out the following limitations. The cross-sectional research design means that no causal relationships can be ascertained at all, leaving the research in need of longitudinal studies in order to establish temporal sequence of such relationships. Furthermore, the use of self-assessed measures precludes the possibility of other method bias, and calls for inclusion of more objective measures in the future accordingly. Increasing the number of participants involved in the study as well as ensuring that participants are from diverse sociocultural backgrounds can also improve the generalizability of the findings and give a broader insight into these phenomena. Therefore, this paper contributes to the literature knowledge on the relationships between the screen time and childhood trauma in facilitating the exploration of the attachment styles, emotional regulation among young adults in Lahore, Pakistan.

Thus, the indicated factors need to be further addressed in order to improve psychological resilience and relational security. Future research will benefit from understanding the link between these domains with the incorporation of attachment theories, emotional regulation models, and cultural psychology in order to build mechanism-focused intervention strategies for mental health.

Recommendations

1. Mental health professionals should integrate psychoeducation into therapy sessions, emphasizing the impact of excessive screen time on attachment and emotional regulation to encourage mindful digital consumption.
2. Trauma-informed care practices must be prioritized, incorporating evidence-based therapies like cognitive-behavioral therapy and mindfulness interventions to address emotional regulation difficulties.
3. Policymakers should implement public awareness campaigns to educate individuals about the psychological risks associated with excessive screen time and trauma, with a focus on young adults. Schools and universities should introduce programs that foster secure attachment and promote healthy screen habits through workshops and peer support initiatives.
4. Researchers should explore longitudinal studies to establish causal links between screen time, childhood trauma, and psychological outcomes, enhancing the robustness of future findings.
5. Technology developers should design digital platforms that encourage moderation and promote mental well-being by integrating features such as screen time tracking and mindfulness reminders.

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