



RESEARCH ARTICLE / ARAŞTIRMA YAZISI

Childhood Traumas, Emotional Differences and Resilience as Predictives of Interpersonal Problems

Kişilerarası Sorunların Yordayıcıları Olarak Çocukluk Çağı Travmaları, Duygu Düzenleme Güçlüğü ve Psikolojik Sağlık

Elif Yöyen¹, Umut Bozacı²

Abstract:

This study was conducted to evaluate the predictive role of childhood traumas, emotional regulation difficulties and psychological resilience in interpersonal problems in a non clinical adult sample. The sample group consists of 423 participants. The age range of 313 female and 110 male participants is 18-60 years old. Data was collected using Childhood Traumas Scale (CTS-33), Interpersonal Problems Inventory (IPI), Emotion Regulation Difficulty Scale-Short Form (ERDS-16), Short Psychological Resilience Scale (SPRS) and the Sociodemographic Data Form. The predictors of the variables were made using multiple regression and simple regression analyses. According to the results of the analysis, childhood traumas explain 20.9% of the variance, emotional dysregulation explains 39% of the variance and psychological resilience explains 01.0% of the variance in the predictor of interpersonal problems. In the predictor of interpersonal problems respectively, childhood traumas were classified as emotional abuse, emotional neglect, sexual abuse and physical neglect. Emotion regulation difficulties are listed as openness, rejection, and strategies. The findings of the study will contribute to the psychoeducation and health policies to be carried out in the healthy population in addition to the therapeutic process in clinical studies.

Keywords: Interpersonal Problems, Emotion Regulation, Childhood Traumas, Resilience

¹Assoc. Prof, Sakarya University, Faculty of humanities and social sciences, Department of Psychology, Sakarya-Turkey, elifyoyen@sakarya.edu.tr, Orcid: 0000-0002-0539-9263

²Clinical Psychologist, Marmara-Turkey, Umutozaci@gmail.com Orcid: 0000-0002-9678-0210

Address of Correspondence/Yazışma Adresi: Elif Yöyen, Sakarya University, Faculty of humanities and social sciences, Department of Psychology, Sakarya-Turkey, E-mail: elifyoyen@sakarya.edu.tr

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Öz:

Bu çalışma klinik olmayan yetişkin örnekleminde çocukluk çağı travmaları, duygu düzenleme güçlüğü ve psikolojik sağlamlığın, kişilerarası sorunlarda yordayıcılık rolünü değerlendirmek amacıyla yürütülmüştür. 18-60 yaş arasında, 313 kadın ve 110 erkek olmak üzere toplam 423 katılımcının oluşturduğu örneklem grubunun verileri Çocukluk Çağı Travmaları Ölçeği (ÇÇTÖ-33), Kişilerarası Problemler Envanteri (KPE), Duygu Düzenleme Güçlüğü Ölçeği- Kısa Form (DDGÖ-16), Kısa Psikolojik Sağlamlık Ölçeği (KPSÖ) ve Sosyodemografik Veri Formu kullanılarak toplanmıştır. Değişkenlerin yordayıcılığı çoklu regresyon ve basit regresyon analizleri kullanılarak yapılmıştır. Analiz sonuçlarına göre kişilerarası sorunların yordayıcılığında çocukluk çağı travmaları varyansın %20.9'unu, duygu düzenleme güçlüğü varyansın %39'unu ve psikolojik sağlamlık varyansın %01.0'nı açıklamaktadır. Kişilerarası sorunların yordayıcılığında çocukluk çağı travmaları sırası ile duygusal istismar, duygusal ihmal, cinsel istismar, fiziksel ihmal; duygu düzenleme güçlüğü alt boyutları ise sırasıyla açıklık, kabul etmeme ve stratejiler şeklinde sıralanmaktadır. Araştırmanın bulguları klinik çalışmalarda terapötik sürece ek olarak sağlıklı popülasyonda yürütülecek psikoeğitlimlere ve sağlık politikalarına katkı sunacaktır.

Anahtar Kelimeler: Kişilerarası Sorunlar, Duygu Düzenleme, Çocukluk Çağı Travmaları, Psikolojik Sağlamlık

Introduction

Interpersonal interactions are central to human development, and the ability to manage social interactions in an appropriate, flexible and goal-directed manner is an important component of psychological health. While some people can maintain their functionality in their interpersonal relationships in distressing situations, some people experience problems in their relationships due to their dysfunctional behaviors (Hammen, 2006). There are certain assumptions in the literature regarding interpersonal approaches to personality and its pathology. These assumptions focus on showing repetitive and unchanging characteristic behaviors in interpersonal relationships, in other words, on interpersonal functionality (Alden, Wiggins & Pincus, 1990).

Interpersonal functionality is defined as an individual's ability or tendency to behave appropriately in his relationships with others (Leising, Krause & Köhler, 2011). While research on interpersonal functioning focuses on the social skills of children and adults with severe psychological disorders such as schizophrenia (Leising & Zimmermann, 2011). On the other hand, in order to understand interpersonal functioning, they mainly focus on interpersonal problems in adults in the context of personality disorders, emotional disorders and externalization disorders (Leising & Zimmermann, 2011). Leising & Zimmermann, 2011). Recent studies have focused on the concept of interpersonal problems and considered this concept as any form of experiencing psychological distress arising from or related to an individual's relationship with another individual or a group (Janovsky, Clark & Rock 2020).

Interpersonal problems are important in the development and maintenance of clinical cases (Shin & Newman, 2019), personality disorders (Wendt, Wright & Pilkonis 2019), depression (Gadassi & Rafaeli, 2015), and other psychological disorders (Janovsky, Rock, Thorsteinsson & Clark, 2020). It has been reported that interpersonal problems have an important place among the reasons for individuals to seek treatment in the clinical population.

There is evidence of the prevalence of traumatic experiences. While more than two-thirds of people in the general population may experience a major traumatic

event at some point in their life, comparable international data are limited, a large proportion of the population in many countries has experienced a variety of psychological traumatic events (Vaughan, Kompanijec, Malik & Bechard, 2021), worldwide exposure to traumatic events. Study findings suggesting that its general prevalence may be high (Fox, Bozzay & Verona 2020) has gradually increased awareness of the role of psychological trauma in the formation of various psychological problems (Center, 2020). It is among the information in the literature that childhood traumas, which can be considered as the most rooted psychological trauma, are the basis of interpersonal problems. It is known that childhood experiences including abuse and neglect negatively affect both the psychological health and behaviors of the individual and their interpersonal relationships (Hughes & Cossar, 2016). Childhood traumas includes exposure to emotional, physical, sexual abuse and neglect until the age of 18, as well as dysfunctions in the home (substance use, mental illness, criminal behavior, separation of parents) (Poole, Dobson & Pusch, 2017). Childhood traumas refers to a painful traumatic event that can significantly disrupt neurodevelopmental and psychosocial developmental processes, causing extreme psychological stress (Brucoli et al, 2020; Tottenham, 2012).

Being in positive and meaningful relationships with others is closely related to a healthy identity and self-esteem (Lakey & Cronin 2008). According to studies, individuals with positive interpersonal communication report lower levels of depression, less symptoms of post-traumatic stress disorder, lower rates of negative emotions and psychological distress compared to individuals who do not have positive interpersonal communication (Lakey, Molen & Fles, 2016). Researchers evaluating the relationships between interpersonal relationships and various aspects of mental health and well-being found that exposure to childhood traumas negatively affects interpersonal functioning and that these individuals have more difficulties in interpersonal relationships in adulthood (Poole & Dobson, 2018), child abuse and neglect are closely related to interpersonal problems. It has been suggested that interpersonal problems play a mediating role in the relationship between childhood abuse and depression (Huh, Kim & Yu, 2014).

Emotion regulation, conceptualized as the ability to identify, monitor and respond effectively to one's emotional experiences (Gratz & Roemer, 2004), includes processes of varying intensity such as feeling, experiencing and expressing emotions (Dvir, Ford & Hill, 2014). Emotions and their regulation emerge continuously over time and include changes in three areas (behavior, experience, and physiological) that are important (Gross, 2002). Emotion regulation difficulty is defined as the use of emotion regulation strategies in a rigid and incompatible manner, as well as the inability to choose the appropriate strategy for the target (D'Agostino, Covanti & Monti, 2017).

It is known that interpersonal problems are significantly related to emotion regulation or emotional instability (Herr & Rosenthal, 2013). Recent empirical studies have examined the effect of mood dysregulation on interpersonal problems. In the clinical field, one of the main reasons for the interpersonal problems experienced by people with Borderline Personality Disorder (BPD) is difficulty in emotion regulation (Euler et al., 2019), that difficulty in emotion regulation has a significant effect on the relationship between BPD symptoms and each sub-dimension of interpersonal problems, emotion regulation. It has been reported that it completely mediates the relationship between general BPD symptomatology and interpersonal problems (McMain, Guimond & Streiner, 2012).

People may experience various difficulties and traumatic experiences throughout their lives, from everyday problems to major life events. The concept of resilience becomes important when it comes to traumatic experiences. Between 1960 and 1990, the term resilience was defined as the absence of psychological dysfunction despite being exposed to more stressful family life (Booth & Neill, 2017). Today, resilience is the capacity to protect health even in the presence of difficulties or the ability to develop adaptive solutions against difficulties (Cicchetti & Garmezy, 1993). It is defined as the process of adapting well in the face of distress, trauma, tragedy, threats or significant stressors (Southwick, Pietrzak & Tsai, 2015).

Psychological resilience is the determinant of whether the event will turn into a traumatic event in line with people's reaction to life events (Fletcher & Sarkar, 2013). While some people have difficulty in coping with daily life problems, other people can cope with these problems effectively. In this coping, resilience plays an important role (Bonanno, 2004). Research on resilience has shown how individuals can withstand the pressure they experience and thrive despite all difficulties (Fletcher & Sarkar, 2013), problem-solving and positive approaches to stressful situations positively affect psychological resilience, and coping mechanisms such as ignoring the problem or worrying about psychological resilience. adverse effects have been reported. (Booth & Neill, 2017).

Studies show that resilience is associated with the development of positive interpersonal relationships despite stressful situations (Halilova, Struthers & Guilfoyle, 2020; Lee, Wu & Chao, 2020). According to Masten (2013), emotional support and internal resources obtained from positive parent-child, teacher, student and peer interactions are systems that increase resilience for the adaptation process in adolescence. Research has shown that social support resources help individuals increase resilience by interacting more actively with others,

increasing trust in others, reducing loneliness, improving self-control, and improving emotion regulation skills (Wills & Bantum, 2012; Wright & Masten, 2007). In addition to social support, attachment experience plays an important role in the relationship between interpersonal relationships and individual resilience (Masten & Cicchetti, 2016). There is evidence that children who cannot establish a secure attachment with their parents (who have ambivalent, avoidant and anxious attachment) may experience interpersonal problems as adults. As a result of inadequate parental presence, children who develop ambivalent attachment cannot rely on their primary caregiver to be there when they need it. Children who develop anxious attachment display a confusing mix of behaviors that appear confused or confused. They may avoid or resist the parent. The lack of a clear attachment pattern is likely linked to inconsistent caregiver behavior. In such situations, parents can serve as both a source of comfort and fear, leading to erratic behavior. Children with avoidant attachment tend to avoid parents or caregivers and show no preference between the caregiver and a complete stranger. This attachment style may be the result of abusive or neglectful caregivers (Müller, Bertsch, Bülow, Herpertz, & Buchheim, 2019; Young, Simpson, Griskevicius, Huelsnitz & Fleck, 2019; Widom, Czaja, Kozakowski, & Chauhan, 2018).

When the literature is examined, while the effects of trauma experiences on depression, anxiety, substance abuse, suicide and other psychological problems are mostly investigated in studies on childhood traumas, there is not enough research on interpersonal problems (Pusch & Dobson, 2017). It is seen that people who have experienced negative experiences in the past experience psychological problems in their adulthood. It has been seen that the concept of robustness is an important element (Lee et al., 2020). However, no study has been found in the literature investigating the role of childhood traumas, emotion regulation difficulties and psychological resilience levels in interpersonal problems. In this context, the problem of the present study is "Do childhood traumas, difficulty in emotion regulation and psychological resilience have a predictive effect on interpersonal problems?" has been determined. The aim of the study is to understand the relationship between the findings of the study in both clinical and non-clinical populations and to determine the predictive power of the variables in interpersonal problems. The importance of the research lies in the clinical therapeutic studies of the research findings, psychoeducational studies in the healthy population and its guiding role in health policies.

Methods

Research Model

In this study, which was designed as a quantitative research, the relational survey model, one of the general survey models, was used since it was aimed to determine the existence of co-variance between two or more variables. Relational screening model is a research model that aims to determine whether two or more variables change together and to determine the degree and direction of the change (Karasar, 2000).

Sample

The research data were collected via an online questionnaire using the snowball sampling method. The collection of data on the internet is due to the quarantine process in Turkey due to the Covid-19 outbreak. The

calculation table introduced by Yazıcı and Erdoğan (2004) was used to determine the sample size. Accordingly, for a certain population size (N:500.000), the sample N: 383 was reported at a significance level of 0.5 (Büyüköztürk, Kılıç, Akgün, Karadeniz & Demirel, 2012). Within the framework of this information, 435 people were included in the study, and the number of participants was determined as 423 after missing value and extreme analysis. The sample consisted of 423 healthy adult participants, 313 women (74%) and 110 men (26%) aged between 18-60 years.

Data Collection Tools

In the study, Interpersonal Problems Inventory (IPI), Childhood Trauma Scale (CTS-33), Emotion Regulation Difficulty Scale-Short Form (ERDS-16) and Short Psychological Resilience Scale (SPRS) and Sociodemographic Information Form were used as data collection tools in the study.

Sociodemographic Information Form

It is a form created by the researchers in line with the relevant studies in the literature within the scope of the research carried out, and in which information is requested about the questions about the gender, age, marital status, educational status and family of the participants.

Emotion Regulation Difficulty Scale-Short Form (ERDS-16)

The dysregulation of emotion short form developed by Bjureberg et al. (2006) is a 16-item short form of the 32-item dysregulation scale developed by Gratz and Roemer (2004). DDQ-16 is used to assess various aspects of emotion regulation difficulties. They consist of five sub-dimensions: openness (clarity), goals (goals), drive, strategies and rejection. In the original study of Bjureberg et al. (2016), Cronbach's alpha internal consistency coefficient was found to be .92, and Cronbach's alpha internal consistency coefficient for subscales was found to vary between .78 and .87. Its translation into Turkish was carried out by Rugancı and Gençöz (Yiğit & Yiğit, 2019).

In the current study, the Cronbach's alpha value of the scale was found to be .94. It was determined as .82, .83, .88, .89 and .83 for the sub-dimensions of openness, goals, impulse, strategies and rejection, respectively.

Childhood Trauma Scale (CTS-33)

CTS-33 is a retrospective scale used to evaluate the maltreatment of individuals by their family members during their childhood. In the 33-item scale, CT was collected under six subheadings: physical abuse, emotional abuse, physical neglect, emotional neglect, sexual abuse, and excessive protection-control. The Cronbach's alpha value of the CTTS-33 total score was 0.87 and the Gutman split-half coefficient was 0.69. (Shar, Nacef, Mutluer, Parnis & Kurtça, 2021).

In the current study, the Cronbach's alpha value of the scale was found to be .80. emotional in turn abuse, physical abuse, physical neglect, emotional neglect and sexual abuse Cronbach's alpha values were determined as .73, .82, .70, .77 and .90. The Cronbach's alpha value of the overprotection sub-dimension was determined as .54 and it was not included in the analysis because of its low reliability.

Interpersonal Problems Inventory (IPI)

Interpersonal problems inventory is a 5-point Likert-type scale that evaluates different difficulty areas in

interpersonal functioning, and consists of 8 subscales, each of which consists of 4 items, and a total of 32 items. It is a short form developed by preserving the structure of the 64-item scale. The subscales of IPI, whose total score assesses general interpersonal difficulty level and stress, were named as Dominant-Controlling, Intrusive-Needy, Extremely Altruistic, Over-adaptive, Self-Defensive, Socially withdrawn, Cold-Distant, and Vengeful-Egocentric. High scores on the total scale and subscales indicate an increase in the level of interpersonal stress and certain interpersonal difficulties. The internal consistency coefficient (Cronbach Alpha) and test-retest consistency of the original inventory were given as 0.93 and 0.78, respectively. The subscale internal consistency ranges from 0.68 to 0.87 (Leary, 1957). The validity and reliability studies of the scale were carried out by Akyunus and Gençöz (2016). As a result of the study, it was stated that the Interpersonal Problems Inventory, which evaluates the general level of interpersonal difficulty and the stress arising from various interpersonal problems, has good internal consistency, test-retest and two-half-test reliability coefficients (Akyunus & Gençöz, 2016).

In the current study, the Cronbach's alpha value of the scale was found to be .89.

Short Psychological Resilience Scale (SPRS)

The scale developed by Smith et al. (2008) to measure the psychological resilience of individuals is a 5-point Likert-type, 6-item, self-reported measurement tool. High scores on the scale indicate high psychological resilience. The reliability of the scale was calculated with internal consistency and test-retest methods. Accordingly, the internal consistency reliability coefficient was found to vary between .80 and .91. The test-retest reliability coefficient was found between .62 and .69. The validity and reliability study of the scale was carried out by Doğan (2015). The psychometric properties of the scale were examined using internal consistency, exploratory and confirmatory factor analysis, and criterion-related validity methods. As a result of exploratory and confirmatory factor analysis, it was concluded that the scale had a single factor structure. The internal consistency coefficient for SPRS was found to be .83 (Doğan, 2015).

In the current study, the Cronbach's alpha value of the scale was found to be .63.

Process

After the approval of Marmara University Social Sciences Research Ethics Committee, dated 17.03.2021, numbered 2021-9 and Protocol numbered 2021-1/10, the scale and sociodemographic form used in the research was turned into a questionnaire and the online form created, social media connections of researchers on the internet and It was collected through sharing in e-mail groups. The participants in the study were informed about the research carried out and their consent was obtained that they participated in the study voluntarily. Data collection was carried out between March 2021 and April 2021. Informed consent form was presented to the participants at the beginning of the study, and then the Sociodemographic Information Form, CTS-33, IPI, ERDS-16 and SPRS were brought together and presented in the form of a questionnaire, respectively. It took 10-15 minutes to complete the scale questions in the study.

In the research conducted with the relational screening model, the data obtained from the questionnaires applied

to the participants who approved to participate in the research were analyzed with the SPSS 25 program. Pearson correlation analysis was used to examine the relationships between childhood trauma types, emotional regulation difficulties, psychological resilience and interpersonal problems in the analyses. Multiple regression and simple regression analyzes were applied to evaluate whether childhood trauma types, emotional

dysregulation and psychological resilience have predictive power for interpersonal problems.

Results

Frequency and percentage values for the sociodemographic data of the sample were calculated and the results are presented in Table 1.

Table 1. Findings Regarding the Socio-Demographical Characteristics of the Participants

Variable		Frequency	Percentage
Gender	Woman	313	74
	Men	110	26
Age Range	Young(18-25)	127	30
	Medium(26-39)	165	39
	Large(40-60)	131	31
Education Level	Primary School	6	1.4
	Middle School	5	1.2
	High School	112	26.5
	University	234	55.3
	Master	61	14.4
	Doctorate	5	1.2
Mother Education	Illiterate	32	7.6
	Literate	27	6.4
	Primary School Graduate	123	29.1
	Secondary School Graduate	33	7.8
	High School Graduate	112	26.5
	University	96	22.7
Father Education	Illiterate	8	1.9
	Literate	65	15.4
	Primary School Graduate	102	24.1
	High School Graduate	97	22.9
	University	151	35.7
Marital Status	Married	185	43.7
	Single	214	50.6
	Divorced/Widowed	24	5.7
People Living	With Spouse And Children	175	41.4
	If There Are Parents, With Siblings	153	36.2
	With Separated Children	15	3.5
	With Someone Of The Opposite Sex	7	1.7
	Close Relative	5	1.2
	With Friends	15	3.5
	Alone	42	9.9
Number of Siblings	No Sister/Brother	44	10.4
	One Sister/Brother	207	48.9
	Two or More Sisters/Brothers	172	40.7
Birth Order	First	184	43.5
	Second	164	38.8
	Third	43	10.2
	Fourth or More	29	6.9

Parent's Divorce Before The Age Of 18	Yes	22	5.2
	No	401	94.8
Monthly Income Status	2.826 TL and less	83	19.6
	2.827 TL- 5.500 TL	132	31.2
	5.501 TL -8.000 TL	107	25.3
	8.001 TL- 11.000 TL	55	13.0
	11.000 TL and more	46	10.9
Being Born as a Result of Desired Pregnancy	Yes	328	48.2
	No	95	51.8
Alcohol Use Status	Yes	204	48.2
	No	219	51.8
Have A Psychological Illness	Yes	48	11.3
	No	375	88.7
Working Status	Yes	235	55.6
	No	188	44.4
Status of Receiving Psychological Support	Yes	38	9.0
	No	385	91.0

Accordingly, when the gender distribution is examined, there are 313 female participants (74%) and 110 male participants (26%). 39% (N:165) of the participants are in the middle age range (26-39 years old), 30% (N:127) are in the young age group (18-25 years), and 31% (N:131) are 40- It is in the age range of 60. When the education level is examined, most of the participants (55.3%) are university graduates, 26.5% are high school graduates, and 14.4% are graduates. Those who graduated from doctorate, primary and secondary schools were determined as 1.2%, 1.4% and 1.2%, respectively. At the education level, the education level of the parents of the participants was also examined and according to this, the majority of the mothers (29.1%) graduated from primary school and the majority of the fathers (35.7%) graduated from university. 50.6% of the participants are single, 43.7% are married, 41.4% live with their spouse and children, 36.2% live with their parents and siblings, most of them (48.9%) have two siblings. While 94.8% of the participants did not divorce their parents before the age of 18 and were living together, the majority (43.5%) declared that they were born as a result of their first child and an unwanted pregnancy (51.8%). The rate of alcohol use is approximately similar. While the participants who used alcohol were 48.2%, the rate of non-smokers was 51.8%. While the participants with a working life (55.6%) constitute the majority, there is also the group of those who do not have a psychological illness diagnosis (88.7%). However, the rate of participants who stated that they received psychological

support although they were not diagnosed with a psychological disease was determined to be higher (91.0%). Finally, the monthly income of the participants was determined to be 31.2%, at the highest level that can be considered low income.

According to the results of Pearson correlation analysis conducted to examine the relationships between interpersonal problems and childhood traumas, difficulty in emotion regulation and resilience, it was determined that interpersonal problems were positively correlated with childhood traumas. Accordingly, emotional abuse ($r = .39$, $p < .01$) was moderately positive, physical abuse ($r = .16$, $p < .01$) was weakly positive, and physical neglect ($r = .24$, $p < .01$) was weakly positively correlated, moderately positively correlated with emotional neglect ($r = .38$, $p < .01$), and low positively correlated with sexual abuse ($r = .23$, $p < .01$). Interpersonal problems and difficulty in emotion regulation showed a positive significance. Accordingly, openness ($r = .49$, $p < .01$) sub-dimensions of difficulty in emotion regulation were moderate in the positive direction, goals ($r = .43$, $p < .01$) were strong in the positive direction, and impulse ($r = .47$, $p < .01$) was found to be strongly positively correlated, strategies ($r = .56$, $p < .01$) were positively correlated, and rejection ($r = .54$, $p < .01$) was positively correlated with interpersonal problems. Finally, interpersonal problems and resilience ($r = -.10$, $p < .05$) were found to be negatively and weakly correlated. The results are shown in Table 2.

Table 2. Correlation Analysis Results Regarding the Dimensions of Interpersonal Problems Inventory, Psychological Resilience, Difficulty in Emotion Regulation, and Childhood Psychological Traumas

	1	2	3	4	5	6	7	8	9	10	11	12
1 Interpersonal Problems Inventory	1											
2 Psychological Resilience	-,100*	1										
3 Emotional Abuse	,390**	-0,035	1									
4 Physical Abuse	,164**	0,038	,500**	1								
5 Physical Neglect	,244**	-0,024	,256**	,290**	1							
6 Emotional Neglect	,385**	-0,087	,575**	,247**	,411**	1						
7 Sexual Abuse	,238**	0,034	,340**	,356**	,118*	,156**	1					
8 Openness	,496**	-0,056	,282**	,228**	0,084	,249**	,190**	1				
9 Goals	,439**	-,217**	,313**	0,048	0,008	,293**	,186**	,436**	1			
10 Impulse	,477**	-0,079	,325**	,166**	0,088	,269**	,251**	,509**	,636**	1		
11 Strategies	,567**	-,104*	,358**	,197**	0,076	,297**	,280**	,570**	,704**	,776**	1	
12 Rejection	,546**	-0,081	,306**	,144**	,120*	,317**	,274**	,456**	,580**	,726**	,790**	1

*p<0.05 **p<0.01

The results of multiple regression analysis regarding the predictor of childhood psychological traumas in interpersonal relationship problems are shown in Table 3.

Table 3. Multiple Regression Analysis Results on the Prediction of Childhood Psychological Traumas in Interpersonal Problems

Variable	B	SS	B	t	p
Emotional Abuse	.045	.011	.243	4.010	.000
Physical Abuse	-.025	.015	-.089	-1.686	.093
Physical Neglect	.027	.012	.108	2.224	.027
Emotional Neglect	.034	.010	.201	3.540	.000
Sexual Abuse	.028	.009	.143	3.019	.003

R = .467 R² = .218, Regulated (R² = .21, F(5, 417) = 23.26, p <.05)

When the results were evaluated, it was found that childhood traumas explained 20.9% of the variance on interpersonal problems ($R^2 = .21$, $F(5, 417) = 23.26$, $p < .05$). Emotional abuse ($\beta = .04$, $p < .05$), physical neglect ($\beta = .02$, $p < .05$), emotional neglect ($\beta = .03$, $p < .05$), and sexual abuse ($\beta = .02$, $p < .05$) predicted interpersonal problems significantly positively, while physical abuse ($\beta = -.02$, $p < .05$) predicted significantly and negatively.

Difficulty in emotion regulation was found to explain 39% of the variance on interpersonal problems ($R^2 = .39$, $F(5, 417) = 53.85$, $p < .05$). From the sub-dimensions of difficulty in emotion regulation, openness ($\beta = .06$, $p < .05$), strategies ($\beta = .02$, $p < .05$), dimensions of rejection ($\beta = .04$, $p < .05$), interpersonal problems were significantly positive. direction was detected. The results are presented in Table 4.

Table 4. Results of Multiple Regression Analysis on the Prediction of Difficulty in Emotion Regulation in Interpersonal Problems

Variable	B	SS	<i>B</i>	<i>t</i>	<i>p</i>
Openness	.066	.012	.254	5.42	.000
Goals	.009	.010	.054	.990	.323
Impulse	-.006	.011	-.036	-.561	.575
Strategies	.021	.008	.204	2.56	.011
Rejection	.044	.011	.264	4.05	.000

According to the results of the simple linear regression analysis regarding the predictor of resilience in interpersonal relationship problems, it was determined that

resilience explained 01.0% of the variance ($R^2 = .01$, $F(1, 421) = 4.25$, $p < .05$). The findings are presented in Table 5.

Table 5. Simple Linear Regression Analysis Results on the Prediction of Resilience in Interpersonal Relationship Problems

Variable	B	SS	<i>B</i>	<i>t</i>	<i>p</i>
Psychological Resilience	-.08	.041	-.100	-2.06	.040

$R = .100$ $R^2 = .010$, Regulated ($R^2 = .01$, $F(1, 421) = 4.25$, $p < .05$)

Discussion

According to the results of multiple regression analysis, the explanatory power of childhood traumas on interpersonal problems was found to be 20%. According to the current research findings, the types of childhood trauma that significantly predicted interpersonal problems were determined as emotional abuse, physical neglect, emotional neglect and physical neglect. In addition, it was determined that the variables with the highest predictive power among these trauma types were emotional abuse and emotional neglect. Our finding is supported by the literature. There are studies in the literature showing that the childhood trauma sub-dimension, which has the highest predictive power of interpersonal problems, is emotional abuse and emotional neglect (Poole & Dobson, 2018). Similar results were obtained in a recent study, and it was reported that emotional abuse had a greater effect on interpersonal problems than physical abuse and sexual abuse (Christ & De Waal, 2019). In connection with this situation, some researchers have tried to clarify this situation by arguing that emotional abuse may particularly harm adult adjustment, as it often occurs in conjunction with other forms of abuse and thus intensifies the impact of the abuse experience (Poole, Dobson, Dobson, & Pusch,

2017). Both verbal and nonverbal negative behaviors experienced in childhood also affect attitudes towards other people in adulthood (Christ & De Waal, 2019). When evaluated in this context, it can be considered as an important factor that emotional abuse and emotional neglect lead to negative self-perception, which will negatively affect self-esteem and trust in relationships in interpersonal relationships (Finzi-Dottan & Karu, 2006). The high probability of emotional abuse occurring together with other trauma types and its normalization in the society when compared with different types of trauma can be considered as an important risk factor for people who are exposed to this abuse experience to repeat the emotionally abusive behaviors they experienced during their childhood in their relationships.

When the possibility of co-occurrence of different trauma types is considered, it has been observed that traumatic experiences such as physical abuse and physical neglect do not have an effect on interpersonal problems alone, and that these trauma experiences have a significant effect when they are mostly experienced together with emotional trauma (Huh, Kim, Yu. & Chae, 2014). The fact that physical abuse was the only trauma sub-dimension that did not have a predictive effect on interpersonal problems in

the current study can be explained by the low effectiveness of this type of abuse on interpersonal problems on its own.

According to the results of the current study, it was determined that all trauma dimensions except physical abuse are important predictors of interpersonal problems. Accordingly, it should be evaluated that people who have experienced childhood trauma can control their interpersonal relationships to a certain extent, try to resolve the emotional conflict associated with the trauma, or have the potential to be the initiator of traumatic relationships (Reviere & Bakeman, 2001).

When the multiple regression analysis findings of the study were evaluated, it was found that the variable that had the most effect on interpersonal problems was the difficulty in emotion regulation, which had an explanatory level of 38%. In the study, the sub-dimensions of difficulty in emotion regulation that predict interpersonal problems were determined as openness, strategies and refusal. Openness, which is one of the sub-dimensions of difficulty in emotion regulation, is the dimension with the highest power to explain interpersonal problems in the current study. Looking at the studies in the literature, it is seen that there is a relationship between the increased ability to describe emotions and positive characteristics such as accommodating, self-sacrificing and not withdrawing in general interpersonal relationships (Keating, Muller & Classen, 2018). The strong effect of increasing emotional self-awareness on interpersonal problems is associated with the ability of individuals to adapt to their own needs and to develop their ability to challenge habitual interpersonal behavior patterns (Keating, Muller & Classen, 2018). However, the importance of defining emotions in terms of relational dimensions such as better verbalizing experiences and self-disclosure was also emphasized. When evaluated in this context, it is seen that being aware of and expressing the emotional needs of both oneself and others are important elements for reducing interpersonal conflicts or resolving them in healthy ways. In addition, it should be taken into account that difficulties in both expressing and describing emotions reach extreme dimensions, which may mean alexithymia, which leads to emotional separation from traumatic events along with dissociation (Moormann, Albach & Bermond, 2012).

When the results of simple linear regression analysis were evaluated, it was determined that the predictive power of psychological resilience was significant but at a low level. When the studies in the literature are evaluated, it is seen that there are limited number of studies investigating the effects of psychological resilience on interpersonal problems. In this sense, although the predictive power of resilience is low in the current study, it gains importance in terms of providing a new finding to the literature. Our study findings are in line with the studies in the literature investigating the effectiveness of psychological resilience on interpersonal relationships. There are studies showing that individuals with high levels of psychological resilience have strong interpersonal relationships (Lee & Wu, 2020). In the literature, there are also studies that examine the effects of psychological resilience through different variables rather than directly on interpersonal

problems. In a previous study, it was reported that people with a strong source of social support have more reliable relationships with others, have higher self-confidence, and have higher resilience in relationships due to their high emotion regulation skills (Wills, Erin & Bantum, 2012). The fact that individuals with high psychological resilience have better coping mechanisms with painful emotions such as sadness, fear and anger, that they find this situation less hurtful when they encounter disturbing behaviors in their interpersonal relationships, and that they tend to be seriously affected are also important factors in reducing interpersonal problems. (Zhao, Lee & Chen, 2020).

Conclusion and Recommendations

The results of the current research show that emotion regulation difficulties with childhood traumas have a high predictive power of interpersonal problems, and that the psychological resilience variable has a significant effect on the predictive power of interpersonal problems, although at a low level. Dialectical behavior therapy, which focuses on the ability of individuals to develop their emotion regulation skills in handling interpersonal problems in clinical studies, schema therapy, which focuses on the long-term consequences of negative interpersonal problems, cognitive behavioral therapy techniques, which focus on the automatic and basic beliefs that the person develops towards himself, the other and the world in childhood traumas are an eclectic combination of it is thought that it would be beneficial to organize it as a therapeutic intervention program.

In addition, it is thought that the long-term results of the psychoeducation programs to be organized and the health policies to be carried out for the prevention of childhood traumas and the strengthening of emotional recovery skills and psychological resilience levels are important in terms of protecting the mental health of the community. If regular and long-term psychoeducation and social support programs are carried out regularly in institutions such as schools, municipalities, and non-governmental organizations, they can play an active role in social and individual awareness.

Declarations

Ethics Approval and Consent to Participate

This study was approved by Marmara University Ethics Committee's 2021-9 and Protocol numbered 2021-1/10 Decision.

Consent for Publication

Not applicable

Availability of Data and Materials

Not applicable.

Competing Interests

The author declares that no competing interests in this manuscript.

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Authors' Contributions

EY, contributed to the design of the research, the creation of the methodology, the review of the datasets, the literature reading, the writing and presentation of the article. UB, contributed to data collection and analysis, literature reading, writing and presentation of the article. All authors have read and approved the final article.

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