

## The Role of Childhood Traumas, Emotional Self-Efficacy and Internal-External Locus of Control in Predicting Psychological Resilience

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### ABSTRACT

Psychological resilience is a broad concept that can be evaluated in the context of past experiences, emotional experiences and control mechanisms shaped by internal or external factors. In this study, the role of childhood traumas, emotional self-efficacy and the internal-external locus of control were investigated in predicting psychological resilience. The study included a total of 291 participants (208 females and 83 males) with average age of 20.29 ( $SD = 2.59$ ). Childhood Trauma Questionnaire, Emotional Self-Efficacy Scale, Internal-External Locus of Control Scale and Psychological Resilience Scale were used to collect data from participants. As a result of simple linear regression analysis, childhood traumas experiences, emotional self-efficacy and internal locus of control predicted resilience significantly among university students. Also, there was significant positive relationship between emotional self-efficacy, locus of control and resilience. On the other hand, resilience and childhood traumas were correlated negatively. The findings of the study are discussed at the end. The protective factors related to psychological resilience should be considered in a versatile way to understand its fundamental structure.

**Key words:** Childhood Trauma, Emotional Self-Efficacy, Locus of Control, Resilience

### INTRODUCTION

Individuals' potentials, strengths, internal resources, emotional self-efficacy and positive characteristics are outstanding features to understand resilience. Psychological resilience is defined as a dynamic process in which individuals adapt healthily despite experiencing severe difficulties or trauma (Luthar, Cicchetti & Becker, 2000). Resilience has been defined as recovery after exposure to a serious challenge or threat (Masten, 2001) and healthy fit (Cutuli & Masten, 2009). As it is seen, definitions on psychological resilience indicate the ability to maintain a high level of psychological function and to adapt healthily after being exposed to trauma or serious stress (Bonanno, Westphal & Mancini, 2011; Southwick, Charney, Friedman & Litz, 2011). Accordingly, resilience is not just the absence of psychopathology after these events. Resilience is a broad concept that includes the ability to survive or recover from heavy challenges to resist them. In human development, Cutuli and Masten (2009) stated that resilience research focuses on three different situations: a. functioning well during severe difficulties (resilience to stress) b. returning to previous levels of good functioning after traumatic or seriously destructive experiences (recovery) and c. demonstrating normal compliance when there is improvement in severe difficulties (normalization). Therefore, it is seen that the concept of resilience is handled together with trauma.

Exposure to traumatic events or important life stressors is a necessary prerequisite for resilience (Southwick et al., 2011). Trauma is defined as a real or intimidating encounter with the threat of death, serious injury or sexual assault (American Psychiatric Association, 2013). Child abuse and neglect that are all actions or inaction of the adults towards the child, taken into consideration within the concept of trauma, are viewed as inappropriate and harmful by social rules and experts due to causing damage to various stages of child's development and endangering health and safety (Taner & Gökler, 2004). Child abuse and neglect are handled in a wide range of developmental, medical, social, psychological and legal dimensions (Polat, 2001). Child abuse and neglect, based on definitions, is classified as physical abuse, sexual abuse, emotional abuse and neglect. Physical abuse includes behavior such as beating with or without an object, burning, biting and shaking, and forcing a caustic substance to eat; emotional abuse refers to behaviors such as humiliation, mocking, threatening while neglect indicates that the basic needs of the child are not met (Moeller, Bachmann & Moeller, 1993; Şahin, 2009). Sexual abuse is the use of the child for sexual satisfaction by an adult or another child to whom the child is related in terms of responsibility, care and power because of his or her age and development (Dağlı & İnanıcı, 2010). Childhood abuse and neglect, which

constitutes the most important among traumatic experiences, causes more destructive effects than negative experiences such as natural disasters and fire (Lancaster, Melka & Rodrigez, 2009; Şar, 2009). When this situation is evaluated in terms of age, while traumatic experiences cause corrosion for adults on their personalities as their personality is already shaped, repetitive trauma exposure in childhood shapes and distorts the child's personality. The child who is in this state tries to experience some circumstances such as trust, power and control (Herman, 2015). Thus, such traumatic experiences in childhood are constantly processed by being on the agenda of the child and carried to adult life (Şar & Öztürk, 2007). In trauma experience, there is a distinct difference between the situation and the coping capacity of the individual (Fischer & Riedesser, 1999). Some individuals appear to be more successful and use better coping strategies than others in tackling and overcoming these difficulties so that this raises the concept of psychological resilience.

Heller et al. (1999) reviewed the current research literature on the resistance to maltreatment in childhood and adolescence in their study and they stated individuals whose psychological resilience is high also have above-average cognitive abilities, high self-esteem, inner locus of control, external attribution to blame, presence of spirituality, ego resilience and high ego control. One of the comprehensive studies on psychological resilience is the longitudinal study of Werner and Smith (1982), which was based on the observation technique and conducted with more than 200 children living on the island of Kauai in Hawaii. The study indicated that approximately one third of the children were self-sufficient, caring and self-confident. Garnezy (1993) described a number of personal traits that affect resilience in a study of youth with poverty. These features are high social skills, positive peer and adult interaction, high social responsiveness and sensitivity, intelligence, empathy, humor ability, high self-esteem, inner locus of control and critical problem-solving skills.

The socio-demographic environment in childhood can pose risks in many ways. For example, the fact that children living in poor regions are academically sound may lead to a disadvantage in terms of language and literacy. The psychosocial strength of children and their attachment to their parents with stronger ties are important predictors of children's language learning and literacy skills (Maier, Vitiello & Greenfield, 2012). It is possible that children who cannot establish a safe connection with their parents during childhood and experience problematic behaviors by their parents will have difficulties in school life. On the other hand, there are significant positive relationships between the language and literacy skills of children who display positive behavioral, emotional and social attitudes (Peth-Pierce, 2000). In addition, there may be measurable effects on the cognitive functions of children who have not received sufficient cognitive stimuli, neglected and abused. Indeed, the low reading and spelling performance of children is a finding that reflects it (Rees, 2013). Along with the contribution of being psychosocially strong to the academic and literacy dimensions, psychological resilience is also addressed in terms of

emotional literacy. Emotional literacy includes skills that include awareness, naming, meaning, and reaction of emotions (Pearson & Wilson, 2008). With the development of both academic and emotional literacy skills, it can be ensured that children are more resilient at a later age. In this regard, the environment in which children are raised and their experiences in childhood become prominent.

In psychological resilience studies, the factors affecting the development of psychological resilience have been tried to be determined and revealed and these factors have been named as "protective factors". Protective factors define situations that reduce or eliminate the impact of risk or difficulty and improve healthy compliance and individual competencies (Masten, 1994). In a study by Werner and Smith (1982), personal qualities and behaviors such as docile temperament, high intelligence, inner locus of control, high self-esteem and strong self-efficacy were defined as protective factors contributing to the development of resilience, even if they are not essential. In addition, the increase of self-esteem and self-efficacy with supportive relationships is emphasized. For this reason, when the emotional climate of the family includes warmth, love, emotional support and structure, it leads the formation of resilience. Besides, emotional intelligence has been found to be an important predictor of psychological resilience (Aydın, 2010). Accordingly, it is evaluated that the emotional self-efficacy levels of individuals based on adverse situations that cause distress, that is their ability to perceive, understand, support and regulate their own and others' emotions would be higher. Emotional self-efficacy, including perception, understanding, support and regulation of emotions, is included in the study since it plays a decisive role in the psychological resilience of the individual.

Petrides and Furnham (2001, 2003) stated that emotional intelligence has two main aspects: emotional intelligence (emotional self-efficacy) as personal characteristics and emotional intelligence (cognitive-emotional ability) as talent. Petrides and Furnham (2003) also marked that emotional self-efficacy includes behavioral tendencies and self-perceptions of the person concerned with emotional functionality. Kirk, Schutte, and Hine (2011) noted that self-perceptions about emotional functionality include emotional self-efficacy, but emotional functionality also includes other aspects of self-perception and other tendencies. Therefore, they put forward that emotional self-efficacy is a feature or quality of emotional intelligence and emotional functionality cannot be considered the same as emotional self-efficacy. Since self-efficacy is an important predictor of functionality specific to a particular area, emotional functionality can also affect the results related to self-efficacy, real emotional processes and harmonious, and incompatible emotional functionality (Kirk, Schutte, & Hine, 2008). Muris (2002) defines emotional self-efficacy as a person's ability to cope with negative emotions. Emotional self-efficacy beliefs are functionalized as individuals' ability to prevent them from negative emotional states (e.g., preventing individuals from irritability, suppressing negative thoughts) or returning to a normal emotional state while experiencing a negative emotional state (e.g. self-indoctrination to achieve a positive attitude

or when you are afraid or feel anxious, making oneself calm (Bandura, 1997; Muris, 2002).

Another factor as important as understanding the predictive role of emotional self-efficacy in psychological resilience is the internal locus of control. In studies dealing with psychological resilience, it was stated that one of the personal characteristics affecting resilience is the internal locus of control (Garmezy, 1993; Werner & Smith, 1982) and external control is observed in individuals with low resilience level (Klag & Bradley, 2004; Maddi & Khoshaba, 1994). The locus of control is addressed in the Social Learning Theory developed by Rotter (1954). This theory tries to reconcile two important theoretical approaches-Behavioral Theory and Cognitive Theory-in contemporary psychology. According to the Social Learning Theory, behavior is a function of (1) the signs of success or failure, (2) actualized results and (3) psychological conditions during its formation. The locus of control is related to the expectations developed by these variables regarding the behavior of the person (Dönmez, 1983).

In the social development process, the individuals develop quite consistent expectations about their own behaviors and results of actions, internal and external factors (Alisinanoğlu & Uluş, 2000). Rotter (1954) described these expectations as belief in the source of internal or external control, and named the areas as “locus of control” that the powers determining the positive or negative consequences (Dönmez, 1986; Tümkaya, 2001). Thus, people generalize their expectations of the results of their behavior based on one of the two trends. The first is expressed as the general expectation (or belief) that rewards and punishments are largely due to the individuals own actions and that their behavior is more effective than their emergence. This represents “internal control” and so those who possess this belief are described as “internally controlled”. The other is the general expectation with rewards and punishments that are applied, governed or supervised by other powers (e.g., God, fate, luck, other people, etc.) so that personal efforts will not be effective in achieving the reward and avoiding punishment and this refers to “external control” and those who possess this belief are described as “externally controlled” (Bozkurt & Harmanlı, 2002; Findley & Cooper, 1983; McIntyre, 1984). Internal control shows the belief that rewards come later depending on the behavior of individuals. Internal control is generally considered a positive feature since it is the result of great effort and success (Durak, 1997). Internally controlled persons act more independently. They have more power to deal with pressures from the environment and the family. They produce more constructive responses in the face of obstacles, have the power to decide on their own, and in case of any failure, they assume full responsibility (Ören, 1991).

Explanations about how children and young people become successful despite risky and abusive experiences are important for preventive studies (Gizir, 2016). Considering that psychological resilience is related to healthy adaptation; whatever experiences people have, they try to maintain their well-being. Addressing protective factors is important for preventive studies at different levels. Therefore, examining the factors affecting psychological resilience has come to the

fore as a prominent subject. Thus, these factors theoretically determined are thought to guide practitioners. This study aimed to investigate the role of childhood traumas, emotional self-efficacy and internal locus of control in predicting psychological resilience among university students in the light of the theoretical background mentioned above.

In line with this basic purpose, the research questions that are examined within the scope of the study are given below:

1. Do childhood traumas, emotional self-efficacy and internal locus of control predict psychological resilience significantly?
2. Is there a significant relationship between sub-dimensions of childhood traumas and psychological resilience?
3. Is there a significant relationship between sub-dimensions of emotional self-efficacy and psychological resilience?

## **METHOD**

### **Research Design**

Correlational research design is used in studies examining the mean differences and relationships between variables (Creswell, 2012). Since this study focuses on the relationships between childhood traumas, emotional self-efficacy, locus of control and psychological resilience, the study was designed with correlational research, which is one of the quantitative research types. The role of childhood traumas, emotional self-efficacy and the locus of internal control will be discussed in predicting psychological resilience.

### **Participant Characteristics**

This study was conducted with 291 participants, 208 females and 83 males. Participants were determined with the convenience sampling technique for the study. In convenience sampling participants who are voluntary and available for the study are reached (Creswell, 2012). The study group was comprised of voluntary students attending university in Istanbul and Edirne for the main purpose of the research.

### **Instruments**

In the study, Childhood Trauma Scale (CTQ 28), Emotional Self-Efficacy Scale, Psychological Resilience Scale - III R and Rotter Internal-External Locus of Control Scale were used as data collection tools.

### **Psychological resilience scale - III R**

It was developed by Maddi and Khoshaba (1994), and was adapted to Turkish version by Durak (2002). The scale consists of 12 four-point Likert type items (0 is not true at all, 3 is very accurate). Within the scope of construct validity, the relationship between the total score obtained from the scale and the sub-scale scores and total score of the Multidimensional Social Support Perception Scale, the sub-scale scores of the Coping Path Scale, the Brief Symptom Inventory total score, and the Life Status Inventory total score of the university students were examined. As a result,

It was found that there was a negative relationship between psychological resilience total score and stress symptoms and emotion-oriented coping, a positive relationship with problem-oriented coping and social support perception. For the scale's reliability study, the item total score correlation and the internal consistency coefficient were calculated. Item total score correlations of 6 items of the original scale consisting of 18 items were removed from the scale because they were below .20. Accordingly, the item's total correlation coefficients of the scale vary between .23 and .50. The internal consistency coefficient of the scale was found to be .68 (Durak, 2002).

#### **Childhood trauma scale**

It is a self-report scale for assessing adults' abuse and neglect they experienced during childhood and adolescence. This scale is in short form. The sub-dimensions of scale are minimization, sexual abuse, emotional abuse, physical abuse, physical neglect, emotional neglect. The internal reliability of the scale was calculated as .93. Guttman was found to be .97. The test-retest correlation was .90. For the structural validity of the scale, dissociation relationship was examined and it was found .48, significantly related. Five factors explain 72.5% of the total variance (Şar, Öztürk & İkkardeş, 2012).

#### **Emotional self-efficacy scale**

The initial item pool of the scale was prepared by Kirk, Schutte and Hine (2008) based on the studies of Mayer and Salovey (1997) and Mayer, Salovey and Caruso (2004). It was adapted to Turkish version by Totan, İköz and Karaca (2010). For the scale, a four-factor structure-sensing emotions, using emotions as supportive of thought, understanding emotions, and organizing emotions- was proposed. The scale consists of 32 five-point Likert type (1 not at all, 5 a lot) items. Cronbach's alpha internal consistency reliability coefficient of the scale is .96. The test-retest internal reliability coefficient performed at two-week intervals was found to be .85. Validity was examined through explanatory and confirmatory factor analysis. Explanatory factor analysis results showed 31.78% of total variance explained and factor loadings of items were above .30. Confirmatory factor analysis results indicated that RMSEA was below .08 and NFI, CFI, IFI and RFI were above .90. (Totan, İköz & Karaca, 2010).

#### **Rotter internal external locus of control scale**

The Internal-External Locus of Control Scale of Rotter (1966) was adapted to Turkish version by Dağ (1991). There are 29 items in the scale and each item has two options. Six of these items were planned as fillers to hide the purpose of the scale. The remaining 23 items are given 1 point each for their external options. The score that can be obtained from the scale varies between 0-23, and the increase in the score indicates that the belief about locus of external control has increased. The test-retest reliability coefficient of scale was .83. The reliability coefficient of the scale calculated with

KR-20 technique was .68 and the Cronbach alpha internal consistency coefficient was found as .71 (Dağ, 1991).

#### **Procedure and Data Analysis**

The application of the data collection tools used in the study was carried out in the first semester of 2018-2019 school year. The Childhood Trauma Scale (CTQ 28), Emotional Self-Efficacy Scale, Psychological Resilience Scale - III R and Rotter Internal-External Locus of Control Scale used in the study were given to individuals as a single form. Participants were informed about the study before application of the scales. In the application process, forms including missing data were determined and after the application, these forms were removed from the study.

While collecting the research data, the participants were informed verbally and by written form of informed consent within the framework of the principle of voluntary participation and confidentiality. The data were collected both physically and online. The psychological resilience, childhood traumas, emotional self-efficacy and internal-external locus of control levels were determined with the measurement tools used in the study. Firstly, it was determined whether the distribution was normal by testing with the skewness and kurtosis coefficients. Correlations between dependent variable and independent variables were calculated by Pearson's *r*. As the predictors of psychological resilience, childhood traumas, emotional self-efficacy and internal-external locus of control were examined separately with simple linear regression analysis.

#### **RESULTS**

The mean and standard deviations of the participants' childhood traumas, emotional self-efficacy, internal-external locus of control and psychological resilience scores were calculated by gender. Accordingly, the mean of childhood traumas of females was 32.45 (*SD* = 9.16) and males was 33.06 (*SD* = 7.96). Emotional self-efficacy means were calculated as 119.42 (*SD* = 16.94) for females and 117.90 (*SD* = 18.02) for males. The mean of internal-external control focus of females was 12.78 (*SD* = 4.02) and of males was 11.60 (*SD* = 3.20). Looking at the mean scores of psychological resilience, it was found 22.76 (*SD* = 4.54) for females and 23.11 (*SD* = 4.50) for males. Means by gender, standard deviations and standard error values of means are given in Table 1.

When distribution of birth order was taken into consideration, 11% of the participants were only children (*N* = 33), 40% were first children (*N* = 117), 29% were middle children (*N* = 84) and 20% were last children (*N* = 57). Mean scores and standard deviations by birth order are given in Table 2. Accordingly, in terms of childhood traumas, the mean score of single children was 30.03 (*SD* = 6.03), the mean score of the first children was 31.92 (*SD* = 8.67), the mean score of the middle children was 33.50 (*SD* = 9.99) and mean score of the last children was 34.30 (*SD* = 8.38). While the emotional self-efficacy mean score of single children was 119.30 (*SD* = 13.88), the emotional self-efficacy

**Table 1.** Means, standard deviation and standard error of mean of childhood trauma scale, emotional self-efficacy scale, locus of control scale and psychological resilience scale according to gender

Descriptives	CT		ESE		LOC		PR	
	Female	Male	Female	Male	Female	Male	Female	Male
N	208	83	208	83	208	83	208	83
M	32.452	33.060	119.423	117.904	12.779	11.602	22.755	23.108
SE of M	0.635	0.873	1.175	1.978	0.279	0.351	0.315	0.494
SD	9.163	7.958	16.942	18.017	4.020	3.197	4.539	4.505

N: Sample size, M: Mean, SEM: Standard error of mean, SD: Standard deviation, CT: Childhood trauma, ESE: Emotional self-efficacy, LOC: Locus of control, PR: Psychological Resilience

**Table 2.** Mean, standard deviation and standard error of mean of childhood trauma scale, emotional self-efficacy scale, locus of control scale and psychological resilience scale according to birth order

Variable	Birth order	N	M	SD	SE of M
CT	Only child	33	30.030	6.028	1.049
	First child	117	31.915	8.671	0.802
	Middle child	84	33.500	9.986	1.090
	Last child	57	34.298	8.375	1.109
ESE	Only child	33	119.303	13.878	2.416
	First child	117	119.838	16.343	1.511
	Middle child	84	119.083	19.554	2.133
	Last child	57	116.930	17.403	2.305
LOC	Only child	33	12.545	3.606	0.628
	First child	117	12.060	3.833	0.354
	Middle child	84	13.405	3.837	0.419
	Last child	57	11.754	3.781	0.501
PR	Only child	33	23.333	3.902	0.679
	First child	117	23.009	4.135	0.382
	Middle child	84	22.321	4.934	0.538
	Last child	57	23.053	5.016	0.664

N: Sample size, M: Mean, SEM: Standard error of mean, SD: Standard deviation, CT: Childhood trauma, ESE: Emotional self-efficacy, LOC: Locus of control, PR: Psychological Resilience

mean score of the first children was 119.84 (*SD* = 16.34), it was 119.08 (*SD* = 19.55) for middle children and it was 116.93 (*SD* = 17.40) for the last children. For internal-external locus of control, the mean score of only children was 12.55 (*SD* = 3.61), the mean score of the first children was 12.06 (*SD* = 3.83), the mean score of middle children was 13.41 (*SD* = 3.84) and the mean score of the last children was 11.75 (*SD* = 3.78). In addition, psychological resilience mean score of single children was 23.33 (*SD* = 3.90), of the first children was 23.01 (*SD* = 4.14), of the middle children was 22.32 (*SD* = 4.93) and of the last children was 23.05 (*SD* = 5.02).

There are assumptions to be met in order to calculate simple linear regression analysis and Pearson correlation coefficient. The assumptions of regression analysis are sample size, linearity, normal distribution, homoscedasticity, multicollinearity, autocorrelation and independence of

observation (Field, 2013). The sample size is an important issue to increase the reliability of the regression analysis. It was decided with the help of the formula ( $50 + 8 \times \text{independent variables}$ ) that the sample size was sufficient (Tabachnick & Fidell, 2013). Considering 3 independent variables and 9 sub-dimensions of these variables within the scope of the study, this assumption was provided. Then, the normality of the distribution was tested with skewness kurtosis coefficients (Table 3). Since the coefficients obtained were between -3 and +3, the scores showed a normal distribution. After that, it was checked whether multicollinearity assumption is achieved with Tolerance and VIF values. The VIF value was found to be below 10 and the Tolerance value was above 0.1, and the assumption that there was no connection between the independent variables was thus provided. Distributions were examined with scatter plots and it was determined that assumptions of linearity, normal distribution, homoscedasticity were provided. Relations between dependent variable and independent variable were examined with Pearson's *r* and it was found that these relations are linear. It was decided by looking at the Durbin Watson coefficient that the errors were independent from each other. It was observed that the Durbin Watson test result was around 2 and there was no autocorrelation between the errors.

Within the context of the study, the relationship between psychological resilience and childhood traumas, emotional self-efficacy and internal-external locus of control was investigated. Correlation coefficients between the dependent variable and independent variables were examined with Pearson's *r* and whether the independent variables predicted psychological resilience was tested by simple linear regression analysis. The findings are as follows:

There was a low negative correlation between psychological resilience and childhood traumas ( $r = -0.28, p < .001$ ). Based on this result, it can be stated that as childhood traumas increase, psychological resilience decreases. There was a moderate negative relationship between psychological resilience and internal-external locus of control ( $r = -0.48, p < .001$ ). This shows that as internal locus of control increases, psychological resilience increases. Finally, there was a moderate positive relationship between psychological resilience and emotional self-efficacy ( $r = 0.51, p < .001$ ). With this result, it can be said that as emotional self-efficacy increases, psychological resilience increases.

Childhood traumas consist of physical neglect, physical abuse, emotional neglect, emotional abuse and sexual abuse

sub-dimensions and the total score indicates the frequency of childhood trauma. Childhood traumas significantly predicted psychological resilience ( $R^2 = .08, F_{(1,289)} = 24.47, p < .001, \beta = -.28, t = -4.95$ ). Also, it was observed that the emotional neglect sub-dimension of childhood traumas predicted psychological resilience significantly. Other sub-dimensions were not variables that predicted psychological resilience separately. Simple linear regression analysis findings related to childhood traumas and their sub-dimensions are presented in Table 4.

Another independent variable that predicts psychological resilience significantly was emotional self-efficacy ( $R^2 = .26, F_{(1,289)} = 99.69, p < .001, \beta = .51, t = 9.98$ ). There were four sub-dimensions of emotional self-efficacy. These were organizing emotions, understanding emotions, using emotions as supportive of thought, and perceiving emotions. Organizing

emotions, using emotions as supportive to thought and understanding emotions significantly predicted psychological resilience among these four sub-dimensions. Simple linear regression analysis results on emotional self-efficacy and psychological resilience are given in Table 5.

When the relationships between psychological resilience and internal-external locus of control are examined; psychological resilience increases as the locus of internal control increases. In addition, internal-external locus of control was found to predict psychological resilience significantly ( $R^2 = .23, F_{(1,289)} = 85.77, p < .001, \beta = -.48, t = -9.26$ ) (Table 6).

**DISCUSSION**

In this study, the role of childhood traumas, emotional self-efficacy and internal-external locus of control on predicting psychological resilience were investigated. According to the results obtained, all variables were found to be significantly associated with psychological resilience. According to the results of the regression analysis, childhood traumas, emotional self-efficacy and internal-external locus of control predicted psychological resilience significantly.

In the related literature, similar to this study, there was a negative relationship between childhood traumas and psychological resilience (Akyıl, 2019; Aydın, 2018; Bindal, 2018; Küçük, 2019). Two of the most important factors in the development of psychological resilience of children are dimensions that include adequate level of warmth and appropriate control attitudes (MacDermid et al., 2008). In this regard, positive childhood experiences are effective in the formation and development of psychological resilience. On the other hand, it is known that individuals exposed to

**Table 3.** Skewness and kurtosis coefficients, tolerance and VIF values, and Durbin Watson statistic of the variables

Descriptives	CT	ESE	LOC	PR
N	291	291	291	291
Skewness	2.253	-0.055	0.015	-0.445
SE of skewness	0.143	0.143	0.143	0.143
Kurtosis	2.994	-0.206	-0.318	0.447
SE of kurtosis	0.285	0.285	0.285	0.285
Tolerance	0.950	0.875	0.916	-
VIF	1.053	1.143	1.092	-
Durbin Watson Statistic	1.637	1.875	2.054	-

N: Sample size, M: Mean, SEM: Standard error of mean, SD: Standard deviation, CT: Childhood trauma, ESE: Emotional self-efficacy, LOC: Locus of control, PR: Psychological Resilience

**Table 4.** Linear regressions between psychological resilience and childhood trauma experiences and their factors

Variable	R	R <sup>2</sup>	F	p	$\beta$	SE $\beta$	St. $\beta$	t	p
Model	0.28	0.08	24.471	<.001					
Childhood trauma					-0.143	0.029	-0.279	-4.947	<.001
Factors	0.31	0.10	6.246	<.001	26.467	1.192		22.205	<.001
Emotional abuse					-0.183	0.133	-0.109	-1.373	0.171
Physical abuse					-0.194	0.226	-0.058	-0.860	0.390
Emotional neglect					-0.271	0.085	-0.235	-3.193	0.002
Physical neglect					0.200	0.175	0.075	1.143	0.254
Sexual abuse					-0.028	0.114	-0.016	-0.245	0.807

Another independent variable that predicts psychological resilience significantly was emotional self-efficacy ( $R^2 = .26, F_{(1,289)} = 99.69, p < .001, \beta = .51, t = 9.98$ )

**Table 5.** Linear regressions between psychological resilience and emotional self-efficacy and their factors

Variable	R	R <sup>2</sup>	F	p	$\beta$	SE $\beta$	St. $\beta$	t	p
Model	0.51	0.26	99.685	<.001	7.040	1.601		4.398	<.001
Emotional self-efficacy					0.133	0.013	0.506	9.984	<.001
Factors	0.52	0.27	34.559	<.001	7.361	1.548		4.755	<.001
Using emotions to support thought					0.224	0.073	0.244	3.071	0.002
Regulation of emotions					0.159	0.069	0.180	2.307	0.022
Understanding of emotions					0.126	0.061	0.152	2.066	0.040

**Table 6.** Linear regressions between psychological resilience and internal-external locus of control

Variable	R	R <sup>2</sup>	F	p	β	SE β	St. β	t	p
Model	0.48	0.23	85.777	<.001	29.878	0.793		37.663	<.001
Locus of control					-0.564	0.061	-0.478	-9.262	<.001

physical, emotional and sexual abuse in childhood exhibit ongoing dysfunctional behaviors in later ages. Therefore, effective treatment programs need to address family functionality and maltreatment for children (Finkelstein et al., 2005). One of the permanent factors that negatively affect children’s psychological resilience is the maltreatment of primary caregivers or parents towards their children. It is known that parents who exhibit these behaviors generally have one of mental health diseases, have problems in marriage or have a history of abuse (Luthar, 2006).

On the other hand, it has been found in findings of different studies that children, who have been abused and neglected, develop psychological resilience (Collishaw et al., 2007; McGloin & Widom, 2001). Psychological resilience moderates the relationship between emotional neglect and childhood psychiatric symptoms (Campbell-Sills, Cohan & Stein, 2006; Wingo et al., 2010). When we look at the definition of psychologically resilient person, resistant individuals are those who are exposed to trauma and significant stress sources, but who are able to adapt well despite traumatic experiences (Bonanno et al., 2006; Masten, 2001; Southwick et al., 2011). For this reason, psychological resilience is considered as a protective factor against behavioral disorders due to trauma (Almedom, 2008; Yehuda, 2004). Some children who are exposed to trauma in childhood may have almost no symptoms in the following years. In addition, children with relatively less intensive trauma may show more symptoms in the following years. In this trauma-induced diversity, psychological resilience can be a prominent protective factor (Hornor, 2017). Therefore, the finding related to predicting the psychological resilience of childhood traumas obtained from this study supports this situation.

Improving the psychological resilience of individuals provide benefit for their behavioral, emotional and social experiences, as well as its effects on academic, language skills and literacy. Especially when positive childhood experiences are considered as a condition that improves psychological resilience, it is possible for these people to acquire various skills in terms of literacy. As a matter of fact, adults with reading difficulties may experience many difficulties in areas such as life satisfaction, social satisfaction and self-satisfaction as their levels of resilience decrease (Stack-Cutler, Parrila & Torppa, 2014). It is emphasized that even if they experience the accompanying difficulties such as divorce of their parents in their own lives, young people who can demonstrate psychological resilience can overcome academic difficulties (Mulholland et al., 1991). Psychological resilience should be brought to the agenda as an important concept that has a healing effect on the development of children at potential risk in terms of school success, education and literacy.

Another finding obtained from this study is that psychological resilience is positively correlated with

emotional self-efficacy and emotional self-efficacy predicts psychological resilience. Emotional self-efficacy is considered as one of the two basic aspects of emotional intelligence in the literature (Petrides & Furnham, 2001, 2003). The sub-dimensions of emotional intelligence (emotional expression, emotional self-awareness, emotional self-control, and emotional self-management) play an important role in psychological resilience against negative experiences (Armstrong, Galligan & Critchley, 2011). In the relationship established with the environment, perception and interpretation of emotions and the regulation of emotions according to the situation in various contexts can be evaluated as the factors that develop and improve psychological resilience in this study. Similarly, in studies conducted with university students, emotional intelligence is an important predictor of psychological resilience, and individuals with high emotional intelligence have high levels of psychological resilience (Aydın, 2010; Malak, 2011; Özözen-Danacı & Pınarcık, 2017). In the study of Liu, Wang and Lü (2012) examining the relationship between emotional intelligence, life satisfaction and psychological resilience among university students, there is a significant and positive relationship between emotional intelligence and life satisfaction and psychological resilience is determined to mediate emotional intelligence and balance. Sensing, understanding, using and organizing emotions as supportive of thoughts reflect emotional self-efficacy and these elements should be evaluated as structures that improve individuals’ psychological resilience.

In various studies on the relationship between resilience and locus of control, it is found resilience level of individuals with internal locus of control is higher compared to individuals with external locus of control (Duncan, 2013; Gizir, 2004; Kararmak & Siviş-Çetinkaya, 2011). Kieffer (1984) has associated the perception of internal locus of control with empowerment. As the perception of internal locus of control over individuals’ life increases, the individual can feel more resilient. In addition, people with strong control believe that they can positively affect the results that may arise with their efforts and are unlikely to feel weak (Maddi & Hightower, 1999). Therefore, one of the effective personal sources of psychological resilience is internal locus of control (Holaday & McPhearson, 1997) Therefore, the individuals with high internal locus of control are expected to have high psychological resilience.

## CONCLUSION

In this research, it was found that psychological resilience was predicted by childhood traumas, emotional self-efficacy and locus of control. In addition to this main finding, there were significant relationship between independent variables and psychological resilience. Firstly, the childhood trauma was correlated to psychological resilience significantly and negatively. Also, there were significant and

negative correlation between external locus of control and psychological resilience. On the other hand, psychological resilience was significantly and positively correlated to emotional self-efficacy.

This study has some limitations. First, the majority of the study group was female participants. Therefore, it can be said that the study did not show equal representation power in terms of gender. Another limitation is that the sample consists of university students. Therefore, the results obtained from the study can be generalized to groups with similar characteristics, but may not include students who do not attend university in the same age group. Taking this into consideration, similar studies to be carried out in the future can be divided into a sample group as a group attending and not attending the university. Another limitation of the study is that only self-report scales were used to identify childhood traumas. In the study, other data sources were not used to determine these experiences. Due to the backward questioning of these experiences in childhood, there may be factors such as suppression and forgetting, but the questions may be partially answered due to social prejudices and stigmatization. However, although it is not possible to eliminate these problems in the studies conducted with self-report scales, it is accepted as a limitation for this research.

Factors that make up and affect psychological resilience should be handled in a multidimensional way. Contextual studies can be conducted with variables that affect psychological resilience in terms of cognitive, behavioral and emotional structures. Since psychological resilience reflects a cumulative psychological structure, it can be investigated to what extent cognitive functions, behavioral experiences and emotional experiences affect psychological resilience with longitudinal research.

Evaluations regarding childhood trauma can be examined in depth and in various themes with qualitative research. Thus, with the study of childhood trauma in different target audiences, process dynamics can be made clearer and more understandable in terms of coping strategies, help-seeking processes and developing the psychological well-being. As a result, it can be discussed how childhood experiences affect psychological resilience.

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