

Y. KILAVUZ

BAÜ 2025

T.C.
BAHCESEHIR UNIVERSITY
GRADUATE SCHOOL
THE DEPARTMENT OF PSYCHOLOGY
MASTER PROGRAM IN CLINICAL PSYCHOLOGY

EXAMINING THE RELATIONSHIP BETWEEN CHILDHOOD
TRAUMA, RELATIONAL NEEDS SATISFACTION AND
PSYCHOLOGICAL RESILIENCE

MASTER'S THESIS

YAREN KILAVUZ

ISTANBUL 2025

T.C.
BAHCESEHIR UNIVERSITY
GRADUATE SCHOOL
THE DEPARTMENT OF PSYCHOLOGY
MASTER PROGRAM IN CLINICAL PSYCHOLOGY

**EXAMINING THE RELATIONSHIP BETWEEN CHILDHOOD
TRAUMA, RELATIONAL NEEDS SATISFACTION AND
PSYCHOLOGICAL RESILIENCE**

MASTER'S THESIS

YAREN KILAVUZ

THESIS ADVISOR

ASSOC. PROF. ZEYNEP MAÇKALI

ISTANBUL 2025



**T.C.
BAHCESEHIR UNIVERSITY
GRADUATE SCHOOL**

28/05/2025

MASTER THESIS APPROVAL FORM

Program Name:	CLINICAL PSYCHOLOGY (ENGLISH, THESIS)
Student's Name and Surname:	YAREN KILAVUZ
Name Of The Thesis:	Examining The Relationship Between Childhood Trauma, Relational Needs Satisfaction and Psychological Resilience
Thesis Defense Date:	28.05.2025

This thesis has been approved by the Graduate School which has fulfilled the necessary conditions as Master thesis.

Assoc. Prof. Yücel Batu SALMAN

Institute Director

This thesis was read by us, quality and content as a Master's thesis has been seen and accepted as sufficient.

	Title, Name	Institution	Signature
Thesis Advisor:	Assoc. Prof. Zeynep Maçkalı	Istanbul Bilgi University	
2nd Member	Assist Prof. Çiğdem Koşe	Bahcesehir University	
3rd Member (Outside Institution)	Dr. Ebru Toksoy	Istanbul Bilgi University	

I hereby declare that all information in this thesis has been obtained and presented in accordance with academic rules and ethical principles; I also declare that I have made all references not originating from this study as required by these rules and principles.

Name, Last Name: Yaren KILAVUZ

Signature:

ABSTRACT

EXAMINING THE RELATIONSHIP BETWEEN CHILDHOOD TRAUMA, RELATIONAL NEEDS SATISFACTION AND PSYCHOLOGICAL RESILIENCE

Yaren, Kılavuz

Master's Program in Clinical Psychology

Supervisor: Assoc. Prof. Zeynep Maçkalı

May 2025, 67 pages

This study investigates the relationship between childhood trauma, relational needs satisfaction and resilience with 330 participants (219 female, 109 male, 2 non-binary). The Adverse Childhood Events Form (ACE), the Relational Needs Satisfaction Scale (RNSS), and the Adult Resilience Scale (ARM) were used to collect data. Data were analysed using SPSS 29.0 and PROCESS Macro. It was hypothesized that childhood trauma would negatively affect psychological resilience, satisfaction of relational needs would positively affect psychological resilience, and satisfaction of relational needs would mediate the relationship between childhood trauma and psychological resilience. The results of the correlation analysis showed that childhood trauma had a negative and significant relationship with psychological resilience, whereas satisfying relational needs had a positive and significant relationship with psychological resilience. In addition, a negative and significant relationship was found between childhood trauma and satisfaction of relational needs. Mediation analysis showed that satisfying relational needs partially mediated the relationship between childhood trauma and psychological resilience.

Keywords: Childhood Trauma, Relational Needs, Psychological Resilience



ÖZET

ÇOCUKLUK ÇAĞI TRAVMASI, İLİŞKİSEL İHTİYAÇLARDA DOYUM VE PSİKOLOJİK SAĞLAMLIKARASINDAKİ İLİŞKİNİN İNCELENMESİ

Kılavuz, Yaren

Klinik Psikolojik Yüksek Lisans Programı

Tez Danışmanı Doç. Dr. Zeynep Maçkalı

Mayıs 2025, 67 sayfa

Bu çalışmanın amacı, çocukluk çağı travması, ilişkisel ihtiyaçların doyumu ve psikolojik dayanıklılık arasındaki ilişkiyi incelemektir. Araştırma, 18-60 yaş aralığında 330 katılımcı ile gerçekleştirilmiştir (219 kadın, 109 erkek, 2 cinsiyetini belirtmek istemeyen). Veri toplama araçları olarak Demografik Bilgi Formu, Çocukluk Çağı Olumsuz Yaşantılar Ölçeği (ACE), İlişkisel İhtiyaçlar Doyum Ölçeği (RNSS) ve Yetişkin Psikolojik Sağlamlık Ölçeği (YPSÖ) kullanılmıştır. Veriler SPSS 29.0 ve PROCESS Macro kullanılarak analiz edilmiştir. Korelasyon analizleri, çocukluk çağı travması, ilişkisel ihtiyaçların doyumu ve psikolojik dayanıklılık arasında anlamlı ilişkiler olduğunu göstermiştir. Çocukluk çağı travması ile psikolojik dayanıklılık arasında negatif, ilişkisel ihtiyaçların doyumu ile psikolojik dayanıklılık arasında pozitif ve çocukluk çağı travması ile ilişkisel ihtiyaçların karşılanması doyumu arasında negatif ilişkiler bulunmuştur. Aracılık analizi, ilişkisel ihtiyaçların doyumunun çocukluk çağı travması ve psikolojik dayanıklılık arasındaki ilişkide kısmi aracı rol oynadığını göstermiştir. Sonuçlar, çocukluk çağı travmasının ilişkisel ihtiyaçların karşılanması üzerindeki olumsuz etkisi yoluyla psikolojik dayanıklılığı azalttığını ortaya koymaktadır. Bu bulgular, mevcut literatür bağlamında açıklanmış,

potansiyel teorik ve klinik çıkarımlar tartışılmış ve yetişkinlikte ilişkisel ihtiyaçların karşılanması ve psikolojik dayanıklılık deneyiminde çocukluk çağı travmasının kritik rolü vurgulanmıştır.

Anahtar Kelimeler: Çocukluk Çağı Travmaları, İlişkisel İhtiyaçlarda Doyum, Psikolojik Sağlamlık





To my dear family,
Nahide KAYA & Uğur KILAVUZ

ACKNOWLEDGEMENTS

I would like to express my eternal gratitude to my esteemed teacher, Assoc. Prof. Dr. Zeynep MAÇKALI, who always made me feel her interest and support in the planning, research, execution, and formation of this thesis study. Her knowledge and experience I frequently benefited from, and she contributed greatly to the shaping of my study in the light of scientific foundations with her guidance and information.

I thank my thesis jury members, Dr. Şafak Ebru TOKSOY and Dr. Çiğdem KOSE, for their informative criticism. In addition, I'd want to thank all of my instructors for crossing my path throughout my study and contributing to my academic and professional growth.

Finally, I would like to thank my parents, Nahide KAYA and Uğur KILAVUZ. My dear family has always supported me throughout my educational life and believed that I could succeed. They have always been supportive and made me feel their encouragement. I am grateful for all the support and love my family and friends have given me. I feel really lucky to have such a wonderful family and friends.

TABLE OF CONTENTS

ETHICAL CONDUCT	iii
ABSTRACT	iv
ÖZET.....	vi
ACKNOWLEDGEMENTS	ix
TABLE OF CONTENTS	x
LIST OF TABLES	xiv
LIST OF FIGURES.....	xv
LIST OF ABBREVIATIONS	xvi
Chapter 1	1
Introduction	1
1.1 Theoretical Framework	1
1.2 Statement of the Problem	4
1.3 Purpose of the study	5
1.4 Hypothesis/Research Questions	7
1.5 Significance of the Study	7
1.6 Definitions.....	9
Chapter 2	11
Literature Review	11
2.1 Trauma	11
2.1.2 Childhood Trauma	12
2.1.3 Childhood Trauma Types.....	14

2.1.3.1 Physical Abuse	14
2.1.3.2 Sexual Abuse.....	15
2.1.3.3 Emotional Abuse.....	15
2.1.3.4 Emotional Neglect.....	15
2.1.4 Cumulative Trauma.....	16
2.1.5 Effects of Childhood Traumas on Young Adulthood and Adulthood.....	16
2.2 <i>Relational Needs</i>	19
2.2.1 Eight Relational Needs.....	20
2.2.1.1 The need for security.....	20
2.2.1.2 Need for validation, affirmation, and significance within a relationship.....	21
2.2.1.3 Need for acceptance by a stable, dependable and protective other person.....	21
2.2.1.4 Need for the confirmation of personal experiences.	22
2.2.1.5 Need for self-definition.	23
2.2.1.6 Need for having an impact on the other person.	24
2.2.1.7 Need for having the other initiate.....	24
2.2.1.8 Need to express love.	25
2.2.2 Research on Relational Needs Satisfaction.....	25
2.2.3 Childhood Traumas and Relational Need Satisfaction	28
2.3 Psychological Resilience.....	29
2.3.1 Theories of Psychological Resilience	31
2.3.2 Factors Affecting Psychological Resilience.....	32
2.3.3 Psychological Resilience and Childhood Trauma.....	34
2.3.4 Psychological Resilience and Relational Needs	35
Chapter 3	38
Methodology	38
3.1 Research Design.....	38
3.2 Participants.....	38

3.3 Data Collection.....	39
3.3.1 Data collection instruments.....	39
3.3.1.1 Sociodemographic information form	39
3.3.1.2 Adverse Childhood Events Form (ACE)	40
3.3.1.3 Relational Needs Satisfaction Scale (RNSS)	40
3.3.1.4 Psychometric Properties of Adult Resilience Measure (ARM)	
.....	41
3.3.2 Data collection procedures.....	41
3.3.3 Data analysis procedures.....	42
3.3.4 Validity and reliability	44
3.4 Limitations	45
Chapter 4	48
Findings.....	48
4.1 Descriptive Statistics.....	48
4.2 Correlation Analysis.....	49
4.3 Mediation Analysis: The Indirect Effect of Relational Needs on Psychological Resilience.....	51
Chapter 5	54
Discussion and Conclusions.....	54
5.1 Discussion of Findings for Research Questions.....	54
5.1.1 Discussion of hypothesis I.	54
5.1.2 Discussion of hypothesis II.	56
5.1.3 Discussion of hypothesis III.....	59
5.1.4 Discussion of hypothesis IV.....	62
5.2 Conclusion.....	64
5.3 Recommendations	65
5.3.1 Theoretical implications.....	65
5.3.2 Clinical implications.	66

5.3.3. Direction for future research.	66
REFERENCES.....	68
APPENDICES.....	92
A. Informed Consent.....	Hata! Yer işareti tanımlanmamış.
B. Sociodemographic Information Form	Hata! Yer işareti tanımlanmamış.
C. Adverse Childhood Experience Turkish Form (ACE).....	Hata! Yer işareti tanımlanmamış.
D. Relational Needs Satisfaction Scale (RNSS)	Hata! Yer işareti tanımlanmamış.
E. Adult Resilience Measure (ARM)	Hata! Yer işareti tanımlanmamış.

LIST OF TABLES

TABLES

Table 1 Demographic Characteristics of Participants	39
Table 2 Skewness and Kurtosis Values for Normality	43
Table 3 Reliability Analysis	45
Table 4 Descriptive Statistics for the ACE, RNSS, and ARM Scales	48
Table 5 Correlational Analysis of the Relationship Between the Scale Scores of the Participants.....	50
Table 6 The Mediating Effect of Relational Needs Satisfaction in the Relationship Between Adverse Childhood Experiences and Psychological Resilience	52

LIST OF FIGURES

FIGURES

Figure 1 Model for the mediating role of RNSS in the effect of childhood trauma on psychological resilience.	52
---	----



LIST OF ABBREVIATIONS

ACE	Adverse Childhood Events Form
RNSS	Relational Needs Satisfaction Scale
ARM	Adult Resilience Measure
SD	Standard Deviation
M	Mean
Min.	Minimum
Max.	Maximum
B	Standardized Coefficients Beta
SPSS	Statistical Package for the Social Sciences



Chapter 1

Introduction

1.1 Theoretical Framework

Recent research has further strengthened the views on the relationship between early difficulties and psychological struggles in later life. For children under 18 years of age, experiences such as physical, emotional and sexual abuse that can negatively affect their safety, physical development, psychological well-being and emotional feelings that will enable them to establish secure bonds in their relationships are defined as childhood trauma experiences (WHO 2002, 2006).

Childhood traumas may occur as a result of neglect and behaviours experienced in various ways. The most common of these can be exemplified by physical abuse, such as pushing and shoving the child by force and deliberately hurting the child, causing cuts, wounds, or fractures in certain parts of the body, and these can cause serious damage to the child's sense of trust and cause emotional problems (Dye, 2018). In addition, children may sometimes be subjected to emotional violence, which may include humiliating, ridiculing, and threatening the child. Children who experience this kind of violence may experience lack of self-confidence in the future. Around the world, child and adolescent sexual abuse is a terrible reality. Sexual abuse is another form of violence in which children are inappropriately fondled or touched and may experience feelings of guilt as a result. Furthermore, neglect is the most common type of violence, which can be exemplified as providing inadequate care to the child, leaving the child without basic care such as education or food, and like all other types of violence, it can lead to serious emotional destruction in the child (Dye, 2018).

According to Bowlby (1969), this kind of violence and traumas experienced by children affect their emotional and psychological development and make it difficult for them to develop secure attachment. Attachment style is a phenomenon that becomes prominent early in life and continues throughout one's life, affecting the way one relates to other people. New-born infants can

only live if an adult is willing to care and protect them (Bowlby, 1969). Securely attached children are those who trust that their mother is always with them and will help them in stressful situations (Bowlby, 1979). For secure attachment to develop, it is important for the child to have an ongoing, always available, satisfying the child's relational needs and responsive carer. Anxiously attached children are children who are not sure that their mother will respond or help them when they call and need help (Bowlby, 1979). Trauma may prevent children from satisfying these relational needs. Trauma can shake a person's trust, leading them to avoid close relationships. However, despite this tendency, traumatized individuals still need to build relationships, as loneliness itself does not facilitate healing (Herman, 2021). The individual needs to feel the support of building relationships with others that enable them to establish new relationship connections (Herman, 2021).

According to Erskine (1997), trauma does not cause permanent damage to the human psyche, but the lack of relationship during or after trauma can cause long-term damage. People, especially children, need relationships that involve mutual sharing and interaction. It is a need for the presence of another who understands and responds appropriately to our relational needs (Clark, 1991). Relational needs are not just about ameliorating relationship deficits early in life. Such needs persist throughout a person's life and there is no diminution or disappearance of their relational needs.

In relational needs model, Richard Erskine determines eight relational needs that are most frequently observed in psychotherapy as follows: the need for safety, the need for approval and acceptance, the need for acceptance from an independent person, the need for validation of personal experience, the need for self-definition, the need to influence the other, the need for others to take the initiative, the need to express love (Erskine & Trautmann, 1996). The types of needs satisfied through relationships are specific types of needs (Erskine, 1998). These differ from the survival and physical security needs that Abraham Maslow (1970) placed at the heart of the hierarchy of human needs. Relational needs arise from human interaction and thus emphasise interaction. These are the needs and wants that one seeks and needs to get from the other person in a relationship.

Erskine states that these needs are explained by theories such as attachment theory, object relations theory, transactional analysis and self-psychology. When these needs are met by the therapist's sensitive responses in therapy, the individual's relational needs can be satisfied (Zvelc, Jovanoska, & Žvelc, 2020). Erskine's model may be helpful in understanding the negative psychological effects of loneliness, social isolation and unsatisfied social relationships. Recognising relational needs and satisfying these needs in the right ways can have positive effects on individuals' psychological health and psychological resilience and greatly affect therapeutic relationships.

All relationships experience times of stress, and this stress can include major events or daily life challenges, but it can also include a single event or multiple stressors. The stress experienced can be chronic or acute. Romantic partners, family members or friends should invest in maintaining their relationships to support resilience. Psychological resilience describes a person's ability to adapt positively to a process or situation when faced with stress or challenging situations (Luthar, 2003). In other words, the capacity of people to recover mentally when faced with challenging life circumstances and the ability to manage the changes expected to occur at the end of the event is called psychological resilience (Basim & Çetin 2011). Psychological resilience inherently involves having a history of traumatic events. In order for a person to be psychologically resilient, he/she should have experienced at least one traumatic event in his/her life and should have overcome and confronted the difficulties experienced in this event (Luthar, Cicchetti, & Becker, 2000).

Presence of protective factors play an active role in reducing or eliminating the negative effects of these risk factors. Protective factors that facilitate individuals' resilient responses to traumatic experiences, and these can contribute to the development and transformation of psychological resilience in individuals (Caffo and Belaise 2003). The effects of psychological traumas experienced as a child on an individual's level of resilience can be regulated through factors such as establishing secure relationships. Considering all these, unsatisfied relational needs can be counted among the reasons that lead to childhood traumas, and as a result, it can be seen that the person's psychological

resilience is affected. Also, relational needs can be added among the protective factors that can be used to strengthen psychological resilience.

Masten et al. (1999) state that psychologically resilient people know what to do when faced with stress and are able to establish a secure and healthy bond despite experiencing traumatic experiences such as childhood abuse. In addition, Whisman (2006) states that when people who were abused by their parents as children get married or have a relationship, these experiences have adverse effects on their relationships, and if there is a traumatic history for both spouses, the quality of marriage has the potential to be much lower.

One of the most important components that positively affect a person's psychological resilience is having a supportive environment and social system (Masten, 2009). The other area of psychological resilience is assisting individuals to cope with stressful situations. People who can get enough support from the environment during childhood and adolescence, and whose relational needs are met can face problems more easily and find solutions when they grow up and become adults (Masten, 2009).

In Masten's Healthy Development Model, resilience is not only the ability to cope with a range of traumatic and difficult events, but also a normal part of people's developmental stages. In order for people to grow and develop, they need to acquire a lot of skills. To strengthen and develop resilience, individuals need to be able to master protective factors (Masten, 2001).

1.2 Statement of the Problem

Previous studies have examined the relationship between childhood trauma and psychological resilience (Masten & Reed, 2002; Luthar, Cicchetti, & Becker, 2000; Brewin, Andrews, & Valentine, 2000). In addition, most research on relational needs and trauma has focussed on how childhood trauma affects individuals' relational needs and its impact on psychological recovery processes (Erskine, 1997; Hildyard & Wolfe, 2002). Relational needs are still a developing topic in Turkey. Previous research (Cicchetti & Rogosch, 2009; Collishaw et al., 2007; Fritz et al., 2018) has focused on the relationship between childhood trauma and psychological resilience, as well as the relationship between relational needs and trauma (Erskine, 2015). However, there are no

sources on the relationship between psychological resilience and relational needs.

There is a limited number of studies examining relational needs and their relationships with other constructs in Turkish literature (Çetindağ, 2023; Taluy, 2025; Toksoy, 2021; Usta, 2025; Gökdağ, Maçkalı ve Toksoy, 2025). Accordingly, this study may contribute to the growing literature by examining the mediating role of relational need satisfaction in the relationship between childhood traumas and psychological resilience.

1.3 Purpose of the Study

Childhood trauma and relational needs may have an impact on adult resilience. Childhood trauma negatively impacts people's physical, mental health and social functioning (Tzouvara et al., 2023). Relationships are biological imperatives that last throughout our lives. Humans want to be in a relationship from birth until death and we are always driven by our attachment needs. We are born into social connections and we cannot survive without maintaining them (Erskine, 2011).

The purpose of this study is to examine the impact of relational needs satisfaction on the relationship between childhood trauma and adult resilience. Childhood trauma occurs when a child is exposed to certain experiences or situations in which they feel threatened by an event that causes emotional distress and challenges their coping skills (Moseley, & Daniels, 2019). Childhood trauma is highly associated with mental and physical health problems. Effects can range from short term to long term and include attachment struggles, taking initiative, self-help skills, sexual exploitation, anxiety, depression, substance abuse, eating disorders, suicide, and lack of socialization ability (Fusco and Cahalane, 2013; Srivastav, Strompolis, Moseley, & Daniels, 2019). Children's reactions to trauma vary depending on the type of the experience, the child's personal, family, and neighbourhood traits, and the overall balance of risk and protective variables in their lives (Duffee, Szilagyi, Forkey, & Kelly, 2021). It also depends on their age and growth stage. When parents, service providers, and programs adopt a resilience framework to treat

childhood trauma, they agree that there are always methods to help children's complete positive developmental outcomes, even if they have been traumatized.

Finally, resilience to childhood trauma depends enormously on the resources available to a child and his or her family. Family members, teachers, mental health practitioners, child welfare workers, and other community service providers can work together to establish that children and families get the emotional and practical help they need (such as food, shelter, financial stability etc.) (Center for the Study of Social Policy, n.d.).

Walker (2020) defines psychological resilience as the ability of people to cope with the crises they face by preventing damage to their functionality in daily life. High levels of resilience are an effective psychological trait that helps people adapt to challenging circumstances and stand tall in the face of failure. Having early positive relational experiences in childhood, such as feeling noticed, loved and supported by a caregiver, is critical for the development and growth of problem-solving skills, self-confidence and emotional control in children (Walker, 2020). Such early relationships provide a sense of security and the capacity to manage stress and contribute to future levels of psychological resilience (Prout, Malone, Rice, Hoffman, 2019). Satisfying relational needs is crucial for emotional well-being, which requires meeting the most basic human attachment needs such as security, validation and acceptance. When these relational needs are satisfied in the right ways, individuals feel supported and loved and can increase their resilience. In contrast, relational needs that are not satisfy in a timely manner can often result in emotional distress, loneliness and reduced coping skills (Toksoy, Cerit, Aker, & Zvelc, 2020).

Erskine's Relational Needs Model identifies eight basic needs, such as security, validation, and expression of love, which are necessary to ensure emotional satisfaction in relationships (Erskine, Moursund, & Trautmann, 1999). While satisfying these relational needs has been shown to contribute to a sense of belonging and emotional health, there is limited research investigating how these needs directly affect psychological resilience, especially in overcoming childhood trauma. Environmental factors, particularly social support, and secure relationships, also influence resilience. Positive social

contacts and a sense of belonging have been shown to increase resilience by providing some emotional resources to help people cope with stress (Masten, 2001; Bonanno, 2004). These emotional resources emerge after the satisfaction of relational needs that form the basis of emotional maintenance and personal development (Erskine, 1998). Childhood trauma, particularly experiences of relational neglect and dissatisfaction or abuse, can significantly impede the ability to satisfy these basic relational needs and often compromise resilience formation (Van der Kolk, 2014). This study is important as it aims to understand the interactions between childhood trauma, satisfaction of relational needs, and adult resilience. By examining these relationships, the research aims to increase our awareness of the importance of relational need satisfaction and the development of resilience in people with adverse childhood experiences.

1.4 Hypothesis/Research Questions

Hypothesis I: Childhood trauma negatively affects psychological resilience.

Hypothesis II: Childhood trauma negatively affects relational needs satisfaction.

Hypothesis III: Relational needs satisfaction positively affects psychological resilience.

Hypothesis IV: Relational needs satisfaction mediates the relationship between childhood trauma and psychological resilience.

1.5 Significance of the Study

This study aims to fill an important gap in the existing literature by examining the effect of childhood trauma on adults' psychological resilience by prioritising the mediating role of relational need satisfaction. Although previous research has independently examined the effects of childhood trauma on resilience (Van der Kolk, 2014; Masten, 2001; Erskine, 1998; Toksoy et al, 2020), few studies have combined these factors to better understand their combined effects, and no study has specifically examined the impact of relational needs on resilience.

This study aims to investigate the relationship between early life experiences and the way they are perceived in adulthood in relation to relational

need satisfaction and psychological resilience. This study will help to understand the role of relational need satisfaction on the building of psychological resilience. It will help to understand how childhood experiences and relational need satisfaction influence resilience through unconscious psychological processes.

The satisfaction of relational needs in early childhood is effective for individuals' psychological resilience. Individuals whose relational needs are met (such as secure attachment, acceptance by others and a sense of belonging) develop a strong self-esteem and improve themselves in coping with stressful situations (Mikulincer & Shaver, 2010). These individuals are expected to better regulate their emotions, build robust support systems, and become people who do not hesitate to seek help in the face of challenging situations, thereby increasing their level of psychological resilience in adulthood (Masten, 2001).

In the existence of consistent caregivers, relational needs can be satisfied by using emotional validation and secure relationships even in trauma-exposed individuals, their adaptive capacity can improve, and their risk of developing psychological disorders, which are usually associated with stress, decreases (Luthar, Cicchetti & Becker, 2000). By helping individuals to recognise their early relational deficits and increase their resilience, therapeutic relationships can offer healing emotional experiences (Erskine, 2015). In this way, satisfying relational needs functions as an important mechanism of the psychological recovery process rather than being only a preventive factor. This can show that psychological resilience is not only an individual but also a relational process.

Moreover, it will help to understand the concepts of childhood trauma, relational need satisfaction, and resilience and provide new insights into their interrelationship. The findings of this study have important practical implications for mental health professionals. Understanding how childhood trauma and relational need satisfaction affect resilience will facilitate the development of targeted interventions and therapeutic approaches. Research findings may help inform preventive measures to reduce the long-term effects of childhood trauma. By identifying key factors that contribute to resilience,

interventions can be designed to help young adults and adults address the effects of childhood trauma and better understand their relational needs.

1.6 Definitions

Attachment Styles: Attachment styles consisting of secure, anxious-ambivalent, disorganised, and avoidant attachments formed in infancy shape the attachment styles of individuals.

Attachment Theory: It was developed by John Bowlby and focuses on the early caregiver-child relationship and gives a biopsychosocial framework to explain how people will form relationships in the future.

Childhood Trauma: It is a situation that occurs as a result of bad experiences that children may encounter physically, emotionally, sexually or psychologically in the early periods.

Cumulative Trauma: Cumulative trauma refers to the build-up of stress and trauma over time. This can result from ongoing experiences such as emotional abuse, neglect or exposure to violence.

Maslow Hierarchy of Needs Theory: According to Maslow's hierarchy of needs, humans satisfy some categories of needs in order to fulfil 'higher wants' within themselves, and the nature of the category of needs that is currently prevalent determines the individual's personality.

Psychological Resilience: Psychological resilience is defined as the ability to cope with difficult experiences and unexpected events, to adapt, to employ flexibility, to move forward, to recover, and to develop oneself in the face of a demanding stressor or bad emotional experiences.

Relational Needs: Relational needs relate to interaction between people. These are the key elements of our human relationships that make life worth living. Erskine et al. define the 8 basic elements of relational needs as follows: the need for security, approval, validation and importance in a relationship, acceptance by a stable, reliable and protective other person, validation of personal experience, self-definition, having an influence on the other person, initiative on the part of the other, and expression of love.

Post-Traumatic Stress Disorder (PTSD): After the traumatising event has been experienced, it is an anxiety disorder in which the event is experienced

repeatedly in daily life or in dreams, leading to avoidance of events that recall that event.

Trauma: Trauma is an event or set of events that an individual experiences as physically or emotionally damaging or threatening that negatively affects his/her physical, social, emotional functionality or mental well-being.



Chapter 2

Literature Review

2.1 Trauma

Trauma is defined as reactions to extraordinarily stressful and unexpected events that threaten the physical and psychological integrity of individuals and cause feelings of fear, hopelessness, or terror (American Psychiatric Association, 2013). Experienced traumatic events affect the person cognitively, emotionally, and physiologically and may cause psychological problems (Van der Kolk, 2014). Trauma can be personal (childhood abuse, neglect, sexual assault) or social (war, natural disasters, migration, social violence) (Herman, 1992). Some studies have shown that reactions to trauma depend on biological, psychological, and environmental factors and can lead to changes in people's brain structures (such as the amygdala and prefrontal cortex) (McEwen, 2012).

Trauma can result from one or more unexpected experiences that elicit a strong physical or psychological stress response. It occurs as a result of an event or events that have a negative impact on people and are perceived as physically or emotionally harmful or threatening, impairing a person's ability to function or their physical, social, emotional or mental health (Substance Abuse Treatment Centre, 2014). Anything that challenges a person's ability to psychologically process and integrate what happened to them can be experienced as traumatic. In general, traumatic events are unexpected situations such as traffic accidents, natural disasters, severe beatings or torture, rape, being held hostage or being a victim of prolonged war.

The effects of such stressful processes may be temporary or long-term. Öztürk (2001) suggests that psychological resilience, genetic structure and predisposition, self-strength, developmental characteristics, and other factors may affect long-term outcomes. The idea that trauma causes mental illness has only recently emerged. Research on the mental health effects of trauma has been heavily influenced by political and policy processes, especially according to periodic conditions (Kokurcan & Özsan, 2012). On the other hand, trauma does

not necessarily lead to permanent psychological damage. Psychological resilience and post-traumatic growth reveal that individuals can recover from traumatic experiences and show positive psychological health (Tedeschi & Calhoun, 2004). Among the factors shown to be protective in reducing the effects of trauma; social relationships, secure attachment, self-compassion, and emotional regulation skills (Masten, 2001). Therefore, understanding the effects of trauma on psychology and evaluating these effects at individual/social levels is a critical research topic in the fields of psychology and psychotherapy.

2.1.2 Childhood trauma. Childhood traumas are associated with negative experiences such as physical, emotional and sexual abuse, neglect and violence that individuals are exposed to in their early lives. The negative consequences of childhood maltreatment are widely recognized. Both historical and prospective studies show that exposure to injustice at an early age leads to poorer psychological and physical functioning in adulthood (Teicher & Samson, 2016). Early childhood experiences during infancy, childhood, adolescence and adulthood have the power to profoundly shape people's character. Every child has genetic potential, but this potential is expressed in different ways depending on the nature, timing and forms of developmental experiences (Read, Perry, Moskowitz, & Connolly, 2001). Childhood can mean violence, uncertainty, chaos, threats and other negative experiences for children. The negative effects of childhood traumas on children's physical, behavioral, cognitive, social and emotional functions have been described in many studies (Perry & Pollard, 1998; Bremner & Vermetten, 2001; Read et al., 2001).

Psychological effects of childhood traumas include psychopathological conditions such as depression, anxiety disorders, posttraumatic stress disorder (PTSD), substance abuse and sexual dysfunctions (Beitchman et al. 1992; Taner & Gökler 2004). Most of these negative effects are exacerbated by the child's inability to develop secure attachment relationships and inadequate fulfilment of emotional needs. It has been found that childhood traumas cause some difficulties in emotion regulation and this may negatively affect children's private and social lives (Shipman et al., 2007; Wolfe, Scott, Wekerle, & Pittman, 2001). Individuals exposed to trauma in childhood often exhibit emotional

instability, lack of empathy and negative emotional reactions (Shipman et al., 2007). In addition, emotion regulation skills in identity development are critical for the successful development of the child's psychosocial stages such as trust, autonomy and entrepreneurship, as explained by Erikson (Erikson, 1980). Childhood traumas may cause identity confusion, and this may negatively affect the individual's future relationships and mental health (Güler, 2014).

Childhood trauma has sweeping consequences for an individual's emotional development. Trauma has a notably negative impact on an individual's ability to keep confidence, self-esteem, and form healthy relationships with others (Van der Kolk, 2014). Childhood abuse or neglect can make it difficult to trust others, lead to strong feelings of insecurity, and can lead to dependent or avoidant attitudes in relationships. According to Charuvastra and Cloitre (2008), people who have experienced childhood trauma have difficulty developing secure attachment, which can lead to psychological problems such as posttraumatic stress disorder (PTSD) in adults. Another effect of trauma that cannot be ignored is its impact on the ability to regulate emotions. Childhood trauma can damage an individual's ability to regulate emotional responses, leading to excessive and chronic exposure to negative emotions such as anger, fear, or hopelessness (Prout et al., 2019).

In this context, negative childhood experiences on emotional regulation skills can be viewed as a permanent psychological wound that can last a person's entire life. Other research has found that persons who have a stressful upbringing are more prone to a variety of medical ailments. Adults have a higher risk of developing cancer, heart disease, and diabetes (Felitti et al., 1998). Adolescents are much more likely to participate in destructive behaviour towards themselves and others, as well as much more likely to take drugs, self-harm, and engage in violent and aggressive behaviour toward others (CDC, 2020). There is limited evidence that children can overcome these issues without early assistance. As adults, significantly more likely to be diagnosed with borderline personality disorder, somatization disorder, and dissociative disorders, and are significantly more likely to engage in destructive behaviours (Saxe et al., 1994). Bilir (2024) reveals that traumatic experiences in childhood (e.g., physical, emotional or

sexual abuse, etc.) may lead to the development of dissociation in individuals and this relationship is an important psychological process that should be taken into account. Dissociation may be seen with symptoms such as feeling detached from reality or self, and such symptoms may function as a defence mechanism to protect against or cope with traumatic experiences.

2.1.3 Childhood trauma types. The World Health Organization defines childhood trauma as any physical and/or emotional maltreatment, sexual abuse, neglect or negligent behavior, or commercial or other exploitation resulting from a relationship of responsibility, trust, or power that harms or has the potential to harm the child's health, survival, development, or personality. Child abuse is classified into four types: physical abuse, sexual abuse, emotional abuse, and neglect (WHO, 2006).

2.1.3.1 Physical abuse. According to Aktay (2020), physical violence is the physical damage and consequent injury of a child under the age of 18 by his/her parent or caregiver in ways that negatively affect his/her health. Physical abuse is the most common type of abuse that children are exposed to and the easiest to recognise. Violence has become a routine behaviour in some families. Especially the behaviour of disciplining a child by using physical violence is a very common behaviour in our society. Physical abuse can take many forms, including beatings, kicking, shaking, biting, suffocating, scalding, or burning, and poisoning (Aktay, 2020). Many researchers are interested in the effects of corporal punishment on children and adolescents and extensive research has been conducted on this subject. According to a study, children who are frequently subjected to corporal punishment develop intense fear and withdrawal behaviour (Scrandis & Watt, 2014). According to reports, these children also have problems with self-esteem (Sarı, Ardahan, & Öztornacı, 2016). Exposure to corporal punishment can lead to aggression and violent behaviour in children. Children exposed to severe corporal punishment feel frightened, powerless and worthless. According to reports, university students who were exposed to corporal punishment as children develop anxiety disorders and depression as well as negative interpersonal relationships (Güner, Güner, & Şahan, 2010).

2.1.3.2 Sexual abuse. Sexual abuse is defined as a situation in which a child is abused or victimized while engaging in sexual activity, regardless of society, culture, gender, age, or class, and can be directed at children of either sex. Sexual abuse, like other forms of abuse, has significant and negative effects on children in the short and long term, leaving a lasting impression on the victims' lives (Barut, 2021). Sexual abuse can include exhibitionism, voyeurism, penetration, looking at or touching the child's genitals, forcing the child to see or touch another person's genitals, talking to the child in a sexual manner, verbally abusing the child, allowing the child to look at pictures or photographs, and watching sexually explicit films (Johnson, 2004).

2.1.3.3 Emotional abuse. Emotional abuse undermines children's safety and sense of self, causes poor relationships between children and their caregivers, and has a significant impact on their emotional development. This type of abuse is more difficult to prove than other types of abuse because it leaves no physical marks on the child's body but causes long-term damage in some areas (Berzenski, Madden, & Yates 2018). Children who have been emotionally abused struggle to express themselves and correctly interpret the emotions of others. This situation also makes it difficult to communicate with others (Maneta et al. 2015). As a result of emotional abuse, the child internalizes the current situation, perceives the world as threatening, and develops a belief that future events are more important than himself (Wright, Crawford, & Castillo, 2009).

2.1.3.4 Emotional neglect. Emotional neglect is defined as ignoring the emotional needs of the child, such as not expressing or showing emotions during the relationship with the child (Kumari, 2020). Therefore, children who have been abused and neglected may be prone to develop a wide range of health problems such as learning problems, difficulties in establishing relationships, internalising (e.g. depression), externalising (e.g. defiant behaviour towards parents, aggression, etc.) and post-traumatic stress disorder (PTSD) (Feit, Joseph, & Petersen, 2014). While the physical effects of child abuse and neglect on children can be short-term, emotional abuse, whether it occurs in combination with sexual abuse, physical abuse or neglect or alone, can lead to long-term psychological and behavioural consequences (Dinleyici & Dağlı, 2016).

2.1.4 Cumulative trauma. Cumulative trauma is not caused by a single specific event, but by the accumulation of small, repeated omissions, misunderstandings, criticisms, and emotional neglect over a long period of time. Such traumas lead to the formation of unconscious 'script' beliefs in the inner world of the person, especially when relational needs are not met (Erskine, 2018).

Berne (1961) defines 'traumatic neurosis' as an unconscious reflection of recurrent distressing events. Khan (1963) used the term to characterize the aftermath of a single traumatic event. Cumulative trauma is believed to result from failed relationships and parents' insensitivity to their children's emotional needs (Erskine, 2018). According to Kahn, cumulative trauma occurs after the mother fails to play a protective role throughout the child's development, from infancy to adolescence. Lourie (1996) defines cumulative trauma as 'the sum total of psychological errors and misunderstandings to which a child is exposed from infancy to adolescence and beyond'.

Cumulative trauma can cause a person to lose internal and external contact. According to Moursund and Erskine (2004), mental and emotional treatments can help people actively avoid emotions of loneliness, emptiness, and neglect. These defensive systems keep the trauma from becoming conscious. These defensive behaviours create a transient sense of security rather than fulfilling relational requirements (Erskine, 2018). These mechanisms demonstrate that cumulative trauma places the individual in a situation in which he or she internalizes the neglect of previous relationships and lives his or her life with these views. Unmet interpersonal needs in childhood result in painful experiences, misperceptions, and inadequacies in social interactions. Understanding the cumulative trauma can be quite beneficial in the healing and treatment process (Erskine, 2018). Erskine and Trautman (1996) state that compounded trauma prevents memory effects by preventing the loss of internal and external interaction through psychological and behavioural factors.

2.1.5 Effects of childhood traumas on young adulthood and adulthood. Traumas experienced in childhood, established/unestablished bonds or relationships can have a very important role in shaping us in the future. Recent

research (Prout et al., 2019; Nelson, Scott, Gabard-Durnam, & Almas, 2016; Teicher, Samson, Sheu, & Polcari, 2016) has shown that childhood trauma is associated with emotional problems in both youth and adulthood, especially posttraumatic stress disorder (PTSD), anxiety, and depression. People who have been exposed to trauma as children have difficulty in establishing healthy relationships in adulthood, which can lead to trust issues. Early childhood trauma can damage secure bonds and lead to difficulties in social relationships in adulthood (Nelson et al., 2016).

Studies have shown that the rate of suicidal thoughts and attempts (swallowing/using excessive amounts of drugs, etc.) in people suffering from childhood traumas is quite high (Liu, Scopelliti, Pittman, & Zamora, 2018.; Rogerson, Baguley, & O'Connor, 2023). Childhood traumas continue to have an impact on the dyadic or social relationships that people form later in life. A study investigating the social relationship skills and role in romantic relationships of people who had a bad childhood and suffered some form of abuse shows that those who have had bad experiences and those who have never experienced abuse form beliefs about relationship patterns that are very different from each other. Those with such a history report higher rates of relationship breakdown, lower perceptions of partner support, and lower rates of fidelity, regardless of gender, whereas traumatized adults are said to place more importance on partnerships and are less likely to believe in long-term relationships (Colman & Widom, 2004).

Another important effect of childhood traumas is the individual's ability to manage their emotions. As a result of childhood trauma, the capacity to regulate one's emotional reactions may be negatively affected, which may lead to emotional instability in early adulthood (Prout et al., 2019). People who have experienced traumatic events report strong emotions such as fear and anger, which can make it difficult for them to form healthy relationships. Research shows that people who were neglected in childhood have less emotional regulation skills than their non-neglected peers and have difficulty in expressing their emotions. This situation increases their difficulties in social relationships and reinforces the long-term effects of trauma because they do

not have the necessary coping strategies (Shipman, Edwards, Brown, Swisher, & Jennings, 2005).

Recent research suggests that secure social relationships and supportive environments are important in reducing the effects of childhood traumas. For example, Infurna and Luthar (2017) found that social support and secure attachment enhance emotional regulation skills and increase psychological resilience in people who have experienced childhood trauma. It may be more realistic not to expect children who have experienced particularly high levels of trauma to be at the same academic or social levels as other children. Trauma-related emotional and cognitive difficulties can hinder academic and occupational success. Childhood trauma has a negative impact on social functioning in young adults and reduces their desire to seek social support (Stain et al., 2014).

It has been suggested that stressors such as early domestic violence, abuse and neglect have a compounding effect (Anda, Butchart, Felitti, & Brown, 2010). It is emphasized that these traumas permanently alter brain development and affect processes such as memory, addiction and emotion regulation. The Polyvagal Theory explains in detail the process by which the threat perception of the autonomic nervous system affects human behavior, emotions and self-regulation skills. According to this theory, trauma disrupts vagal functions, decreases variability in heart rate and creates problems in emotion regulation. All these increase the speed at which the person perceives the threat they face, so the autonomic nervous system of people who have been abused is usually in a state of defence, which causes their perceptions to become open even when there is no threat (Porges, 2011). In addition, it is mentioned that childhood traumas have genetic and epigenetic effects and information is given on how these traumas are transmitted between generations (Grand & Salberg, 2021). Furthermore, the relationship between childhood traumas and various health and social problems is discussed. Research on this subject suggests that individuals with traumatic experiences later experience psychological problems such as depression, anxiety, and substance abuse, and

in these cases, individuals are said to interact with genetic factors (Copeland et al., 2018).

Psychological resilience is important in reducing the negative effects of childhood trauma. Resilience increases one's ability to cope with stress and supports emotional balance (Fritz, De Graaff, Caisley, Van Harmelen, & Wilkinson, 2018). In particular, secure attachment relationships and social support systems play an important role in post-traumatic recovery. Infurna and Luthar (2017) found that social support and secure attachment relationships can increase resilience and reduce the long-term effects of trauma in people who have experienced childhood trauma. These studies emphasize the importance of the social environment in supporting resilience skills and meeting interpersonal needs as part of the healing process.

2.2 Relational Needs

One thing that has not changed over the years is the human quest to be in contact with others. Erskine, Moursund, and Trautmann (1999) illustrated in their book, likened this contact to a flower facing the sun. When we think of infancy, it is an undeniable fact that even if we cannot communicate with them through words, the way they grasp or smile when we extend our finger, and even the smile that these behaviours create on our faces have universal meanings. Babies show their satisfaction with these relationships and contacts by hugging, smiling or relaxing (Bowlby, 1969). According to Erskine et al (1999), for human beings this kind of contact is not only rewarding and pleasurable, it is also essential because there is research showing that you cannot become a human being or even grow up without having a relationship. The psychological consequences of a lack of contact in a relationship are also devastating. Even if a child manages to survive physically, without adequate human contact, it will not be able to function normally in a human environment (Erskine et al, 1999).

Relational needs are a fundamental psychological need for people to form healthy and meaningful connections (Erskine et al, 1999). Erskine (1998) defines these needs as the emotional needs that people expect to meet in relationships. However, these needs motivate us to seek fulfilment in our relationships throughout our lives (Erskine, 2011). For children to grow up as

secure and confident adults, their relational needs need to be satisfied (Erskine et al., 1999). Relational needs are not limited to childhood or early life. They are basic needs that arise in all relationships and affect people throughout their lives. These needs often exist unconsciously and when they are ignored, people experience intense feelings of emptiness, longing and loneliness. Unsatisfied needs can lead to negative emotional reactions such as anger, frustration and hopelessness. Repeated neglect, abuse and unsatisfied relational needs are often normalized by those who experience them, leading to cumulative trauma. Cumulative trauma can have more devastating consequences than other types of traumas (Erskine et al., 2015; Erskine, 2017).

In this context, the therapeutic relationship is especially significant. Erskine and colleagues argue that it is important for the therapist to be aware of the client's relational needs and respond to them with appropriate emotional responses. The therapist's emotional response to the client's needs is an essential part of satisfying relational needs and energizing the therapeutic relationship (Erskine et al., 1999).

2.2.1 Eight relational needs. According to Erskine, relational needs are part of the innate human desire for close relationships and secure attachment. They include the desire for security, validation, acceptance, mutuality, self-definition, making and impact, having the other initiate, and to express love (Erskine et al. 1999).

2.2.1.1 The need for security. As Maslow (1970) claimed that survival and safety needs are fundamental and prioritised, and that they should be met first. It can be said that relational needs are the reflection of these basic survival needs in relationships, and this understanding is also reflected in therapy sessions. The sense of trust in the relationship is defined as the state of being able to reveal one's own self without the need to pretend, even though one does not feel anxiety that the other person's respect and love may end (Erskine, 2017). It is critical for a person to feel safe and protected in a relationship before they can reveal their true identity.

In therapy sessions, clients trust the therapist who respects the client's experiences, understands that every emotion and event is human and accepts the

client as they are. Trust in a relationship requires opening up completely and being able to share your feelings, thoughts and memories. Initiating a relationship often tests trust because openness makes one vulnerable (Erskine et al. 1999). In a therapeutic setting, the need for safety is even more important. According to Fromm and Smith (1989), clients need to be vulnerable in therapy, revealing and sharing their previously hidden feelings and thoughts. Many clients come to therapists with the fear that their inner experiences will not be seen (Erskine et al., 1999). Erskine and colleagues argue that relational safety is essential in the therapeutic process and that the therapist's understanding, acceptance and respect for the client's weaknesses form the basis of the therapeutic relationship.

2.2.1.2 Need for validation, affirmation, and significance within a relationship. According to Erskine (1998), one of the most fundamental needs in human relationships is the desire to be valued. Due to our relational needs, every person feels the need to be loved, valued, and approved by the other person. This appreciation encompasses more than just interest and respect. It is about understanding someone and determining the worth of what is understood (Erskine et al., 1999). It is not realistic for a person to be fully understood by another person, and even if it is not necessary to understand the other person completely in order to satisfy relational needs, the value given to a person is related to understanding them in some way (Toksoy, 2021). Basch (1988) emphasizes that understanding and valuing relationships necessitates a thorough understanding of one's identity and emotional experiences. The therapist meets the client's need for respect in the therapeutic relationship by acknowledging the importance and value of the client's expressions, feelings, and actions (Erskine et al., 1999). This appreciation entails normalizing the client's behaviour and accepting it as a normal reaction to the client's desire to continue living without guilt or shame.

2.2.1.3 Need for acceptance by a stable, dependable and protective other person. Children often seek guidance and may tend to use their parents and other people in particular as role models. Because of such needs, as human

beings we tend to idealize certain people, and the unsatisfied need to be accepted by others leads to existential crises (Toksoy, 2021).

Clients may relive and internalise past relationship problems and unmet needs throughout the therapeutic process in order to heal. Erskine (1999) states that acceptance in the therapeutic relationship includes not only interest and respect, but also understanding and appreciation of the client. Therapists should recognise and evaluate the impact of their clients' words, thoughts, feelings, and actions. Acceptance occurs when the therapist approaches the client's vulnerability with respect and trust. This acceptance enables the therapist to serve as the client's trusted protector, allowing the client to encounter the idealised 'big, powerful and wise' parental figure (Erskine et al, 1999). As a result, the therapist's understanding of the client's vulnerabilities and respectful response to them satisfies the client's desire for acceptance and security in the therapeutic relationship. This is an important step in the therapeutic process that benefits the client emotionally and psychologically (Erskine et al, 2015).

2.2.1.4 Need for the confirmation of personal experiences. It is about the desire to be understood without having to explain everything in detail, without even having to speak. The need for mutuality can be fulfilled when you are with a person who has an emotional and cognitive experience of the situation and can put themselves in your shoes. Relational needs encompass many aspects of interpersonal contact and bonding, including emotional and rhythmic balance, mutual influence, affirmation, and the collaborative use of language for exchanging phenomenological experiences (Erskine, 2015).

In a therapeutic partnership, mutuality refers to the client's need for bonding in order for the therapist to comprehend the client's lived experiences and feelings (Erskine et al., 1999). This is supported by the therapist's understanding of the client's emotional reactions and problems, as well as by the fact that he/she is a human being and has had similar emotional experiences and feelings in the past. Erskine et al (1999) claim that the need to normalize the client's experiences is the source of this mutual understanding. The therapist demonstrates to the client that they are not alone and that their feelings are normal by exhibiting similar emotional responses to their experiences.

Therapists assist their clients in overcoming these emotional experiences when they are empathetically aware of and articulate their circumstances. By expressing an emotional reaction that is comparable to the client's experience, the therapist can demonstrate empathy and understanding (Erskine et al, 1999).

2.2.1.5 Need for self-definition. With the exception of twin babies, no two individuals can have exactly the same genetic code, so it is important for a person to be able to express their uniqueness and for others to honour and respect them in return. Self-identification is the need to express one's uniqueness and have others acknowledge and respect it. This is the inverse of the requirement for mutual understanding (mutuality). Self-identification is a tendency to emphasize differences rather than develop shared characteristics with others (Erskine et al, 1999). When this need is not met, it can lead to negative consequences such as depression and aggression (Erskine et al, 2015). If the primary caregiver is frequently worried, afraid, or furious, key relational interactions may never develop during infancy and early childhood.

Psychological neglect occurs when a parent repeatedly fails to meet a young child's developmental needs (Beebe, 2005; Weinberg & Tronick, 1998). Children, on the other hand, do not understand worry, depression, or exhaustion in adults and are more likely to fantasize about their absence (Erskine, 2015). 'Mum does not have time for me.' 'I am not important enough.' Such empirical results result in unconscious life scenarios throughout time. Children who grow up in a culture of psychological neglect, prolonged emotional maladjustment, and constant humiliation or who are exposed to peer bullying at school often struggle with feelings of competence, self-definition, and power over others (Erskine, 2015).

According to Erskine (1999), in order to address the client's desire for self-identification, the therapist should regularly support the client's identity and respect the client's self-expression. The therapist should assist the client's self-identification stage by normalizing and honouring their identity, even if they are opposed or unwilling to collaborate. This procedure is necessary for the client to identify and define his or her own identity (Erskine et al, 1999). Some clients have never been encouraged to communicate about themselves, and they

frequently grew up in restrictive environments. These clients may have difficulty recognizing themselves. The therapist can help such clients by asking open-ended inquiries that allow them to identify themselves. The therapist should encourage the client to say 'No' and challenge, as this can help the client develop their own identity (Erskine et al, 1999).

2.2.1.6 Need for having an impact on the other person. Impact is a person's capacity to influence others in a desired way. This can elicit an emotional response, change your thinking, or influence your behaviour (Erskine et al. 1999). Having an impact requires both making a difference in the lives of others and being aware of the changes that occur (Erskine et al, 1999). In order to satisfy the need to have an impact, it is necessary not only to want it, but also to observe that the desired impact occurs (Erskine et al, 2015). At the same time, it is important for psychological growth and development to be able to change feelings and thoughts by interacting with others (Erskine et al, 2015).

In a psychotherapy interaction, therapists respond to this desire by being influenced by the client's experience rather than remaining remote and uninvolved (Žvelc, Jovanoska, & Žvelc, 2020). According to Erskine et al. (1999), therapists may be influenced by their clients' words, feelings and behaviors and should respond professionally to these influences in order to help their clients move forward on their path. They should be open to being influenced by them and provide accurate and honest responses that promote the client's well-being and development. Therapist acknowledgment of the client's feelings and wishes validates the client's fantasy of being influenced. Mental health professionals facilitate the therapeutic process by allowing clients to have an impact on themselves. This means that therapists accept that their clients can have an impact on them and remove their own professional defences and distance (Erskine et al., 1999).

2.2.1.7 Need for having the other initiate. Taking the initiative in a relationship may be disappointing if just one side always takes the first step, or it may create a life scenario that fuels sentiments of self-blame by identifying deficiencies in oneself (Erskine, 2015). Depending on the client's demands in the therapeutic connection, the therapist may need to initiate the interaction (Erskine

et al, 1999). The demand for initiation is one of the most fundamental interpersonal needs during treatment. The therapist's initiative contributes significantly to a better understanding of the client's relational needs. Clients may exhibit passive behaviour at times, signalling the need for the therapist to intervene and provide assistance as needed. Therapist's initiative can be beneficial since it involves the therapist when the client is unable to do so on his or her own (Erskine et al, 1999).

2.2.1.8 Need to express love. In all close relationships, people feel care, love, respect, and gratitude for each other. According to Erskine (1999), there should be both love and compassion in a strong relationship. Self-identification and inner expressing these feelings are a must in order to be able to reveal their experiences in the relationship. Acts of affection convey the sense of closeness, trust and care that characterise honest relationships; if these feelings are silenced, the inner contact will be broken (Erskine, 2015).

During the therapeutic partnership, the client is expected to show that he/she has positive emotions such as love and compassion for the therapist (Erskine et al., 1999). Although they may also arise from the client's current relationship with the therapist, feelings such as love for the therapist have a transference effect, reflecting a previous relationship in the client's life. Therapists make predictions about how their clients will communicate emotions such as love and gratitude. Therefore, it should be emphasized that it is healthier for therapists to accept such expressions as normal behaviors and to consider them as an outcome of their relationship with their clients. If the therapist can accept the client's feelings of love and gratitude as a result of their relationship together, the client's need to express love will be met (Erskine, 2018).

2.2.2 Research on relational needs satisfaction. Relational needs are an emerging area of research. There are a few studies examining the relationships between individuals' relational need satisfaction and a few scales adaptation studies in the literature. Žvelc, Jovanoska, and Žvelc (2020) developed the Relational Needs Satisfaction (RNSS) Scale. The scale was found to be valid and reliable for measuring individuals' relational need satisfaction. The RNSS was adapted into Czech by Pourova et al. (2020), into Turkish by

Toksoy et al. (2020) and into Spanish by Iraurgi et al. All studies reported that the adaptations of the scale into different languages provided a reliable and valid measure according to the culture in which they were situated.

Toksoy (2021) conducted research in two stages in her doctoral dissertation. In the first part, the Relational Needs Satisfaction Scale was adapted to the Turkish language, and then its reliability and validity were approved in terms of compatibility with the Turkish population and culture. In the second stage, the relationship between traumatic stress and experiences of relational need satisfaction was examined. At the end of the research, it was revealed that there was a negative correlation between these variables (Toksoy, 2021).

In the study aiming to confirm the factor structure of the original scale, five relational need dimensions were identified that overlapped with the eight relational needs in the model. Four of these dimensions confirm the four dimensions in the model: the need for acceptance; the need for validation of personal experience; the need to have an impact; and the need for the other person to take the initiative. Rather than having separate dimensions for the need for security, the need to feel validated and meaningful in a relationship, and the need for self-definition, a dimension was identified in the model. Researchers defined this dimension as "authenticity". The need to express love in the model could not be defined as a dimension in the study (Toksoy, 2021).

In a thesis called "The Effect of Relational Group Process on Emotion Regulation Difficulties" Ok (2023), investigated the effectiveness of the relational group process conducted on a sample of university students and the effective mechanisms of this intervention on psychological change. The study was designed with a quasi-experimental design with pretest-posttest control group; 26 participants in the experimental group and 25 participants in the control group. The intervention program was structured based on Erskine's relational needs theory and supported by art therapy techniques throughout the process. The Difficulties in Emotion Regulation Scale (DERS), Relational Needs Satisfaction Scale (RNSS), Self-Compassion Scale (SCS), Brief Symptom Inventory (BSI) and Psychological Well-Being Scale (PWB) were used to collect data. The results revealed that the relational group process

decreased emotion regulation difficulties, increased relational need satisfaction, self-compassion and psychological well-being, and decreased psychopathology symptoms. Moreover, emotion dysregulation was found to be a mediating variable in these change processes.

Çetindağ (2023) “Relational Needs Satisfaction and Narcissism: Moderating Effect of Guilt and Shame Feeling” master's thesis analyses the relationship between relational needs satisfaction and narcissism and investigates the moderating role of guilt and shame feelings in this relationship. This study included 373 participants between the ages of 18-60. Data were collected using the Relational Needs Satisfaction Scale, Pathological Narcissism Inventory and Guilt and Shame Scale. As a result of correlation and hierarchical regression analyses, it was found that guilt and shame had a significant moderating effect especially on the fragile self and grandiose self-dimensions of narcissism. The findings suggest that unsatisfied relational needs may be related to narcissistic traits and shame may play a more dominant role in this relationship.

According to Usta (2025) master's thesis titled “Examining the Relationships Between Relational Needs Satisfaction, Emotional Eating Behavior, and Difficulties in Emotion Regulation”, it was aimed to examine the relationships between individuals' relational needs satisfaction, emotion regulation difficulties and emotional eating behaviours. The research was conducted with 335 participants and Emotion Regulation Difficulties Scale, Turkish Emotional Eating Scale and Relational Needs Satisfaction Scale were used for measurement. According to the results, it was shown that emotion regulation difficulties played a full mediating role between relational needs satisfaction and emotional eating behaviour. In other words, unsatisfied relational needs negatively affect individuals' emotion regulation skills and increase emotional eating behaviours.

Gökdağ, Maçkalı, and Toksoy (2025) aimed to examine the mediating role of relational need satisfaction while investigating the relationship between childhood traumas and psychological distress and well-being based on Erskine's Relational Needs Model. In this study, 364 adults between the ages of 18-63

living in Turkey participated. The participants were administered the Childhood Trauma Questionnaire (CTQ-SF), the Relational Needs Satisfaction Scale (RNSS), the Depression Anxiety Stress Scale (DASS-21) and the Flourishing Scale. Based on the findings, it can be said that there is a negative relationship between childhood traumas and satisfaction of relational needs. There was a negative correlation between satisfaction of relational needs and depression, anxiety and stress. In contrast, a positive correlation with well-being has been shown. These results suggest that maltreatment experienced in childhood negatively affects the satisfaction of relational needs in adulthood, which in turn increases psychological distress and decreases well-being. This is the first study to empirically demonstrate Erskine's model and emphasizes the importance of addressing relational needs in psychotherapies to support clients' well-being.

Bilir (2024) and Taluy (2025) also conducted research on childhood trauma and relational needs and these studies will be included in the next section.

2.2.3 Childhood traumas and relational need satisfaction. Traumatic experiences are subjective. Feeling and knowing the presence or absence of secure relationships during the traumatised period is the most critical determinant of long-term injuries (Finkelhor & Browne, 1984). Early childhood trauma can make it more challenging to meet relational and prevent the development of secure and healthy attachments in adulthood (Walsh, 2011). According to Taluy (2025), physical abuse stands out as the type of trauma with the strongest impact. The study showed that childhood traumas can have not only psychological but also physical effects. It also reveals that the level of satisfaction of relational needs may play a critical role in influencing these effects. Trauma has a weak impact on relational needs, making it difficult for people to meet their basic emotional needs such as love, trust, and acceptance. Toksoy et al. (2020) demonstrate that satisfying relational needs increase an individual's psychological well-being and resilience. Meeting the needs of trauma victims in therapy is a crucial step toward healing. Therefore, satisfying relational needs is critical to support the resilience of people who have experienced childhood trauma.

Inconsistent responses from caregivers during childhood can lead to attachment patterns such as dependency and clinginess. This inconsistency in the relationship leads to a constant need for attention and approval from others and an inability to form secure attachments (Erskine, 1999). When relational needs are not met, trauma can be more harmful than in an emergency. Clients may have to cope with attachment problems and intense feelings of loneliness in adulthood due to childhood traumas, unsatisfied relational needs, and emotional deficits. It is important that the therapist makes sense of the client's past traumas and relational needs and responds to these needs appropriately (Erskine, 1999). Bilir (2024) in her thesis, suggest that the satisfaction of relational needs may be a mitigating factor for the effects of trauma and that the satisfaction of these needs, especially in clinical practice, may reduce dissociative symptoms in individuals.

2.3 Psychological Resilience

Every person may face difficulties at some point in their lives, and the adaptation experienced, and coping strategies used to overcome these difficulties vary from person to person, depending on circumstances such as previous experiences or personality traits. The phrase 'psychological resilience' is derived from the Latin word '*resilire*', which signifies endurance. It denotes flexibility and elasticity (Hunter & Chandler, 1999). Although a variety of research is conducted on resilience, there is no clarity on the definition of resilience or what it genuinely entails. Therefore, resilience has become a multifaceted umbrella term for the healthy management of the effects of challenging events and the environment (Petty, 2014).

Psychological resilience is described as the ability to deal with stress and tension while sustaining psychological and physical function (Russo, Murrough, Han, Charney, & Nestler, 2012; Rutter, 2012; Southwick & Charney, 2012). Ramirez (2007) defines mental resilience as the ability to recover swiftly from disease, despair, change, and adversity, as well as the ability to heal and recover easily after harm. Connor, Davidson, and Lee (2003) conceptualize resilience as the ability to grow and develop despite facing difficulties. According to the American Psychological Association (2015), psychological resilience is the

process and result of individuals adapting to very difficult or challenging life experiences.

People may find themselves in very challenging situations from time to time, but when dealing with these problems, it is not always necessary to look at the negative side or to be very upset and fall behind from social functions, on the contrary, it is a way to develop resilience skills and focus on solving the problem without falling in the face of any difficulty. Psychological resilience is a person's ability to achieve positive results even in the face of difficulties (McEwen, Gray, & Nasca, 2015). Psychological resilience consists of two basic judgements (Masten, 2001). The first one states that people are psychologically resilient only when they face concrete risks and difficulties that may hinder their development (Masten & Garmezy, 1984). Low socioeconomic status and childhood traumas can both be risky (Kraemer et al., 1997; Luthar et al., 2000). Secondly, it is related to the evaluation of adaptation processes and how to measure the positive/negative responses of individuals to these risks (Luthar et al., 2000).

Research has shown that the accumulation of risk factors has a significant impact on child development and psychopathology (Evans, Li, & Whipple, 2013; Trentacosta et al., 2008). Everyone experiences difficult events and most people experience trauma at least at one point in their lives (Wu et al., 2013). Accordingly, building resilience is critical not only to improve coping mechanisms but also to reduce maladaptive coping and stress responses in mental illnesses such as depression and posttraumatic stress disorder (PTSD). According to Wu et al (2013) while awareness of resilience is still expanding, research has found that genetic, epigenetic, developmental, psychological, and neurochemical elements all contribute to resilience's growth and strength. These factors also influence responsiveness to stress and trauma, as well as vulnerability to mental disease (Wu et al., 2013).

Research on psychological resilience focuses on understanding psychological resilience by assessing various psychological states of a person (Masten & Gewirtz, 2006). These measures include the recovery process of a child after the death of a parent, the adaptation process of an adopted child to the

family and environment, the school achievement level of a child who encounters a dangerous situation or grows up in poverty, and the psychological health of a child with mental health problems in one of the parents. (Gizir, 2007) concludes that resilience is too complex a concept to be addressed with a single definition, while acknowledging that there may be parallels between definitions. Each definition also has a common point. Psychological resilience is a dynamic process that encompasses developmental characteristics, coping with trauma and challenging life situations and creating healthy responses. The ability of individuals to adapt and succeed in the face of difficulties and protective personality traits for psychological resilience (these factors will be discussed in detail in the following sections) can be given as examples of these factors (Gizir, 2007).

In most cases, resilience results from the regular functioning of human adaptive mechanisms, and the greatest threats come from factors that weaken these protective systems (Masten 2001). Findings suggest that psychological resilience occurs through normal processes and that the healthy development of individuals who are resilient to developmental hazards is linked to the functioning of natural human adaptive systems (Garmezy, 1971, 1974; Rutter, 1979).

2.3.1 Theories of psychological resilience. Masten's model of healthy development describes a process that affects resilience through interaction with environmental factors and social relationships with people. Resilience is not only an internal characteristic of the individual, but also influences the interaction with the external world and the environment (Masten, 2001). Masten & Reed (2002) do not associate psychological resilience only with the resistance that emerges suddenly in times of difficulty but emphasize the importance of learning lessons from the events experienced and the success of personal development. In addition to feeling fine after experiencing unexpected and hurtful events, the impact of such experiences on human development is also related to resilience. Masten (2001) argues that such traumas can transform people's mental health and that people can achieve even more robust mental health after the trauma experience.

Lazarus and Folkman's (1984) Theory of Stress and Coping aims to explain the process of evaluating a stressful event and the methods of coping with the emotions that may arise after this experience. Lazarus and Folkman analysed coping strategies in two categories. Problem-focused coping and emotion-focused coping. Problem-focused coping describes direct efforts to eliminate a stressful situation. Using this strategy involves trying practical ways to eliminate the underlying factors of stress, coping and finding solutions. When we talk about emotion-focused coping, it aims to cope with stress by working on people's emotional responses. This strategy helps people to relax emotionally and increase their mental well-being. Lazarus and Folkman (2000) explain how coping strategies can help people cope with stressful situations (e.g., trauma) and strengthen their psychological resilience.

Masten, Lazarus & Folkman Stress and Coping Models try to understand how people adapt to environmental factors, the coping strategies they develop and the social bonds they form. It also helps us understand how they increase their resilience after traumatic experiences. Secure attachment and social support are seen as proven factors in reducing the impact of trauma on people. Social support plays a key role in a person's emotional well-being process because the social bonds established act as a shield against possible traumas (Masten, 2001). Lazarus and Folkman explain the effect of coping styles on psychological resilience. It enables individuals to realize which coping strategies to use and how to use them after childhood traumas and thus strengthens their psychological resilience.

2.3.2 Factors affecting psychological resilience. When it comes to enhancement of psychological resilience, it is critical to identify protective factors that can help reduce or eliminate the risks encountered, as well as their negative consequences. Psychological resilience can only be built when there is risk. Risk is defined as the presence of one or more factors that increase the probability of a negative outcome (Fraser & Jenson, 2008). Protective factors are those that mitigate or eliminate the negative effects of risks and adverse conditions (Ramirez, 2007).

Personal risk factors include temperament, shyness, birth defects, low IQ, some chronic and mental illnesses, drug and alcohol use, academic failure and ethnic group (Öz & Yılmaz, 2009). We can say that personal characteristics such as openness, extroversion, tolerance, internalized locus of control, skills, self-efficacy, self-esteem, positive evaluation of events, integration of difficulties with self-narratives and optimism are linked to resilience (Herrman et al., 2011). Together with these qualities, cognitive flexibility, social commitment, emotional control, perception of morality, development of active coping skills, hopefulness and active adaptation skills also help to create resilience (Joseph & Linley, 2006). In addition to demographic characteristics (age, gender, race and country of origin), social ties also have a significant impact on resilience. Having a parent with a mental or chronic illness, having a parent who uses drugs or who is a criminal or criminal-prone parent, being adopted, witnessing parental divorce, parental death/loss or being raised by a single parent, and being exposed to domestic physical/psychological violence can have an impact on the structure, function and neurobiological systems of the brain of people who have experienced challenging childhood experiences (Öz & Yılmaz, 2009). Changes in brain size, neural networks, receptor sensitivity, and neurotransmitter synthesis and reuptake can boost or deplete psychological resilience (Curtis & Nelson, 2003).

As a protective factor, the presence of supportive and caring caregivers, particularly in the early stages, helps to mitigate negative environmental influences (Herrman et al., 2011). At the environmental level factors, such as, low socioeconomic status, physical and sexual abuse, a lack of money, homelessness, child neglect, insufficient food, peer bullying, and societal violence (Öz & Yılmaz, 2009). Relationships with family and friends are linked to social support are important protective factors and may boost resilience (Luthar & Cicchetti, 2000). Therefore, secure attachment to the mother, family stability, a trusting relationship with a non-offending parent, good parenting skills, and a lack of maternal depression and substance abuse are all linked to fewer child behavioral issues and better mental health (Herrman et al., 2011).

2.3.3 Psychological resilience and childhood trauma. A person who has not encountered a traumatic experience at least once in his/her life cannot be expected to show psychological resilience. We are likely to develop psychological resilience in relation to the life challenges we experience and the way we cope with them. Psychological resilience has been characterized in a variety of ways because of years of research undertaken around the world, and personality qualities that influence psychological resilience have been studied (Karairmak, 2006). Psychological resilience is a capacity to adjust to changes in one's life resulting from the interaction of protective and risk variables when faced with a negative event such as divorce, natural catastrophes, poverty, disrupted family order, or relocation. Being exposed to a major threat and successfully adapting despite adversity are two critical components of psychological resilience (Luthar et al. 2000).

Childhood trauma may also be associated with adult resilience. There are many different definitions of trauma. Erten, Uney, & Fıstıkcı (2015) define trauma as a sudden and unexpected incident that threatens an individual's bodily and emotional well-being, and potentially their life. According to Terr (1991), childhood traumas are psychologically caused by an unexpected external blow or a string of hits that temporarily incapacitate the young person and cause disruption of their coping and defence processes. Studies on the association between childhood trauma and psychological resilience are typically undertaken on individuals at risk (Banyard, Williams, Siegel, & West, 2002). According to researches, a resilient adult who has survived a substantial childhood trauma is less likely to have suicidal thoughts or self-harm, is more competent, and has a lower risk of developing mental illness. According to studies conducted in non-clinical samples, individuals who have suffered childhood psychological abuse or trauma are more likely to have poorer levels of psychological resilience (Arslan, 2016; Türk-Kurtça & Kocatürk, 2020). As a result, research indicates that childhood trauma may impact psychological resilience (Aras, Topkaya, & Şahin, 2023).

Beside the bad results caused by trauma, positive change in the face of hardship has long been acknowledged in a variety of domains, including

philosophy, literature, and religion (Tedeschi & Calhoun, 1995). These favorable improvements have been observed in survivors of chronic illness, rape, and sexual assault, military conflicts, marine and aircraft catastrophes, natural disasters, death, injuries, substance addiction, and parents of disabled children. Such positive changes are typical as a result of dealing with adversity and are known as 'adversarial growth'.

The study of growth through adversity is a significant field of research and focusing solely on the negative impacts of trauma and adversity can result in a distorted understanding of posttraumatic responses. Understanding trauma and adversity requires taking into account both good and negative alterations (Affleck & Tennen, 1996; Calhoun & Tedeschi, 1998; McMillen, 1999; Park, 1998). Growing through adversity emphasizes the positive improvements that people experience following trauma and suffering. Positive change is critical in posttraumatic therapy attempts and provides a promising foundation for the concept that people may overcome trauma (Calhoun & Tedeschi, 1999; Linley & Joseph, 2002). However, the possibility of unexpected growth in interventions like posttraumatic stress disorder (PTSD) is frequently disregarded. However, research indicates that experiencing growth lowers stress levels (Frazier, Conlon, Glaser, 2001).

2.3.4 Psychological resilience and relational needs. It is clear that people need to establish relationships with other people from infancy in order to survive, and developing psychological resilience requires bonding and being in a relationship with people. Psychological resilience is the capacity to adapt positively to challenging situations (Luthar, 2003). This process can cause positive results like growth, developing new coping strategies, and establishing new relationships (Carver, 1998). Close relationships, family and romantic relationships are considered as important components of resilience (Zimmerman et al., 2013). However, research suggests that social relationships and the people in these relationships affect each other, and that resilience can ideally be addressed at both levels (Dekovic & Buist, 2005; Repetti, Robles, & Reynolds, 2011).

Erskine (2019), based on his developmental and relationship-oriented Integrative Psychotherapy approach, argues that a person's psychological well-being has a very close connection with the relational bonds experienced in the early period. The relationship forms the basis of the therapy process.

Erskine's Developmental and Relationship-Oriented Integrative Psychotherapy approach has many concepts that are quite compatible with psychological resilience. Psychological resilience refers to the individual's capacity to adapt and maintain functionality despite stress, trauma, and risk factors (Luthar, 2003); Erskine's developmental approach states that early relational experiences have a highly shaping power in the formation of this capacity. In particular, relational needs (security, acceptance, emotional expression, reciprocity, etc.) that are met or not met during childhood affect both the person's self-perception and the ability to adapt to the outside world (Erskine, 2019).

There are similarities between the protective factors (supportive caregivers, secure attachment, social support) emphasized in Masten & Reed's (2002) psychological resilience theory and the compassionate, accepting, and attuned relationship forms that Erskine (2019) presents in the therapeutic relationship. According to Erskine, the effects of unsatisfied relational needs in the past can be seen by looking at the body language, emotional reactions and behavioural patterns used by the patient (Erskine, 2019). Therefore, as a result of recognizing such needs in the therapeutic relationship and meeting them in this new relationship, it becomes usual for the individual to rebuild his/her inner integrity and thus develop psychological resilience.

In this respect, Erskine's approach supports not only therapeutic healing, but also the development of a more solid inner foundation against the negativities and difficulties that the person may encounter throughout his/her life (Erskine, 2019). Therefore, relational needs can be seen as a protective factor that supports psychological resilience and helps restructuring. The relationship between these two variables was examined comprehensively in this thesis for the first time in the literature and the effects of relational needs on psychological resilience were investigated in more detail. These findings provide an important basis for future

studies and suggest that the interaction of these two variables should be addressed in a broader framework.



Chapter 3

Methodology

3.1 Research Design

The present research is a correlational study investigating the relationship between childhood trauma, relational needs, and psychological resilience. Since the data collection process of the study was carried out at a certain time point, a cross-sectional model was used.

3.2 Participants

The predicted sample size of the study was determined using G*Power 3.1 prior to the start of data collection. A two-tailed correlation power analysis with an alpha value of .05, power of .95 and effect size (0.3) showed that 134 participants were estimated for the study. Data were collected from 355 participants; however, four participants were excluded due to age criteria, twenty participants were excluded due to outliers and one participant was excluded due to incorrect and incomplete answers. As a result, a total of 330 participants took part in this study, including 109 males, 219 females and 2 participants who did not want to specify their gender.

The majority of the participants (66.4%) were female, (33.0 %) were male and (0.6%) participants did not want to specify their gender. The ages of the participants were 18-29 years (50.6%), 30- 39 years (15.2%), 40-49 years (17.6%) and 50-60 years (16.7%). In terms of marital status, (54.5%) participants were single, (38.8%) were married, (6.4%) were divorced, and (0.3%) were widowed. In terms of educational status, (53.3%) participants were university graduates, (27.0%) were high school graduates, (14.8%) were master's or doctorate graduates, (3.0%) were middle school graduates and (1.8%) were primary school graduates. Most of the participants (71.5%) reported that they spent most of their lives in metropolitan cities, (16.4%) in provinces, (7.0%) in districts, (2.7%) in towns and (2.4%) in villages.

Table 1

Demographic Characteristics of Participants

Variable	Category	<i>N</i>	%	<i>M</i>	<i>SD</i>
Age				34.35	12.38
Gender	Female	219	66.4		
	Male	109	33.0		
	Non-binary	2	0.6		
Marital Status	Single	180	54.5		
	Married	128	38.8		
	Divorced	21	6.4		
	Widowed	1	0.3		
Education Level	Primary School	6	1.8		
	Middle School	10	3.0		
	High School	89	27.0		
	University	176	53.3		
	Postgraduate/Doctorate	49	14.8		
Living Area	Village	8	2.4		
	Town	9	2.7		
	District	23	7.0		
	Province	54	16.4		
	Metropolitan	236	71.5		

Note. *N* = Sample size, % = Percentage, *M* = Mean, *SD* = Standard Deviation.

3.3 Data Collection

3.3.1 Data collection instruments. Participants completed the informed consent and sociodemographic information form respectively, the Adverse Childhood Events Form (ACE), the Relational Needs Satisfaction Scale (RNSS), and the Adult Resilience Measure.

3.3.1.1 Sociodemographic information form. The Demographic Information Form contains questions to collect information about the age, gender, education level, socioeconomic status, and past and ongoing mental health status of the participants.

3.3.1.2 Adverse Childhood Events Form (ACE). The Adverse Childhood Experiences (ACE) study, developed to assess family trauma in the first 18 years of life, was conducted in the early 1990s under the leadership of Vincent Felitti and Robert Anda in collaboration with Kaiser Permanente and the CDC (Centres for Disease Control and Prevention). This study found strong links between childhood trauma and mental and physical health problems in adulthood and laid the foundation for today's ACE scale (Felitti et al., 1998)

This scale was adapted into Turkish by Gündüz, Yaşar, Gündoğmuş, Savran, and Konuk (2018). The Turkish version of the scale consists of 10 items questioning negative experiences (traumas) in childhood. The questions require only a 'yes' answer, otherwise they are left blank. The total score ranges from 0 to 10. Cronbach's alpha value calculated to measure internal consistency was found to be 0.742 (Gündüz et al., 2018). This result shows that the test has 74% internal consistency reliability. When the item-total score correlation was examined, significant positive correlations were detected for all items excluding item 10. The results obtained show that the scale has adequate internal consistency and can be considered sufficiently reliable. A higher score indicates an increase in negative childhood experiences. There is no cut-off value. It can be said that the consistency of item-total score correlations for the sub-dimensions of the scale is sufficient.

3.3.1.3 Relational Needs Satisfaction Scale (RNSS). The Relational Needs Satisfaction Scale (RNSS) was developed by Žvelc, Jovanoska, and Žvelc (2020) as a scale that measures the extent to which an individual perceives that his/her relational needs are satisfied in relationships. This scale is designed to determine the level of satisfaction of relational needs such as security, approval, acceptance, and love. This scale consists of 20 items. and it has five sub-dimensions. In the original study, the reliability of the scale passed the internal consistency (Cronbach's α coefficient) test ($\alpha = 0.90$), and Cronbach's subscales included authenticity ($\alpha = 0.80$), support and protection ($\alpha = 0.85$), having an impact ($\alpha = 0.81$), sharing experiences ($\alpha = 0.73$) and taking initiative ($\alpha = 0.83$). (Zvelc et al., 2020). It is a 5-point Likert scale and participants were asked to rate on a scale from 1 (completely disagree) to 5 (completely agree).

The Cronbach's alpha reliability coefficient of 0.83 indicates that the scale has a high level of internal consistency. The original 20-item structure of the scale was preserved in Turkish. The test-retest reliability of this scale is 0.82. The reliability of the sub-dimensions is 0.75 for 'Authenticity', 0.80 for 'Support and Protection', 0.75 for 'Shared Experience', 0.75 for 'Having Impact', 0.70 for 'Having an Impact' and 0.71 for 'Taking Initiative from the Other'. The internal consistency score of the scale is 0.83 and the scores are 0.63 for 'Authenticity', 0.79 for 'Support and Protection', 0.73 for 'Shared Experience', 0.78 for 'Having Impact' and 0.78 for 'Taking Initiative from Others'. 51. The confirmatory factor analysis results showed that the fit index of the model ($\chi^2/df=2.05$, RMSEA=0.048, CFI=0.924, TLI=0.912, IFI=0.925, AIC=468.610) was adequate and acceptable.

3.3.1.4 Psychometric Properties of Adult Resilience Measure (ARM).

Adult Resilience Scale (ARM): The Adult Resilience Scale adapted into Turkish by Arslan (2015) was used in the study. The scale was created based on the Child and Youth Resilience Scale (Arslan, 2015; Ungar & Liebenberg, 2011). Consisting of 21 items, the scale is evaluated on a 5-point Likert scale (1=Not at all, 5=It completely describes me). The scale consists of four sub-dimensions: relational resources (6 items), individual resources (5 items), cultural and contextual resources (5 items) and familial resources (5 items). The construct validity of the scale was examined by exploratory and confirmatory factor analysis. A four-factor structure explaining 65% of the total variance was obtained. In the reliability study of the scale, Cronbach's alpha internal consistency coefficient was .94 and test-retest reliability coefficient was .85. Cronbach's alpha values of the sub-dimensions were calculated as .86 for relational resources, .85 for individual resources, .82 for cultural and contextual resources, and .84 for familial resources. High scores obtained from the scale indicate that the individual has a high level of psychological resilience.

3.3.2 Data collection procedures. Approval was obtained from Bahçeşehir University Ethics Committee with the number of (E-85646034-604.01-93157) to collect the data to be used in this study. After the approval, data collection was started using Google Forms. This research questionnaire,

which was prepared online, was shared on various social media platforms such as Instagram, LinkedIn, University WhatsApp groups, etc. and the participants were asked to share it in their friend groups and social media accounts. Participants attended the research anonymously and their personal information was not requested to protect their privacy. Participation was voluntary and participants participated in the research questionnaire with the awareness that they were free to leave the research at any time. Participants were first asked to fill out an informed consent form, in which they were informed in detail about the purpose of the research, their right to leave the research and assurance of confidentiality. After the participants agreed to participate in the study, they were first asked to complete the Sociodemographic Information Form and then the Adverse Childhood Events Form (ACE), Relational Needs Satisfaction Scale (RNSS) and Adult Resilience Measure (ARM), respectively. Participation in this questionnaire took approximately 10-15 minutes.

3.3.3 Data analysis procedures. Data were analysed using SPSS version 30.0.0. A total of 25 participants were identified as outliers. After the removal process, the final sample consisted of 330 participants. Reverse coding was applied to the relevant items before the analyses. As a first step, Cronbach's Alpha coefficients were calculated to assess the internal consistency of the scales used. The reliability levels of the scales were ACE ($\alpha = .59$), RNSS ($\alpha = .86$) and ARM ($\alpha = .91$). The reliability coefficient of the ACE scale was found to be low, but this problem can be encountered in the literature in event-based, multidimensional, and heterogeneous trauma measurement tools (Clark & Watson, 1995; Gündüz et al., 2018).

Skewness and kurtosis values were analysed to assess the conformity of the data to the normal distribution. Skewness = 0.869 and kurtosis = -0.106 for ACE variable; skewness = -0.090 and kurtosis = -0.662 for RNSS; skewness = 0.011 and kurtosis = -0.535 for ARM. Since these values are between -1 and +1, it is accepted that they meet the conditions of normal distribution (Tabachnick & Fidell, 2013).

Accordingly, descriptive statistics were calculated for demographic variables and scale scores. Frequency and percentage values for categorical

variables (such as gender, marital status), mean and standard deviation values for continuous variables (age, ACE, RNSS, ARM total scores) were reported. According to these results, it was seen that all three variables met the assumption of normal distribution (Table 2). Following the normality assessment, validity and reliability analyses were conducted.

Pearson correlation analyses were conducted to examine the relationships between childhood trauma (ACE), relational need satisfaction (RNSS) and psychological resilience (ARM). In these analyses, significant and negative relationships were found between ACE and RNSS and ACE and ARM, and significant and positive relationships were found between RNSS and ARM. Immediately after the correlation analyses, multiple linear regression analysis was applied to understand the predictive effects of ACE and RNSS variables on psychological resilience. According to the results of the regression analysis, both variables were found to be significant predictors of psychological resilience, with RNSS emerging as a stronger predictor.

As a final analysis, it was aimed to test the mediating role of relational need satisfaction in the effect of childhood traumas on psychological resilience and a mediation analysis was conducted using PROCESS Macro v4.2 developed by Hayes (2022). The results of the analysis showed that RNSS played a partial mediating role in the relationship between ACE and ARM. In addition, the relationships between ACE and RNSS and ARM sub-dimensions were examined and the relational and psychological dimensions on which childhood traumas had more significant effects were assessed.

Table 2

Skewness and Kurtosis Values for Normality

	<i>Skewness</i>		<i>Kurtosis</i>	
	Statistics	S.E.	Statistics	S.E.
ACE	.869	.134	-.106	.268
RNSS	-.090	.134	-.662	.268
ARM	.011	.134	-.535	.268

Note. ACE = Adverse Childhood Events Turkish Form RNSS = Relational Needs Satisfaction Scale, ARM= Psychometric Properties of Adult Resilience Measure.

3.3.4 Validity and reliability. According to the reliability analysis (Table 3), the Cronbach alpha value of the Adverse Childhood Events Scale (ACE) is .59. It has a limited psychometric level. This is due to the event-based, heterogeneous structure of the scale and its binary (yes/no) response format (Clark & Watson, 1995; Gündüz et al., 2018). The ACE is an instrument that combines structurally quite different types of traumas (e.g., emotional abuse, parental loss, prison history) into the same total score. Therefore, high internal consistency across items is not expected, and a low Cronbach's Alpha value does not indicate that the scale is invalid, but that it reflects the diversity of the constructs it measures. In addition, while the Turkish adaptation of the ACE scale was administered to a clinical sample of 50 individuals, this study was administered to 330 individuals in the normal population.

The Cronbach's alpha value of the Relational Need Satisfaction Scale (RNSS) is .88. Cronbach alpha values for the subscales are authenticity ($\alpha = .61$), support and protection ($\alpha = .89$), having an impact ($\alpha = .88$), shared experience ($\alpha = .73$) and taking initiative from the other ($\alpha = .63$). This indicates that the homogeneity of individuals' responses to the statements in this dimension may be low and individual differences may limit measurement precision. The initiative-taking subscale of the RNSS has a low Cronbach's alpha value ($\alpha = .63$). However, in the Turkish adaptation of the scale (Toksoy et al., 2020), a lower reliability score was found than the other subscales ($\alpha = .51$). Given the limited measurement precision of ACE scores, the reflection of these traumas on an individual's relational needs (especially authenticity and initiative from others) may have appeared statistically weaker in the correlation analysis than it actually was. This may have indirectly affected the reliability of the “initiative from others” ($\alpha = .63$) and “authenticity” ($\alpha = .65$) subscales. Psychometric properties of the Adult Resilience Scale (ARM), Cronbach's alpha value is .88. Cronbach's alpha values for the subscales are respectively relational resources ($\alpha = .74$), individual resources ($\alpha = .70$), cultural and contextual resources ($\alpha = .86$), familial resources ($\alpha = .86$)

Table 3

Reliability Analysis

Scale	Cronbach's α
ACE Total	.59
RNSS Total	.88
Authenticity	.61
Support and protection	.89
Having an impact	.88
Shared experience	.73
Initiative from the other	.63
ARM Total	.88
Relational Resources	.74
Individual Resources	.70
Cultural and contextual Resources	.86
Familial Resources	.86

Note. ACE = Adverse Childhood Experience Scale, RNSS = Relational Needs Satisfaction Scale, ARM = Adult Resilience Measure.

3.4 Limitations

In the current research study, data were collected through convenience sampling, which is a non-probability-based sampling method. Non-probability sampling allows researchers to gather data in a short time (Etikan, Musa, & Alkassim, 2016). However, the results may not be generalisable to the overall population since random sampling is not used. It will be difficult to make statements about the relevant population (Trochim, Donnelly, & Arora, 2016). Also, the study was not conducted with an experimental method; therefore, cause

and effect cannot be determined. Only possible relationships between variables can be defined and discussed.

In survey research, respondents may have a social desirability bias and give answers that may be perceived as acceptable by the general population. This bias may affect the results of the study. In addition, the setting in which the participants completed the questionnaires is unknown. They may take breaks or be distracted by other factors while completing the study (Nederhof, 1985).

The Cronbach's Alpha value of the Adverse Childhood Experiences Scale (ACE) used in this study was found to be .59. This value seems to be below the psychometrically accepted minimum reliability limit. It has been reported in the literature that similar alpha values were obtained for this scale in similar sample groups (Ford et al., 2014; Schilling et al., 2007). It is thought that this result may be based on more than one reason.

First, the ACE scale has an event-based format that measures different traumatic experiences. The items in the scale (e.g., emotional abuse, parental divorce, substance abuse, neglect, etc.) are structurally heterogeneous and have a high level of content diversity.

Therefore, a high level of internal consistency (item-item correlation) between items is not expected. Traumatic experiences vary from person to person due to their origins and this diversity may cause the alpha coefficient to be low (Clark & Watson, 1995; Gündüz et al., 2018).

Second, the ACE scale has a dichotomous (yes/no) response format. This type of dichotomous response format limits the item variance, and especially in some items, if a large proportion of the responses are "no", the variance approaches almost zero, and as a result, it decreases the item-total correlations and thus the Cronbach's Alpha value (DeVellis, 2017; Büyüköztürk, 2017). In this study, it was observed that the "yes" response rate was quite low for certain items (e.g. imprisonment, sexual abuse).

Third, some items in the scale, especially more peripheral items such as item 10 ("Has anyone in your household been imprisoned?"), may have a limited relationship with psychological outcomes, which may decrease the item-total correlation. Indeed, both in this study and in the Turkish validity-reliability

study (Gündüz et al., 2018), the item-total correlation of Item 10 was found to be at the lowest level.

Finally, the sample structure of this study may have also affected the alpha value obtained. The validity and reliability study of the Turkish version of the ACE scale was conducted on a clinical sample of only 50 participants. Since the prevalence and variance of trauma scores may be higher in clinical samples, this may have contributed to the increase in the alpha coefficient. In contrast to the original study, this study used a large sample ($N = 330$) and some traumas were reported by only a limited number of participants. As a result, items with low variance may have reduced internal consistency by affecting overall scores (Choi, Lee, & Roberts, 2025).

For all these reasons, the low internal consistency coefficient obtained for the ACE scale can be explained not by the invalidity of the measurement but by the original structural features of the scale and the distributional characteristics of the sample to which it was applied.

Chapter 4

Findings

4.1 Descriptive Statistics

Means, standard deviations, and minimum and maximum scores for the scales' overall as well as subscale scores are shown in Table 4.

Descriptive data showed that the average ACE total score was $M = 1.61$, ($SD = 1.65$). The mean score of RNSS total was $M = 73.98$, ($SD = 10.82$).

The subscale mean scores of RNSS were respectively, authenticity ($M = 14.79$, $SD = 2.90$), support and protect ($M = 16.19$, $SD = 3.71$), having an impact ($M = 14.98$, $SD = 2.84$), shared experience ($M = 15.09$, $SD = 2.63$), and initiative from others ($M = 12.92$, $SD = 2.70$).

Furthermore, the mean score of ARM total was $M = 78.88$, ($SD = 11.72$).

The subscale mean scores were respectively, relational sources ($M = 23.50$, $SD = 3.59$), personal sources ($M = 20.40$, $SD = 2.74$), cultural and contextual ($M = 15.31$, $SD = 5.19$), and family sources ($M = 19.66$, $SD = 4.04$).

Table 4

Descriptive Statistics for the ACE, RNSS, and ARM Scales

Scale	M	SD	Min.	Max.
Total ACE	1.61	1.65	.00	6.00
Total RNSS	73.98	10.82	50.00	99.00
Authenticity	14.79	2.90	6.00	20.00
Support and protection	16.19	3.71	4.00	20.00
Having an impact	14.98	2.84	8.00	20.00
Shared experience	15.09	2.63	8.00	20.00

Table 4 (cont.d)

Initiative from the other	12.92	2.70	5.00	20.00
Total ARM	78.88	11.72	48.00	105.00
Relational sources	23.50	3.59	12.00	30.00
Personal Sources	20.40	2.74	11.00	25.00
Cultural and Contextual	15.31	5.19	5.00	25.00
Family Sources	19.66	4.04	7.00	25.00

Note. ACE = Adverse Childhood Experience Scale, RNSS = Relational Needs Satisfaction Scale, ARM = Adult Resilience Measure, *M* = Mean, *SD* = Standard Deviation, Min = Minimum, Max = Maximum.

4.2 Correlation Analysis

Firstly, correlation analyses were performed to examine the relationships between the research variables. The results of the correlation analyses are presented in Table 5.3

According to Pearson Correlation analysis results, there is a moderate negative and significant relationship between ACE total score and RNSS total score ($r = -.263$, $p < .001$). Based on this finding, it can be said that the satisfaction level of relational needs tends to decrease as the score of negative childhood experiences increases. Similarly, a moderate, significant and negative correlation was found between ACE total score and ARM total score ($r = -.330$, $p < .001$), indicating that adverse childhood experiences may negatively affect individuals' psychological resilience. In other words, as the scores of adverse childhood experiences increase, individuals' psychological resilience levels may decrease.

The strongest relationship was observed between RNSS total score and ARM total score ($r = .640$, $p < .001$). The moderate, positive and significant correlation result shows that psychological resilience tends to increase significantly as the satisfaction of relational needs increases. A significant negative correlation ($r = -.263$, $p < .001$) was found between ACE total score and RNSS total score. This correlation suggests that adverse childhood experiences may be associated with lower levels of satisfaction of relational

needs in adulthood. When we looked at the relationship between ARM total score and RNSS total score, a moderate positive correlation ($r = .640, p < .001$) was found. This relationship suggests that satisfaction of relational needs is closely related to psychological resilience.

Finally, a significant negative correlation ($r = -.330, p < .001$) was also found between the ACE total score and the ARM total score, indicating that negative childhood experiences are associated with lower levels of psychological resilience.

Table 5

Correlational Analysis of the Relationship Between the Scale Scores of the Participants

Variables	1	2	3	4	5	6	7	8	9	10	11	12
1-ACE Total	-	.263**	.167**	.257**	.142**	.185**	.190**	.330**	.262**	.107	.163**	.440**
2-RNSS Total	.263*	-	.714**	.795**	.653**	.757**	.719**	.640**	.689**	.529**	.209**	.617**
3-Authenticity	.167*	.714**	-	.436**	.360**	.396**	.417**	.437**	.506**	.395**	.124*	.392**
4-Support and Protect	.257*	.795**	.436**	-	.318**	.528**	.490**	.546**	.567**	.370**	.179**	.598**
5-Having an Impact	.142*	.653**	.360**	.318**	-	.439**	.310**	.497**	.520**	.557**	.205**	.337**
6-Shared Experience	.185*	.757**	.396**	.528**	.439**	-	.444**	.398**	.464**	.328**	.058	.447**
7-Initiative from Others	.190*	.719**	.417**	.490**	.310**	.444**	-	.432**	.439**	.277**	.185**	.438**
8-ARM Total	.330*	.640**	.437**	.546**	.497**	.398**	.432**	-	.842**	.679**	.741**	.740**
9-Relational Resources	.262*	.689**	.506**	.567**	.520**	.464**	.439**	.842**	-	.630**	.419**	.587**

Table 5 (cont.d)

10- Personel Resources	-.107	.529 **	.395 **	.370 **	.557 **	.328 **	.277 **	.679 **	.630 **	-	.290 **	.360 **
11- Cultural and Contextua l	-.163* *	.209 **	.124 *	.179 **	.205 **	.058	.185 **	.741 **	.419 **	.290 **	-	.295 **
12- Family Resources	-.440* *	.617 **	.392 **	.598 **	.337 **	.447 **	.438 **	.740 **	.587 **	.360 **	.295 **	-

** . Correlation i significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

4.3 Mediation Analysis: The Indirect Effect of Relational Needs on Psychological Resilience

Mediation analysis was used to evaluate the mediating role of relational needs satisfaction (RNSS) in the relationship between adverse childhood experiences (ACE) and psychological resilience (ARM). In the analysis, ACE was considered as the independent variable, RNSS as the mediating variable and ARM as the dependent variable. Hayes' PROCESS macro was analysed using Model 4 (Hayes, 2022).

In the first model, the effect of ACE on RNSS is analysed. The results showed that the model was significant, $F(1,328) = 24.33$, $p < .001$, and explained 6.9% of the variance in RNSS ($R^2 = .069$). ACE had a significant negative effect on RNSS ($\beta = -1.72$, $SE = .35$, $t(328) = -4.93$, $p < .001$, 95% CI $[-2.41, -1.04]$). According to this finding, it can be said that as negative childhood experiences increase, the level of satisfaction of relational needs decreases.

In the second model, the effects of ACE and RNSS on ARM were evaluated. The overall model was significant, $F(2,327) = 127.29$, $p < .001$, and explained 43.8% of the variance in ARM ($R^2 = .438$). The results showed that RNSS had a significant positive effect on ARM ($\beta = .644$, $SE = .047$, $t(327) = 13.84$, $p < .001$, 95% CI $[.553, .736]$) and ACE had a significant negative direct

effect on ARM ($\beta = -1.23$, $SE = .31$, $t(327) = -4.03$, $p < .001$, 95% CI $[-1.83, -.63]$).

The total effect model was also significant, $F(1, 328) = 39.96$, $p < .001$, and explained 10.9% of the variance in ARM ($R^2 = .109$). The total effect of ACE on ARM was negative and significant ($\beta = -2.34$, $SE = .37$, $t(328) = -6.32$, $p < .001$, 95% CI $[-3.07, -1.61]$). Bootstrap analysis revealed that the indirect effect of ACE on ARM via RNSS was significant ($\beta = -1.11$, 95% CI $[-1.59, -.68]$). The direct effect is still significant ($\beta = -1.23$, $p < .001$), suggesting partial mediation.

The results of the analyses indicate that approximately 47% of the total effect of ACE on ARM is mediated by RNSS. This indicates that a significant portion of the negative effect of adverse childhood experiences on resilience is mediated by a decrease in the satisfaction of relational needs. That is, adverse childhood experiences reduce the level of satisfaction of relational needs and negatively affect psychological resilience. These results suggest that satisfaction of relational needs plays an important mediating role in the relationship between adverse childhood experiences and psychological resilience. The way to increase psychological resilience in individuals with adverse childhood experiences may be to develop intervention and therapy approaches focused on the satisfaction of relational needs.

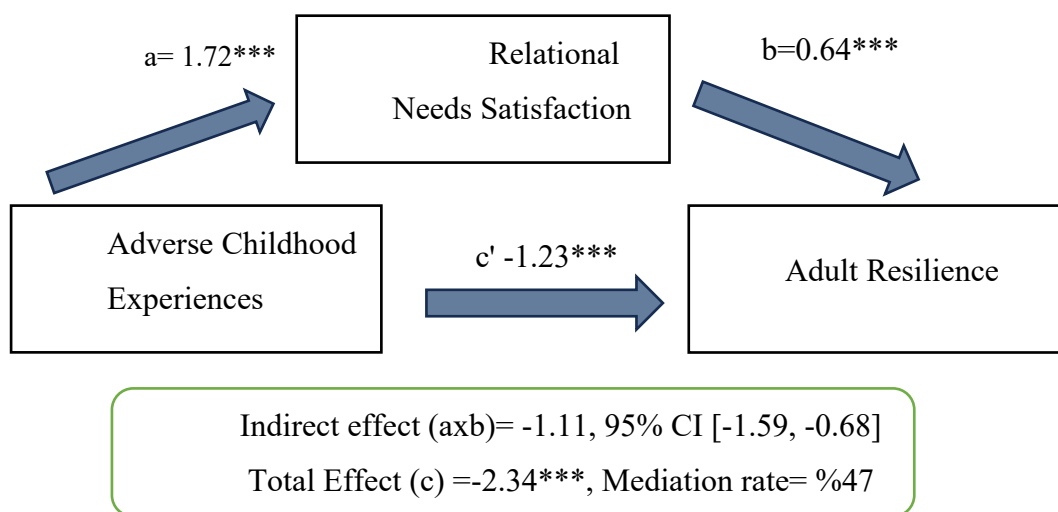


Figure 1. Model for the mediating role of RNSS in the effect of childhood trauma on psychological resilience.

Table 6

The Mediating Effect of Relational Needs Satisfaction in the Relationship Between Adverse Childhood Experiences and Psychological Resilience

Relationship	β	<i>SE</i>	t	p	95% CI	
					Lower	Upper
					Bound	Bound
Indirect Effect						
ACE>RNSS>ARM	-1.11				-1.59	-0.68
Direct Effect						
ACE>RNSS	-1.72***	.35	-4.93	.000	-2.41	-1.04
ACE>ARM	-1.23***	.31	-4.03	.000	-1.83	-.063
RNSS>ARM	.64***	.05	13.84	.000	.55	.74
R ² = .44	F =127.29					

Note. ACE = Adverse Childhood Experience, RNSS = Relational Needs Satisfaction, ARM= Adult Resilience Measure.

Chapter 5

Discussion and Conclusions

The aim of this study was to examine the relationships between childhood trauma, relational need satisfaction, and psychological resilience and to further understand the role of relational need satisfaction in this model. Therefore, descriptive analyses, correlation analyses and mediation analyses were conducted. In this section, the findings of the current study will be discussed in the light of the hypotheses. Then, in this regard, the theoretical and clinical implications will be considered. In conclusion, recommendations for future research will be presented.

5.1 Discussion of Findings for Research Questions

5.1.1 Discussion of hypothesis I. The first hypothesis of the study argues that the psychological resilience levels of individuals are negatively affected as a result of traumatic experiences in childhood. The findings of the study supported this hypothesis and revealed that individuals who were more exposed to childhood traumas had lower levels of psychological resilience. These results are a frequently discussed relationship in developmental psychology and trauma literature. Traumatic experiences can negatively affect an individual's ability to cope with stress, self-regulation capacity, and psychological resilience in the face of challenges in adulthood (Luthar et al., 2000; Masten & Wright, 2010).

The varying levels of the relationship between childhood trauma and different sub-dimensions of psychological resilience are quite interesting. Childhood trauma showed the strongest negative relationship with family resources. This was followed by relational resources and cultural and contextual resources. According to Southwick et al. (2016), trauma experiences can severely weaken resilience resources within the family system. The results of this study also support their findings. The strong negative association with family resources suggests that traumatic experiences affect resilience mostly through family dynamics and relationships. This is an important finding, especially considering that childhood traumas often occur in the family

environment (Norman et al., 2012; Şar, Öztürk, & İkikardeş, 2012). In addition, weakening family support means eliminating one of the most fundamental external sources that support psychological resilience.

According to the results, relational and cultural resources are similarly negatively affected by traumas. It is observed that individuals who experienced emotional neglect or communicative disconnection in childhood have difficulty in establishing healthy social relationships in adulthood and their sense of social belonging decreases (Erskine, 1993; Hughes et al., 2017). Thus, the role of cultural and contextual elements in psychological resilience can be mentioned. On the other hand, the fact that no significant relationship was found between individual resources and childhood traumas supports Masten's (2014) idea that some individual resilience resources, which she calls "ordinary magic", can be preserved, and even developed despite adverse environmental conditions. This may reflect the potential of trauma victims to maintain some of their internal resources and experience post-traumatic growth as described by Tedeschi and Calhoun (2004). It can be said that individual factors such as self-efficacy, humour or problem solving that individual develop in response to trauma can be affected at different levels (Southwick, Bonanno, Masten, Panter-Brick, & Yehuda, 2014).).

The findings overlap with developmental trauma theories and attachment-based approaches. Secure attachment, unconditional acceptance and the presence of a consistent caregiver play a critical role in the formation of a person's basic sense of trust and psychological resilience (Siegel, 2012). In individuals who lack these factors, a decrease in the capacity to cope with environmental stressors and difficulties in achieving internal balance can be observed. In this context, it can be said that early traumas transform not only the individual's psychology but also the ways of social interaction. This transformation may have long-term effects on psychological resilience.

All these findings support the first hypothesis of the study and suggest that childhood traumas may weaken individuals' lifelong psychological resilience. At the same time, repairing or strengthening relational resources stands out as an important intervention method to increase the psychological

resilience of individuals after trauma. In particular, access to family-based therapies, strengthening social support networks, and psychoeducation to help individuals establish secure relationships may be important in this process (García-Moya et al., 2019; Werner, 2013).

While evaluating all these research findings, it should be taken into consideration that the internal consistency of the ACE scale used in this study is limited. The event-based and heterogeneous content of the scale and the dichotomous response format (Yes/No) may cause the Cronbach's Alpha value to be low (Gündüz et al., 2018; Clark & Watson, 1995). The low response frequency of some items in the scale (such as prison or sexual abuse) may be another factor limiting reliability. More detailed information about these are discussed in the Methods section. However, considering the general direction and significance levels of the findings, this limitation does not prevent the holistic interpretation of the results.

5.1.2 Discussion of hypothesis II. The findings of this study provide significant information about the nature and direction of the relationship between childhood traumas and satisfaction of relational needs. As hypothesised, a significant and negative relationship was observed between childhood traumas and relational need satisfaction in adulthood. Individuals who were more exposed to trauma reported lower levels of support, visibility, protection, intimacy and trust in their relationships. These results are in parallel with the research that traumatic experiences disrupt the functionality of the individual in relationships and limit the capacity and ability to establish secure bonds (Erskine, 2011; Mikulincer & Shaver, 2007)

According to Erskine's approach, all interactions are formed around relationships and people are constantly in search of relationships and interdependence throughout their lives. In this context, it is emphasised that relational needs must be satisfied in order to establish healthy and close relationships. This principle is influenced by a developmental perspective that argues that each period of life leads to specific developmental tasks, sensitivity to needs, crises and opportunities for growth (Erskine, 2019). According to the results obtained in the study, while the general relational need satisfaction of the

participants was above the medium level, differentiation was observed at the subscale level. It was found that the highest value was in the area of 'support and protection', followed by the areas of 'shared experience', 'having an impact' and 'authenticity', respectively; the lowest score was found in the sub-dimension of 'initiative from others'.

The need for taking initiative from others is a signal that the other person sees the needs of the individual, recognises them, and thinks that they are valuable. The low satisfaction of the need for 'initiative from others' indicates that individuals with a traumatic past may have low perceptions of being seen, feeling worthy of being seen, and being valued by others (Erskine et al., 1999). In such individuals, more cautious or defensive behaviours may be observed in relationship initiation attempts. As a result, both the need to be visible and the process of establishing secure attachment may be negatively affected. In addition, low self-esteem after childhood traumas may lead to perceiving the initiatives of the other party as an undeserved intervention (Waldinger, Schulz, Barsky, & Ahern, 2006). In the study, it was found that the sub-dimension of taking initiative from others showed a significant and negative correlation with childhood trauma. This finding suggests that individuals with traumatic experiences have serious difficulties in accepting the demands of others to approach them and allowing reciprocity in relationships.

When the correlations between childhood trauma and the sub-dimensions of relational needs were analysed, the strongest negative correlation was found in the 'support and protection' sub-dimension. This finding suggests that traumatic experiences have a negative impact on the individual's capacity to feel safe and receive support from others. Interestingly, 'support and protection' was also the relational need area in which the participants scored the highest. This suggests that individuals who experienced overprotection or neglect in childhood may have difficulty in feeling relational security in adulthood. Especially overprotective parenting styles, which are common in Turkish culture, may prevent the individual from developing independence and increase the expectation of external protection in relationships (Şar et al., 2012; Schiffrin, Liss, Miles-McLean, Geary, Erchull, & Tashner, 2014). As a reflection of this,

individuals may both expect more support in adulthood and resist the initiative of the other party with a high need for control in relationships.

Although authenticity was slightly lower among the scores of the scale of satisfaction of relational needs, the results indicate that individuals with childhood trauma experiences may have difficulties in expressing themselves authentically in the relationships they establish. Authenticity as a relational need refers to the ability to feel and reflect one's true self without fear of rejection or judgement in interactions with people. This suggests that the fear of rejection or judgement may cause the individual to suppress their inner reality if they express their feelings (Žvelc et al., 2020). Similarly, people who have been exposed to childhood trauma may have difficulty feeling safe enough to transparently express their thoughts, feelings, or desires and may suppress themselves, which prevents the development of satisfying connections (Zhou, Wei, & Xie, 2024).

The relationship between the 'having an impact' sub-dimension and trauma shows that traumatised individuals may experience deficits in being effective in their relationships with others, making a positive difference in the other person's life and feeling valued in mutual relationships. This coincides with Van der Kolk's (2014) observations that trauma victims often feel ineffective or powerless in their relationships. The negative relationship between the 'shared experience' sub-dimension and trauma suggests that traumatised individuals may have difficulties in creating common experiences with others, establishing emotional bonds, and feeling a sense of togetherness.

In conclusion, the results of this study significantly support the negative impact of childhood trauma on the satisfaction of relational needs. Although this effect is seen in all relational need domains, it is more evident especially in the domains of 'support and protection' and 'initiative from the other'. Moreover, it is seen that the level of satisfaction of relational needs is both affected by traumatic experiences and shaped by the cultural and developmental background of individuals. However, the reliability level of the measurement tools may limit these interpretations. In particular, the low internal consistency coefficient of the ACE scale may reduce the capacity of trauma scores to reflect individuals' actual experiences. This may have limited reliability by reducing response consistency

in the measurement of a highly sensitive relational need such as 'initiative from others' (Streiner, 2003). Nevertheless, the overall findings reveal that childhood traumas damage the relational satisfaction structure of the individual in different directions and support this hypothesis.

5.1.3 Discussion of hypothesis III. The third hypothesis of the study, 'Satisfying relational needs positively affects psychological resilience', was strongly supported by the results of this study. The mediation analysis showed that satisfying relational needs has a direct positive effect on psychological resilience. Accordingly, higher levels of psychological resilience are observed in individuals whose relational needs are met at higher levels.

These findings suggest that an individual's psychological resilience depends not only on internal resources but also on basic needs met through interpersonal relationships. The Relational Needs Model developed by Erskine (1993) emphasises that individuals' needs for trust, support, appreciation and authenticity are lifelong and that satisfying these needs increases psychological balance.

This result is consistent with the Ecological Resilience Model, which argues that resilience is not only an individual trait, but also significantly affected by the relational context (Ungar, 2013). Ungar states that resilience is a result of the interaction of personal, relational, social and cultural sources. From this perspective, it can be seen that individuals have an indispensable role in the development of resilience sources as a result of satisfying relational needs.

When the relationship between relational needs satisfaction and psychological resilience sub-dimensions was analysed, it was found that relational needs had the strongest positive correlation in the relational sources sub-dimension. This finding is expected because both relational need satisfaction and relationship resilience sources are associated with interpersonal relationships and relationship dynamics. This finding is consistent with the understanding that supportive relationships and social connections are among the strongest determinants of resilience as emphasised by Southwick et al.

Another finding indicates that the satisfaction of relational needs has a moderate and positive correlation with familial sources of resilience. Contrary

to common views, it can be argued that satisfaction of relational needs may contribute to resilience not only in relationships with peers and romantic partners but also in family relationships. According to Walsh's (2016) Familial Resilience Model, the presence of open communication, mutual support and emotional bonds in family relationships increases the resilience of individuals as well as the resilience of the family system.

The result that satisfaction of relational needs is significantly and positively correlated with personal resilience resources suggests that relational satisfaction can also enrich an individual's internal resources. Masten's (2014) concept of “ordinary magic” explains this connection. Having supportive relationships can support the development of resilience resources such as self-efficacy, problem-solving skills or self-regulation. Someone whose relational needs are satisfied feels more secure and supported. They can develop resilience to overcome difficult personal events.

It is noteworthy that the relationship between satisfaction of relational needs and cultural and contextual sources is weaker than the other sub-dimensions. This can be explained by the fact that cultural and contextual sources are linked to larger social structures and less affected by individual relationships. Nevertheless, the existence of a significant positive relationship between the satisfaction of relational needs and cultural and contextual resources suggests that relational satisfaction may also strengthen social belonging and cultural identity in individuals. Ungar (2013) suggested that resilience is sensitive to cultural context and is affected by social ecology, and the findings of the study coincide with this view.

The fact that the ‘support and protection’ sub-dimension has the strongest relationship with resilience shows that meeting security and support needs is of great importance for resilience. This finding is consistent with Bowlby's (1988) claim that secure attachment provides a foundation for exploration and growth. Having strong relationship foundations may enable individuals to be more resilient in the face of difficulties.

‘Authenticity’ and ‘having an impact’ sub-dimensions have moderate relationships with resilience. Based on this relationship, it can be said that the

ability to open oneself in relationships, to express one's true self and to make a positive difference in the lives of others contribute to resilience. These findings are in line with Ryff's (1989) Psychological Well-Being Model. In this model, factors such as autonomy, self-acceptance and life purpose are said to constitute important components of psychological health, and these factors are in a close relationship with the satisfaction of relational needs.

The positive relationship of the “shared experience” sub-dimension with resilience suggests that sharing common experiences and experiences can be a serious resource in coping with difficult experiences. Sharing similar experiences with others can help individuals to feel that they are not alone and to be more resilient in resisting difficulties (Yalom, 2002).

'Initiative from others' sub-dimension also has a significant and positive relationship with resilience. This relationship shows that the effort of others to show interest and care to the individual is an important source for resilience. This finding is consistent with studies emphasizing the positive effects of social support on resilience (Cohen & Wills, 1985; Ozbay et al., 2007). When other people take initiative and make the individual feel valued, the individual's self-worth and motivation to cope with difficulties may increase.

In conclusion, based on the findings of this study, we can see a moderate positive effect of satisfying relational needs on psychological resilience. This effect is seen in all sub-dimensions of resilience and is particularly noticeable in relational and familial sources of resilience. These research findings suggest that interventions that seek to improve resilience should pay special attention to satisfying relational needs. Focusing on satisfying relational needs through the therapeutic relationship may be effective in developing resilience, especially in individuals who have experienced traumatic experiences.

However, the limited reliability coefficient of the ‘initiative from others’ sub-dimension of the RNSS scale ($\alpha = .63$) may have weakened the statistical power of the comments made with this sub-dimension. On the other hand, it should be remembered that this subscale has been found to be low in most of the other Turkish language studies (Toksoy et al., 2020; Usta, 2025). However, since

the overall internal consistency of the RNSS is high, the general findings obtained support the hypothesis that it is reliable.

5.1.4 Discussion of hypothesis IV. The fourth hypothesis of the study, “Satisfaction of relational needs mediates the relationship between childhood trauma and psychological resilience”, was supported by the findings of the study. The results of the mediation analysis showed that a part of the total effect of childhood trauma on psychological resilience was mediated by relational needs. According to the results of the analysis, although the direct effect of childhood trauma on psychological resilience is significant, its indirect effect through satisfying relational needs is also significant. This result suggests that the relationship between childhood trauma and psychological resilience is partially explained by satisfying relational needs.

This finding is consistent with previous studies in the trauma literature. Trauma researchers emphasize that the long-term effects of early negative experiences can be shaped through relational processes (van der Kolk, 2014; Pearlman & Courtois, 2005). The negative effects of trauma on relational needs may affect individuals' capacity for psychological resilience. This study supports this perspective. Unsatisfied relational needs after traumatic events may limit individuals' capacity to cope with stressors.

This mediation analysis showed that childhood trauma had a significant and negative effect on the satisfaction of relational needs. The satisfaction of relational needs was also shown to have a significant and positive effect on psychological resilience. This result is consistent with trauma-related models that argue that traumatic experiences should be processed and healed in a relational sense (Herman, 1992; Courtois & Ford, 2013). The mediating role of satisfying relational needs supports the importance of focusing on relational processes in healing the effects of traumatic experiences and increasing psychological resilience.

The partial mediation finding in the mediation analysis suggests that the effect of childhood trauma on resilience is complex and multidimensional. In light of this finding, it is consistent with Cicchetti and Rogosch's (2009) Resilience Model from a multi-level perspective. Psychological resilience is a

dynamic process resulting from the interaction of various protective factors and risk factors (Cicchetti & Rogosch, 2009). Satisfying relational needs functions as an important protective factor during this period. However, there are other factors (genetic, psychological, socio-cultural, etc.) that can shape the relationship.

Based on the findings regarding the mediating role of relationship needs, some important implications can be drawn for interventions to increase psychological resilience. Therapeutic approaches that focus on identifying and satisfying relational needs may be effective in increasing psychological resilience, especially when working with trauma victims. Relationship-based approaches such as the Integrative Psychotherapy Approach (Erskine, 2015), Emotion Focused Therapy Approach (Johnson, 2019) and Progressive Trauma Treatment (Courtois & Ford, 2013), which focus on relational needs, aim to understand the relational needs of people with traumatic experiences and address any missing needs. Prioritizing this therapeutic relationship can provide a basis for the satisfaction of the individual's relational needs. It can increase resilience through a secure bond established within the therapeutic relationship.

The findings of this study also reveal the importance of a trauma-informed approach. SAMHSA's (2014) trauma-informed approach guideline recommends understanding the prevalence and impact of trauma and its symptoms as well as building a system to prevent recurrence. Considering these items, taking into account the relational dimensions of trauma and prioritizing relational needs in psychological interventions can be highly effective strategies for developing psychological resilience in individuals.

As a result, it can be said that satisfying relational needs played a partial mediating role in the relationship between childhood trauma and psychological resilience. This result suggests that satisfying relational needs is an important mechanism in reducing the negative effects of traumatic experiences on life and increasing psychological resilience in individuals. Therefore, it can be suggested that mental health clinicians working with trauma victims should pay special attention to understanding relational needs. Relationship-based therapy

approaches may offer a promising view for posttraumatic recovery and the development of resilience.

While evaluating these findings, some psychometric limitations related to the measurements should be taken into consideration. The internal consistency coefficient of the ACE scale used in the study was found to be limited at (.59). ACE is an event-based scale that evaluates different types of traumatic events in a yes/no format, and this structural heterogeneity may cause the internal consistency coefficient to be low (Clark & Watson, 1995; Gündüz et al., 2018). This limitation may have led some participants' ACE scores to reflect their trauma burden less than it actually was. This may statistically reduce the strength of the relationship and mediation effect between RNSS and ACE.

5.2 Conclusion

This study has important implications for investigating the relationship between childhood trauma, relational need satisfaction and psychological resilience. These implications are consistent with the literature and point to the mediating role of childhood trauma in the relationship between relational needs satisfaction and psychological resilience. At the same time, this study contributed to the literature by measuring the relationship between relational needs and psychological resilience for the first time.

According to the results of the study, it was found that childhood trauma had a negative effect on both relational needs satisfaction and psychological resilience, while relational needs satisfaction had a positive effect on psychological resilience. In addition, it was found that satisfaction of relational needs partially mediated the relationship between childhood trauma and psychological resilience. According to the findings, the negative effects of childhood trauma on the satisfaction of relational needs contribute to the decrease in psychological resilience. In particular, familial resilience resources emerged as the dimension most affected by childhood trauma. This finding draws attention to the importance of familial relationships in the long-term effects of trauma.

Childhood trauma may impair the individual's ability to satisfy relational needs, prevent the process of establishing secure attachment, or limit the ability

to establish healthy relationships. This situation may also negatively affect the strategies individuals use when they face difficulties and their ability to recover from traumatic experiences. In particular, as a result of the integration of childhood traumas and dissatisfied relational needs in adulthood, individuals may develop defence mechanisms to cope with stress. This may cause psychological distress and reduce the individual's ability to heal. The findings place greater emphasis on the impact of familial trauma on psychological resilience. These findings once again emphasise the vital importance of Trauma-Focused Therapeutic Approaches and suggest that addressing relational needs is as key as therapeutic efforts to increase psychological resilience.

5.3 Recommendations

5.3.1 Theoretical implications. The conclusions that can be drawn from this research offer important contributions to the theoretical understanding of the relationships between childhood trauma, relational need satisfaction and psychological resilience. First, the findings support Ecological Models of resilience (Ungar, 2013), which emphasise that resilience is not only an individual trait but also influenced by relational processes. The strong effect of the satisfaction of relational needs on psychological resilience suggests that relational needs play a major role in building resilience. Second, relational perspectives on the effects of trauma (Herman, 1992; van der Kolk, 2014) are strengthened by the results of this study.

It discusses how childhood trauma experiences can negatively affect the satisfactions of one's relational needs and reduce psychological resilience. In addition, it explores how posttraumatic experiences can affect relational processes. Third, the findings extend Erskine's (2015) relational needs to the resilience context. It shows that the satisfaction of relational needs is important not only for overall psychological well-being, but also for enhancing the ability to recover from posttraumatic effects. Finally, the mediating role of relational needs reminds us of the importance of relational processes in the relationship between trauma and resilience. It also strengthens relational dimensions such as Trauma-Informed Approaches (SAMHSA, 2014). These research outputs open

the way for building more diverse models to understand the interactions between trauma, relational processes, and resilience.

5.3.2 Clinical implications. The findings of this study provide important clinical contributions to trauma-focused psychological intervention processes. In particular, the demonstration that the effect of childhood traumas on psychological resilience is shaped through relational needs reveals that it will not only be sufficient to work with traumatic experiences of individuals, but also to deal with the permanent effects of these experiences in the relational field. Interventions based only on individual insight may be inadequate, therefore, the importance of therapeutic approaches aimed at increasing the relational satisfaction level of the individual comes to the fore.

In terms of clinical practice, assessment of relational needs and increasing the level of satisfaction of these needs can be a method to support psychological resilience. In the post-traumatic period, individuals' experiencing their basic relational needs such as support and protection, self-expression, and emotional closeness in an environment that they consider safe can play a critical role in the reconstruction of psychological resilience. In particular, areas such as establishing a secure bond, recognising the need for relationship initiation and supporting authentic self-experience should be one of the most important areas of the therapeutic process.

Increasing relational satisfaction should not only be limited to individual therapy, but also group therapy, family therapy and attachment-based intervention models should not be ignored. Especially in individuals who have experienced neglect or abuse in satisfying relational needs during childhood, recognising and satisfying these needs can be effective in alleviating the emotional traces of trauma and developing the right ways of coping (Ok, 2023). Therefore, relational needs should be fully addressed in the therapeutic collaborations of individuals who want to strengthen their psychological resilience. Only as a result of such a thorough addressing of relational needs can a lasting and meaningful healing process be achieved for trauma survivors.

5.3.3. Direction for future research. While this study reveals important findings, it also offers several directions for future studies. First of all, the data

used in this study are cross-sectional, and therefore, causality relationships can only be evaluated within the theoretical framework. Therefore, longitudinal studies are also needed to better understand the temporal process of the relationship between childhood traumas, satisfaction of relational needs and psychological resilience.

Secondly, studies examining the effects of various types of traumas (e.g., emotional, physical, sexual abuse, neglect, etc.) on different dimensions of relational needs can be conducted in order to better understand the mediating role of satisfaction of relational needs. Such studies may provide a more detailed view of the impact of different types of traumas on relational processes and its consequences on resilience.

In terms of measurement tools, especially considering the low internal consistency level of the ACE scale and the limited reliability coefficients for some of the RNSS sub-dimensions, it would be more meaningful to use different trauma assessment tools such as the Childhood Trauma Questionnaire (CTQ-33) with a Cronbach alpha value ($\alpha=.87$). In addition, a detailed examination of individuals' subjective experiences of childhood traumas, satisfaction of relational needs and psychological resilience through studies using qualitative methods may enrich the content.

Furthermore, examining these relationships in different age groups, cultures and clinical populations may increase the reliability and generalisability of the results and thus illuminate the role of cultural factors.

REFERENCES

- Aburn, G., Gott, M., & Hoare, K. (2016). What is resilience? An integrative review of the empirical literature. *Journal of Advanced Nursing*, 72, 980–1000. <https://doi.org/10.1111/jan.12888>
- Affleck, G., & Tennen, H. (1996). Construing benefits from adversity: Adaptational significance and dispositional underpinnings. *Journal of Personality*, 64, 899–922. <https://doi.org/10.1111/j.1467-6494.1996.tb00948.x>
- Afifi, T. D., Merrill, A. F., & Davis, S. (2016). The theory of resilience and relational load. *Personal Relationships*, 23(4), 663-683. <https://doi.org/10.1111/pere.12159>
- Ainsworth, M. S., & Bowlby, J. (1991). An ethological approach to personality development. *American Psychologist*, 46(4), 333. <https://doi.org/10.1037/0003-066X.46.4.333>
- Aktay, M. (2020). İstismar ve ihmalin çocuk üzerindeki etkileri ve tedavisi. *Gelişim ve Psikoloji Dergisi*, 1(2), 169-184.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author. <https://doi.org/10.1176/appi.books.9780890425596>
- American Psychological Association. (2016). 2015 Annual report of the American Psychological Association. *American Psychologist*, 71(5, Suppl.), S1–S50. <https://doi.org/10.1037/h0101510>
- Anda, R. F., Butchart, A., Felitti, V. J., & Brown, D. W. (2010). Building a framework for global surveillance of the public health implications of adverse childhood experiences. *American Journal of Preventive Medicine*, 39(1), 93-98. <https://doi.org/10.1016/j.amepre.2010.03.015>
- Anda, R. F., Williamson, D. F., Escobedo, L. G., Mast, E. E., Giovino, G. A., & Remington, P. L. (1990). Depression and the dynamics of smoking: A national perspective. *JAMA*, 264(12), 1541-1545. <https://doi.org/10.1001/jama.1990.03450120053028>
- Aras, N. Y., Topkaya, N., & Şahin, E. (2023). Yetişkin bireylerde cinsiyet, çocukluk çağı travmaları, yaşamda anlam, öz-şefkat ve psikolojik sağlamlık arasındaki

- ilişkinin incelenmesi. İctimaiyat, 7(1), 168-183.
<https://doi.org/10.33709/ictimaiyat.1168719>
- Arslan, G. (2015). Psychometric properties of Adult Resilience Measure (ARM): The study of reliability and validity. *Ege Journal of Education*, 16(2), 344-357.
- Arslan, G. (2016). Psychological maltreatment, emotional and behavioral problems in adolescents: The mediating role of resilience and self-esteem. *Child Abuse & Neglect*, 52, 200-209. <https://doi.org/10.1016/j.chiabu.2015.09.010>
- Axford, M. K. (2007). Attachment, affect regulation, and resilience in undergraduate students. (Doctoral dissertation). Walden University.
<https://doi.org/10.1111/pere.12159>
- Banyard, V. L., Williams, L. M., Siegel, J. A., & West, C. M. (2002). Childhood sexual abuse in the lives of Black women: Risk and resilience in a longitudinal study. *Women & Therapy*, 25, 45-58. https://doi.org/10.1300/J015v25n03_04
- Barakazı, M. O. G. M. (2022). Maslow'un ihtiyaçlar hiyerarşisi kuramı kapsamında insanların turizm hareketlerine katılma durumları üzerine ilişkisel bir değerlendirme. *Social Mentality and Researcher Thinkers Journal (SMART Journal)*, 4(14), 1001-1010. <https://doi.org/10.31576/smryj.145>
- Barut, B. (2021). Cinsel istismar mağdurlarına yaklaşım ve terapötik süreç. *Journal of International Social Research*, 14(76), 1001-1010.
- Basch, M. F. (1988). *Understanding psychotherapy: The science behind the art*. Basic Books.
- Basim H. N., & Çetin F. (2011). Yetişkinler için Psikolojik Dayanıklılık Ölçeği'nin güvenilirlik ve geçerlilik çalışması. *Türk Psikiyatri Dergisi*, 22, 104-114.
- Baumeister, R. F., & Leary, M. R. (2017). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Interpersonal Development*, 57-89. <https://doi.org/10.1037/0033-2909.117.3.497>
- Beebe, B. (2005). Mother-infant research informs mother-infant treatment. *The Psychoanalytic Study of the Child*, 60(1), 7-46.
<https://doi.org/10.1080/00797308.2005.11800745>
- Beitchman, J. H., Zucker, K. J., Hood, J. E., DaCosta, G. A., Akman, D., & Cassavia, E. (1992). A review of the long-term effects of child sexual abuse. *Child Abuse & Neglect*, 16(1), 101-118. [https://doi.org/10.1016/0145-2134\(92\)90011-f](https://doi.org/10.1016/0145-2134(92)90011-f)

- Bendixen, M., Muus, K. M., & Schei, B. (1994). The impact of child sexual abuse—A study of a random sample of Norwegian students. *Child Abuse & Neglect*, 18(10), 837-847. [https://doi.org/10.1016/0145-2134\(94\)90063-9](https://doi.org/10.1016/0145-2134(94)90063-9)
- Bergman, L. A., & Magnusson, D. (1997). A person-oriented approach in research on developmental psychopathology. *Development and Psychopathology*, 9, 291-319. <https://doi.org/10.1017/s095457949700206x>
- Berman, R. A., Gotts, S. J., McAdams, H. M., Greenstein, D., Lalonde, F., Clasen, L., ... & Rapoport, J. (2016). Disrupted sensorimotor and social–cognitive networks underlie symptoms in childhood-onset schizophrenia. *Brain*, 139(1), 276-291. <https://doi.org/10.1093/brain/awv306>
- Berne, E. (1961). *Transactional analysis in psychotherapy: A systematic individual and social psychiatry*. Grove Press.
- Berzenski, S. R., Madden, A. R., & Yates, T. M. (2018). Childhood emotional abuse characteristics moderate associations with adult psychopathology and caregiving. *Child Abuse & Neglect*. <https://doi.org/10.1016/j.chiabu.2018.06.004>
- Bigras, N., Daspe, M. È., Godbout, N., Brière, J., & Sabourin, S. (2017). Cumulative childhood trauma and adult sexual satisfaction: Mediation by affect dysregulation and sexual anxiety in men and women. *Journal of Sex & Marital Therapy*, 43(4), 377-396. <https://doi.org/10.1080/0092623X.2016.1176609>
- Bilir, B. (2024). Examination of the relationships between childhood trauma, dissociation, and relational needs (Unpublished master's thesis). Bahçeşehir University, Istanbul, Türkiye.
- Bonanno, G. A., Wortman, C. B., & Nesse, R. M. (2004). Prospective patterns of resilience and maladjustment during widowhood. *Psychology and Aging*, 19(2), 260. <https://doi.org/10.1037/0882-7974.19.2.260>
- Bowlby, J. (1969). *Attachment and loss: Volume I: Attachment*. Hogarth Press.
- Bowlby, J. (1973). *Attachment and loss Vol. 2: Separation: Anger and anxiety*. Basic Books.
- Bowlby, J. (1980). *Attachment and loss. Vol. 3: Loss, sadness and depression*. Basic Books.

- Bowlby, J. (1988). A secure base: Parent-child attachment and healthy human development. Routledge.
- Bremner, J. D., & Vermetten, E. (2001). Stress and development: Behavioral and biological consequences. *Development and Psychopathology*, 13, 473–489. <https://doi.org/10.1017/s0954579401003042>
- Brewin, C. R., Andrews, B., & Valentine, J. D. (2000). Meta-analysis of risk factors for posttraumatic stress disorder in trauma-exposed adults. *Journal of Consulting and Clinical Psychology*, 68(5), 748–766. <https://doi.org/10.1037/0022-006X.68.5.748>
- Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse. A review of the research. *Psychological Bulletin*, 99(1), 66-77. <https://doi.org/10.1037/0033-2909.99.1.66>
- Büyüköztürk, Ş. (2017). Sosyal bilimler için veri analizi el kitabı (23. baskı). Ankara: Pegem Akademi.
- Caffo, E., & Belaise, C. (2003). Psychological aspects of traumatic injury in children and adolescents. *Child and Adolescent Psychiatric Clinics*, 12(3), 493-535. [https://doi.org/10.1016/s1056-4993\(03\)00004-x](https://doi.org/10.1016/s1056-4993(03)00004-x)
- Carver, C. S. (1998). Resilience and thriving: Issues, models, and linkages. *Journal of Social Issues*, 54(2), 245–266. <https://doi.org/10.1111/0022-4537.641998064>
- Caughlin, J. P., Vangelisti, A. L., & Mikucki-Enyart, S. L. (2006). Conflict in dating and marital relationships. *The Sage handbook of conflict communication: Integrating theory, research, and practice*, 129-157. <https://doi.org/10.4135/9781412976176.n5>
- Centers for Disease Control and Prevention. (2020). Youth Risk Behavior Survey: Data summary & trends report 2009–2019. <https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>
- Center for Substance Abuse Treatment. (2014). Trauma-informed care in behavioral health services.
- Charuvastra, A., & Cloitre, M. (2008). Social bonds and posttraumatic stress disorder. *Annual Review of Psychology*, 59, 301-328. <https://doi.org/10.1146/annurev.psych.58.110405.085650>

- Choi, H., Lee, H. S., & Roberts, N. P. (2025). Validation of the International Trauma Interview (ITI) among treatment-seeking people with adverse childhood experiences in South Korea. *European Journal of Psychotraumatology*, 16(1), 2447182. <https://doi.org/10.1080/20008066.2024.2447182>
- Cicchetti, D., & Curtis, W. J. (2006). The developing brain and neural plasticity: Implications for normality, psychopathology, and resilience. In D. Cicchetti & D. Cohen (Eds.), *Developmental Psychopathology* (2nd ed., Vol. 2, pp. 1–64). Wiley & Sons, Ltd. <https://doi.org/10.1002/9780470939390.ch1>
- Cicchetti, D., & Rogosch, F. A. (2009). Adaptive coping under conditions of extreme stress: Multilevel influences on the determinants of resilience in maltreated children. *New Directions for Child and Adolescent Development*, 2009(124), 47-59. <https://doi.org/10.1002/cd.242>
- Clark, B. D. (1991). Empathic transactions in the deconfusion of child ego states. *Transactional Analysis Journal*, 5, 163-165.
- Clark, L. A., & Watson, D. (1995). Constructing validity: Basic issues in objective scale development. *Psychological Assessment*, 7(3), 309–319. <https://doi.org/10.1037/1040-3590.7.3.309>
- Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310–357. <https://doi.org/10.1037/0033-2909.98.2.310>
- Cohn, M. A., Fredrickson, B. L., Brown, S. L., Mikels, J. A., & Conway, A. M. (2009). Happiness unpacked: Positive emotions increase life satisfaction by building resilience. *Emotion*, 9(3), 361-368. <https://doi.org/10.1037/a0015952>
- Collishaw, S., Pickles, A., Messer, J., Rutter, M., Shearer, C., & Maughan, B. (2007). Resilience to adult psychopathology following childhood maltreatment: Evidence from a community sample. *Child Abuse & Neglect*, 31(3), 211-229. <https://doi.org/10.1016/j.chiabu.2007.02.004>
- Colman, R. A., & Widom, C. S. (2004). Childhood abuse and neglect and adult intimate relationships: A prospective study. *Child Abuse & Neglect*, 28(11), 1133-1151. <https://doi.org/10.1016/j.chiabu.2004.02.005>

- Connor, K. M., Davidson, J. R., & Lee, L. C. (2003). Spirituality, resilience, and anger in survivors of violent trauma: A community survey. *Journal of Traumatic Stress*, 16, 487-494. <https://doi.org/10.1023/A:1025762512279>
- Copeland, W. E., Shanahan, L., Hinesley, J., Chan, R. F., Aberg, K. A., Fairbank, J. A., ... & Costello, E. J. (2018). Association of childhood trauma exposure with adult psychiatric disorders and functional outcomes. *JAMA Network Open*, 1(7), e184493-e184493. <https://doi.org/10.1001/jamanetworkopen.2018.4493>
- Courtois, C. A., & Ford, J. D. (2013). *Treatment of complex trauma: A sequenced, relationship-based approach*. Guilford Press.
- Crittenden, P. M. (2008). *The organization of attachment relationships: Maturation, culture, and context*. The Guilford Press.
- Curtis, W. J., & Nelson, C. A. (2003). Toward building a better brain: Neurobehavioral outcomes, mechanisms, and processes of environmental enrichment. In S. S. Luthar (Ed.), *Resilience and vulnerability: Adaptation in the context of childhood adversities* (pp. 463–488). Cambridge University Press. <https://doi.org/10.1017/CBO9780511615788.021>
- Çetindağ, Z. (2023). *Relational needs satisfaction and narcissism: Moderating effect of guilt and shame feelings* (Master's thesis, Bahçeşehir University, Graduate School of Social Sciences). YÖK Ulusal Tez Merkezi.
- Dalgar, G., Civil, F., Savaş, E., & Şahin, A. (2021). Erken çocuklukta bağlanma: John Bowlby ve Mary Ainsworth açısından incelenmesi. *Avrasya Sağlık Bilimleri Dergisi*, 5(1), 85-92. <https://doi.org/10.53493/avryasbd.885024>
- Danese, A., Moffitt, T. E., & Arseneault, L. (2009). The origins of cognitive deficits in victimized children: Implications for public health. *American Journal of Psychiatry*, 166(10), 1185-1192. <https://doi.org/10.1176/appi.ajp.2016.16030333>
- De Bellis, M. D., & Zisk, A. (2014). The biological effects of childhood trauma. *Child and Adolescent Psychiatric Clinics of North America*, 23(2), 185-222. <https://doi.org/10.1016/j.chc.2014.01.002>
- Dekovic, M., & Buist, K. (2005). Multiple perspectives within the family: Family relationship patterns. *Journal of Family Issues*, 26, 467–478. <https://doi.org/10.1177/0192513X04272617>

- DeVellis, R. F. (2017). *Scale development: Theory and applications* (4th ed.). Sage Publications.
- DiLalla L, & Gottesman II. (1991). Biological and genetic contributors to violence—Widom's untold tale. *Psychological Bulletin*, 109(1), 125–9. <https://doi.org/10.1037/0033-2909.109.1.125>
- Dimitriu, M. M., Colomeischi, A. A., & Duca, D. S. (2023). The effects of Adverse Childhood Experiences on Students' Well-being and Resilience. *Revista Romaneasca pentru Educatie Multidimensionala*, 15(2), 86-103. <https://doi.org/10.18662/rrem/15.2/722>
- Dinç, G., & İlgar, M. Z. (2022). In maintaining a marriage, examination of the relationship between mutual happiness levels, and adult attachment styles and psychological resilience levels. *Psycho-Educational Research Reviews*, 11(2), 1-22. https://doi.org/10.52963/PERR_Biruni_V11.N2.01
- Dinleyici, M., & Dağlı, F. (2016). Duygusal ihmal, istismar ve çocuk hekiminin rolü/emotional abuse, neglect and the role of pediatrician. *Osmangazi Tıp Dergisi*, 38(2), 18-27.
- Duckworth, A. L., Steen, T. A., & Seligman, M. E. P. (2005). Positive psychology in clinical practice. *Annual Review of Clinical Psychology*, 1, 629–651. <https://doi.org/10.1146/annurev.clinpsy.1.102803.144154>
- Duffee, J., Szilagyi, M., Forkey, H., & Kelly, E. T. (2021). Trauma-informed care in child health systems. *Pediatrics*, 148(2). <https://doi.org/10.1542/peds.2021-052579>
- Dugal, C., Bigras, N., Godbout, N., & Bélanger, C. (2016). Childhood interpersonal trauma and its repercussions in adulthood: An analysis of psychological and interpersonal sequelae. In *A multidimensional approach to post-traumatic stress disorder—From theory to practice*. IntechOpen. <https://doi.org/10.5772/64476>
- Dye, H. (2018). The impact and long-term effects of childhood trauma. *Journal of Human Behavior in the Social Environment*, 28(3), 381-392. <https://doi.org/10.1080/10911359.2018.1435328>
- Eken, A. (2010). The relationships between adolescents' types of attachment to parents, and their subjective wellbeing and expectations for social self-efficacy (Master's thesis). Karadeniz Technical University Institute of Social Sciences, Trabzon.

- Erskine, R. G. (1993). Inquiry, attunement, and involvement in the psychotherapy of dissociation. *Journal of Contemporary Psychotherapy*, 23(3), 179–189. <https://doi.org/10.1177/036215379302300402>
- Erskine, R. G. (1998). Attunement and involvement: Therapeutic responses to relational needs. *International Journal of Psychotherapy*, 3(3), 235-244. <https://doi.org/10.4324/9780429479519-3>
- Erskine, R. G. (2011). Attachment relational-needs and psychotherapeutic presence. *International Journal of Integrative Psychotherapy*, 2(1).
- Erskine, R. G. (2017). Yaşam kurguları: Farkında olunmayan ilişkisel örüntülerin transaksiyonel analizi. Nobel Akademik Yayıncılık.
- Erskine, R. G. (2018). Life scripts: Unconscious relational patterns and psychotherapeutic involvement. In *Relational patterns, therapeutic presence: Concepts and practice of integrative psychotherapy* (pp. 91–112). Karnac. <https://doi.org/10.4324/9780429479519-6>
- Erskine, R. G. (2019). Developmentally based, relationally focused integrative psychotherapy: Eight essential points. *International Journal of Integrative Psychotherapy*, 10, 1-10. <https://doi.org/10.13140/RG.2.2.34074.49609>
- Erskine, R. G., Bartlett, P. C., Herdt, T., & Gaston, P. (1997). Effects of parenteral administration of vitamin E on health of periparturient dairy cows. *Journal of the American Veterinary Medical Association*, 211(4), 466-469.
- Erskine, R. G., Moursund, J. P., & Trautmann, R. L. (1999). *Beyond empathy: A therapy of contact-in-relationship*. Brunner/Mazel.
- Erskine, R. G., & Trautmann, R. L. (1996). Methods of an integrative psychotherapy. *Transactional Analysis Journal*, 26(4), 316-328. <https://doi.org/10.1177/036215379602600410>
- Erskine, H. E., Moffitt, T. E., Copeland, W. E., Costello, E. J., Ferrari, A. J., Patton, G., ... & Scott, J. G. (2015). A heavy burden on young minds: The global burden of mental and substance use disorders in children and youth. *Psychological Medicine*, 45(7), 1551-1563. <https://doi.org/10.1017/S0033291714002888>
- Erten, E., Uney, A. F. K., & Fıstıkcı, N. (2015). Bipolar bozukluk ve çocukluk çağı travması. *Psikiyatride Güncel Yaklaşımlar*, 7(2), 157-165. <https://doi.org/10.5455/cap.20140719110459>

- Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics*, 5, 1-4. <https://doi.org/10.11648/j.ajtas.20160501.11>
- Evans, G. W., Li, D., & Whipple, S. S. (2013). Cumulative risk and child development. *Psychological Bulletin*, 139(6), 1342–1396. <https://doi.org/10.1037/a0031808>
- Feit, M., Joseph, J., & Petersen, A. C. (Eds.). (2014). New directions in child abuse and neglect research. <https://doi.org/10.17226/18331>
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245–258. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)
- Finkelhor, D., & Browne, A. (1984). The traumatic impact of child sexual abuse: A conceptualization. *American Journal of Orthopsychiatry*, 55, 530-541. <https://doi.org/10.1111/j.1939-0025.1985.tb02703.x>
- Folkman, S. (2020). Stress: Appraisal and coping. In *Encyclopedia of behavioral medicine* (pp. 2177-2179). Cham: Springer International Publishing. https://doi.org/10.1007/978-1-4419-1005-9_215
- Fraser, M., & Jenson, J. M. (2008). A risk and resilience framework for child, youth, and family policy. Retrieved from http://www.sagepub.com/upm-data/5975_Chapter_1_Jenson_Fraser_I_Proof.pdf
- Frazier, P., Conlon, A., & Glaser, T. (2001). Positive and negative life changes following sexual assault. *Journal of Consulting and Clinical Psychology*, 69, 1048–1055. <https://doi.org/10.1037/0022-006X.69.6.1048>
- Fredman, S. J., Le, Y., Marshall, A. D., Brick, T. R., & Feinberg, M. E. (2017). A dyadic perspective on PTSD symptoms' associations with couple functioning and parenting stress in first-time parents. *Couple and Family Psychology: Research and Practice*, 6(2), 117–132. <https://doi.org/10.1037/cfp0000079>
- Fritz, J., De Graaff, A. M., Caisley, H., Van Harmelen, A. L., & Wilkinson, P. O. (2018). A systematic review of amenable resilience factors that moderate and/or mediate the relationship between childhood adversity and mental health in young people. *Frontiers in Psychiatry*, 9, 341825. <https://doi.org/10.3389/fpsy.2018.00230>

- Fromm, M., & Smith, B. L. (1989). The facilitating environment: Clinical applications of Winnicott's theory. International Universities Press, Inc.
- Fusco, R. A., & Cahalane, H. (2013). Young children in the child welfare system. *Child Welfare*, 92(5), 37-58.
- García-Moya, I., Moreno, C., & Jiménez-Iglesias, A. (2019). Building psychological resilience in adolescence: The role of relationships. *Child Indicators Research*, 12(3), 1029–1050. <https://doi.org/10.1007/s12187-018-9568-y>
- Garnezy, N. (1971). Vulnerability research and the issue of primary prevention. *American Journal of Orthopsychiatry*, 41, 101-116. <https://doi.org/10.1111/j.1939-0025.1971.tb01111.x>
- Garnezy, N. (1974). The study of competence in children at risk for severe psychopathology. In E. J. Anthony & C. Koupornik (Eds.), *The child in his family: Vol. 3. Children at psychiatric risk* (pp. 77-97). Wiley.
- Garnezy, N., Masten, A. S., & Tellegen, A. (1984). The study of stress and competence in children: A building block for developmental psychopathology. *Child Development*, 55(1), 97–111. <https://doi.org/10.2307/1129837>
- Gizir, C. A. (2007). Psikolojik sağlamlık, risk faktörleri ve koruyucu faktörler üzerine bir derleme çalışması. *Türk Psikolojik Danışma ve Rehberlik Dergisi*, 3, 113-128.
- Grand, S., & Salberg, J. (2021). Trans-generational transmission of trauma. *Social trauma—An interdisciplinary textbook*, 209-215. https://doi.org/10.1007/978-3-030-47817-9_22
- Griffiths, P. E., & Tabery, J. (2013). Developmental systems theory: What does it explain, and how does it explain it? In *Embodiment and epigenesis: Theoretical and methodological issues in understanding the role of biology within the relational developmental system* (pp. 65–94). Academic. <https://doi.org/10.1016/b978-0-12-397947-6.00003-9>
- Gökdağ, C., Maçkalı, Z., & Toksoy, Ş. E. (2025). Exploring Healing Bonds: The Mediator Role of Relational Needs in the Relationship Between Childhood Traumas and Psychological Distress and Well-Being. *Journal of Aggression, Maltreatment&Trauma*, 1-19. <https://doi.org/10.1080/10926771.2025.2494117>

- Güler, A. (2014). Şizofreni tanılı hastalarda çocukluk çağı travmalarının etkileri (Master's thesis). Sosyal Bilimler Enstitüsü.
- Güler, N., Uzun, S., Boztaş, Z., & Aydoğan, S. (2002). Anneleri tarafından çocuklara uygulanan duygusal ve fiziksel istismar/ihtimal davranışı ve bunu etkileyen faktörler. Cumhuriyet Üniversitesi Tıp Fakültesi Dergisi, 24(3), 128-134.
- Gündüz, A., Yaşar, A. B., Gündoğmuş, İ., Savran, C., & Konuk, E. (2018). Çocukluk çağı olumsuz yaşantılar ölçeği türkçe formunun geçerlilik ve güvenilirlik çalışması. Anadolu Psikiyatri Dergisi, 19(1), 68-75.
- Güner, Ş. İ., Güner, S., & Şahan, M. H. (2010). Çocuklarda sosyal ve medikal bir problem; istismar. Van Tıp Dergisi, 17(3), 108-113.
- Hamilton, C. E. (2000). Continuity and discontinuity of attachment from infancy through adolescence. Child Development, 71(3), 690-694. <https://doi.org/10.1111/1467-8624.00177>
- Hammen, C. L., Burge, D., Daley, S. E., Davila, J., Paley, B., & Rudolph, K. D. (1995). Interpersonal attachment cognitions and prediction of symptomatic responses to interpersonal stress. Journal of Abnormal Psychology, 104(3), 436. <https://doi.org/10.1037/0021-843X.104.3.436>
- Hanson, J. L., Chandra, A., Wolfe, B. L., & Pollak, S. D. (2011). Association between income and the brain: Mechanisms mediating the association between socioeconomic status and brain development. Developmental Science, 16(5), 529-539. <https://doi.org/10.1371/journal.pone.0018712>
- Hayes, A. F. (2022). Introduction to mediation, moderation, and conditional process analysis: A regression-based approach (Vol. 3). The Guilford Press.
- Helvacı Çelik, F. G., & Hocaoglu, Ç. (2018). Çocukluk çağı travmaları: Bir gözden geçirme. Sakarya Tıp Dergisi, 8(4), 695-711. <https://doi.org/10.31832/smj.454535>
- Hendrick, S. S., & Hendrick, C. (2006). Measuring respect in close relationships. Journal of Social and Personal Relationships, 23(6), 881-899. <https://doi.org/10>
- Herman, J. L. (1992). Trauma and recovery: The aftermath of violence—from domestic abuse to political terror. Basic Books.

- Herrman, H., Stewart, D. E., Diaz-Granados, N., Berger, E. L., Jackson, B., & Yuen, T. (2011). What is resilience? *The Canadian Journal of Psychiatry*, 56(5), 258-265. <https://doi.org/10.1177/0706743711056005>
- Hildyard, K. L., & Wolfe, D. A. (2002). Child neglect: Developmental issues and outcomes. *Child Abuse & Neglect*, 26(6-7), 679-695. [https://doi.org/10.1016/s0145-2134\(02\)00341-1](https://doi.org/10.1016/s0145-2134(02)00341-1)
- Holt-Lunstad, J. (2018). Why social relationships are important for physical health: A systems approach to understanding and modifying risk and protection. *Annual Review of Psychology*, 69(1), 437-458. <https://doi.org/10.1146/annurev-psych-122216-011902>
- Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., ... & Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: A systematic review and meta-analysis. *The Lancet Public Health*, 2(8), e356–e366. [https://doi.org/10.1016/S2468-2667\(17\)30118-4](https://doi.org/10.1016/S2468-2667(17)30118-4)
- Hunter, A. J., & Chandler, G. E. (1999). Adolescent resilience. *Image: Journal of Nursing Scholarship*, 31, 243-247. <https://doi.org/10.1111/j.1547-5069.1999.tb00488.x>
- İbioğlu, V., & Dağlı, F. (2018). Çocukluk çağı cinsel istismar ve enstest olgularına çok yönlü bakış. *Psikiyatride Güncel Yaklaşımlar-Current Approaches in Psychiatry*, 10(1), 84-89. <https://doi.org/10.18863/pgy.336520>
- Infurna, F. J., & Luthar, S. S. (2017). The multidimensional nature of resilience to spousal loss and divorce, and its implications for preventive interventions and resilience. *Journal of Youth and Adolescence*, 47(1), 1-25. <https://doi.org/10.1037/pspp0000095>
- Johnson, C. F. (2004). Child sexual abuse. *The Lancet*, 364(9432), 462-470. [https://doi.org/10.1016/S0140-6736\(04\)16771-8](https://doi.org/10.1016/S0140-6736(04)16771-8)
- Johnson, S. M. (2019). Attachment theory in practice: Emotionally focused therapy (EFT) with individuals, couples, and families. The Guilford Press. <https://doi.org/10.4324/9781351168366>
- Joseph, S., & Linley, P. A. (2006). Growth following adversity: Theoretical perspective and implications for clinical practice. *Clinical Psychology Review*, 26(8), 1041–1053. <https://doi.org/10.1016/j.cpr.2005.12.006>

- Kalisch, R., Cramer, A. O. J., Binder, H., Fritz, J., Leertouwer, I., et al. (2019). Deconstructing and reconstructing resilience: A dynamic network approach. *Perspectives on Psychological Science*, 14(5), 765–777. <https://doi.org/10.1177/1745691619855637>
- Kararımak, Ö. (2008). Psikolojik sağlamlık, risk faktörleri ve koruyucu faktörler. *Türk Psikolojik Rehberlik ve Danışma Merkezi*, 3, 26.
- Kesebir, S., Kavzoğlu, S. Ö., & Üstündağ, M. F. (2011). Attachment and psychopathology. *Current Approaches in Psychiatry*, 3(2), 321-342.
- Khan, M. N. (1963). The concept of cumulative trauma. *The Psychoanalytic Study of the Child*, 18, 286–306. <https://doi.org/10.1080/00797308.1963.11822932>
- Kohut, H. (2009). *The restoration of the self*. University of Chicago Press.
- Kokurcan, A., & Hüseyin, H. Ö. (2012). Travma kavramının psikiyatri tarihindeki seyri. *Kriz Dergisi*, 20(1), 19-24. https://doi.org/10.1501/Kriz_00000000330
- Kraemer, H. C., Kazdin, A. E., Offord, D. R., Kessler, R. C., Jensen, P. S., & Kupfer, D. J. (1997). Coming to terms with the terms of risk. *Archives of General Psychiatry*, 54(4), 337-343. <https://doi.org/10.1001/archpsyc.1997.01830160065009>
- Kumari, V. (2020). Emotional abuse and neglect: Time to focus on prevention and mental health consequences. *The British Journal of Psychiatry*, 217(5), 597-599. <https://doi.org/10.1192/bjp.2020.154>
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer Publishing Company. https://doi.org/10.1007/978-1-4419-1005-9_215
- Lera, M. J., & Abualkibash, S. (2022). Basic psychological needs satisfaction: A way to enhance resilience in traumatic situations. *International Journal of Environmental Research and Public Health*, 19(11), 6649. <https://doi.org/10.3390/ijerph19116649>
- Lerner, R. M. (2006). Developmental science, developmental systems, and contemporary theories. In *Handbook of Child Psychology, Vol. 1: Theoretical Models of Human Development* (pp. 1–17). Wiley. <https://doi.org/10.1002/9780470147658.chpsy0101>
- Linley, P. A., & Joseph, S. (2002). Posttraumatic growth. *Counseling and Psychotherapy Journal*, 13, 14–17.

- Liu, J. J. W., Reed, M., & Girard, T. A. (2017). Advancing resilience: An integrative multi-system model of resilience. *Personality and Individual Differences*, 111, 111–118. <https://doi.org/10.1016/j.paid.2017.02.007>
- Liu, R. T., Scopelliti, K. M., Pittman, S. K., & Zamora, A. S. (2018). Childhood maltreatment and non-suicidal self-injury: A systematic review and meta-analysis. *The Lancet Psychiatry*, 5(1), 51-64. [https://doi.org/10.1016/s2215-0366\(17\)30469-8](https://doi.org/10.1016/s2215-0366(17)30469-8)
- Ludy-Dobson, C. R., & Perry, B. D. (2010). The role of healthy relational interactions in buffering the impact of childhood trauma. *Working with children to heal interpersonal trauma: The power of play*, 26, 43.
- Luthar, S. S., & Brown, P. (2007). Maximizing resilience through diverse levels of inquiry: Prevailing paradigms, possibilities, and priorities for the future. *Development and Psychopathology*, 19(3), 931–955. <https://doi.org/10.1017/S0954579407000454>
- Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, 71(3), 543–562. <https://doi.org/10.1111/1467-8624.00164>
- Maneta, E. K., et al. (2015). Linkages between childhood emotional abuse and marital satisfaction: The mediating role of empathic accuracy for hostile emotions. *Child Abuse & Neglect*, 44, 8–17. <https://doi.org/10.1016/j.chiabu.2014.07.017>
- Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56(3), 227-238. <https://doi.org/10.1037/0003-066X.56.3.227>
- Masten, A. S. (2002). Resilience in development. In *Handbook of positive psychology*. Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780195187243.013.0012>
- Masten, A. S., & Cicchetti, D. (2016). Resilience in development: Progress and transformation. In *Developmental Psychopathology, Vol. 4: Risk, Resilience, and Intervention* (pp. 271–333). Wiley. <https://doi.org/10.1002/9781119125556.devpsy406>
- Masten, A. S., Garmezy, N., Tellegen, A., Pellegrini, D. S., Larkin, K., & Larsen, A. (1988). Competence and stress in school children: The moderating effects of

- individual and family qualities. *Journal of Child Psychology and Psychiatry*, 29, 745-764. <https://doi.org/10.1111/j.1469-7610.1988.tb00751.x>
- Masten, A. S., Gewirtz, A. H., & Sapienza, J. K. (2006). Resilience in development: The importance of early childhood. *Encyclopedia on Early Childhood Development*, 2009, 1.
- Masten, A. S., Hubbard, J. J., Gest, S. D., Tellegen, A., Garmezy, N., & Ramirez, M. (1999). Competence in the context of adversity: Pathways to resilience and maladaptation from childhood to late adolescence. *Development and Psychopathology*, 11(1), 143-169. <https://doi.org/10.1017/s0954579499001996>
- Masten, A. S., Lucke, C. M., Nelson, K. M., & Stallworthy, I. C. (2021). Resilience in development and psychopathology: Multisystem perspectives. *Annual Review of Clinical Psychology*, 17(1), 521-549. <https://doi.org/10.1146/annurev-clinpsy-081219-120307>
- Masten, A. S., & Reed, M. G. J. (2002). Resilience in development. *Handbook of Positive Psychology*, 74, 88.
- Masten, C. L., Eisenberger, N. I., Borofsky, L. A., Pfeifer, J. H., McNealy, K., Mazziotta, J. C., & Dapretto, M. (2009). Neural correlates of social exclusion during adolescence: Understanding the distress of peer rejection. *Social Cognitive and Affective Neuroscience*, 4(2), 143-157. <https://doi.org/10.1080/17470919.2010.490673>
- McCubbin, H., McCubbin, M., & Thompson, E. (1995). Resiliency in ethnic families: A conceptual model for predicting family adjustment and adaptation. In H. McCubbin, M. McCubbin, A. Thompson, & J. Fromer (Eds.), *Resiliency in ethnic minority families* (Vol. 1, pp. 3–48). University of Wisconsin Press. https://doi.org/10.1007/978-1-4614-3917-2_11
- McEwen, B. S. (2012). Brain on stress: How the social environment gets under the skin. *Proceedings of the National Academy of Sciences*, 109(supplement_2), 17180-17185. <https://doi.org/10.1073/pnas.1121254109>
- McEwen, B. S., Gray, J. D., & Nasca, C. (2015). Recognizing resilience: Learning from the effects of stress on the brain. *Neurobiology of Stress*, 1, 1-11. <https://doi.org/10.1016/j.ynstr.2014.09.001>

- McMillen, J. C. (1999). Better for it: How people benefit from adversity. *Social Work*, 44(5), 455-468. <https://doi.org/10.1093/sw/44.5.455>
- Mikulincer, M., & Shaver, P. R. (2007). *Attachment in adulthood: Structure, dynamics, and change*. The Guilford Press.
- Mikulincer, M., & Shaver, P. R. (2010). *Attachment in adulthood: Structure, dynamics, and change*. Guilford Publications.
- Mizock, L., La Mar, K., DeMartini, L., & Stringer, J. (2019). Relational resilience: Intimate and romantic relationship experiences of women with serious mental illness. *Journal of Relationships Research*, 10, e5. <https://doi.org/10.1017/jrr.2019.2>
- Moursund, J. P., & Erskine, R. G. (2004). *Integrative psychotherapy: The art and science of relationship*. Thomson Brooks/Cole.
- Myers, I. J., Berliner, L., Briere, J., Hendrix, C. T., Reid, T., & Jenny, C. (2002). Treating adult survivors of severe childhood abuse and neglect: Further development of an integrative model. In J. E. B. Myers, L. Berliner, J. Briere, C. T. Hendrix, T. Reid, & C. Jenny (Eds.), *The APSAC handbook on child maltreatment*.
- Nederhof, A. J. (1985). Methods of coping with social desirability bias: A review. *European Journal of Social Psychology*, 15(3), 263–280. <https://doi.org/10.1002/ejsp.2420150303>
- Nelson, C. A., Scott, R. D., Gabard-Durnam, L. J., & Almas, A. N. (2016). Early adverse experience and the developing brain. *Neuropsychopharmacology*, 42(1), 241-254. <https://doi.org/10.1038/npp.2015.252>
- Norman, R. E., Byambaa, M., De, R., Butchart, A., Scott, J., & Vos, T. (2012). The long-term health consequences of child physical abuse, emotional abuse, and neglect: A systematic review and meta-analysis. *PLoS Medicine*, 9(11), e1001349. <https://doi.org/10.1371/journal.pmed.1001349>
- Ok, L. (2023). Effectiveness of a relational group process on emotion regulation difficulties (Master's thesis, Bahçeşehir University, Graduate School of Social Sciences). Council of Higher Education Thesis Center (Türkiye).

- Olsson, C., Bond, L., Burns, J. M., Vella-Broderick, D. A., & Sawyer, S. M. (2003). Adolescent resilience: A concept analysis. *Journal of Adolescence*, 26, 1–11. [https://doi.org/10.1016/s0140-1971\(02\)00118-5](https://doi.org/10.1016/s0140-1971(02)00118-5)
- Overton, W. F. (2013). A new paradigm for developmental science: Relationism and relational-developmental systems. *Applied Developmental Science*, 17(2), 94–107. <https://doi.org/10.1080/10888691.2013.778717>
- Ozbay, F., Johnson, D. C., Dimoulas, E., Morgan Iii, C. A., Charney, D., & Southwick, S. (2007). Social support and resilience to stress: From neurobiology to clinical practice. *Psychiatry*, 4, 35-40.
- Öz, P. D. F., & Yılmaz, U. H. E. B. (2009). Ruh sağlığının korunmasında önemli bir kavram: Psikolojik sağlamlık. *Hacettepe Üniversitesi Hemşirelik Fakültesi Dergisi*, 16(3), 82-89.
- Panther-Brick, C., & Leckman, J. F. (2013). Resilience in child development—Interconnected pathways to wellbeing. *Journal of Child Psychology and Psychiatry*, 54(4), 333–336. <https://doi.org/10.1111/jcpp.12057>
- Park, C. L. (1998). Stress-related growth and thriving through coping: The roles of personality and cognitive processes. *Journal of Social Issues*, 54, 267–277. <https://doi.org/10.1111/j.1540-4560.1998.tb01218.x>
- Pearlman, L. A., & Courtois, C. A. (2005). Clinical applications of the attachment framework: Relational treatment of complex trauma. *Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies*, 18(5), 449-459. <https://doi.org/10.1002/jts.20052>
- Perry, B. D., & Pollard, R. (1998). Homeostasis, stress, trauma, and adaptation: A neurodevelopmental view of childhood trauma. *Child and Adolescent Psychiatric Clinics of North America*, 7, 33–51. [https://doi.org/10.1016/S1056-4993\(18\)30258-X](https://doi.org/10.1016/S1056-4993(18)30258-X)
- Perry, B. D., & Szalavitz, M. (2017). *The boy who was raised as a dog: And other stories from a child psychiatrist's notebook—What traumatized children can teach us about loss, love, and healing*. Hachette UK.
- Petty, K. (2014). Ten ways to foster resilience in young children: Teaching kids to "bounce back". *Dimensions of Early Childhood*, 42(3), 35-39.

- Porges, S. W. (2011). *The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation*. W. W. Norton & Company.
- Prout, T., Malone, A., Rice, T., Hoffman, L., & Helminiak, D. (2019). Resilience, defense mechanisms, and implicit emotion regulation in psychodynamic child psychotherapy. *Journal of Contemporary Psychotherapy*, 49(4), 235–244. <https://doi.org/10.1007/s10879-019-09423-w>
- Ramirez, E. R. (2007). Resilience: A concept analysis. *Nursing Forum*, 42, 73–82. <https://doi.org/10.1111/j.1744-6198.2007.00070.x>
- Read, J., Perry, B. D., Moskowitz, A., & Connolly, J. (2001). The contribution of early traumatic events to schizophrenia in some patients: A trauma-genic neurodevelopmental model. *Psychiatry*, 64, 319–345. <https://doi.org/10.1521/psyc.64.4.319.18602>
- Repetti, R., Robles, R., & Reynolds, B. (2011). Allostatic processes in the family. *Development and Psychopathology*, 23, 921–938. <https://doi.org/10.1017/S095457941100040X>
- Resilience Research Centre. (2013). *The Adult Resilience Measure: User Manual*. Halifax, NS: Resilience Research Centre, Dalhousie University.
- Riasnugrahani, M., Setiawan, T., de Jong, E., & Takwin, B. (2024). A dual pathway for understanding the relation between wellbeing and resilience. *Humanities and Social Sciences Communications*, 11(1), 1–15. <https://doi.org/10.1057/s41599-024-03440-4>
- Rogerson, O., Baguley, T., & O'Connor, D. B. (2023). Childhood trauma and suicide. *Crisis*, 44(5), 433–441. <https://doi.org/10.1027/0227-5910/a000886>
- Romaine, L. (2013). Redefining relational needs. *ESSAI*, 10, Article 29. Available from <http://dc.cod.edu/essai/vol10/iss1/29>
- Russo, S. J., Murrough, J. W., Han, M.H., Charney, D. S., & Nestler, E. J. (2012). Neurobiology of resilience. *Nature Neuroscience*, 15, 1475–1484. <https://doi.org/10.1038/nn.3234>
- Rutter, M. (1979). Protective factors in children's responses to stress and disadvantage. In M. W. Kent & J. E. Rolf (Eds.), *Primary prevention of psychopathology: Vol. 3. Social competence in children* (pp. 49–74). University Press of New England.

- Rutter, M. (2012). Resilience as a dynamic concept. *Development and Psychopathology*, 24(2), 335-344. <https://doi.org/10.1017/S0954579412000028>
- Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57(6), 1069–1081. <https://doi.org/10.1037/0022-3514.57.6.1069>
- SAMHSA (Substance Abuse and Mental Health Services Administration). (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach. HHS Publication No. (SMA) 14-4884.
- Sarı, H. Y., Ardahan, E., & Öztornacı, B. Ö. (2016). Çocuk ihmal ve istismarına ilişkin son 10 yılda yapılan sistematik derlemeler. *TAF Preventive Medicine Bulletin*, 15(6), 501-511.
- Saxe, G., Chinman, G., Berkowitz, R., Hall, K., Lieberg, G., Schwartz, J., et al. (1994). Somatization in patients with dissociative disorders. *American Journal of Psychiatry*, 151, 1329–1334. <https://doi.org/10.1176/ajp.151.9.1329>
- Schifffrin, H. H., Liss, M., Miles-McLean, H., Geary, K. A., Erchull, M. J., & Tashner, T. (2014). Helping or hovering? The effects of helicopter parenting on college students' well-being. *Journal of Child and Family Studies*, 23(3), 548-557. <https://doi.org/10.1007/s10826-013-9716-3>
- Schilling, E. A., Aseltine, R. H., & Gore, S. (2007). Adverse childhood experiences and mental health in young adults: A longitudinal survey. *BMC Public Health*, 7, 30-40. <https://doi.org/10.1186/1471-2458-7-30>
- Schore, A. N. (2001). The effects of early relational trauma on right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal*, 22, 201–269. [https://doi.org/10.1002/1097-0355\(200101/04\)22:1<201::AID-IMHJ8>3.0.CO;2-9](https://doi.org/10.1002/1097-0355(200101/04)22:1<201::AID-IMHJ8>3.0.CO;2-9)
- Scrandis D. A., & Watt M. (2014). Child sexual abuse in boys: Implications for primary care. *The Journal for Nurse Practitioners*, 10(9), 706-713. <https://doi.org/10.1016/j.nurpra.2014.07.021>
- Shipman, K., Edwards, A., Brown, A., Swisher, L., & Jennings, E. (2005). Managing emotion in a maltreating context: A pilot study examining child neglect. *Child Abuse & Neglect*, 29(9), 1015-1029. <https://doi.org/10.1016/j.chiabu.2005.01.006>

- Shipman, K. L., Schneider, R., Fitzgerald, M. M., Sims, C., Swisher, L., & Edwards, A. (2007). Maternal emotion socialization in maltreating and non-maltreating families: Implications for children's emotion regulation. *Social Development*, 16(2), 268-285. <https://doi.org/10.1111/j.1467-9507.2007.00384.x>
- Siegel, D. J. (1999). *The developing mind: Toward a neurobiology of interpersonal experience*. The Guilford Press.
- Siegel, D. J. (2012). *The developing mind: How relationships and the brain interact to shape who we are* (2nd ed.). The Guilford Press.
- Southwick, S. M., Bonanno, G. A., Masten, A. S., Panter-Brick, C., & Yehuda, R. (2014). Resilience definitions, theory, and challenges Interdisciplinary perspectives. *European Journal of Psychotraumatology*, 5(1), 25338. <https://doi.org/10.3402/ejpt.v5.25338>
- Southwick, S. M., & Charney, D. S. (2012). The science of resilience: Implications for the prevention and treatment of depression. *Science*, 338(6103), 79-82. <https://doi.org/10.1126/science.1222942>
- Southwick, S. M., Sippel, L., Krystal, J., Charney, D., Mayes, L., & Pietrzak, R. (2016). Why are some individuals more resilient than others: The role of social support. *World Psychiatry*, 15, 77-79. <https://doi.org/10.1002/wps.20282>
- Srivastav, A., Strompolis, M., Moseley, A., & Daniels, K. (2019). The Empower Action Model: Mobilizing prevention to promote well-being and resilience. <https://doi.org/10.1177/1524839919889355>
- Stain, H. J., Brønnick, K., Hegelstad, W. T., Joa, I., Johannessen, J. O., Langeveld, J., ... & Larsen, T. K. (2014). Impact of interpersonal trauma on the social functioning of adults with first-episode psychosis. *Schizophrenia Bulletin*, 40(6), 1491-1498. <https://doi.org/10.1093/schbul/sbt166>
- Streiner, D. L. (2003). Starting at the beginning: An introduction to coefficient alpha and internal consistency. *Journal of Personality Assessment*, 80(1), 99–103. https://doi.org/10.1207/S15327752JPA8001_18
- Şar, V., Öztürk, E., & İkikardeş, E. (2012). Çocukluk çağı ruhsal travma ölçeğinin Türkçe uyarlamasının geçerlilik ve güvenirliği. *Türkiye Klinikleri*, 32(4), 1054-1063. <https://doi.org/10.5336/medsci.2011-26947>

- Taluy, B. (2025). Investigating the relationship between relational needs satisfaction, childhood trauma and somatic symptoms (Unpublished master's thesis). Bahçeşehir University, Graduate School of Social Sciences.
- Taner, Y., & Gökler, B. (2004). Çocuk istismarı ve ihmali: Psikiyatrik yönleri. *Acta Medica*, 35(2), 82-86.
- Tedeschi, R. G., & Calhoun, L. G. (1995). *Trauma & transformation: Growing in the aftermath of suffering*. Sage Publications, Inc.
<https://doi.org/10.4135/9781483326931>
- Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry*, 15(1), 1-18.
https://doi.org/10.1207/s15327965pli1501_01
- Tedeschi, R. G., Park, C. L., & Calhoun, L. G. (Eds.). (1998). *Posttraumatic growth: Positive changes in the aftermath of crisis*. Erlbaum.
- Teicher, M. H., & Samson, J. A. (2016). Annual research review: Enduring neurobiological effects of childhood abuse and neglect. *Journal of Child Psychology and Psychiatry*, 57(3), 241-266. <https://doi.org/10.1111/jcpp.12507>
- Teicher, M. H., Samson, J. A., Sheu, Y. S., & Polcari, A. (2016). Adverse childhood experiences and the consequences of stress in adolescence. *Cognitive, Affective, & Behavioral Neuroscience*, 16(2), 145–158.
<https://doi.org/10.1176/appi.ajp.2013.12070957>
- Terr, L. C. (1991). Childhood traumas: An outline and overview. *The American Journal of Psychiatry*, 148(1), 10-20. <https://doi.org/10.1176/ajp.148.1.10>
- Toksoy, Ş. E., Cerit, C., Aker, A. T., & Zvelc, G. (2020). Relational Needs Satisfaction Scale: Reliability and validity study in Turkish. *Anadolu Psikiyatri Dergisi*, 21, 37-44. <https://doi.org/10.5455/apd.115143>
- Toksoy, Ş. E. (2021). Erskine'in Modeline Dayalı İlişkisel İhtiyaçların Ölçümlenmesi ve Travmatik Stres Belirtileri ile İlişkisinin İncelenmesi. [The Measurement of 128 Relational Needs Based on Erskine's Model and Its Relation to Traumatic Stress Symptoms]. (PhD dissertation). Kocaeli Üniversitesi.
- Trentacosta, C. J., Hyde, L. W., Shaw, D. S., Dishion, T. J., Gardner, F., & Wilson, M. (2008). The relations among cumulative risk, parenting, and behavior problems

- during early childhood. *Journal of Child Psychology and Psychiatry*, 49(11), 1211-1219. <https://doi.org/10.1111/j.1469-7610.2008.01941.x>
- Trochim, W. M., Donnelly, J. P., & Arora, K. (2016). *Research methods: The essential knowledge base*. Cengage Learning.
- Türk-Kurtça, T., & Kocatürk, M. (2020). The role of childhood traumas, emotional self-efficacy, and internal-external locus of control in predicting psychological resilience. *International Journal of Education and Literacy Studies*, 8(3), 105-115. <https://doi.org/10.7575/aiac.ijels.v.8n.3p.105>
- Tzouvara, V., Kupdere, P., Wilson, K., Matthews, L., Simpson, A., & Foye, U. (2023). Adverse childhood experiences, mental health, and social functioning: A scoping review of the literature. *Child Abuse & Neglect*, 139, 106092. <https://doi.org/10.1016/j.chiabu.2023.106092>
- Ungar, M. (2013). Resilience, trauma, context, and culture. *Trauma, Violence, & Abuse*, 14(3), 255-266. <https://doi.org/10.1177/1524838013487805>
- Ungar, M. (2018). Systemic resilience: Principles and processes for a science of change in the context of adversity. *Ecology and Society*, 23(4), 34. <https://doi.org/10.5751/ES-10385-230434>
- Ungar, M., & Liebenberg, L. (2011). Assessing resilience across cultures using mixed methods: Construction of the child and youth resilience measure. *Journal of Mixed Methods Research*, 5(2), 126-149. <https://doi.org/10.1177/1558689811400607>
- Usta, M. (2025). Examining the relationships between relational needs satisfaction, emotional eating behavior, and difficulties in emotion regulation (Unpublished master's thesis). Bahçeşehir University, Graduate School of Social Sciences.
- Van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.
- Waldinger, R. J., Schulz, M. S., Barsky, A. J., & Ahern, D. K. (2006). Mapping the road from childhood trauma to adult somatization: The role of attachment. *Biopsychosocial Science and Medicine*, 68(1), 129-135. <https://doi.org/10.1097/01.psy.0000195834.37094.a4>
- Walker, B. (2020). Resilience: What it is and is not. *Ecology and Society*, 25(2), 11. <https://doi.org/10.5751/ES-11647-250211>

- Wallin, D. J. (2007). *Attachment in psychotherapy*. Guilford Press.
- Walsh, F. (2011). Facilitating family resilience: Relational resources for positive youth development in conditions of adversity. In *The social ecology of resilience: A handbook of theory and practice* (pp. 173-185). Springer New York. https://doi.org/10.1007/978-1-4614-0586-3_15
- Walsh, F. (2016a). Family resilience: A developmental systems framework. *European Journal of Developmental Psychology*, 13, 313-324. <https://doi.org/10.1080/17405629.2016.1154035>
- Weinberg, M. K., & Tronick, E. Z. (1998). Emotional characteristics of infants associated with maternal depression and anxiety. *Pediatrics*, 102(5), 1298-1304. <https://doi.org/10.1542/peds.102.5.1298>
- Werner, E. E. (2013). What can we learn about resilience from large-scale longitudinal studies? In S. Goldstein & R. B. Brooks (Eds.), *Handbook of resilience in children* (2nd ed., pp. 87-102). Springer Science + Business Media. https://doi.org/10.1007/978-1-4614-3661-4_6
- Werner, E. E., & Smith, R. S. (1982). *Vulnerable but invincible: A study of resilient children*. McGraw-Hill.
- Werner, E. E., & Smith, R. S. (1992). *Overcoming the odds: High-risk children from birth to adulthood*. Cornell University Press.
- Whisman, M. A. (2006). Childhood trauma and marital outcomes in adulthood. *Personal Relationship*, 13, 375-386. <https://doi.org/10.1111/j.1475-6811.2006.00124.x>
- WHO (2006). *Preventing child maltreatment: A guide to taking action and generating evidence*. Geneva, 14-89.
- Winnicott, D. W. (1960). Ego distortion in terms of true and false self. Reprinted in *The maturational processes and the facilitating environment* by D. W. Winnicott. London: Hogarth Press, 1965. New York: International Universities Press.
- Winnicott, D. W. (1965). *The maturational processes and the facilitating environment: Studies in the theory of emotional development*. International Universities Press.
- Wolfe, D. A., Scott, K., Wekerle, C., & Pittman, A. L. (2001). Child maltreatment: Risk of adjustment problems and dating violence in adolescence. *Journal of the American Academy of Child & Adolescent Psychiatry*, 40(3), 282-289. <https://doi.org/10.1097/00004583-200103000-00007>

- Wright, M. O., Crawford, E., & Castillo, D. D. (2009). Childhood emotional maltreatment and later psychological distress among college students: The mediating role of maladaptive schemas. *Child Abuse & Neglect*, 33(1), 59-68. <https://doi.org/10.1016/j.chiabu.2008.12.007>
- Wu, G., Feder, A., Cohen, H., Kim, J. J., Calderon, S., Charney, D. S., & Mathé, A. A. (2013). Understanding resilience. *Frontiers in Behavioral Neuroscience*, 7, 10. <https://doi.org/10.3389/fnbeh.2013.00010>
- Yalom, I. D. (2002). *The gift of therapy: An open letter to a new generation of therapists and their patients*. HarperCollins.
- Zhou, J., Wei, M., & Xie, Q. (2024). Childhood maltreatment and aggressive behavior among college students: A serial mediation model of authenticity and alexithymia. *Frontiers in Psychiatry*, 15. <https://doi.org/10.3389/fpsyt.2024.1478127>
- Zimmerman, B. J. (2013). From cognitive modeling to self-regulation: A social cognitive career path. *Educational Psychologist*, 48(3), 135–147. <https://doi.org/10.1080/00461520.2013.794676>
- Žvelc, G., Jovanoska, K., & Žvelc, M. (2020). Development and validation of the relational needs satisfaction scale. *Frontiers in Psychology*, 11, 901. <https://doi.org/10.3389/fpsyg.2020.00901>

