Predictors of Psychological Resilience: Childhood Trauma Experiences and Forgiveness

Psikolojik Dayanıklılığın Yordayıcıları: Çocukluk Çağı Travma Yaşantıları ve Affetme

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ABSTRACT

Psychological resilience enables the person to come out of this situation in a strong way without being harmed after traumatic events. In our study, the relationship between experiencing childhood traumas, types of forgiveness and psychological resilience was examined. In addition, it was also investigated how childhood traumatic experiences and types of forgiveness (forgiving oneself, forgiving the situation, forgiving others) predict psychological resilience. In this study, which was conducted with the relational screening model, the relationships between the dependent variable "Psychological Resilience" and the independent variables "Childhood Traumas" and "Forgiveness" were examined by multiple linear regression analysis Enter method. Data were collected from a total of 366 participants, 236 of whom were women (64.5%) and 130 (35.5%) were men, living in the province of Istanbul. The Personal Information Form, Childhood Trauma Scale [CTS], Adult Resilience Scale [PDS] and Heartland Forgiveness Scale [HAS] were applied to the individuals in the sample. In the study, the relationships between the variables mentioned first were examined, the relationship was determined, and according to the results of the multiple linear regression analysis, it was determined that childhood traumas, self-forgiveness and forgiveness of the situation predicted psychological resilience, while forgiveness of others had no predictive effect. In the study, it was concluded that childhood trauma experiences negatively predicted psychological resilience, while self-forgiveness and forgiving the situation variables predicted it positively. It is thought that it is very important to study self-forgiveness, especially when working with childhood traumas in psychological trauma-based interventions and psychotherapy processes.

Keywords: Psychological Resilience, Childhood Trauma, Forgiveness

ÖZ

Psikolojik dayanıklılık travmatik olaylar sonrasında kişinin zarar görmeden güçlü bir şekilde bu durumdan çıkmasını sağlar. Çalışmamızda çocukluk çağı travmaları yaşamış olma, affetme türleri ve psikolojik dayanıklılık arasındaki ilişki incelenmiştir. Ayrıca çocukluk çağı travmatik yaşantılarının ve affetme türlerinin (kendini affetme, durumu affetme, başkalarını affetme) psikolojik dayanıklılığı nasıl yordadığı da araştırılmıştır. İlişkisel tarama modeli ile yürütülen bu araştırmada, bağımlı değişken olan "Psikolojik Dayanıklılık" ile bağımsız değişkenler "Çocukluk Çağı Travmaları" ve "Affetme" arasındaki ilişkiler çoklu doğrusal regresyon analizi standart yöntem (Enter metodu) ile incelenmiştir. İstanbul ilinde yaşayan, 236'sı kadın (%64.5), 130'u (%35.5) erkek olmak üzere toplam 366 katılımcıdan veri toplanmıştır. Örneklemi oluşturan bireylere Kişisel Bilgi Formu, Çocukluk Çağı Travmaları Ölçeği [ÇÇTÖ], Yetişkinler için Psikolojik Dayanıklılık Ölçeği [PDÖ] ve Heartland Affetme Ölçeği [HAÖ] uygulanmıştır. Yapılan çalışmada ilk olarak belirtilen değişkenler arasındaki ilişkiler incelenmiş, çocukluk çağı travma yaşantıları ile psikolojik dayanıklılık arasında negatif, kendini affetme ile psikolojik dayanıklılık arasında pozitif bir ilişki saptanmıştır. Çoklu doğrusal regresyon analizi sonuçlarına göre de çocukluk çağı travmaları, kendini affetme ve durumu affetmenin psikolojik dayanıklılığı yordadığı, başkalarını affetmenin ise herhangi bir yordayıcı etkisinin olmadığı saptanmıştır. Çalışmada çocukluk çağı travma yaşantılarının psikolojik dayanıklılığı negatif şekilde yordadığı, kendini affetme ve durumu affetme değişkenlerinin ise pozitif olarak yordadığı sonucuna varılmıştır. Psikolojik travma temelli müdahalelerde ve psikoterapi süreçlerinde çocukluk çağı travmaları ile çalışırken, özellikle kendini affetmenin çalışılmasının oldukça önemli olduğu düşünülmektedir.

Anahtar sözcükler: Psikolojik Dayanıklılık, Çocukluk Çağı Travması, Affetme

Introduction

It is thought that most individuals (70%) have experienced at least one traumatic event in their childhood or a certain period of life (Benjet et al. 2016). Although the reactions vary according to the traumatic event, the effect of the traumatic experience on individuals is not the same. While some individuals who experience the same event under the same conditions are seriously affected by the previous traumatic experience, some continue their lives with little or no effect (Vanderbilt-Adriance 2006). Many studies on this difference focus on the concept of resilience (Çapan and Arıcıoğlu 2014, Oshio et al. 2018). Psychological resilience is defined as the ability of a person to adapt to a situation in the case of complex life events, as well as the capability to continue life without deteriorating functionality and to cope with it (Begun, 1993). In other words, psychological resilience is defined as the strength of a person to recover in the case of difficult life situations and the ability to overcome the change that occurs with the event (Garmezy 1991, Basim and Çetin 2011). The concept of resilience, by its nature, includes a traumatic experience. In other words, it is a necessary condition for an individual to have experienced at least one traumatic event in their life to be able to express their resilience (Doll and Lyon 1998, Rutter 1999, Luthar et al. 2000). In addition, the effects of some challenging and traumatic life events in childhood on the development of psychopathology have been shown (Banducci 2014), the importance given to protective and preventive factors that can prevent negative consequences (e.g., attachment) has increased (Svanberg 1998). Thus, psychological resilience gained significance in this context.

Childhood experiences, which include people's positive or negative experiences, show their effects on the individual's psychological structure over the years. Childhood traumas constitute some of these negative experiences. According to the World Health Organization (WHO) (WHO 2002, 2006), these traumas can be physical, emotional, and sexual abuse and other exploitation that adversely affects the physical health, life safety, physical development, psychological health, or the establishment of a secure bond in interpersonal relationships of children who have not reached the age of 18. Negative behaviors and life experiences shaped by abuse and other exploitation are defined as childhood trauma experiences. At the same time, any action or inaction of any adult that interrupts the development of the child can also create a childhood trauma experience (Tıraşçı and Gören 2007). Traumatic events that can create traumatic experiences in children are pretty diverse and are generally divided into two human-made and natural events (Yehuda 1998). Natural disasters, war, migration, any accident, injury, loss of a close person, witnessing a negative experience that happened to someone other than oneself, negative experiences in social environments such as school, and incidents such as incest and domestic violence can be called traumatic events. (Ghobarah et al. 2003, Haine et al. 2006, Moss et al. 2006).

Factors that facilitate individuals to give healthy and enduring responses when faced with a traumatic experience are defined as protective factors, which may contribute to psychological resilience in individuals (Caffo and Belaise 2003). One of the protective factors in the formation of psychological resilience is "forgiveness" (Rahmandani et al. 2020). Forgiveness can be defined as giving up the negative feelings, thoughts, or behaviors that a person feels towards their respondent in a negative situation, voluntarily and voluntarily, and tending to show positive emotions, thoughts, and behaviors instead (Enright and Fitzgibbons 2000). In other words, forgiveness is also considered as keeping the lived reality in memory with complete acceptance and evolving the behavior, thought, and attitude into a curative positive one. (Rodden 2004, Bugay and Demir 2011). The concept of forgiveness is associated with mental health and psychological well-being, especially in individuals with a temperamental tendency to forgive, that is, individuals who are more inclined to forgive by nature, and is discussed under three headings as self-forgiveness, forgiving others, and forgiving the situation (Thompson et al. 2005). Self-forgiveness is the ability to evaluate oneself with tolerance and protect self-esteem after one's wrongdoings. Forgiveness of others is voluntarily giving up the negative feelings one has towards the person who committed the action by choosing one's behavior and instead determining their behavior with a positive and constructive effect. Self-forgiveness is forgiving those given feelings that have been unfair or have been taking an unjust action toward themselves and renouncing those feelings without a doubt, instead identifying positive and constructive behaviors. Forgiving the situation is, acknowledging all that natural disasters, out-of-control problems, or sicknesses, giving up all the negative emotions, and reinforcing neutral feelings for them all (Thomson and et al. 2005, Capan and Aricioglu 2014). It is known that forgiving expresses healthy handling of issues and being in good circumstances and positively affects psychological strength (Worthington and Scherer 2004, Rahmandi et al. 2020). Although many studies examine the relationship between childhood traumas and resilience in the national literature (e.g., Aydın 2018, Turan, 2021), studies examining the relationship between childhood traumas, forgiveness, and strength are minimal. Therefore, this study is critical because it contributes to the literature on the deficiency in the field and can shed light on future studies. In addition, when childhood traumas and the effect of forgiveness on psychological resilience are known, it is thought that trauma clinicians will benefit from the results obtained in their psychotherapy studies. As a result, within the scope of the study, it aimed to examine the effects of childhood traumas and forgiveness types on psychological resilience in adults. This study aims to seek attention to how adverse events in childhood are reflected in adult life to increase psychological strength and contribute to healthy transformation by bringing meaning to the positive effects of forgiveness features. Depending on this, there are various hypotheses for the research. The first hypothesis is that a negative relationship is expected between childhood experiences and resilience. The second hypothesis is that there is a positive relationship between self-forgiveness, the forgiveness of the situation, the forgiveness of others, and strength. The third hypothesis is that

childhood trauma experiences negatively predict resilience. The fourth and final hypothesis is the expectation that forgiveness types positively indicate psychological resilience. In addition, it is determined whether the research variables differed according to gender and whether there is a relationship between age and research variables.

Method

Participants

Current study has been done with volunteers who came to a private hospital in Istanbul. The first author explained the purpose of the study to the volunteers. Participants reached by convenience sampling and filled out consent forms have been added to this study. The sample was measured by power analysis. In the power analysis performed, it was concluded that a sample group of at least 85 people should be studied for 0.15 (medium power) impact power, 0.05 alpha value, 0.80 power value, and four predictor variables (childhood traumas, self-forgiveness, the forgiveness of others and forgiving the situation). For this reason, it can be said through power analysis that the number of sample groups of 366 people included in the study is sufficient. Figure 1 shows the power analysis made. The research group comprises 366 participants, 236 women (64.5%) and 130 (35.5%) men, living in Istanbul between 01.08.2018 and 01.11.2018. It was determined that each participant had experienced at least one type of childhood trauma (CT). The mean age of the participants in the research group was 37.31 (SD = 9.87). Thirty (8.2%) of the participants in the research group were at the primary school level, 22 (6%) were at the secondary school level, 211 (57.7%) were at the high school/secondary education level, 86 (23.5%) were at the undergraduate level, and 17 (4.6%) have completed postgraduate education. Among the participants, 151 (41.3%) were single, and 245 (58.7%) were married.

The criteria for inclusion in the research are that the people to be included in the study are over the age of 18 and are willing to participate in the research and that the CT scale score in at least one area meets the cut-off point criteria. Having no childhood trauma formed the exclusion criterion. The data of those who did not report any trauma experience according to the CT scale were not included in the statistical analysis. Within the scope of the research, 420 volunteer participants were reached. Still, it was determined that 54 of these people did not experience any CT experiences according to the Childhood Trauma Scale criteria. Therefore, the data from 54 participants could not be included in the analysis.

Procedure

A relational screening model was used in this study. The relational model is a model that aims to determine whether there is a so-variation among multiple variables (Karasar 2011). Written consent was collected to be applied for the conduct of the study. Ethical permission was obtained from the Near East University ethics committee (issued on 26.06.2019 and numbered NEU/SB/2018/221). The study approval has also been obtained by

Anadolu Medical Center Ethic Committee (issued on (20.00.2018 by ASM-EK-18/93). Related data was collected by the first author of the study.

The participants who formed a research group were informed about the purpose of the study, and how to answer initial scales and forms by the first author in a verbal consent form. Data tools have been given to participants in a closed envelope, where they were able to fill out the scales and forms in appropriate hospital rooms. It has taken approximately 30 mins to fill out the scales and forms. Participants who had filled out the scales delivered the responses in closed envelopes. It was also explained that participants must fill the scales and forms with a sincere and honest attitude. Data was collected voluntarily. Data collection lasted between 27.09.2018 and 31.12.2018.

Measures

Personal Information Form.

The personal information form was developed by the researchers in order to obtain the age, gender, marital status, and education level of the participants.

Childhood Trauma Scale [CTS].

CTS was developed by Bernstein et al. in 1995. The scale, which has 28 items in total, is a 5-point Likert-type scale. This scale evaluates childhood sexual, physical, and emotional abuse and emotional and physical neglect in five sub-dimensions. Total trauma score and sub-dimension scores are calculated within the scope of the scale. The items constituting emotional abuse are the 3rd, 8th, 14th, 18th, and 25th items. Items of physical abuse are 9, 11, 12, 15, and 17, while items 1, 4, 6, 2, and 26 constitute physical neglect. Emotional neglect is determined by the 5th, 7th, 13th, 19th, and 28th articles, and sexual abuse is determined by the 20th, 21st, 23rd, 24th, and 27th articles. The cut-off point for the total trauma score was defined as 35. Participants who fall below this score do not have trauma, and participants who score above this score have trauma. The cut-off score is 5 for sexual and physical abuse and 7 for physical neglect and emotional abuse. Higher scores indicate a trauma experience. In the scale's Turkish validity and reliability study, the items of the CTS-Short Form were selected, and the reliability analysis was performed. In the first stage (for 635 participants), the reliability coefficient was Cronbach α =0.78, while in the second stage (for 69 participants), Cronbach α = 0.73 (Şar et al. 2012). For this study group, the internal consistency coefficient of the CTS total score was calculated as Cronbach α = 0.77.

Resilience Scale for Adults [RSA].

RSA was developed by Friborg et al. (2005). The scale has 6 sub-dimensions. These are self-perception (1, 7, 13, 19, 28, 31), future perception (2, 8, 14, 20), structural style (3, 9, 15, 21), social competence (4, 10, 16, 22, 25, 29), family cohesion (5, 11, 17, 23, 26, 32), social resources (6, 12, 18, 24, 27, 30, 33). PDS is a 5-point Likert-type (1-5) scale with 33 items. Increasing scores

indicate increased resilience. Items 1, 3, 4, 8, 11, 12, 13, 14, 15, 16, 23, 24, 25, 27, 31, and 33 on the scale are reversely scored. In the Turkish validity and reliability study conducted by Basım and Çetin (2011), the internal consistency coefficients of the sub-dimensions of the scale were calculated between 0.66 and 0.81, and the internal consistency coefficient of the scale was Cronbach α = .88. The internal consistency coefficient of the PDS total score for this study group was calculated as Cronbach α = .87.

Heartland Forgiveness Scale [HAS].

HAS was developed to measure individuals' tendency to forgive (Thompson et al. 2005). The scale is an 18-item 7-point Likert type. The scale has three dimensions. The scale is an 18-item 7-point Likert type. The scale has three dimensions. These are forgiveness of self, others, and the situation. Confirmatory Factor Analysis fit values of the scale, whose 3-factor structure was tested for the Turkish sample, were found to be sufficient (Bugay et al. 2012). Self-forgiveness sub-dimension Cronbach α = .62.; forgiveness of others sub-dimension Cronbach α =.73; Forgiveness sub-dimension was found to be Cronbach α = .75, and the internal consistency coefficient of the total HAS score was Cronbach α = .83 (Bugay et al. 2012). Items 1-6 of the items in the scale evaluate "self-forgiveness," 7-12th articles evaluate "forgiving others," and 13-18th evaluate "forgiving the situation" sub-dimensions. For this study, self-forgiveness sub-dimension Cronbach α = .62; forgiveness of others sub-dimension Cronbach α = .73; Forgiveness sub-dimension was calculated as Cronbach α = .75, while the internal consistency coefficient of the HAS total score was calculated as Cronbach α = .83.

Statistical Analysis

The data obtained from the participants were transferred to the SPSS program, and their distribution characteristics were examined. Since it was seen that there were no missing data and extreme values in the data control, the data of 366 people were used as collected for the analysis. It was observed that the values showed normal distribution characteristics, and parametric tests were used. In the path followed for the analysis of the findings, firstly, an independent sample t-test was conducted to examine whether the research variables differed according to gender. Then, Pearson's Correlation analysis was used to see the relationships between research variables and age. Then, the relationships between the dependent variable "Psychological Resilience" and the independent variables "Childhood Traumas" and "Forgiveness" were examined using the multiple linear regression analysis standard methods (Enter method). Various regression analysis assumptions were checked, and it was decided that it was appropriate to perform the regression analysis. In the light of the analyses applied to see if the data met the common linearity assumption, it was determined that there was no multicollinearity problem (CT, Tolerance= .93, VIF= 1.08, Forgiveness of Others, Tolerance= .73, VIF= 1.37, Forgiveness, Tolerance= .49, VIF) = 2.36, Self-Forgiveness, Tolerance= .59, VIF= 1.67). Tolerance values of >0.2 and VIF<10 indicate that it is acceptable (Green and Salkınd, 2010).

Results

First of all, descriptive results were obtained. Obtained results are shown on Table 1. Before determining the predictors of resilience in line with the primary purpose of the study, some analyses were conducted to determine the variables that would enter the regression model. The first part of the analyses examined how the variables differ based on gender (see Table 2). Regarding that, correlation analysis was employed to understand the relationship between the variables, and results are shown on Table 3.

Whether the research variables differed according to gender was examined with the independent samples t test. Results are shown on Table 2. Based on the obtained results childhood traumas ($t_{(364)=}0.91$, p>.05), forgiving to others ($t_{(364)=}1.73$, p>.05), forgiving the situation ($t_{(364)=}0.85$, p>.05) and physiological resilience ($t_{(364)=}1.56$, p>.05) did not differ significantly based on gender.

When Table 3 is examined, the childhood trauma levels of the participants and forgiveness (*r*(366) = -.258, *p* < .01), forgiving others (*r*(366) = -.106, *p* < .05), forgiving the situation (*r*(202) = -.217, *p* < .01) variables were found to have a low-level negative significant relationship. There is a moderate, negative and significant relationship between childhood trauma levels and psychological resilience levels of the participants and the variables of self-forgiveness (*r*(366) = .473, *p* < .01) and forgiving the situation (*r*(366) = .400, *p* < .01). A low-level significant relationship was also shown between psychological resilience and forgiveness of others (*r*(366) = .141, *p* < .05). Hence, the first and the second hypotheses of the research were supported respectively. There was no statistically significant relationship between age and the variables of the current study (p>.05).

Regression results further showed that the model explained 36.1% of the variance and presented that the model significantly

Table 1. Descriptive Statistics of Variables of Childhood Traumas, Forgiveness, and Psychological Resilience (N=366)			
	Min-Max	**Mean**	**SD**
Childhood Traumas	25-101	39.8	11.5
Forgiving Yourself	12-42	29.2	6.1
Forgiving Others	6-42	26.0	7.4
Forgiving the Situation	9-42	28.8	7.0
Psychological Resilience	62-170	122.0	18.5

predicted resilience F $(4,361) = 51,02$, p<.01. As it can be seen in Table 4, childhood traumas significantly predicted resilience (β= -.343, p<.01). When sub-dimensions of forgiveness were examined, apart from the forgiveness for others (β= .067, p >.01), self-forgiveness (β= .287, p< .01), and forgiveness of the situation (β= .193, p< .01) variables also significantly predicted psychological resilience. According to these results, the 3rd and 4th hypotheses of the research were partially supported. In addition, it should be noted that the negative impact of childhood traumas on the model (see Table 4) indicates that an increase in the childhood traumas will decrease psychological resilience and, therefore, will have a suppressing effect on psychological resilience.

Discussion

The primary purpose of this study was to examine the relationship between childhood traumas, types of forgiveness and the psychological resilience levels of individuals. As a result of the analysis, it was shown that childhood trauma experiences and forgiveness predict psychological resilience. A negative relationship was observed between childhood trauma experiences and psychological resilience. In other words, the psychological resilience levels of individuals with more childhood trauma experience will be lower in comparison to the ones who do not. A positive relationship was also found between self-forgiveness and psychological resilience. So, it can be said that individuals with a high level of self-forgiveness will also have a high level of psychological resilience. Similarly, an individual with a high level of forgiving others will also have a high level of psychological resilience. However, forgiving others does not predict psychological resilience.

Childhood trauma (CT) levels are a negative predictor of participants' level of resilience. This result seems to be consistent with the literature (Hussein and Muaf 2012, Cicchetti 2013, Arslan 2015). It can be said that CT experiences pose a risk to the psychological resilience of individuals. According to the results (considering that all of the participants experience at least one CT), it is possible to say that an increase in CT scores has an effect on decreasing psychological resilience. While there must be a condition for experiencing trauma for the existence of psychological resilience, since severe trauma may increase the risk of Post-Traumatic Stress Disorder (PTSD) (Yehuda 2004), it may cause neurobiological changes (change in neuroendocrine level, change in HPA network structure) in the individual who experiences the trauma (Wu et al. 2013) can also be interpreted as a risk factor in the development of psychological resilience. Regarding this, experiencing CT therefore makes the person vulnerable to psychopathological disorders such as depression and anxiety (Wingo et al. 2010). In addition to depression and anxiety, it has been observed that individuals who experience CT may develop PTSD and substance abuse in the future (Brandy and Back 2012). Therefore knowing the factors that predict psychological resilience and strengthening these factors are important for preventive mental health studies, as they can be preventative in the development of the above-mentioned psychopathologies. So, it becomes significant that school psychologists, psychologists and family counselors raise the awareness of parents and prospective parents about the subject in order to prevent traumatic experiences that may occur in children and youth. In addition, it is considered that the measures to be taken by the administrators at the national level are essential to provide the families of children at risk (such as the children of delinquent parents and children who are victims of domestic violence) and their children with the necessary psychological support.

When the studies are examined, it is further determined that the level of self-forgiveness of individuals is stronger than the level of forgiveness of others and the situation in terms of the variables' relationship with the psychological resilience (Bugay and Demir 2011, Güloğlu et al. 2016). These results are consistent with the findings of our study. Self-forgiveness is one predictors of psychological resilience in this study. In the literature, there are studies in which self-forgiveness, which is an emotion-focused coping strategy, is an important protective

Table 2. Comparison of Childhood Traumas, Forgiveness and Psychological Resilience Levels by Gender with Independent Sample t-Test							
	Gender	N (%)	Mean	SD	t	df	p
Childhood Traumas	Female	236 (64.5)	40.26	11.6	.91	364	.36
	Male	130 (35.5)	39.10	11.39			
Forgiving Yourself	Female	236 (64.5)	29.33	6.22	.36	364	.71
	Male	130 (35.5)	29.08	5.96			
Forgiving Others	Female	236 (64.5)	26.54	7.36	1.73	364	.08
	Male	130 (35.5)	25.14	7.48			
Forgiving the Situation	Female	236 (64.5)	29.10	7.13	0.85	364	.39
	Male	130 (35.5)	28.44	6.93			
Psychological Resilience	Female	236 (64.5)	123.13	18.03	1.56	364	.11
	Male	130 (35.5)	119.96	19.37			
p<.05*, p<.01**							

Table 3. Correlation Analysis for the Relationship between Childhood Traumas, Forgiveness and Psychological Resilience, and Age

	N	1	2	3	4	5	6
1. Childhood Traumas	366	---					
2. Forgiving Yourself	366	-.258**	---				
3. Forgiving Others	366	-.106*	.314**	---			
4. Forgiving the Situation	366	-.215**	.618**	.517**	---		
5. Psychological Resilience	366	-.439**	.473**	.141*	.400**	---	
6. Age	366	-.033	-.084	.027	-.003	.084	---

p<.05*, p<.01**

Table 4. Results of Multiple Linear Regression Analysis (Enter method) for the Prediction of Psychologcal Resilience Level

Model		B	Sh.	β	t	p
1	(Constant)	108.2	5.69		19.01	.000
2	CTS*	-.550	.070	-.343	-7.846	.000
3 4 5	Forgiving Others	-.168	.123	-.067	-1.368	.172
	Forgiving the Situation	.506	.158	.193	3.212	.001
	Forgiving Yourself	.870	.165	.287	5.282	.000

p<.05*, p<.01**
*CTS: Childhood Trauma Scale

factor that increases psychological resilience in traumatized individuals (Worthington and Scherer 2004). In this context, individuals who have experienced trauma often tend to blame themselves for their current trauma history. Therefore, as self-forgiveness increases, people do not put the burden on themselves and can cope with their trauma better; thus, their psychological resilience increases (Hall and Fincham 2005). In this direction, it can be said that in order to develop psychological resilience in individuals who are faced with childhood trauma, it is necessary to focus primarily on studies to increase the level of self-forgiveness.

In addition to self-forgiveness and childhood traumas, another predictive factor in explaining resilience is forgiveness of the situation or situational forgiveness. The situational forgiveness variable is a positive predictor of resilience. According to this result, it can be said that as the level of forgiveness of the situation increases, the level of psychological resilience will also increase. In the process of helping individuals who have experienced childhood trauma, enabling them to forgive their situation can increase their psychological resilience levels. In other words, it can be said that individuals with high psychological resilience are more successful in forgiving the situation. Sickness, natural disaster, war, migration, or similar undesirable and out-of-control situations that occur in life damage the basic perception of security of an individual. Hence, it may cause them to develop negative and traumatic reactions to these situations. The situation in which an individual's reaction to such a situation is transformed from negative to positive or neutral is defined as forgiveness (Thompson et al. 2005). This

result is thought to be related to cognitive flexibility. Cognitive flexibility is defined as the ability to change behavior depending on the environment and situation (Gelfo 2019). Forgiving the situation may increase psychological resilience through cognitive flexibility (Demirtaş 2021). Determining forgiveness as a positive predictor of resilience in the current study can also be explained by culture and culture-specific belief systems (Bugay and Demir 2011). It is thought that the belief that unexpected life events come from God and the understanding of unconditional acceptance that comes from God, which exists in Turkish culture, can be effective in forgiving the situation. This situation can be explained by the fact that God is perceived as forgiving in Turkish culture (Bacanlı 2002); therefore, the one who comes from God can also be forgiven.

Temperamentally, it is stated that there is an innate predisposition toward what others do in forgiveness (Tuck and Anderson 2014). Although this study showed that forgiving others was associated with resilience, it was observed that forgiving others did not predict resilience. There may be various reasons why forgiving others which is related to individuals' social relationships, does not seem to predict resilience. In a study about the predictors of forgiveness, Turnage et al. (2011) found that empathy is an important predictor of forgiving others. The empathy levels of the current sample are not known since empathy levels were not examined within the scope of the study. The fact that forgiving others does not predict resilience may be affected by the empathy levels of the current participants. Therefore, it is recommended to include empathy levels in the model to be used for future studies.

In addition, the findings of the current study become significantly important given that forgiveness has a pro-social function (Chung and Lee 2014) and the advantages of turning existing anger into forgiveness in individuals and interpersonal relationships (Burnette et al. 2009). Forgiveness ceases to be a situation that gains importance only with its existence, and its absence can cause some psychological problems. For example, Hong et al. (2009) showed in their study that the lack of forgiveness behavior could cause a series of mental health problems, especially depression and emotional instability. Therefore, it is thought that the forgiveness mentioned above will gain even more importance in future studies in this context.

In summary, in the model presented within the scope of the study, it was shown that resilience was predicted by CT and forgiveness, and at the same time, attention was drawn to the negative relationship between CT and resilience. In this context, it has been shown once again that the experience of CT can be a threat that may pave the way for the emergence of any negative and/or maladaptive situations and various psychopathologies that may occur in adulthood, as it will negatively affect the level of resilience that can prevent these and provide protection to the individual. Based on this, it is thought that conducting intervention studies, especially for individuals who have experienced CT, to forgive themselves and the situation will play an important role in psychological resilience. It is also thought that the results obtained in the study can shed light on future scientific research and psychotherapy processes.

It is important to further note that, the study is limited to the validity and reliability of the scales used. One of the most important limitations of the study is the number of participants, and it is recommended to increase the sample size for future studies. In addition, the inclusion of the empathy variable, which is thought to be missing from the research and included in the discussion, in subsequent studies can further shed a light on why forgiveness of others was not found as a predictive variable of psychological resilience in the current study.

Conclusion

According to the research results, having experienced childhood trauma and forgiving oneself and the situation are variables that can explain psychological resilience in individuals. Once again it is shown that, for the psychotherapy processes approaching self-forgiveness with sensitivity and working meticulously with them when working with childhood traumas is extremely important. It further is of great importance to support this area in treatment studies. It is thought that psychological resilience will increase as mental health professionals carry out studies that will help individuals who have experienced CT to forgive themselves and the situation.

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