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Does Childhood Trauma Predict Differentiation of Self and Psychological Resilience in Adults

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Abstract

This study aimed to examine the predictive effect of childhood trauma and differentiation of self on psychological resilience in adults. The study group consisted of 455 volunteer adults aged between 18 and 69. The Childhood Trauma Questionnaire, the Differentiation of Self Inventory-Short Form, and the Connor-Davidson Resilience Scale-Short Form were used as data collection tools. The data were analyzed using T-test, Pearson correlation analysis and multiple linear regression analysis. According to the research findings, there was a significant negative relationship between childhood trauma and differentiation of self, and a significant positive relationship between differentiation of self and psychological resilience. In addition, it was determined that childhood trauma and differentiation of self together significantly predicted psychological resilience. The research findings were discussed in the light of the relevant literature, and suggestions were made for future research.

Keywords: Childhood Trauma; Differentiation of Self; Psychological Resilience

Abbreviations

CDSPSO: Connor-Davidson Resilience Scale Short Form; CTQ: Childhood Trauma Questionnaire; DSI: Differentiation of Self Inventory.

Introduction

Childhood trauma, a significant area of research in mental health, encompasses challenging experiences that evoke strong emotions like helplessness, fear, or horror [1]. These experiences can have lasting effects on personality, attitudes, and behaviors, often undermining a person's sense of safety and predictability [2]. The definition of trauma has evolved, with the DSM-4 emphasizing physical threats but excluding psychological aspects like emotional abuse or neglect [3,4]. Kwon S [4] distinguishes between "Big T trauma" (e.g., violence, accidents) and "little t trauma" (e.g., psychological

violence, neglect), acknowledging the significant impact of both [5].

Childhood traumas, occurring before adulthood, often involve interpersonal experiences and can have enduring effects due to the brain's developmental vulnerability during youth [6]. The National Child Abuse and Neglect Data System reported 656,000 cases in the US in 2019 [7]. The WHO categorizes childhood maltreatment into physical abuse, emotional abuse, sexual abuse, and neglect, highlighting the serious harm to health, development, and dignity within caregiver relationships [8].

Physical abuse involves actions causing harm, resulting in injuries [9,10]. Sexual abuse encompasses coercive behaviors, leading to psychological issues [11,12]. Emotional abuse, including verbal assaults, deeply affects emotional well-being [13,14]. Neglect, where basic needs are unmet,

can lead to developmental delays and emotional disturbances [15,16]. Neglect often co-occurs with other forms of abuse, compounding its impact.

The experience of neglect and abuse during childhood can have a profound and lasting impact on an individual's development and well-being. Neglect, characterized by the failure of caregivers to provide for a child's basic needs, can lead to physical and emotional consequences, including stunted growth, impaired cognitive development, and difficulties forming secure attachments. Abuse, whether physical, emotional, or sexual, inflicts direct harm upon a child, leaving them vulnerable to a range of mental health challenges, such as anxiety, depression, and post-traumatic stress disorder. The cumulative effects of neglect and abuse can disrupt the healthy development of a child's sense of self, their ability to regulate emotions, and their capacity to form trusting relationships [15,16].

Murray Bowen's Family Systems Theory views the family as an emotional unit, seeking change through individual transformation [17]. Key concepts include the emotional system of the nuclear family, triangles, and the family projection process [17-19]. The theory also explores the multigenerational transmission process, birth order's impact, emotional cutoff, and societal regression [20-22].

Central to Bowen's theory, differentiation of self is a term that balances emotional connection and autonomy [17].

Higher differentiation correlates with improved health and resilience [23]. The theory emphasizes ongoing personal growth [24]. This study explores whether childhood trauma predicts differentiation of self and psychological resilience.

Psychological resilience has gained increasing research attention in recent years due to its complex nature [25,26]. Defined broadly as the dynamic psychosocial process where individuals exposed to ongoing difficulties or potential traumatic events demonstrate positive psychological adjustment over time resilience has been variously conceptualized by different researchers [25,27].

Resilience research has evolved through developmental waves. Resilience research has evolved through distinct waves. The first wave, from the 1950s to 1960s, identified individuals who thrived despite risk factors, with seminal studies by Garmezy N [26] & Luthar SS, et al. [27] focusing on children and adolescents facing adversity [27-29]. The second wave, building on the first, emphasized enhancing resilience through protective factors and personal strengths. It shifted resilience from a static trait to a dynamic process of adaptive responses [29,30]. The third wave framed resilience

as enabling personal growth and wisdom, integrating insights from earlier waves. Researchers have proposed models like the compensatory, challenge, and protective factor models [30,31]. Richardson GE, et al. [29] introduced a meta-theory model that incorporates aspects from various models, highlighting concepts such as "resilient reintegration" and "biopsychospiritual homeostasis".

Psychological resilience involves understanding risk, protective factors, and positive outcomes Masten AS, et al. [32,33] studies often focus on person-centered and variable-centered approaches to resilience research, comparing groups with different characteristics or examining interactions between risk factors, protective factors, and outcomes [32]. Protective elements can furnish individuals with essential tools to thrive and grow amid difficulties, yet circumstances may shift if critical adaptive systems are impaired or if challenges surpass coping capacities. Childhood adversities lead to long-term psychological and physical challenges, necessitating research into protective factors that enable individuals to function well despite such experiences [34,35]. Psychological resilience, studied diversely, focuses on traits that help individuals adapt effectively despite difficulties [36]. The study examines how childhood trauma, often seen as a risk factor, relates to self-differentiation, considered a protective factor. Research indicates negative correlations between self-differentiation and depression, anxiety, and social anxiety [37-39].

Local studies have explored these dynamics across different age groups, yet further comprehensive research is needed. Bowen's Family Systems Theory has influenced studies on self-differentiation more abroad than domestically, primarily focusing locally on marital relationships [40-42]. This study aims to bridge gaps by examining how self-differentiation interacts with childhood trauma among adults, offering insights for enhancing psychological resilience through preventive and therapeutic interventions. This study aims to explore whether childhood trauma predicts differentiation of self and psychological resilience in individuals. In this scope, its sub-problems were stated as follows:

- Do adults' childhood trauma, differentiation of self and psychological resilience levels differ significantly based on gender?
- Is there a significant relationship between childhood trauma and psychological resilience in adults?
- Is there a significant relationship between childhood trauma and self-differentiation in adults?
- Is there a significant relationship between self-differentiation and psychological resilience in adults?
- Do childhood trauma and self-differentiation significantly predict psychological resilience in adults?

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Methods

Participants

This study targeted individuals aged 18-70 residing in Turkey, utilizing convenience sampling due to current pandemic conditions. Convenience sampling, a non-random method, facilitates research by saving time, money, and effort, starting data collection from the most accessible group until reaching the required sample size [43]. The method's key feature is collecting data from suitable and accessible individuals [44]. Sample size determination employed the sample size calculation method, setting a 95% confidence interval. Based on this, once the population size reached 1,000,000, the sample size remained constant at 384 [45]. The determination of the sample size was made prior to data collection, aiming for a 95% confidence interval. The formula employed for this calculation was: $n = (Z^2 *p* (1-p))/E^2$ where: n represents the required sample size, Z denotes the Z-score corresponding to the desired confidence level (for 95% confidence, Z = 1.96), p signifies the estimated proportion of the population possessing the characteristic of interest (in the absence of prior knowledge, a conservative estimate of 0.5 was utilized), E represents the margin of error (the acceptable level of precision). Assuming a population size of 1,000,000 and utilizing the aforementioned formula, the calculated sample size was determined to be 384. The data collection process ultimately yielded a sample comprising 455 participants. Accordingly, the current study's sample was determined as 384 individuals. Data were collected from a total of 455 participants, comprising 342 females (%75.2) and 113 males (%24.8). and their ages range from 18 to 69.

According to the socioeconomic status of the sample, 63 (13.8%) had low income, 353 (77.6%) had medium income and 39 (8.6%) had high income. Of the sample, 5 (1.1%) had high school education, 5 (1.1%) had associate degree, 213 (46.8%) had bachelor's degree, 186 (40.9%) had master's degree and 46 (10.1%) had doctorate degree. According to the marital status of the sample, 313 (68.8%) were single, 124 (27.3%) were married and 18 (4%) were divorced. When the individuals in the sample are analyzed according to their previous psychological support, it is seen that 124 (27.3%) had received support, while 331 (72.7%) had not received support before.

Instruments

Personal Information Form: The Personal Information Form, developed by the researcher, includes questions covering participants' age, gender, socioeconomic status, education level, marital status, and history of psychological counseling, tailored to address the sub-problems of the research.

Childhood Trauma Questionnaire (CTQ-33): The Childhood Trauma Questionnaire (CTQ-33), originally developed by Bernstein DP, et al. [45] aims to retrospectively measure childhood traumas experienced by adults before the age of 20. It was revised into a 28-item short form by Bernstein DP, et al. [45] later adapted into Turkish as CTQ-28 by Şar V, et al. [46] Recently Şar N, et al. [47] further revised and expanded it into CTQ-33, adding a new subscale named "Over-control-Overprotection". The scale includes emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, and now, over-control-overprotection. Respondents rate items on a 5-point Likert scale from "Never" to "Very Often". The scale's reliability and validity in the Turkish context are supported by a high Cronbach's alpha of .87 and strong correlations with the original CTQ-33.

Differentiation of Self Inventory Short Form (BFE-KF): The Differentiation of Self Inventory (DSI) by Skowron EA, et al. [48] revised and adapted into a 20-item short form (BFE-KF) by Connor M, et al. [49] was translated into Turkish by Sarikaya M, et al. [50]. It measures emotional reactivity, 'I' position, emotional cut-off, and emotional fusion using a 6-point Likert scale. The scale includes 15 reversed items and demonstrates good reliability (Cronbach's alpha = .83) and validity in Turkish populations, supported by confirmatory factor analysis [51].

Connor-Davidson Resilience Scale Short Form (CDSPSO-KF): The Connor-Davidson Resilience Scale (CD-RISC), originally developed by Connor, et al. [49] was adapted into Turkish as CDSPSO-KF, a 10-item short form by Campbell-Sills

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L, et al. [52] and Kaya, et al. [53]. It assesses resilience using a 5-point Likert scale from "Not true at all" to "Almost always true". The scale demonstrates good internal consistency (Cronbach's alpha = .81 in Turkish) and validity through factor analysis. These instruments provide robust tools for measuring various psychological constructs in the study, ensuring reliable and valid data collection across different dimensions of inquiry.

Procedure

Data collection for the study commenced online in January 2022, utilizing a combined online form that incorporated the Personal Information Form, Childhood Trauma Questionnaire (CTQ-33), Differentiation of Self Inventory Short Form (BFE-KF), and Connor-Davidson Resilience Scale Short Form (CDSPSO-KF).

Participants were required to read and approve an informed consent form before answering questions, which provided details about the study's purpose. The form assured anonymity and emphasized that personal identification was not requested, ensuring confidentiality of data. Participants were informed that completing the surveys would take approximately 5 minutes. Ethical approval for the study was granted by the Ethics Committee of the Education Sciences Institute at Marmara University. The online form included informed consent procedures to uphold principles of privacy and voluntary participation.

Participants were required to review details about the study's objectives and scope within the online form and provide their consent to participate after understanding the provided information.

Data was analyzed using SPSS 26.0. Initially, the dataset underwent error and outlier checks, with no data points requiring deletion. Descriptive statistics (frequencies, percentages, total scores, means, and standard deviations) were computed for demographic information and variables measured by three scales used in the study. Before analyzing the main and sub-problems, dataset assumptions were reviewed. The sample size (455) exceeded the minimum requirement of 30, meeting the first assumption.

Normality checks were performed on scale and sub-scale total scores to determine suitability for parametric tests. Independent Samples t-tests compared means of two groups. Pearson correlation analysis explored variable relationships. Multiple linear regression was employed to assess predictor variables' ability to predict the criterion variable (psychological resilience), consistent with previous research by Fraenkel JR, et al. [54] as cited in Buyukozturk S, et al. [55]. This method adapts to the number of predictors,

focusing here on childhood trauma and differentiation of self-predicting psychological resilience.

Results

Descriptive Statistics

The total scores on the Childhood Trauma Questionnaire (CTQ-33), Differentiation of Self and its sub-scales and also total score obtained from Connor-Davidson Resilience Scale for individuals in the sample were examined using descriptive statistics.

Values	N	Min	Max	Mean	Sd
Total CTQ-33	455	27	107	46.15	17.51
Emotional Abuse	455	5	25	9.01	4.568
Physical Abuse	455	5	25	7	4.27
Sexual Abuse	455	5	25	7.16	4.39
Physical Neglect	455	5	24	7.88	3.482
Emotional Neglect	455	5	25	10.92	4.579
Overprotection-Overcontrol	455	2	10	4.2	2.206
Self-Differentiation	455	2	5	3.59	0.754
Fusion with Others	455	1	6	3.61	1.126
I Position	455	1	6	4.3	0.821
Emotional Reactivity	455	1	6	2.89	0.995
Emotional Cutoff	455	1	6	3.54	1.263
PS_TOTAL	455	6	40	26.81	6.75

Table 1: Preliminary Analyses Demographic Variable: Gender.

Puan	Gruplar	N	X	ss	t	Sd	p
CTQ	Women	342	45.19	16.7	-2.1	1.8	0.1
	Men	113	49.07	19.6			
BFE-KF	Women	342	3.53	0.74	-2.8	453	0
	Men	113	3.76	0.78			
CDSPSO-KF	Women	342	26.35	6.79	-2.6	453	0
	Men	113	28.21	6.45			

Table 2: t Test Results According to Gender.

It was shown by the results in Tables 1 & 2 that the overall trauma scores were not significantly different between the two genders. Also, a statistically significant difference was revealed by the results, with higher average scores in self-differentiation being demonstrated by males compared to females (t=-2.78, p<.05). A significant difference in scores on the Connor-Davidson Brief Resilience Scale between

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men and women was revealed by the results of a statistical test (t-2.55, p<.05). Specifically, significantly higher levels of psychological resilience were reported by men compared to women.

Correlation Analysis Results

Pearson correlation analysis was conducted to examine whether there is a significant relationship between childhood trauma, differentiation of self and psychological resilience in a binary way.

Variable	N	r	p
CTQ-PS	455	0.46	0.33

Table 3: Relationship Between Childhood Trauma Level and Differentiation of Self Level.

A statistical analysis was used to investigate whether childhood trauma, as measured by the Childhood Trauma Questionnaire (CTQ), was related to psychological resilience, as measured by the Connor-Davidson Resilience Scale (CD-RISC) (Table 3). Based on the analysis, it was determined that there was no significant association between childhood trauma and psychological resilience in this sample (r = -.46, p = .330).

Variable	N	r	p
CTQ-DS	455	-0.34	.000

Table 4: Relationship Between Childhood Trauma Level and Differentiation of Self Level.

A statistical analysis was conducted to investigate whether childhood trauma, as measured by the Childhood Trauma Questionnaire (CTQ), was related to self-differentiation, as measured by the Differentiation of Self Inventory (DSI) (Table 4). The analysis revealed a significant negative relationship between childhood trauma and self-differentiation (r = -.338, p < .05), suggesting that individuals who experienced more childhood trauma tended to have lower levels of self-differentiation.

Variable	N	r	p
PS-DS	455	.321	.000

Table 5: Relationship Between Psychological Resilience and Self-Differentiation Levels.

A Pearson Product-Moment Correlation analysis revealed a statistically significant positive correlation (r = .321, p < .05) between participants' levels of psychological resilience and self-differentiation. This suggests that individuals with higher levels of psychological resilience

tend to also demonstrate greater self-differentiation (Table 5).

Childhood Trauma and Self-Differentiation Level's Prediction of Psychological Resilience Level: Findings

This phase of the research sought to determine whether childhood trauma and self-differentiation levels could predict psychological resilience. Multiple linear regression was the chosen statistical method after careful verification of its underlying assumptions. The variables met the requirements of equal spacing and the dependent variable was continuous. Additionally, an assessment for multicollinearity among predictor variables revealed a correlation of .30, well below the threshold of .90, thus confirming the absence of this statistical issue. Tables 4 & 5 presents the outcomes of the multiple linear regression, demonstrating the combined predictive power of childhood trauma and self-differentiation on psychological resilience.

Predictors	B	Standard Error	β	t	p
Constant	11.52	1.965		5.86	0
Childhood Trauma	0.067	0.018	0.17	3.74	0
Differentiation of Self	3.399	0.417	0.38	8.14	0

Note: Model: R=.36, R^2=.13, F(2,452)=33.701, p=.00.
Table 6: Results of Multiple Linear Regression Analysis for the Prediction of Psychological Resilience.

The Table 6 illustrates that childhood trauma and self-differentiation account for 13% of the overall variability in psychological resilience. Both predictors were found to be statistically significant in forecasting resilience. Notably, the standardized regression coefficients indicate that higher levels of childhood trauma and self-differentiation are associated with greater psychological resilience.

Discussion

This study has aimed to examine whether childhood trauma levels predict differentiation of self and psychological resilience level in adults. Firstly, the current study found no significant difference in childhood trauma levels based on gender, aligning with some previous research but contrasting with others [56-61]. These inconsistencies may be due to variations in sample characteristics or timeframes.

Regarding self-differentiation, this study found a significant gender difference, with men scoring higher. This aligns with Atalay A [62] and Yilmaz E [63], possibly due

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to societal gender roles fostering more autonomy in men. However, it contradicts Koçyiğit M [64], Çoban A [65] and Mert H, et al. [66] potentially due to other unmeasured factors like age, sibling rank, or socioeconomic status influencing self-differentiation.

Psychological resilience also showed a significant gender difference, with men scoring higher. This aligns with Elsel R [67] and Turgut M [68] but contrasts with Eryılmaz A [69], Türker D [70] and Özen S [71], suggesting that gender may not be the sole factor influencing resilience.

The current research aligns with Kaygusuz's L [72] findings, indicating no significant relationship between childhood trauma and psychological resilience. This contrasts with studies by Aydin B [73] Kati A [74] and Oyuncakci D [75], which found a negative association. In line with Süloğlu M [76] and Sadeghi M, et al. [77] this study also reveals a significant positive relationship between self-differentiation and psychological resilience, suggesting that individuals with higher self-differentiation tend to exhibit greater resilience. This contradicts Ahn H [78] who found a negative relationship in a sample of older women. This positive association may be due to the fact that individuals with high self-differentiation often possess greater coping mechanisms and flexibility in stressful situations, aligning with Bowen's [27] theory.

The current study highlights that childhood trauma and self-differentiation significantly predict psychological resilience, both positively influencing it. This finding aligns with previous research by Arslan G [79] and Kurtça O, et al. [80] which also indicated the predictive role of childhood trauma on resilience. While there is further evidence supporting trauma as a predictor of resilience Maercker A, et al. [81] and Bagci C, et al. [82] did not find a significant relationship. However, the combined predictive power of childhood trauma and self-differentiation on resilience is a unique contribution of this study, not previously explored in the literature.

When it comes to suggestions for future research and implementations, the study used convenience sampling due to the COVID-19 pandemic, which may limit the generalizability of findings. Future research should employ more robust sampling techniques and reach diverse populations to enhance external validity. Regarding results, the study found no significant gender difference in childhood trauma, contrary to some previous research. This underscores the need for further investigation into moderating factors such as cultural context and specific types of trauma. Regarding self-differentiation, men scored higher, aligning with some prior studies but conflicting with others. This calls for deeper exploration of how gender socialization and cultural factors shape self-differentiation. Psychological resilience showed a significant gender difference, with men scoring higher in this study. This finding warrants further investigation into the complex factors influencing resilience across genders. Lastly, the study found a negative relationship between childhood trauma and self-differentiation, highlighting the importance of interventions promoting self-differentiation among individuals with a trauma history.

Acknowledgments

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