

THE ROLES OF CHILDHOOD TRAUMA, PERSONALITY
CHARACTERISTICS, AND INTERPERSONAL PROBLEMS ON
PSYCHOLOGICAL WELL-BEING

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ABSTRACT

THE ROLES OF CHILDHOOD TRAUMA, PERSONALITY CHARACTERISTICS, AND INTERPERSONAL PROBLEMS ON PSYCHOLOGICAL WELL-BEING

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The current study aimed to examine (1) age and gender differences on the childhood trauma, personality traits, interpersonal problems, psychological symptoms, affect, and life satisfaction; (2) the interrelationships between the measures of the study; and (3) to examine the factors associated with the personality traits, the interpersonal problems, and the measures of psychological well-being. For these purposes, data was collected from 413 people between the ages 18-61. Results indicated that personality traits were closely associated with childhood traumatic experiences. Moreover, Emotional Abuse domain of childhood traumas and most personality traits (i.e., Extraversion, Neuroticism, Openness, and Negative Valence) were associated with Interpersonal Problems. In addition, Emotional Neglect and Emotional Abuse domains of childhood trauma were found to be associated with psychological symptoms and negative valence, and Emotional Neglect was found to be negatively associated with positive affect and life satisfaction. There were also significant associations between personality traits and the measures of psychological well-being: Extraversion and Conscientiousness were negatively; Neuroticism and Negative Valence were positively associated with symptoms and negative affect.

Conscientiousness and Openness were positively associated with positive affect. Furthermore, Conscientiousness was positively, and Neuroticism was negatively associated with life satisfaction. Finally, interpersonal problems were found to be positively associated with psychological symptoms and negative affect. The results revealed that personality and interpersonal relationships had an important role on the relationship between childhood traumas and psychological well-being. Moreover, this study supported the robust effect of personality traits on psychological and interpersonal problems.

Keywords: Childhood Traumas, Personality Traits, Interpersonal Problems, Psychological Well-Being

ÖZ

ÇOCUKLUK TRAVMALARI, KİŞİLİK ÖZELLİKLERİ VE KİŞİLERARASI SORUNLARIN PSİKOLOJİK SAĞLIK ÜZERİNDEKİ ETKİLERİ

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Bu çalışma (1) kişilerin yaş ve cinsiyet gibi demografik değişkenlerinin çocukluk travmaları, kişilik özellikleri, kişilerarası sorunları, psikolojik belirtileri, duyguları ve yaşam doyumu üzerindeki etkisini; (2) çalışmadaki ölçümler arasındaki karşılıklı ilişkiyi ve (3) kişilik özellikleri, kişilerarası problemler ve psikolojik iyilik hali ile ilişkili faktörleri incelemeyi amaçlamaktadır. Çalışmanın verisi, yaşları 18 ile 61 arasında değişen 413 katılımcıdan toplanmıştır. Sonuçlar kişilik özellikleri ile çocukluk çağı travmalarının yakın ilişkili olduğunu göstermiştir. Bunun yanında, çocukluk travmaları alt boyutlarından Duygusal İstismarın çoğu temel kişilik özelliğiyle ilişkili olduğu ortaya çıkmıştır. Duygusal İhmal ve İstismarın psikolojik semptom ve olumsuz duygularla pozitif yönde, Duygusal İhmalin ise olumlu duygular ve yaşam doyumuyla negatif yönde ilişkisi olduğu görülmüştür. Kişilik özellikleri ve psikolojik iyilik hali ölçümleri arasında anlamlı ilişkiler bulunmuştur: psikolojik semptomlar ve olumsuz duygularla Dışadönüklük ve Sorumluluk negatif, Duygusal Denge ve Olumsuz Değerlik pozitif ilişki göstermiştir. Sorumluluk ve Deneyime Açıklık ile olumlu duygular arasında pozitif bir ilişki olduğu ortaya çıkmıştır. Bunun yanında yaşam doyumu ile Sorumluluğun pozitif, Duygusal Dengenin negatif bir ilişki gösterdiği açığa çıkmıştır. Son olarak, kişilerarası

problemlerin psikolojik semptomlar ve negatif duygular ile pozitif bir ilişki gösterdiği; öte yandan olumlu duygular ve yaşam doyumunun kişiler arası problemlerle anlamlı bir ilişki göstermediği görülmüştür. Bu sonuçlar, kişilik özellikler ve kişilerarası ilişkilerin, çocukluk travmaları ve psikolojik iyilik hali arasındaki ilişkide önemli bir rol oynadığını göstermiştir. Ayrıca, çalışma sonuçları kişilik özelliklerinin tek başına psikolojik ve kişilerarası problemler üzerindeki güçlü etkisini destekler niteliktedir.

Anahtar Kelimeler: Çocukluk Travmaları, Kişilik Özellikleri, Kişilerarası Sorunlar, Psikolojik İyilik Hali

To My Family

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CHAPTER 1

INTRODUCTION

According to World Health Organization, nearly half of the children experience child abuse or neglect (WHO, 2002), and researchers revealed that childhood traumas are related with the psychopathological symptoms such as depression and anxiety (e.g., Davis, Petretic-Jackson, & Ting, 2001). In addition to traumatic experiences in childhood, personality characteristics and interpersonal problems were found to be related to psychological well-being (e.g. Steel, Schmidt, & Shultz, 2008; Dreu, Dierendonck, & Dijkstra, 2004).

The present study was conducted to reveal the relationship between childhood traumas and psychological well-being in adulthood, and the roles of personality traits and interpersonal problems in this relationship. The impact of age and gender were controlled before the relationship was examined. In the current study, psychological well-being was evaluated through three different concepts, which were psychological symptomatology, affect, and life satisfaction.

In the following section of the study, firstly, definition and general information about childhood traumas were given and the literature about the relationship between childhood traumas and psychological well-being was reviewed. Moreover, controversial issues about remembering childhood traumas in adulthood were referred. The next section focused on basic personality traits and the associations between childhood trauma and personality, and personality and well-being. Additionally, cultural adaptation of basic personality traits was referred. In the last section, the focus was the association between interpersonal problems and psychological well-being. In addition, literature related to childhood trauma and interpersonal problems was reviewed.

1.1. Childhood Traumas

All over the world, more than 4500 people die on an average day due to the violent acts such as homicide, suicide, and war. Moreover, thousands of people are physically injured or psychologically suffer because of the violence or witnessing the violence (Krug, Mercy, Dahlberg, & Zwi, 2002). High proportion of those experienced or witnessed the violence are children. Even though there is not a single definition or form of childhood trauma because of the variety of factors that leads traumatic experiences, there are useful terminologies that would include different kinds of experiences that could be considered traumatic such as abuse and maltreatment. In 1999, the World Health Organization (WHO) Consultation on Child Abuse Prevention drafted the following definition:

Child abuse or maltreatment constitutes all forms of physical and/or emotional ill treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power (p. 23).

According to Krug et al. (2002), there are four types of child maltreatment that are physical abuse, sexual abuse, emotional abuse, and neglect. Physical abuse is the kind of acts that cause physical harm or have the potential of harm. Sexual abuse is the kind of acts for using the child for sexual gratification. Emotional abuse is the failure to provide an appropriate and supportive environment for the child. Neglect, on the other hand, is the failure to meet the necessary needs of a child for his/her development in one or more areas such as health, nutrition, shelter, education, emotional development, and safe living conditions (Krug et al., 2002). Some researchers (e.g., Bernstein et al. 2003) divide neglect into two terms, which are emotional neglect and physical neglect.

1.1.1. Childhood Traumas and Psychological Well-Being

Findings in the literature (e.g., Briere, Evans, Runtz, & Wall, 1988; Krug et al., 2002; Spertus, Yehuda, Wong, Halligan, & Seremetis, 2003; Turner & Butler, 2002) indicate that exposure to the traumatic events in any form (i.e., emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect) in childhood affect the psychological well-being. For instance, researchers (Shaw, 2003; Storr, Ialongo, Anthony, & Breslau, 2007) revealed that children who experienced traumatic events are more likely to suffer from Post-Traumatic Stress Disorder (PTSD) in their childhood and adolescence. Turner and Butler (2002) revealed that traumatic event that is experienced in childhood is a risk factor for psychological disorders such as depression in early adulthood; even witnessing the violence in the home has a detrimental effect on the child's well-being (Turner & Butler, 2002). Exposure to traumatic events in childhood is a risk factor for a wide range of risk behaviors such as smoking and high-risk sexual behaviors in adulthood (Felitti et al., 1998). Brown, Cohen, Johnson, and Smailes (1999) found that adolescents and young adults who had experienced maltreatment in their childhood are 3 times more likely to experience depression or become suicidal compared to individuals who had no such history. Moreover, they revealed that, among maltreatment types, childhood sexual abuse is highly associated with suicide attempts, which is 8 times higher in young people who had experienced sexual abuse in their childhood. They revealed that adolescence is the most vulnerable period for attempting suicide (Brown et al., 1999). In addition to suicide risk, people who had experienced childhood sexual abuse are at higher risk to become depressed. On the other hand, some apparent results of neglect might be due to a range of contextual factors and broader focus of intervention is needed in these cases (Brown et al., 1999). Moreover, it was revealed that men who experienced abuse in their childhood are more likely to engage in violence as adults, and specific types of abuses were associated specific patterns of violent act in their adulthood; for instance, men who had a history of physical maltreatment were most likely to be physically violent (Dutton & Hart, 1992). The findings in the literature point out an almost definite association between childhood trauma and psychological well-being at different stages of life.

1.1.2. Remembrance and Subjectivity of Childhood Traumas

Many of the empirical studies that are related to childhood trauma are based on participants' subjective records of remembered traumatic events. Consequently, there is a question in the literature about the accuracy of the remembrance of the events experienced in the childhood. There are many authors (e.g., Allen, 1995; Rogers, 1995) pointing a variety of factors, such as degradation of memories over time and dissociation and repression, which might affect the accuracy of remembering the events in childhood. However, some researchers point out that memories of childhood experiences might be enhanced in unusual, unexpected, or significant experiences such as childhood trauma (e.g., Brewin, Andrews, & Gotlib, 1993). In an experimental study, researchers found that recalling of an event was improved when the event was emotionally arousing one (Cahill, Prins, Weber, & McGaugh, 1994), which might be interpreted as traumatic events in childhood may be remembered relatively accurately due to their emotionally arousing characteristics. Most adults cannot remember the events in an ordinary day when they were in the elementary school, or even what they ate last weekend. However, they most probably can recall what happened at the very first day of the elementary school, or what they ate after a tonsillectomy.

The other point is the subjectivity of the definition of the 'traumatic event'. The definition of trauma is not constant among individuals; people define their traumas by their subjective experiences, not by the objective facts. Moreover, same traumatic event does not lead same consequence in different individuals. Findings in the literature (e.g., Storr et al., 2007) indicate that people may react differently to the similar events; a potentially traumatic event may not cause psychological distress in everyone. Protective factors, which allow some people cope with traumatic events more effectively compared to others, may explain the diversity in the risk rate of psychological trauma after an adverse event. Wingo, Ressler, and Bradley (2014) stated that social support seeking might be a resilience factor that is responsible for this diversity. Personality is also an important factor that might be affected by childhood trauma and also might affect the reaction that is given to the traumatic

event. For instance, Jeronimus et al. (2013) revealed that adverse incidents experienced in childhood are positively associated with heightened neuroticism scores in adulthood.

1.2. Personality Traits

Personality is usually defined as ‘social attractiveness’ by the layperson, although it is an inadequate definition (Ryckman, 2012). According to Ryckman (2012), most researchers, who are specialized on personality psychology, define personality as a person’s dynamic and organized group of characteristics, which affects that person’s cognitions, incentives, and behaviors in different settings and situations. Many researchers study personality to analyze the differences between individuals, which account for unique and creative reactions of people in various environments or situations (Ryckman, 2012). Previously, theories related to personality used to focus on individuals’ similarities, while the differences between individuals have lately become the focus of the personality research (McAdams, 1992). Personality theories aim to explain individuals’ unique responding ways in their physical, social, and cultural environments; and with this explanation, to make empirically supported predictions about individuals’ actions (Ryckman, 2012).

At the end of the 1980s, a consensus in the psychology literature appeared to have emerged in terms of the existence of the psychology traits. Many researchers (e.g., Buss, 1989; Costa & McCrae, 1988) agreed that personality traits endure over time and across different situations, they can be measured reliably and validly, and these measurements can predict human behavior effectively. Lexical hypothesis, which is one of the most influential and widely used theories in personality psychology, states that important personality characteristics in individuals’ lives would be a part of their language, and as the importance of the characteristic increases, it would be more likely to become a single word in that language (John, Angleitner & Ostendorf, 1988). One of the major foundations of the Lexical Hypothesis is the Big Five personality traits, which is also called as the five-factor model of personality traits. Big Five personality traits initially came up in the studies of Fiske (1949), Tupes and

Christal (1961), and Norman (1963) (McAdams, 1992). Since then, it has gained special importance in the field and has become widely accepted in organizing and understanding the universe of personality traits. A significant universality and applicability across diverse peer and self-report measures of personality traits have been demonstrated by the five broad factors, which are Extraversion, Agreeableness, Conscientiousness, Neuroticism, and Openness to Experience. Extraversion can be described by a sociable and active lifestyle, possessing higher levels of positive affect, and an optimistic viewpoint. Agreeableness can be described by altruistic and cooperative characteristics with a concern related with others. Conscientiousness is characterized by the tendency to behave in purposeful, planned, organized, and self-controlled manner. Neuroticism can be defined with the qualities such as being emotionally negative, impulsive, and vulnerable to stress. Lastly, Openness to Experience indicates itself in curiosity, lower traditionalism, and voluntariness in considering new ideas (Goldberg, 1990; McCrae & Costa, 2003). According to Peabody and Goldberg (1989), these five factors appear to cover a wide number of concepts that surround the main human concerns of power (Extraversion), affect (Neuroticism), love (Agreeableness), work (Conscientiousness), and intellect/culture (Openness to Experience).

These five factors also seem to include the two vast dimensions of the interpersonal cycle: Dominance and Warmth, which are described by Leary in 1957 and by Wiggins in 1979 (McAdams, 1992). Moreover, these factors seem to be coherent with other standardized personality description systems such as 16 factors of Cattell, 'big three' of Eysenck, Temperaments of Guildford, and California Q-Set (Greenidge, 2013). These findings indicate that the five-factor model seems to point out to a substantial part of information one might receive to define the personality of an individual.

1.2.1. Personality Traits in Turkish Culture

According to McCrae and Costa (2003), personality traits have emerged from native language. It is also in accordance with the Lexical Hypothesis, which suggests that

trait descriptive adjectives that are used in communication of individual differences are produced by every culture (Gençöz & Öncül, 2012). Traits that adequately define personality characteristics in a language may not be as effective in another language. In other words, every culture has its own genuine words to define personality traits and these words might show differences across different cultures. Hence, a specific culture's expressions and indigenous concepts should be given an important emphasis in a questionnaire that measures personality traits. To address this issue, Gençöz and Öncül (2012) developed the Basic Personality Traits Inventory (BPTI), which aims to measure the dimensions of basic personality in Turkish language and culture. In the development study of BPTI, Gençöz and Öncül (2012) revealed well-known five basic dimensions, namely Extraversion, Agreeableness, Openness, Neuroticism, and Conscientiousness. Moreover, the 6th dimension, which was named as Negative Valance, was determined in this instrument. In their study, not only they developed a reliable and valid instrument that measures personality dimension in Turkish culture, but they also revealed that the basic personality dimensions that trait approach describes were prominent in Turkish culture and language (Gençöz & Öncül, 2012).

1.2.2. Childhood Traumas and Personality Traits

In different studies (e.g., Gladstone, Parker, Wilhelm, Mitchell, & Austin, 1999; Herman, Perry, & Van der Kolk, 1989) it was revealed that people who have experienced traumatic events in their childhood are more prone to have a personality disorder in adulthood. For instance, pathological MMPI profiles have been observed in men who had been sexually abused in their childhood (Roys & Timms, 1995), even though the most of the research was conducted with female victims of sexual abuse. In addition to sexual abuse, other types of childhood trauma, such as emotional abuse, emotional neglect, physical abuse, and physical neglect were found to be associated with alterations in the personality in adulthood (e.g., Bierer et al., 2003; Berkowitz, 2004). Allen and Lauterbach (2007) revealed that traumatic events experienced in childhood are related with personality traits in adulthood; people who had experienced childhood traumas possessed higher levels of neuroticism and

openness to experience compared to people who had not experienced traumatic events in their childhood. Their findings suggested that victims of childhood trauma are more likely to be tense, nervous, irritable, insecure, and emotional (Allen & Lauterbach, 2007).

1.2.3. Personality Traits and Psychological Well-Being

Personality is an important factor that is related with subjective well-being; even some researchers (e.g. Steel, Schmidt, & Shultz, 2008) stated that the strongest predictors of well-being are personality traits. The Five Factor Model of Personality's associations with psychological health and characteristics of interpersonal relationships have been well established in the literature. Considerable evidence have been revealed that individual differences in personality traits are associated with individual differences in psychological well-being, and the basic personality traits have a robust predictive value on the indicators of psychological well-being such as positive affect, satisfaction with life and job, relationship satisfaction, and depression (e.g., DeNeve and Cooper 1998; Schimmack, Radhakrishnan, Oishi, Dzokoto, & Ahadi, 2002; Schimmack, Oishi, Furr, & Funder, 2004; Steel, Schmidt, & Shultz, 2008).

Extraversion and Neuroticism were the focus of the most empirical studies that investigated the association between personality traits and psychological well-being, and many researchers have stated that the association between personality traits and well-being was provided by Extraversion and Neuroticism (Diener, Oishi, & Lucas, 2003). However, findings in the current literature revealed that other personality characteristics are also related with well-being as well. In the study that investigates the relationship between personality traits and self-rated health, Löckenhoff, Terraciano, Ferucci, and Costa (2012) revealed that Neuroticism was negatively, Openness, Extraversion and Conscientiousness were positively associated with self-rated health. They found that individuals who possessed higher Conscientiousness and lower Neuroticism had higher levels of general, social- and past-comparative self-rated health. Extraversion and Openness, on the other hand, were found to be

positively related with social-comparative self-rated health, but not in general self-rated health. They suggested that this might be due to that Extraversion and Openness are mostly related to self-evaluative components of self-rated health (Löckenhoff, Terraciano, Ferucci, & Costa, 2012).

In addition to self-rated health, many researchers revealed that extraversion is positively associated with positive affect, positive social interactions, and lower levels of depressive symptomatology (e.g., Ashton, Lee, & Paunonen, 2002; C'oté & Moskowitz, 1998; Gençöz & Öncül, 2012; Lucas & Baird, 2004). Agreeableness has been related with supereminence in social interactions (Wilkowski, Robinson, & Meier, 2006). In accordance with this relationship, Gençöz and Öncül (2012) found a positive correlation between agreeableness and social support, while agreeableness was negatively correlated with social anxiety. According to Costa and Widiger (2005), Openness to experience is the flexible part of the structure of personality. Gençöz and Öncül (2012) revealed that openness was positively correlated with self-esteem, positive affect, and problem focused coping strategies, which were indicators and contributors of psychological well-being. Gençöz and Öncül (2012) also revealed that Conscientiousness is positively associated with problem-focused coping, which is defined as an adaptive coping strategy by Bouchard (2003). In their study, they also found a positive association between problem-focused coping and other dimensions of personality that are related with higher levels of psychological adjustment (i.e., Agreeableness, Extraversion, and Openness); while a negative association was found with the dimensions that have a negatively relationship with psychological adjustment (i.e., Neuroticism and Negative Valence) (Gençöz & Öncül, 2012). Neuroticism is consistently found to be associated with the tendency to experience psychological distress, frustration, anxiety, and guilt (Ben-Ari & Lavee, 2005; Costa & McCrae, 1980), maladaptive coping strategies (Bouchard, 2003) higher negative affect and lower positive affect (Keltner, 1996), and lower levels of marital adjustment (Ben-Ari & Lavee, 2005; Lavee & Ben-Ari, 2004). In the study conducted with Turkish sample, Gençöz and Öncül (2012) revealed that neuroticism had a negative relationship with self-esteem, positive affect, while it had a positive correlation with depression and anxiety levels, emotion focused coping, and negative

affect. Moreover, Neuroticism's negative contribution to the social interactions' quality was revealed in the development study of BPTI. In parallel with the findings related to Neuroticism, a negative contribution of Negative Valence to the psychological well-being was revealed (Gençöz & Öncül, 2012). Past research also showed that personality traits were associated with life satisfaction. For instance, Extraversion and Openness were found to be positively associated with life satisfaction, while there were a negative relationship between Neuroticism and life satisfaction (Schimmack, Oishi, Furr, & Funder, 2004; Steel, Schmidt, & Shultz, 2008).

1.3. Interpersonal Problems

People are highly social beings and depend on other people. Among animals, human beings have the most complex and diverse interpersonal relationships. Even though people need to cooperate with each other to safely live in this world, most of the trouble that people experience are caused by the problems in interpersonal relationships. This fact is also observed in clinical settings: according to Horowitz and Vitkus (1986), clients who apply to psychological treatment present complaints that are originated by interpersonal problems.

1.3.1. Childhood Traumas and Interpersonal Problems

The relationship between childhood trauma and psychological problems such as depression and anxiety has been well established; however, the association between childhood trauma and interpersonal problems in adulthood has recently become the focus of research (e.g., Huh, Kim, Yu, & Chae, 2014). According to Freud (1912, as cited in Huh et al., 2014), organized representations of past relational experiences and behaviors form the patterns of current relationship. Cognitive-behavioral perspective suggests that previous life experiences activate the maladaptive schemas about the self, environment, and future when there is a match between past experience and the current situation (Van Veen et al., 2013). A research conducted by Mason, Platts, and Tyson (2005) revealed that some maladaptive schemas, which

are rooted in childhood, have an effect on adult attachment and interpersonal relationships. Different theories that give direction to the approaches in clinical practice and the recent findings in the literature present that experiences in childhood have a significant impact on the quality of interpersonal relationships in adulthood.

Studies suggested that people who had experienced trauma in their childhood are more likely to have intimacy dysfunctions, difficulties in social adjustment, and relationships with less quality (Davis, Petretic-Jackson, & Ting, 2001). Although there are differences between theories and approaches in the field of psychotherapy, most of them point out the importance of past experience in explaining the current interpersonal relationships and psychological well-being in adulthood.

1.3.2. Interpersonal Problems and Psychological Well-Being

It is a well-known fact that people depend on interpersonal relationships, which provide security, social support, and friendship. However, serious conflicts occasionally challenge relationships, and cause distress in the person experiencing interpersonal problems. In a study (Dreu, Dierendonck, & Dijkstra, 2004), it was revealed that conflicts in interpersonal relationships influence individual well-being and elicits negative emotions, while threatens individual's self-esteem. In the recent study, Akyunus and Gençöz (in press) revealed that interpersonal problems are positively associated with psychological symptoms and negative affect. Moreover, a positive association between forgiving and psychological well-being was found (Karremans, Van Lange, Ouwerkerk, & Kluwer, 2003), which indicates that to keep relationships in balance and not to continue interpersonal conflicts might be important factors for maintaining psychological well-being.

Even though there are a limited number of studies in the literature that investigated the relationship between interpersonal problems and psychological well-being, the findings suggested that interpersonal problems had a negative effect on psychological well-being.

1.4.Aims of the Study

Findings in the literature pointed out that childhood traumas are associated with psychological well-being in adulthood, and personality traits have a crucial role in this association. In addition, there is an effect of interpersonal problems on the psychological well-being. The dual associations of these variables have been widely revealed in the studies. However, there are a limited number of studies that investigated the effect of childhood trauma on personality traits regardless of a diagnosed personality disorder, or the roles of personality traits and interpersonal problems in the association between childhood trauma and psychological well-being in adulthood. Therefore, the aims of the study are:

1. To examine age and gender differences on the measures of the study (i.e., Childhood Trauma, Personality Traits, Interpersonal Problems, Psychological Symptoms, Affect, and Life Satisfaction).
2. To examine the interrelationships between the measures of the study.
3. To examine the factors associated with the personality traits, the interpersonal problems, and the measures of psychological well-being.

Moreover, as can be seen from Figure 1.1, the hypotheses of the study are:

1. Personality Traits (i.e., Extraversion, Conscientiousness, Agreeableness, Neuroticism, Openness to Experience, and Negative Valence) will be associated with Childhood Traumas (i.e., Emotional Abuse, Physical Abuse, Sexual Abuse, Emotional Neglect, And Physical Neglect) after controlling for the demographic variables, which were age and gender.
2. Interpersonal Problems will be associated with Childhood Traumas and Personality Traits after controlling for the demographic variables.

3. Psychological well-being (i.e., Psychological Symptoms, Affect, and Life Satisfaction) will be associated with Childhood Traumas, Personality Traits, and Interpersonal Problems after controlling demographic variables.

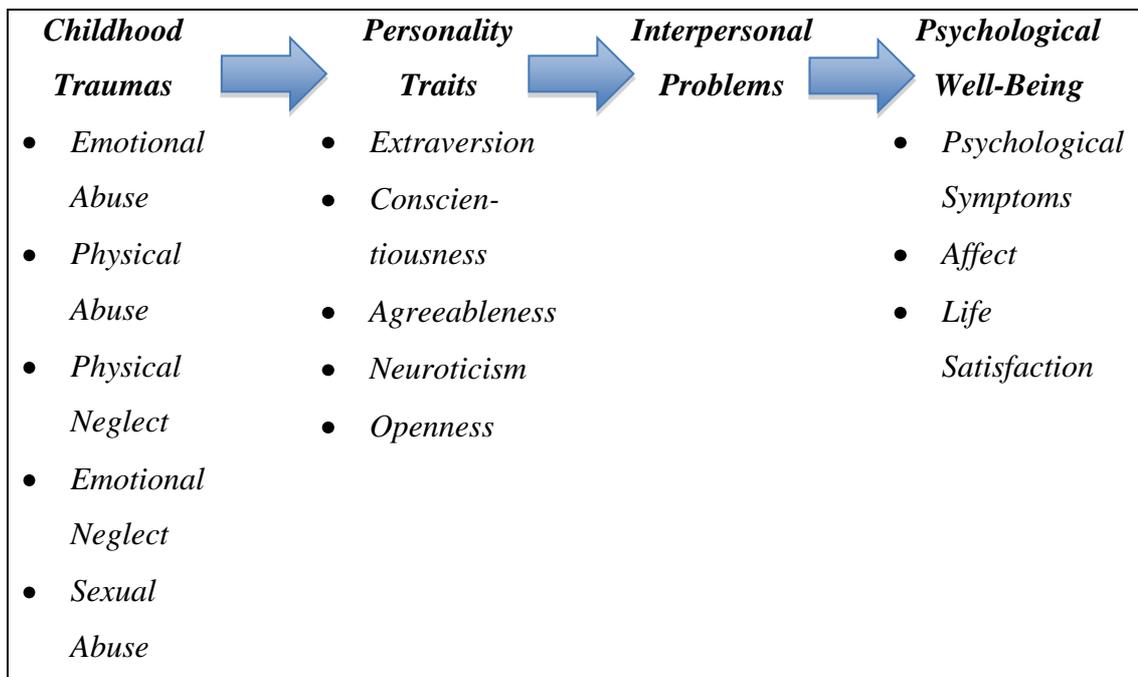


Figure 1.1. Association of Childhood Traumas, Personality Traits, and Interpersonal Problems with Psychological Well-being

CHAPTER 2

METHOD

2.1. Participants

The sample of the study consisted of 413 participants. 281 participants (68.0%) were females and 132 participants (32.0%) were males. The ages of these participants ranged from 18 to 61 ($M = 26.63$, $SD = 8.49$). Two of them (0.50%) reported that they were literate, 3 of them (0.70) were graduates of secondary school, 30 of them (7.30%) were graduates of high school, 254 of them (61.5%) were university students or graduates, and 124 of them (30.0%) were graduate students or had master's or doctoral degrees. 56 participants (13.6%) reported low, 321 participants (77.7%) reported middle, and 36 participants (8.7%) reported high income. 231 participants (55.8%) had one sibling, 87 participants (21.1%) had two, 29 participants (7.0%) had three, and 19 participants (4.7%) had four or more siblings; while 47 participants (11.4%) reported that they had no siblings (see Table 2.1)

2.2. Measures

Firstly, demographic information form (see Appendix A), which was prepared by the researcher, was given to collect the relevant data, including age, sex, and parental information; number of siblings; income, and educational level of participants. In addition to demographic information form, a set of questionnaire was given to the participants. The questionnaire set included Childhood Trauma Questionnaire-Short Form (CTQ), Basic Personality Traits Inventory (BPTI), Inventory of Interpersonal Problems (IIP), Brief Symptom Inventory (BSI), Positive and Negative Affect Schedule (PANAS), and Turkish Version of Satisfaction with Life Scale (SWLS).

Table 2.1

Demographic Characteristics of Participants

Variables	N (413 participants)	%	M	SD
Gender				
Female	281	68.0		
Male	132	32.0		
Age			26.63	8.49
Education				
Literate	2	0.50		
Graduate of secondary school	3	0.70		
Graduate of high school	30	7.30		
University student/graduated	254	61.5		
Graduate student/graduated	124	30.0		
Income Level				
Low	56	13.6		
Middle	321	77.7		
High	36	8.7		
Number of siblings				
0	47	11.4		
1	231	55.8		
2	87	21.1		
3	29	7.0		
4 or more	19	4.7		

2.2.1. Childhood Trauma Questionnaire – Short Form (CTQ-SF)

To assess experienced maltreatment in childhood and adolescence, Bernstein et al. (1994) developed the original Childhood Trauma Questionnaire as a 70-item self-administered inventory. In 2003, Bernstein et al. shortened the original inventory and created a 28-item questionnaire (CTQ-SF) in which the items are rated on a 5-point Likert scale. Confirmatory factor analysis revealed five subscales, which are emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical

neglect. Reliability coefficients were found to be .89 for Emotional Abuse, .86 for Physical Abuse, .95 for Sexual Abuse, .89 for Emotional Neglect, and .78 for Physical Neglect (Bernstein et al. 2003).

The Turkish adaptation study of CTQ-SF was conducted by Şar, Öztürk, and İkikardeş (2012). For the Turkish version of the scale, reliability coefficient was found to be .93 and test-retest reliability coefficient was found to be .90. As in the original scale, same factor structure was found in Turkish adaptation of the scale. For the sub-scales, reliability coefficients were found to be .90 for Emotional Abuse, .90 for Physical Abuse, .73 for Sexual Abuse, .85 for Emotional Neglect, and .77 for Physical Neglect. Moreover, correlation coefficient of the Turkish version of the scale with Dissociative Experiences Scale was found to be .60, which indicates high construct validity. For the items of CTQ, see Appendix B.

2.2.2. Basic Personality Traits Inventory (BPTI)

Gençöz and Öncül (2012) developed Basic Personality Traits Inventory (BPTI) for Turkish Culture to evaluate the basic personality traits in accordance with the five-factor model of personality (Peabody and Goldberg, 1989). BPTI consists of 45 items and items are rated on a 5-point Likert scale. Factor analysis revealed 6 factors each represents a basic personality trait: Extraversion, Conscientiousness, Agreeableness, Neuroticism, Openness to Experience, and Negative Valence. Internal reliability coefficients were found to be fairly strong. For the dimensions of the inventory, the internal consistency coefficients were found to be .89 for Extraversion, .85 for Conscientiousness, .85 for Agreeableness, .83 for Neuroticism, .80 for Openness to Experience, and .71 for Negative Valence. Test-retest reliability of six factors ranged from .71 to .84. Under the factors they represented, the items had factor loadings varying from .84 to .40, which indicates high construct validity. Moreover, the psychometric strength of the BPTI and its 6 domains was supported with the analyses revealing high convergent, divergent, and discriminant validity (for details see Gençöz & Öncül, 2012). For the items of BPTI, see Appendix C.

2.2.3. Inventory of Interpersonal Problems (IIP)

The original Inventory of Interpersonal Problems (Horowitz, Rosenberg, Baer, Ureno, & Villaseñor, 1988) was developed as a 127-item scale to reveal difficulties that people experience in their interpersonal relationships. In the inventory, items, which represent difficulties experienced by people in their interpersonal relationships, were accumulated into two groups: (1) the things that people find “too hard” to do (e.g., to disagree with other people), and (2) the things that people do “too much” (e.g., I argue with other people too much). Items are rated on a 5-point Likert scale in response to the questions: “How much have you been distressed by this problem?” (Barkham, Hardy, & Startup, 1996). Alden et al. (1990) extracted most representative 64 items and formed IIP-C (also known IIP-64). Horowitz et al. (2003) developed the short version of the inventory (IIP-32) while protecting factor structure of the IIP-64. Like IIP-C, IIP-32 has eight factors. Moreover, the short version’s internal consistency reliability values were consistent with IIP-C. For the factors, reliability coefficients were found to be .73 for Domineering/Controlling subscale, .83 for Vindictive/Self-centered subscale, .87 for Cold/Distant subscale, .82 for Socially inhibited subscale, .83 for Nonassertive subscale, .70 for Overly Accommodating subscale, .78 for Self-sacrificing subscale, and .68 for Intrusive/Needy subscale. The reliability coefficient for overall scale was found to be .93 and test-retest reliability was found to be .78.

Akyunus and Gençöz (in press) conducted the Turkish adaptation of the IIP-32. For the Turkish version of the scale, the internal consistency coefficient was found to be .86 and test-retest reliability was found to be .78. Reliability coefficients for the factors altered between .66 and .86 for the subscales. For the criterion related validity, total score of IIP was compared with Brief Symptom Inventory, Basic Personality Traits Inventory, Positive and Negative Affect Schedule, and The Multidimensional Scale of Perceived Social Support and significant correlation coefficients were found in expected directions (for details see Akyunus & Gençöz, in press). For the items of IIP, see Appendix D.

2.2.4. Brief Symptom Inventory (BSI)

The original Brief Symptom Inventory (BSI) was developed by Derogatis (1975) to measure psychological symptoms of patients as a short version of SCL-90-R. It is a 53-item questionnaire in which the items are rated on a 5-point Likert scale. The original BSI consists of nine dimensions which are Somatization (SOM), Obsessive-Compulsive (O-C), Interpersonal Sensitivity (I-S), Depression (DEP), Anxiety (ANX), Hostility (HOS), Phobic Anxiety (PHOB), Paranoid Ideation (PAR), and Psychoticism (PSY). To measure general distress level, three global indexes were revealed, which are the General Severity Index (GSI), the Positive Symptom Distress Index (PSDI), and the Positive Symptom Total (PST). Internal consistency of 9 symptom dimensions ranged from .72 to .85 (Derogatis & Melisaratos, 1983).

The scale was adapted into Turkish by Şahin and Durak (1994). They revealed five factors, which are Depression, Anxiety, Negative Self, Somatization, and Hostility. Internal consistency coefficients for dimensions were ranged from .71 to .85, which indicates high reliability. In the adaptation study, significant correlations were found between BSI and other psychological symptom-related instruments, which indicated high construct validity. For the items of BSI, see Appendix E.

2.2.5. Positive and Negative Affect Schedule (PANAS)

Watson, Clark, and Tellegen (1988) developed Positive and Negative Affect Schedule (PANAS) to measure common affective states. The inventory consists of 20 items, and the items are rated on a 5-point Likert Scale ranging from “very slightly” to “very much”. 10 of the presented affect words reflect negative affect, and the other 10 words reflect positive affect. For Positive and Negative Affect subscales, total scores can range from 10 to 50. Internal consistency was found to be .88 for the Positive Affect subscale (PA), and .85 for the Negative Affect subscale (NA). Test-retest correlation was found to be .47 (Watson et al., 1988).

The scale was adapted into Turkish by Gençöz (2000) and the internal consistency was found to be .86 for PA and .83 for the NA. Test-retest correlation was found to be .54 for PA and .40 for NA. In the adaptation study, correlation coefficient between PA and Beck Depression Inventory was found as -.48, and it was found to be -.22 between PA and Beck Anxiety Inventory. In addition, correlation between NA and these inventories were found to be .51 and .47, respectively. These results indicated high concurrent validity. For the items of PANAS, see Appendix F.

2.2.6. Turkish Version of Satisfaction with Life Scale (SWLS)

Diener et al. (1985) developed the Satisfaction with Life Scale (SWLS), which aims to reveal global life satisfaction. It consists of five statements related with quality of life and asks participants to rate their level of agreement with the statements on a 7-point Likert scale. In the SWLS, total scores can range from 5 to 35 and higher scores indicate higher levels of satisfaction. Internal consistency was found to be .87, test-retest correlation was found to be .82, and one-factor structure, which explained 66% of the variance, was found (Diener et al. 1985).

The scale was adapted into Turkish by Durak, Senol-Durak, and Gençöz (2010). After a careful translation process, the scale was completed by three different samples, which were university students, elderly, and correctional officers. They found high internal consistency coefficients for the three groups, it was .81 in the university students sample, .82 in the correctional officers sample, and .89 in the elderly sample. In terms of validity, Durak et al. (2010) compared the scores of university students on the SWLS with conceptually related constructs, which were self-esteem, positive affect, negative affect, perceived social support from different sources, depression scores, and monthly income. They found that scores on SWLS were positively correlated with self-esteem, positive affect, perceived social support (from family, friends, and significant others), and monthly income. On the other hand, they found negative correlation between scores on SWLS and negative affect and depression. These results indicated that the scale has a satisfactory concurrent validity. For the items of SWLS, see Appendix G.

2.3. Procedure

First of all, ethical approval was taken from Middle East Technical University Human Subjects Ethics Committee. After ethical approval was received, the material was uploaded to the Qualtrics, which is an online survey software. Participants first received the informed consent (see Appendix H) and demographic information (see Appendix B) forms. Afterwards, the questionnaires were given. The completion of the questionnaires took approximately 20 minutes.

2.4. Analysis

The Statistical Package for Social Sciences (SPSS), version 21 for Mac, was used for statistical analyses in the current study. To determine demographic differences, which are age and gender, on the measures, Analyses of Variance (ANOVA) and Multivariate Analyses of Variance (MANOVA) were conducted. Secondly, inter-correlations between the measures listed above were examined through zero-order correlations. Lastly, hierarchical regression analyses were conducted to determine the associated factors of child abuse and neglect, personality, interpersonal problems, and psychological well-being.

CHAPTER 3

RESULTS

3.1.Descriptive Analyses for the Measures of the Study

In order to analyze descriptive features of the measures, means, standard deviations, minimum and maximum scores, and internal consistency coefficients (Cronbach's alpha) were calculated for Childhood Trauma Questionnaire (CTQ) and its subscales (i.e., physical abuse, emotional abuse, sexual abuse, physical neglect and emotional neglect), for subscales of Basic Personality Traits Inventory (BPTI) (i.e., Extraversion, Conscientiousness, Agreeableness, Neuroticism, Openness to Experience [called as 'Openness' in the text], and Negative Valence), for Inventory of Interpersonal Problems (IIP), for Brief Symptom Inventory (BSI) and its subscales (i.e., Anxiety, Depression, Negative Self, Somatization, and Hostility), for the subscales of Positive and Negative Affect Schedule (PANAS) (i.e., Positive Affect and Negative Affect), and for Satisfaction with Life Scale (SWLS). The number of participants, mean and standard deviation values, maximum and minimum values, and Cronbach's alpha coefficients of each measure are presented in Table 3.1.

3.2.The Differences of Levels of Demographic Variables on the Measures of the Study

The demographic variables (i.e., gender and age) were categorized into different groups to examine the demographic differences on the measure of the study. This categorization is presented in Table 3.2. For the measures yielding a single score, factorial Analyses of Variances (ANOVA), and for the subscales of the measures, factorial Multivariate Analyses of Variances (MANOVA) were conducted in order to

capture the differences between the groups. The significant results of the analyses were reported.

Table 3.1
Descriptive Characteristics of the Measures

Measures	N	Mean	SD	Min-Max	Cronbach's alpha
CTQ	413	34.07	8.57	25-101	.87
Emotional Abuse	413	6.98	2.73	5-24	.77
Physical Abuse	413	5.40	1.50	5-22	.84
Physical Neglect	413	6.39	2.00	5-20	.48
Emotional Neglect	413	9.60	3.83	5-23	.85
Sexual Abuse	413	5.69	1.98	5-22	.84
BPTI					
Extraversion	413	28.57	6.46	11-40	.88
Conscientiousness	413	26.11	4.87	7-35	.83
Agreeableness	413	34.33	3.90	16-40	.85
Neuroticism	413	25.23	6.31	9-45	.80
Openness	413	22.42	3.61	9-30	.71
Negative Valence	413	9.78	3.15	6-23	.72
IIP	413	73.45	15.94	35-135	.87
BSI	413	100.40	39.03	53-265	.97
Anxiety	413	23.34	9.65	13-65	.90
Depression	413	26.90	11.17	12-60	.92
Negative Self	413	22.77	9.76	12-60	.90
Somatization	413	13.90	6.09	9-45	.87
Hostility	413	13.48	6.01	7-35	.85
PANAS					
PA	413	31.31	8.13	10-50	.88
NA	413	21.34	7.78	10-50	.88
SWLS	413	15.35	4.40	5-25	.86

Note. CTQ = Childhood Traumatic Questionnaire, BPTI = Basic Personality Traits Inventory, IIP = Inventory of Interpersonal Problems, BSI = Brief Symptom Inventory, PANAS = Positive and Negative Affect Schedule, SWLS = Satisfaction with Life Scale.

Table 3.2
Demographic Characteristics of Participants

Variables	N (413 participants)	%	M	SD
Gender				
Female	281	68.0		
Male	132	32.0		
Age				
			26.63	8.49
1 (Early Adulthood: between 18-24)	222	53.8	21.68	2.06
2 (Adulthood: between 25-61)	191	46.2	32.39	9.46

At the beginning of the analyses, ages of the participants were meaningfully sorted into two categories through median split (see Table 3.2). These age groups were named as Early Adulthood (Age Group 1: between 18-24) and Adulthood (Age Group 2: between 25-61) in the study. After the categorization, separate factorial Analyses of Variance (ANOVA) and factorial Multivariate Analyses of Variance (MANOVA) were conducted to reveal the age and gender differences, and their interaction on the measures of the study.

3.2.1. Childhood Traumas

In order to see the differences between age and gender groups, and their interaction on childhood traumas, a 2 (Age Group) x 2 (Gender) between subjects factorial ANOVA was conducted with the total score of CTQ. The main effect of Age ($F[1, 409] = 0.80, p = .372, \eta_p^2 = .002$), the main effect of Gender ($F[1, 409] = 1.69, p = .194, \eta_p^2 = .004$), and the interaction effect ($F[1, 409] = 0.32, p = .573, \eta_p^2 = .001$) were insignificant. The analysis revealed that male and female participants did not significantly differ from each other in terms of childhood traumas. Moreover, a difference was not found between younger adults and adults in terms of childhood traumas.

In order to test the roles of age, gender, and their interaction on traumas experienced in childhood, 2 (Age Group) x 2 (Gender) between subjects factorial MANOVA was conducted with the five domains of CTQ (i.e., Emotional Abuse, Physical Abuse, Physical Neglect, Emotional Neglect, and Sexual Abuse) as the dependent variables. The results of the multivariate analyses indicated no significant main effect of Age (*Multivariate F*[5, 405] = 1.20, $p = .310$, Wilk's Lambda = .99, $\eta_p^2 = .015$) and Age x Gender interaction (*Multivariate F*[5, 405] = 0.77, $p = .569$, Wilk's Lambda = .99, $\eta_p^2 = .009$) for the dimensions of CTQ.

On the other hand, there was a significant main effect of Gender (*Multivariate F*[5, 405] = 6.13, $p < .001$, Wilk's Lambda = .930, $\eta_p^2 = .070$). A Bonferroni correction was conducted to assess the significance of univariate analyses and alpha values lower than .01 were accepted as significant. Following this correction, a significant main effect of Gender was found for Physical Neglect ($F[1, 409] = 11.00$, $p = .001$, $\eta_p^2 = .026$) and Emotional Neglect ($F[1, 409] = 8.01$, $p = .005$, $\eta_p^2 = .019$) subscales of CTQ. Specifically, male participants ($M = 6.86$, $SE = .17$) experienced higher levels of physical neglect than female participants ($M = 6.17$, $SE = .12$). In addition, males ($M = 10.38$, $SE = .33$) experienced higher levels of emotional neglect than females ($M = 9.24$, $SE = .23$) (see Figure 3.1).

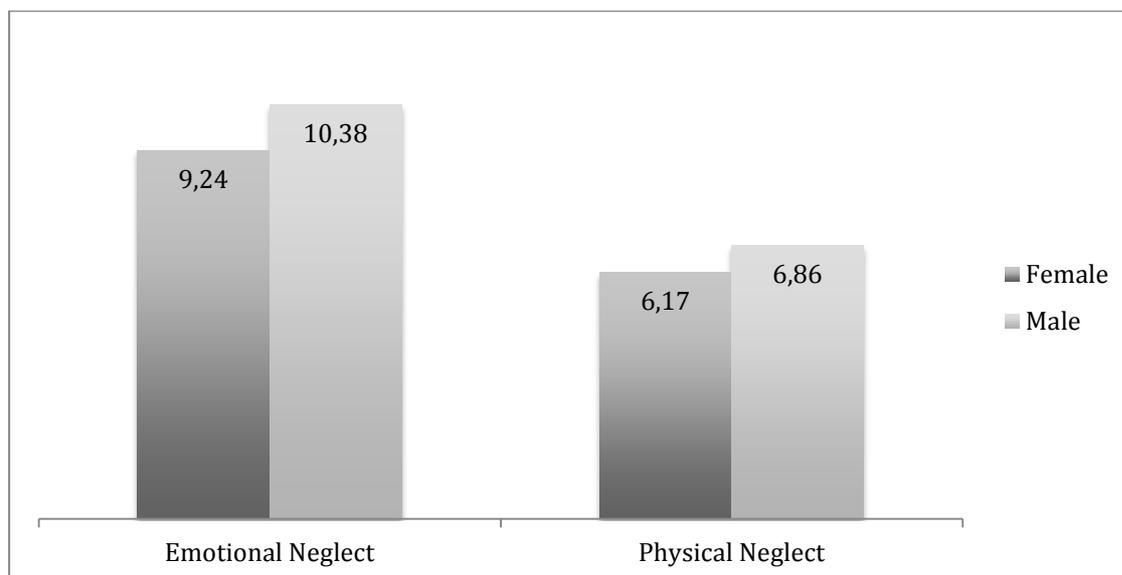


Figure 3.1. Gender differences for Emotional Neglect and Physical Neglect

3.2.2. Personality Traits

In order to test the roles of age, gender, and their interaction on personality traits, 2 (Age Group) x 2 (Gender) between subjects factorial MANOVA was conducted with the six domains of BPTI (i.e., Extraversion, Conscientiousness, Agreeableness, Neuroticism, Openness, and Negative Valence) as the dependent variables. The results of the multivariate analyses revealed a significant main effect of age (*Multivariate* $F[6, 404] = 3.09, p = .006$, Wilk's Lambda = .96, $\eta_p^2 = .044$) and gender (*Multivariate* $F[6, 404] = 6.90, p < .001$, Wilk's Lambda = .91, $\eta_p^2 = .093$) for the dimensions of Basic Personality Traits Inventory. On the other hand, there was no significant Age x Gender interaction (*Multivariate* $F[6, 404] = 1.43, p = .202$, Wilk's Lambda = .98, $\eta_p^2 = .021$). A Bonferroni correction was conducted to assess the significance of univariate analyses and alpha values lower than .008 were accepted as significant. Following this correction, a significant main effect for Age was found for Conscientiousness ($F[1, 409] = 12.42, p < .001, \eta_p^2 = .029$) and Negative Valence ($F[1, 409] = 10.06, p = .002, \eta_p^2 = .024$) subscales of BPTI. Specifically, adults ($M = 26.93, SE = .362$) had higher scores than early adults ($M = 25.15, SE = .35$) on Conscientiousness subscale. On the other hand, early adults ($M = 10.48, SE = .23$) got higher scores than adults ($M = 9.45, SE = .23$) on Negative Valence subscale (see Figure 3.2).

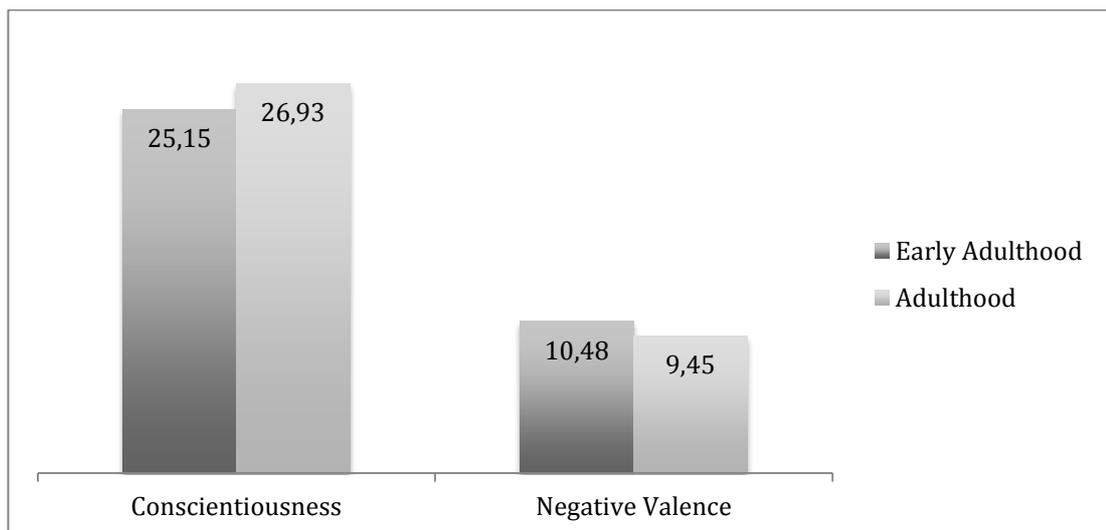


Figure 3.2. Mean values of Conscientiousness and Negative Valence for Age groups

A significant main effect for gender was found for Negative Valence subscale ($F[1, 409] = 12.21, p = .001, \eta_p^2 = .029$). Specifically, male participants ($M = 10.53, SE = .27$) had higher scores than female participants ($M = 9.40, SE = .19$) on Negative Valence subscale.

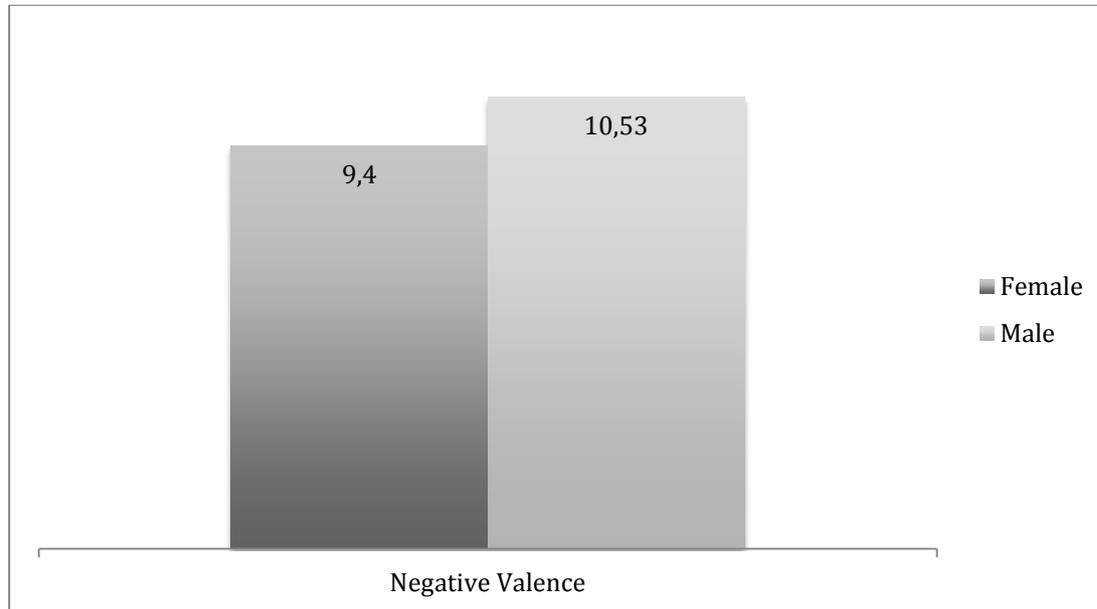


Figure 3.3. Mean values of Negative Valence for Gender groups

3.2.3. Interpersonal Problems

A 2 (Age Group) x 2 (Gender) between subjects factorial ANOVA was conducted in order to examine the roles of age, gender, and their interaction on interpersonal problems. A significant main effect for Age was found ($F[1, 409] = 8.20, p = .004, \eta_p^2 = .020$). The analysis revealed that early adults ($M = 76.64, SE = 1.15$) reported significantly more problems in their relationships than adults ($M = 71.90, SE = 1.19$) (see Figure 3.4). In addition, the main effect of Gender was found significant ($F[1, 409] = 10.46, p = .001, \eta_p^2 = .025$). Male participants ($M = 76.95, SE = .94$) reported more problems than female participants ($M = 71.60, SE = 1.36$) (see Figure 3.5). However, the analysis indicated no interaction effect ($F[1, 409] = 0.22, p = .64, \eta_p^2 = .001$).

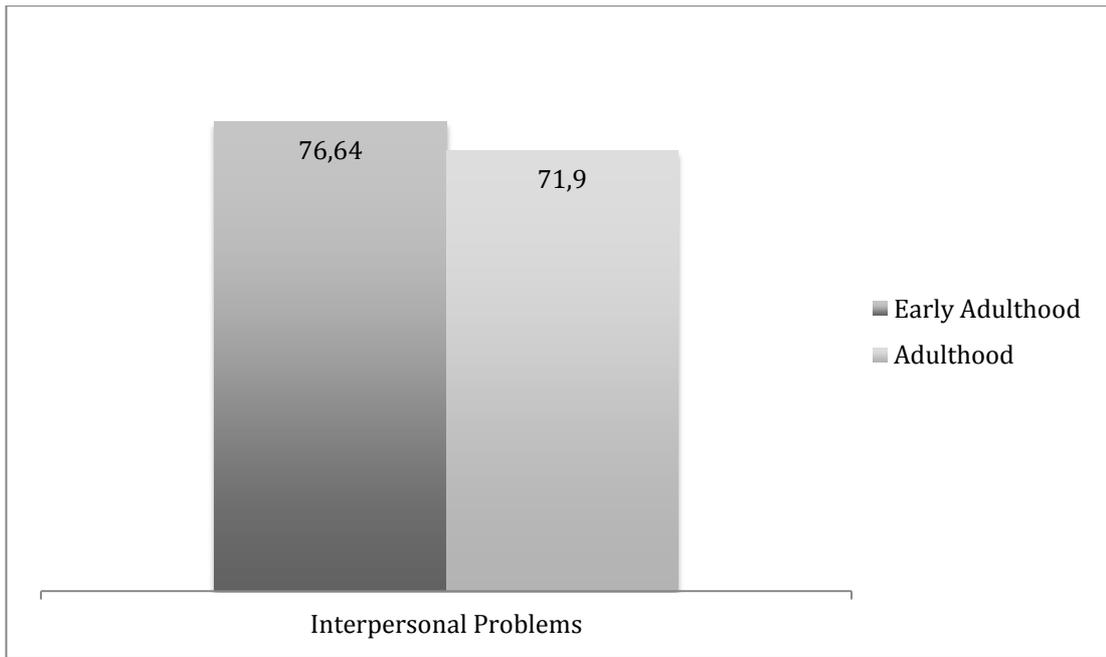


Figure 3.4. Mean values of Interpersonal Problems for Age groups

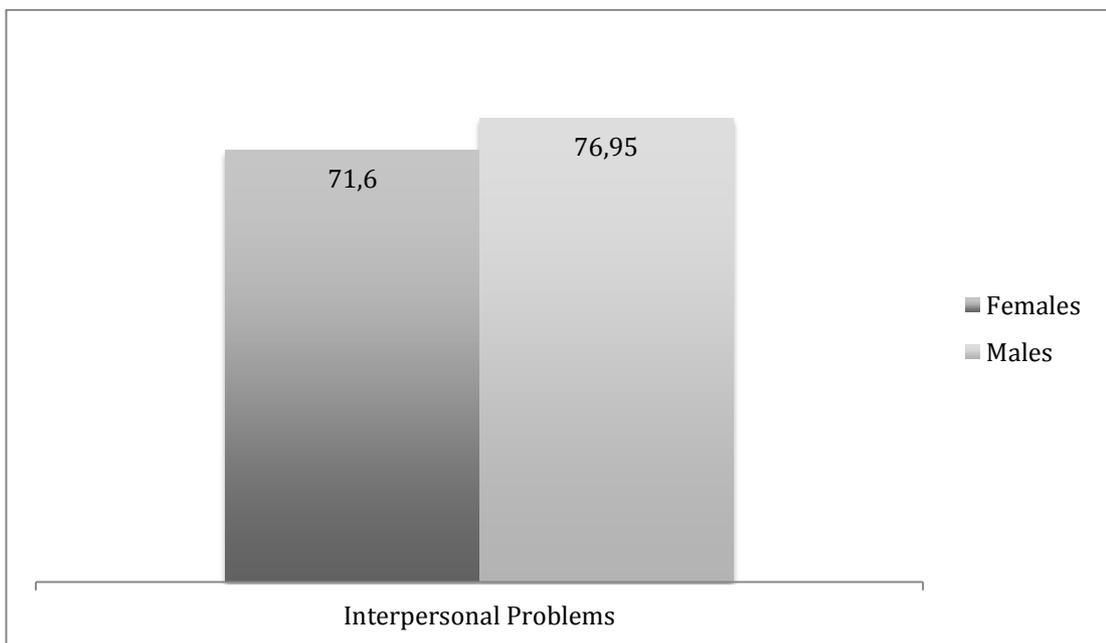


Figure 3.5. Mean values of Interpersonal Problems for Gender groups

3.2.4. Psychological Well-Being

Brief Symptom Inventory

A 2 (Age Group) x 2 (Gender) between subjects factorial ANOVA was conducted in order to examine the differences of age, gender, and their interaction on BSI. A significant main effect of age was revealed ($F[1, 409] = 26.13, p < .001, \eta_p^2 = .060$). The analysis indicated that early adults ($M = 110.56, SE = 2.78$) reported higher levels of problems than adults ($M = 90.16, SE = 2.86$). On the other hand, the main effect of gender was not significant ($F[1, 409] = 1.21, p = .273, \eta_p^2 = .003$). There was no significant difference between male and female participants in terms reported psychological symptoms. Moreover, the results of ANOVA indicated no Age x Gender interaction ($F[1, 409] = 0.09, p = .763, \eta_p^2 < .001$).

In order to test the roles of age, gender, and their interaction on psychological symptoms, a 2 (Age group) x 2 (Gender) between subjects factorial MANOVA was conducted with the five domains of BSI (i.e., Anxiety, Depression, Negative Self, Somatization, and Hostility) as the dependent variables. The results of the multivariate analyses indicated no significant main effect of Gender (*Multivariate* $F[5, 405] = 1.32, p = .256, \text{Wilk's Lambda} = .98, \eta_p^2 = .016$) and Age x Gender interaction (*Multivariate* $F[5, 405] = 1.01, p = .413, \text{Wilk's Lambda} = .90, \eta_p^2 = .012$) for the dimensions of BSI. On the other hand, there was a significant main effect of Age (*Multivariate* $F[5, 405] = 6.30, p < .001, \text{Wilk's Lambda} = .93, \eta_p^2 = .072$). A Bonferroni correction was conducted to assess the significance of univariate analyses and alpha values lower than .01 were accepted as significant. Following this correction, a significant main effect of age was found for all subscales, which were Anxiety ($F[1, 409] = 18.08, p < .001, \eta_p^2 = .042$), Depression ($F[1, 409] = 28.09, p < .001, \eta_p^2 = .064$), Negative Self ($F[1, 409] = 24.637, p < .001, \eta_p^2 = .057$), Somatization ($F[1, 409] = 11.78, p = .001, \eta_p^2 = .028$), and Hostility ($F[1, 409] = 23.26, p < .001, \eta_p^2 = .054$). At all dimensions of BSI, younger adults reported higher levels of problems than older adults. The mean values of the subscales of BSI are presented in the Figure 3.6.

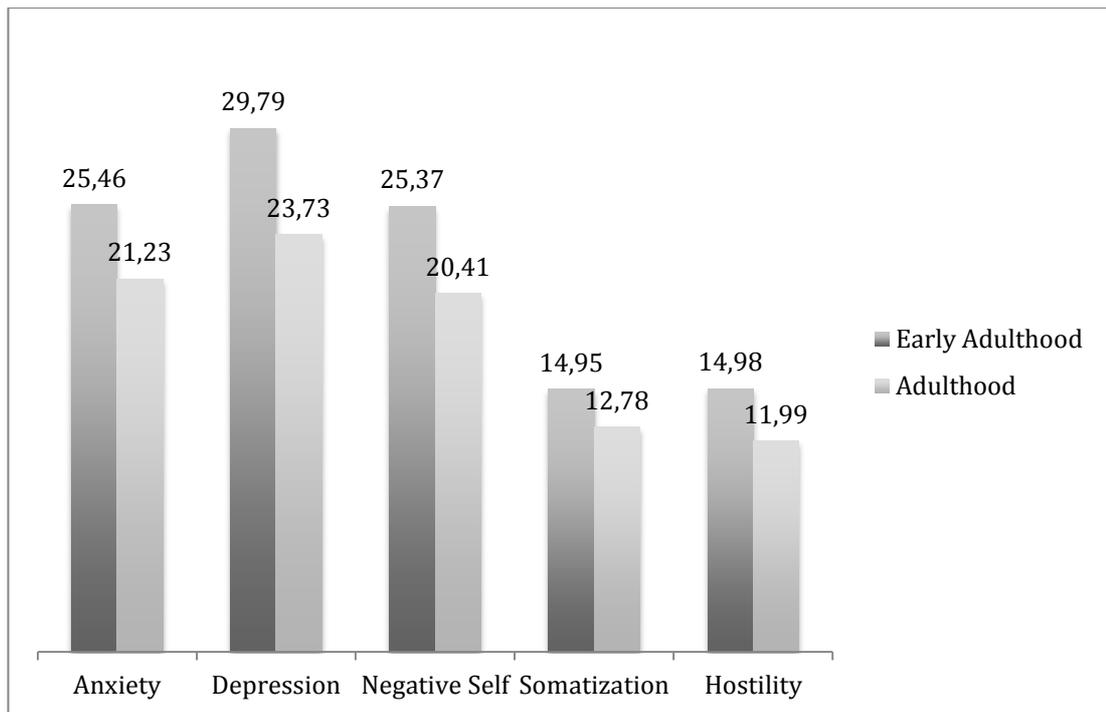


Figure 3.6. Mean values of BSI sub-scales for different Age groups

Satisfaction with Life Scale

A 2 (Age Group) x 2 (Gender) between subjects factorial ANOVA was conducted in order to examine the roles of age, gender, and their interaction on life satisfaction. The main effect of Age was found significant ($F[1, 409] = 4.81, p = .029, \eta_p^2 = .012$). The analysis indicated that younger adults ($M = 14.75, SE = .32$) reported significantly lower life satisfaction than adults ($M = 15.76, SE = .33$). In addition, a significant main effect for Gender was found ($F[1, 409] = 4.44, p = .036, \eta_p^2 = .011$). The analysis revealed that female participants ($M = 15.74, SE = .26$) reported higher levels of life satisfaction than male participants ($M = 14.77, SE = .38$) (see Figure 3.7). The interaction effect was not found significant ($F[1, 409] = 3.66, p = .056, \eta_p^2 = .009$).

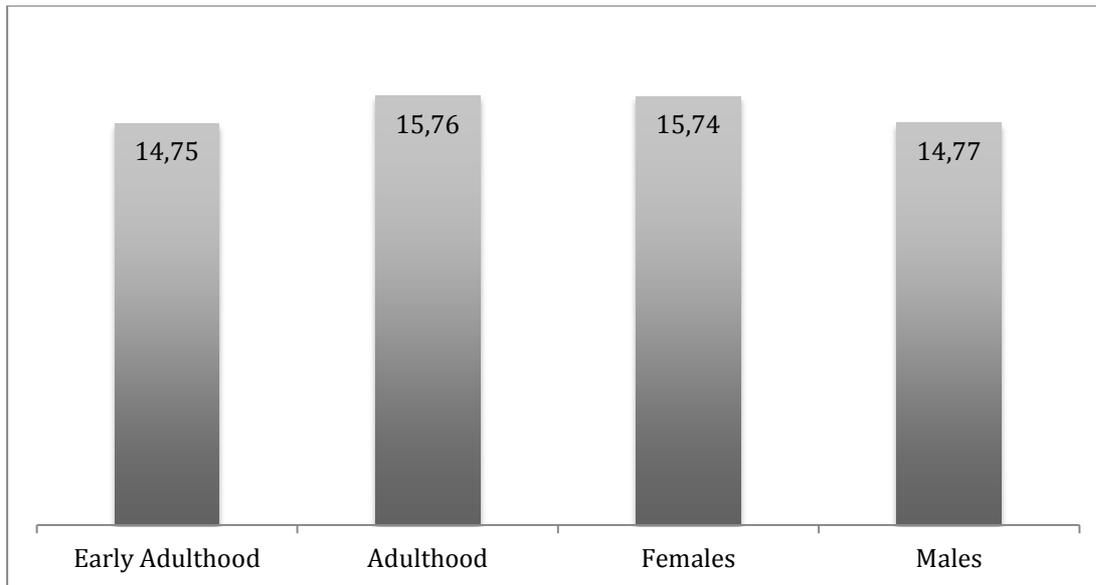


Figure 3.7. Mean values of SWLS for different Age and Gender groups

Positive and Negative Affect

In order to test the roles of age, gender, and their interaction on Affect, 2 (Age group) x 2 (Gender) between subjects factorial MANOVA was conducted with the two domains of PANAS (i.e., Positive Affect, and Negative Affect) as the dependent variables. The results of the multivariate analyses indicated a significant main effect of Age (*Multivariate F*[2, 408] = 4.89, $p = .008$, Wilk's Lambda = .98, $\eta_p^2 = .023$) and Gender (*Multivariate F*[2, 408] = 4.01, $p = .019$, Wilk's Lambda = .98, $\eta_p^2 = .019$) for the dimensions of PANAS. On the other hand, there was no significant Age x Gender interaction (*Multivariate F*[2, 408] = .61, $p = .543$, Wilk's Lambda = .99, $\eta_p^2 = .003$). A Bonferroni correction was conducted to assess the significance of univariate analyses and alpha values lower than .025 were accepted as significant.

Regarding this correction, a significant main effect for age was found for Negative Affect ($F[1, 409] = 9.81$, $p = .002$, $\eta_p^2 = .023$) subscale of PANAS. Specifically, younger adults ($M = 22.34$, $SE = .57$) reported more negative emotions than adults ($M = 19.79$, $SE = .58$) on Negative Affect subscale (see Figure 3.8).

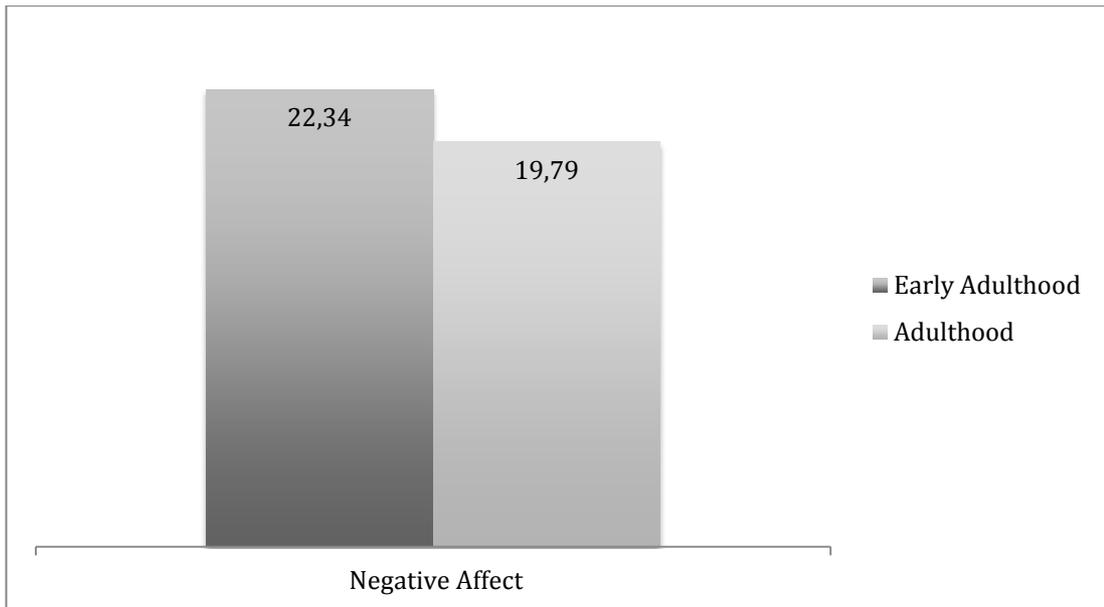


Figure 3.8. Mean values of Negative Affect for different Age groups

Moreover, a significant main effect for gender was found for Positive Affect ($F[1, 409] = 7.32, p = .007, \eta_p^2 = .018$) subscale of PANAS. Specifically, male participants ($M = 32.93, SE = .70$) had higher scores than female participants ($M = 30.62, SE = .49$) on Positive Affect subscale (see Figure 3.9).

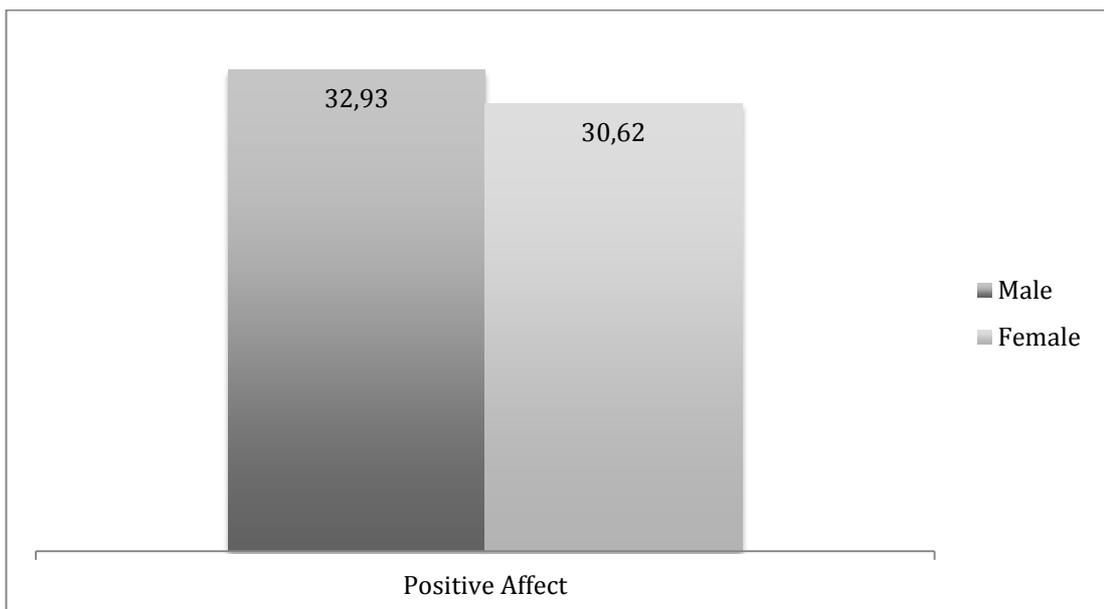


Figure 3.9. Mean values of Positive Affect for Gender groups

3.3. Correlation Coefficients between the Measures of the Study

Pearson correlation coefficients were calculated for Age, Gender, Childhood Trauma questionnaire and its subscales (i.e., Emotional Abuse, Physical Abuse, Physical Neglect, Emotional Neglect, and Sexual Abuse), Personality Traits (i.e., Extraversion, Conscientiousness, Agreeableness, Neuroticism, Openness to Experience, and Negative Valence), Inventory of Interpersonal Problems, Positive and Negative Affect Schedule, and Satisfaction with Life Scale to reveal the inter-correlations between these measures. Correlations with .30 and stronger coefficients were reported for this analysis (see Table 3.3 for all correlation coefficients).

Correlation coefficients between the domains of childhood traumas were stronger than .30, except the ones with Sexual Abuse domain. Emotional Abuse was correlated with Physical Abuse ($r = .58, p < .001$), Physical Neglect ($r = .36, p < .001$), and Emotional Neglect ($r = .53, p < .001$). Physical Abuse was correlated with Physical Neglect ($r = .40, p < .001$) and Emotional Neglect ($r = .36, p < .001$). Lastly, Physical Neglect was correlated with Emotional Neglect ($r = .48, p < .001$). However, the correlation coefficients between these domains and Sexual Abuse were not strong. Thus, other than sexual abuse; if people are experiencing any kind of abuse/neglect, they tend to experience many others as well.

Results indicated that Childhood Traumas were correlated with Negative Valence trait ($r = .31, p < .001$), which means that childhood trauma was positively associated with the personality trait of negative valence. On the other hand, Childhood Traumas were negatively correlated with Satisfaction with Life ($r = -.30, p < .001$), participants who experienced childhood traumas reported less life satisfaction. Among the subscales of CTQ, Emotional Abuse showed positive correlations with Neuroticism ($r = .32, p < .001$), and Negative Valence ($r = .32, p < .001$). In other words, participants who experienced emotional abuse in their childhood were more likely to possess Neuroticism and Negative Valence personality traits. Moreover, Emotional Neglect was negatively correlated with Agreeableness ($r = -.30, p < .001$),

which means that participants who experienced emotional neglect in childhood were less likely to possess agreeableness.

The analyses that revealed the relationships between six traits of personality indicated that Extraversion was positively correlated with Agreeableness ($r = .32, p < .001$) and Openness ($r = .49, p < .001$); in other words, extraverted participants were more likely to possess agreeableness and openness traits. On the other hand, there was a negative relationship between Extraversion and Negative Valence ($r = -.33, p < .001$), which means that participants who were extraverted were less likely to possess negative valence trait. Negative Valence was negatively correlated with Conscientiousness ($r = -.33, p < .001$) and Agreeableness ($r = -.46, p < .001$), while a positive correlation was found between Negative Valence and Neuroticism ($r = .43, p < .001$). These results indicated that participants with higher scores of conscientiousness and agreeableness tended to possess less negative valence trait, while participants with high neuroticism scores were more likely to score higher in negative valence trait. A strong correlation coefficient was found between Agreeableness and Openness traits ($r = .32, p < .001$), which indicated that participants with higher scores of agreeableness tended to possess more openness to experience trait.

Among personality traits, Extraversion was found to be negatively correlated with Interpersonal Problems ($r = -.43, p < .001$) and Psychological Symptoms ($r = -.31, p < .001$). These results indicated that higher levels of extraversion were related with lower levels of interpersonal problems and psychological symptoms. Moreover, Conscientiousness was found to be positively correlated with Life Satisfaction ($r = .35, p < .001$), and negatively correlated with Psychological Symptoms ($r = -.31, p < .001$) and Negative Affect ($r = -.30, p < .001$).

Neuroticism was positively correlated with Interpersonal Problems ($r = .36, p < .001$), Psychological Symptoms ($r = .46, p < .001$), and Negative Affect ($r = .51, p < .001$). Negative Valence trait was also positively correlated with Interpersonal Problems ($r = .42, p < .001$), Psychological Symptoms ($r = .40, p < .001$), and

Negative Affect ($r = .37, p < .001$). These results showed that neuroticism and negative valence were associated with higher levels of problems in interpersonal relationships, psychological problems, and negative affect. Openness was negatively correlated with Interpersonal Problems ($r = -.31, p < .001$) and positively correlated with Positive Affect ($r = .43, p < .001$), which means that higher openness scores were associated with lower interpersonal problems and higher positive affect scores.

When the relationship between Interpersonal Problems and measures of psychological well-being was examined, Interpersonal Problems were found to be correlated with Psychological Symptoms ($r = .50, p < .001$) and Negative Affect ($r = .46, p < .001$). These results indicated that problems in interpersonal relationships were positively correlated with psychological problems and negative affect.

As for the inter-correlations between measures of psychological well-being (i.e., BSI, PANAS, and SWLS), it was found that Psychological Symptoms were positively correlated with Negative Affect ($r = .77, p < .001$) and negatively correlated with Life Satisfaction ($r = -.42, p < .001$), indicating that participants who reported more psychological problems tended to report more negative affect and less life satisfaction. Life satisfaction was also found to be correlated with Negative ($r = -.39, p < .001$) and Positive ($r = .37, p < .001$) Affect, which means that participants with higher life satisfaction were more likely to report positive affect and less likely to report negative affect.

Table 3.3: Pearson Correlation Coefficients between Measures of the Study

Variables	Age	Gender	CTQ	EA	PA	PN	EN	SA	Extra	Cons.	Agree.	Neuro.	Open.	N. Val.	IIP	BSI	PA	NA	SWLS	
Age	1	.07	.07	-.02	.06	.08	.14*	-.05	.10	.20**	.15*	-.18**	.07	-.18**	-.12	-.26**	.06	-.19**	.08	
Gender		1	.07	-.05	.01	.16*	.14*	-.10	-.11	-.07	-.09	-.09	.10	.16*	.15*	.04	.14*	-.08	-.09	
CTQ			1	.79**	.66**	.69**	.82**	.45**	-.17*	-.17**	-.23**	.28**	-.09	.31**	.22**	.29**	-.11	.25**	-.30**	
E.Ab.				1	.58**	.36**	.53**	.23**	-.19**	-.14*	-.17**	.32**	-.16*	.32**	.23**	.28**	-.06	.26**	-.24**	
P.Ab.					1	.40**	.36**	.20**	-.06	-.01	-.04	.18**	-.03	.17*	.10	.13*	-.01	.17**	-.14*	
P.N.						1	.48**	.24**	-.11	-.13*	-.14*	.08	.00	.18**	.12	.20**	-.02	.11	-.20**	
E.N.							1	.13*	-.15*	-.17*	-.30**	.20**	-.12	.23**	.17**	.22**	-.16*	.19**	-.34**	
S.Ab.								1	.00	-.10	.01	.14*	.08	.13*	.11	.17*	-.06	.10	-.03	
Extra.									1	.21**	.32**	-.17**	.49**	-.33**	-.43**	-.31**	.24**	-.28**	.25**	
Cons.										1	.29**	-.21**	.22**	-.33**	-.23**	-.31**	.28**	-.30**	.35**	
Agree.											1	-.26**	.32**	-.46**	-.17**	-.16*	.23**	-.16*	.22**	
Neuro.												1	-.14*	.43**	.36**	.46**	-.10	.51**	-.28**	
Open.													1	-.13*	-.31**	-.18**	.43**	-.21**	.24**	
N. Val.														1	.42**	.40**	-.08	.37**	-.21**	
IIP															1	.50**	-.18**	.46**	-.26**	
BSI																1	-.17**	.77**	-.42**	
PA																	1	-.22**	.37**	
NA																		1	-.39**	
SWLS																				1

* = $p < .01$, ** = $p < .001$

Note. CTQ = Childhood Trauma Questionnaire, E. Ab. = Emotional Abuse, P. Ab. = Physical Abuse, P. N. = Physical Neglect, E. N. = Emotional Neglect, S. Ab. = Sexual Abuse, Extra. = Extraversion, Cons. = Conscientiousness, Agree. = Agreeableness, Neuro. = Neuroticism, Open. = Openness to Experience, N. Val. = Negative Valence, IIP = Inventory of Interpersonal Relationships, BSI = Brief Symptom Inventory, PA = Positive Affect, NA = Negative Affect, SWLS = Satisfaction with Life Scale

3.4. Regression Analyses

Factors associated with personality traits, interpersonal problems, and psychological well-being were determined through three different sets of regression analyses.

3.4.1. Factors Associated with Personality Traits (The First Set of Regression Analyses)

The first set of regression analyses, regarding factors associated with personality traits included six separate analyses with Extraversion, Conscientiousness, Agreeableness, Neuroticism, Openness, and Negative Valence traits as dependent variables. In each regression analyses, the first step of the regression equation involved related demographic variables, namely Gender and Age. On the second step, Emotional Abuse, Physical Abuse, Physical Neglect, Emotional Neglect, and Sexual Abuse entered into the equation.

3.4.1.1. Factors Associated with Extraversion Personality Trait

In order to figure out the variables associated with Extraversion, a two-step hierarchical multiple regression analysis was conducted. At the first step, Age and Gender were entered into the analysis. These two variables accounted for 2% of the variance ($R^2 = .02$, $F[2, 410] = 4.91$, $p = .008$), and both age ($\beta = .11$, $t[410] = 2.20$, $p = .028$) and gender ($\beta = -.12$, $t[410] = -2.37$, $p = .018$) were significantly associated with the extraversion personality trait. Specifically, as age increases, there was an increment in extraversion trait. Moreover, females showed more extraversion trait compared to males. After controlling for the demographic variables, five domains of CTQ (i.e., Emotional Abuse, Physical Abuse, Physical Neglect, Emotional Neglect, and Sexual Neglect) were entered into the analysis and these variables increased the explained variance up to 7% ($\Delta R^2 = .05$, $F_{change} [5, 405] = 3.95$, $p = .002$). Emotional Abuse was found to be significantly associated with extraversion ($\beta = -.20$, $t[405] = -2.93$, $p = .004$). Specifically, participants who were younger, male, and experienced emotional abuse in their childhood were less likely to be extraverted (see Table 3.4).

3.4.1.2. Factors Associated with Conscientiousness Personality Trait

A two-step hierarchical regression analysis was conducted to identify variables associated with Conscientiousness. Age and Gender initially entered into the analysis and these two variables explained 5% of the variance ($R^2 = .05$, $F[2, 410] = 9.95$, $p < .001$). Only Age was found to be significantly associated with this trait ($\beta = .20$, $t[410] = 4.22$, $p < .001$). Specifically, as the age of participants increased, there was an increase in conscientiousness. After controlling age and gender, five domains of CTQ were entered into the analysis and the explained total variance increased to 10% ($\Delta R^2 = .05$, $F_{change}[5, 405] = 4.539$, $p < .001$). Among the sub-scales, Physical Abuse ($\beta = .12$, $t[405] = 2.0$, $p = .047$) and Emotional Neglect ($\beta = -.15$, $t[405] = -2.37$, $p = .018$) were found to be significantly associated with conscientiousness. Specifically, older participants and participants who experienced less emotional neglect were more likely to be conscientiousness. Moreover, participants who experienced physical neglect in their childhood were more likely to be conscientious (see Table 3.4). However, due to the difference between the results of zero order correlation and regression analysis, this association was considered as a suppresser, hence, it was not reported in the discussion section.

3.4.1.3. Factors Associated with Agreeableness Personality Trait

According to the results of the regression analysis that was conducted to identify factors associated with Agreeableness trait, Age and Gender explained 3% of the total variance ($R^2 = .03$, $F[2, 410] = 7.10$, $p = .001$). Both Age ($\beta = .16$, $t[410] = 3.27$, $p = .001$) and Gender ($\beta = -.10$, $t[410] = -2.08$, $p = .038$) were significantly associated with the agreeableness personality trait. Secondly, domains of CTQ entered into the analysis and these variables increased the variance up to 14% ($\Delta R^2 = .11$, $F_{change}[5, 405] = 10.397$, $p < .001$). Among the subscales, only Physical Neglect was found to be significantly associated with the Agreeableness ($\beta = -.32$, $t[405] = -5.33$, $p < .001$). These results indicated that increase in age, being female, and experiencing less physical neglect in childhood were positively associated with agreeableness trait of personality (see Table 3.4).

3.4.1.4. Factors Associated with Neuroticism Personality Trait

According to the results of the regression analysis conducted to identify factors associated with Neuroticism trait, Age and Gender initially entered into the model and accounted for 4% of the total variance ($R^2 = .04$, $F[2, 410] = 8.157$, $p < .001$). Only Age was found to be significantly associated with Neuroticism ($\beta = -.17$, $t[410] = -3.54$, $p < .001$). Secondly, five domains of CTQ entered into the model and increased the explained variance to 15% ($\Delta R^2 = .11$, $F_{change} [5, 405] = 10.472$, $p < .001$). Among the five domains, the Emotional Abuse ($\beta = .25$, $t[405] = 3.89$, $p < .001$) and Emotional Neglect ($\beta = .12$, $t[405] = 2.04$, $p = .042$) were found to be associated with the Neuroticism trait. Thus, results indicated that younger participants and participants who experienced emotional neglect and abuse in their childhood were more likely show higher neuroticism levels (see Table 3.4).

3.4.1.5. Factors Associated with Openness Personality Trait

In order to figure out the variables associated with Openness, a two-step hierarchical multiple regression analysis was conducted. At the first step, Age and Gender were entered into the analysis and accounted for 1% of the variance at Openness ($R^2 = .01$, $F[2, 410] = 2.85$, $p = .059$). Neither age nor gender was significantly associated with the Openness trait. After controlling for the demographic variables, five domains of CTQ were entered into the analysis. These variables increased the explained variance up to 7% ($\Delta R^2 = .05$, $F_{change} [5, 405] = 4.65$, $p < .001$). Emotional Abuse ($\beta = -.19$, $t[405] = -2.81$, $p = .005$) and Sexual Abuse ($\beta = .13$, $t[405] = 2.61$, $p = .01$) were found to be significantly associated with this trait. Specifically, participants who experienced emotional abuse in their childhood were less likely to show openness to experience trait, while participant who experienced sexual abuse in their childhood were more likely to show this trait (see Table 3.4).

3.4.1.6. Factors Associated with Negative Valence Personality Trait

According to the results of the regression analysis that was conducted to identify factors associated with Negative Valence trait, Age and Gender initially entered into the model and explained 6% of the variance at this trait ($R^2 = .06$, $F[2, 410] = 13.8$, $p < .001$). Both Age ($\beta = -.19$, $t[410] = -4.01$, $p < .001$) and Gender ($\beta = .18$, $t[410] = 3.66$, $p < .001$) were significantly associated with the negative valence personality trait. Specifically, younger and male participants had more negative valence trait than older and female participants. After controlling for the demographic variables, five domains of CTQ were entered into the analysis. These variables increased the explained variance up to 18% ($\Delta R^2 = .11$, $F_{change} [5, 405] = 11.19$, $p < .001$), and only Emotional Abuse was found to be significantly associated with Negative Valence trait ($\beta = .27$, $t[405] = 4.37$, $p < .001$). Specifically, participants who were younger, male, and experienced emotional abuse in their childhood were more likely to possess negative valence trait (see Table 3.4).

Table 3.4Factors Associated with Personality Traits (1st Set of Regression Analyses)

IV	<i>F_{change}</i>	<i>df</i>	β	<i>t</i>	<i>pr</i>	ΔR^2
A. Extraversion						
I. Control Variables	4.91**	2, 410				.02
Age		410	.11	2.20*	.11	
Gender		410	-.12	-2.37*	-.12	
II. CTQ	3.95**	5, 405				.05
Emotional Abuse		405	-.20	-2.93**	-.14	
Physical Abuse		405	.08	1.26	.06	
Physical Neglect		405	-.03	-0.66	-.03	
Emotional Neglect		405	-.07	-1.06	-.05	
Sexual Abuse		405	.04	0.77	.04	
B. Conscientiousness						
I. Control Variables	9.95***	2, 410				.05
Age		410	.20	4.22***	.20	
Gender		410	-.08	-1.73	-.09	
II. CTQ	4.54***	5, 405				.05
Emotional Abuse		405	-.09	-1.39	-.07	
Physical Abuse		405	.12	1.99*	.10	
Physical Neglect		405	-.07	-1.18	-.06	
Emotional Neglect		405	-.15	-2.37*	-.12	
Sexual Abuse		405	-.06	-1.16	-.06	
C. Agreeableness						
I. Control Variables	7.10**	2, 410				.03
Age		410	.16	3.27**	.16	
Gender		410	-.10	-2.08*	-.10	
II. CTQ	10.40***	5, 405				.11
Emotional Abuse		405	-.07	-1.08	-.05	
Physical Abuse		405	.11	1.86	.09	
Physical Neglect		405	-.03	-0.55	-.03	
Emotional Neglect		405	-.32	-5.33***	-.26	
Sexual Abuse		405	.06	1.28	.06	

Table 3.4 (Continued)

IV	F_{change}	df	β	t	pr	ΔR^2
D. Neuroticism						
I. Control Variables	8.16***	2, 410				.04
Age		410	-.17	-3.54***	-.17	
Gender		410	-.08	-1.70	-.08	
II. CTQ	10.47***	5, 405				.11
Emotional Abuse		405	.25	3.89***	.19	
Physical Abuse		405	.02	0.30	.02	
Physical Neglect		405	-.06	-1.04	-.05	
Emotional Neglect		405	.12	2.04*	.10	
Sexual Abuse		405	.06	1.16	.06	
E. Openness						
I. Control Variables	2.85	2, 410				.01
Age		410	.06	1.31	.06	
Gender		410	.09	1.90	.09	
II. CTQ	4.65***	5, 405				.05
Emotional Abuse		405	-.19	-2.81**	-.14	
Physical Abuse		405	.08	1.24	.06	
Physical Neglect		405	.03	0.46	.02	
Emotional Neglect		405	-.10	-1.66	-.08	
Sexual Abuse		405	.13	2.61*	.13	
F. Negative Valence						
I. Control Variables	13.81***	2, 410				.06
Age		410	-.19	-4.01***	-.19	
Gender		410	.18	3.66***	.18	
II. CTQ	11.19***	5, 405				.11
Emotional Abuse		405	.27	4.37***	.21	
Physical Abuse		405	-.04	-0.64	-.03	
Physical Neglect		405	.02	0.43	.02	
Emotional Neglect		405	.08	1.45	.07	
Sexual Abuse		405	.07	1.37	.07	

* = $p < .05$, ** = $p < .01$, *** = $p < .001$

Note. CTQ = Childhood Traumatic Questionnaire

3.4.2. Factors Associated with Interpersonal Problems (The Second Set of Regression Analyses)

For the second set of the regression analysis, one hierarchical regression analysis was conducted to investigate associated factors with Interpersonal Problems. In the regression analysis, demographic variables, which were Age and Gender, entered in the first step of regression equation. At the second step, Physical Abuse, Emotional Abuse, Sexual Abuse, Physical Neglect, and Emotional Neglect entered into the equation. In the third step, basic personality traits, which are Extraversion, Conscientiousness, Agreeableness, Neuroticism, Openness, and Negative Valence, entered into the model. Interpersonal Problems entered into the equation as dependent variable.

According to results of the regression analysis that was conducted to identify factors associated with Interpersonal Problems, Age and Gender initially entered into the model and explained 4% of the variance ($R^2 = .04$, $F[2, 410] = 8.43$, $p < .001$). Both age ($\beta = -.13$, $t[410] = -2.72$, $p = .007$) and gender ($\beta = .16$, $t[410] = 3.25$, $p = .001$) were found to be significantly associated with the Interpersonal Problems. Specifically, younger and male participants reported more problems in their interpersonal relationships than older and female participants.

After controlling for the demographic variables, five domains of CTQ were entered into the analysis. These variables increased the explained variance up to 10% ($\Delta R^2 = .06$, $F_{change} [5, 405] = 5.66$, $p < .001$), and only Emotional Abuse was found to be significantly associated with Interpersonal Problems ($\beta = .21$, $t[405] = 3.24$, $p = .001$). Specifically, participants who experienced emotional abuse in their childhood were more likely to report problems in their interpersonal relationships.

At the third step, personality traits entered into the model and these variables increased explained variance up to 35% ($\Delta R^2 = .25$, $F_{change} [6, 399] = 26.31$, $p < .001$). Result of the analysis revealed that Extraversion ($\beta = -.25$, $t[399] = -5.15$, $p < .001$), Agreeableness ($\beta = .17$, $t[399] = 3.45$, $p = .001$), Neuroticism ($\beta = .21$, $t[399]$

= 4.54, $p < .001$), Openness ($\beta = -.18$, $t[399] = -3.64$, $p < .001$), and Negative Valence ($\beta = .24$, $t[399] = 4.53$, $p < .001$) were significantly associated with Interpersonal Problems. These results indicated that higher levels of neuroticism, and negative valence were associated with higher tendency to have problems in interpersonal relationships. On the other hand, participants who had higher scores for extraversion and openness reported less interpersonal problems in their relationships (see Table 3.5). Unexpectedly, higher levels of agreeableness also related with more interpersonal problem. However, due to the difference between the results of zero order correlation and regression analysis, this association was considered as a suppresser, hence, it was not reported in the discussion section.

Table 3.5

Factors Associated with Interpersonal Problems (2nd Set of Regression Analyses)

IV	F_{change}	df	β	t	pr	ΔR^2
Interpersonal Problems						
I. Control Variables	8.43***	2, 410				.04
Age		410	-.13	-2.72**	-.13	
Gender		410	.16	3.25**	.16	
II. CTQ	5.66***	5, 405				.06
Emotional Abuse		405	.21	3.24**	.16	
Physical Abuse		405	-.05	-0.88	-.04	
Physical Neglect		405	-.01	-0.14	-.01	
Emotional Neglect		405	.07	1.12	.06	
Sexual Abuse		405	.07	1.49	.07	
III. Personality	26.31***	6, 399				.25
Extraversion		399	-.25	-5.15***	-.25	
Conscientiousness		399	-.03	-0.74	-.04	
Agreeableness		399	.17	3.45**	.17	
Neuroticism		399	.21	4.54***	.22	
Openness		399	-.18	-3.64***	-.18	
Negative Valence		399	.24	4.53***	.22	

* = $p < .05$, ** = $p < .01$, *** = $p < .001$

Note. CTQ = Childhood Traumatic Questionnaire

3.4.3. Factors Associated with Psychological Well- Being (The Third Set of Regression Analyses)

For the third and the last set of the regression analyses, four hierarchical regression analyses were conducted to investigate associated factor of different measures of psychological well-being; namely, Brief Symptom Inventory, Positive and Negative Affect, and Life Satisfaction. For the analyses, demographic variables (i.e., Age and Gender) were entered into the model initially. After controlling demographic variables, on the second step, five types of child abuse and neglect (i.e., Physical abuse, Emotional abuse, Sexual abuse, Physical neglect, and Emotional neglect) were entered into the regression equation. At the third step, basic personality traits (i.e., Extraversion, Conscientiousness, Agreeableness, Neuroticism, Openness, and Negative Valence) were entered into the model. On the last step, Interpersonal Problems were entered into the model.

3.4.3.1. Factors Associated with Psychological Symptomatology

According to the results of the regression analysis that was conducted to identify factors associated with Psychological Symptomatology, Age and Gender initially entered into the model and explained 7% of the variance ($R^2 = .07$, $F[2, 410] = 15.29$, $p < .001$). Only age ($\beta = -.26$, $t[410] = -5.48$, $p < .001$) was found to be significantly associated with the psychological symptoms. Specifically, younger participants reported more problems in their psychological health than older participants.

After controlling for the demographic variables, five domains of CTQ were entered into the analysis. These variables increased the explained variance up to 18% ($\Delta R^2 = .11$, $F_{change} [5, 405] = 10.43$, $p < .001$). Results indicated that Emotional Abuse ($\beta = .20$, $t[405] = 3.15$, $p = .002$) and Emotional Neglect ($\beta = .12$, $t[405] = 2.02$, $p = .044$) were significantly associated with psychological symptoms. Specifically, participants who experienced emotional abuse and neglect in their childhood were more likely to report psychological problems.

At the third step, personality traits entered into the model and these variables increased explained variance up to 37% ($\Delta R^2 = .19$, $F_{change} [6, 399] = 20.42$, $p < .001$). Result of the analysis revealed that Extraversion ($\beta = -.17$, $t[399] = -3.53$, $p < .001$), Conscientiousness ($\beta = -.12$, $t[399] = -2.73$, $p = .007$), Agreeableness ($\beta = .16$, $t[399] = 3.30$, $p = .001$), Neuroticism ($\beta = .31$, $t[399] = 6.68$, $p < .001$), and Negative Valence ($\beta = .16$, $t[399] = 3.01$, $p = .003$) were significantly associated with Psychological Problems. These results indicated that higher levels of agreeableness, neuroticism, and negative valence were associated with higher tendency to have psychological problems. On the contrary, participants who had higher scores for extraversion and conscientiousness reported less psychological problems. However, due to the difference between the results of zero order correlation and regression analysis, the association between agreeableness and psychological symptoms was considered as a suppresser, hence, it was not reported in the discussion section.

At the last step, interpersonal problems entered into the model and this factor increased the explained variance up to 42% ($\Delta R^2 = .05$, $F_{change} [1, 398] = 36.49$, $p < .001$). Results revealed that interpersonal problems were significantly associated with psychological symptomatology ($\beta = .29$, $t[398] = 6.04$, $p < .001$). These results indicated that participants who experienced problems in their interpersonal relationships were more likely to report psychological problems (see Table 3.6).

3.4.3.2. Factors Associated with Positive Affect

According to the results of the regression analysis that was conducted to identify factors associated with Positive Affect, Age and Gender initially entered into the model and explained 2% of the variance ($R^2 = .02$, $F[2, 410] = 4.41$, $p = .013$). Only gender ($\beta = .13$, $t[410] = 2.72$, $p = .007$) was found to be significantly associated with the positive affect. Specifically, male participants reported more positive affect than female participants.

After controlling for the demographic variables, five domains of CTQ were entered into the analysis. These variables increased the explained variance up to 6% ($\Delta R^2 = .04$, $F_{change} [5, 405] = 3.72$, $p = .003$). Results indicated that only Emotional Neglect ($\beta = -.25$, $t[405] = -4.04$, $p < .001$) was significantly associated with positive affect. Specifically, participants who experienced emotional neglect in their childhood were less likely to report positive affect.

At the third step, personality traits entered into the model and these variables increased explained variance up to 26% ($\Delta R^2 = .20$, $F_{change} [6, 399] = 17.98$, $p < .001$). Result of the analysis revealed that Conscientiousness ($\beta = .19$, $t[399] = 4.06$, $p < .001$) and Openness ($\beta = .34$, $t[399] = 6.43$, $p < .001$) were significantly associated with positive affect. These results indicated that participants who had higher scores for conscientiousness and openness reported more positive affect.

At the last step, interpersonal problems entered into the model and this factor increased the explained variance up to 27% ($\Delta R^2 = .002$, $F_{change} [1, 398] = .98$, $p = .322$). Results revealed that interpersonal problems were not significantly associated with positive affect (see Table 3.6).

3.4.3.3. Factors Associated with Negative Affect

According to results of the regression analysis that was conducted to identify factors associated with Negative Affect, Age and Gender initially entered into the model and explained 4% of the variance ($R^2 = .04$, $F[2, 410] = 8.58$, $p < .001$). Only age ($\beta = -.19$, $t[410] = -3.83$, $p < .001$) was found to be significantly associated with the negative affect. Specifically, younger participants reported more negative affect than older participants.

After controlling for the demographic variables, five domains of CTQ were entered into the analysis. These variables increased the explained variance up to 12% ($\Delta R^2 = .08$, $F_{change} [5, 405] = 7.04$, $p < .001$). Results indicated that Emotional Abuse ($\beta = .16$, $t[405] = 2.40$, $p = .017$) and Emotional Neglect ($\beta = .12$, $t[405] = 2.03$, $p = .043$)

were significantly associated with negative affect. Specifically, participants who experienced emotional abuse and neglect in their childhood were more likely to report negative affect.

At the third step, personality traits entered into the model and these variables increased explained variance up to 36% ($\Delta R^2 = .24$, $F_{change} [6, 399] = 25.09$, $p < .001$). Result of the analysis revealed that Extraversion ($\beta = -.14$, $t[399] = -2.87$, $p = .004$), Conscientiousness ($\beta = -.16$, $t[399] = -3.52$, $p < .001$), Agreeableness ($\beta = .15$, $t[399] = 2.92$, $p = .004$), Neuroticism ($\beta = .37$, $t[399] = 8.00$, $p < .001$), and Negative Valence ($\beta = .15$, $t[399] = 2.80$, $p = .005$) were significantly associated with negative affect. These results indicated that higher levels of agreeableness, neuroticism, and negative valence were associated with higher tendency to report negative affect. On the contrary, participants who had higher scores for extraversion and conscientiousness reported less negative affect.

At the last step, interpersonal problems entered into the model and this factor increases the explained variance up to 40% ($\Delta R^2 = .04$, $F_{change} [1, 398] = 26.45$, $p < .001$). It was found that interpersonal problems were significantly associated with negative affect ($\beta = .25$, $t[398] = 5.14$, $p < .001$). These results indicated that participants who experienced problems in their interpersonal relationships were more likely report more negative affect (see Table 3.6).

3.4.3.4. Factors Associated with Life Satisfaction

According to the results of the regression analysis that was conducted to identify factors associated with Life Satisfaction, Age and Gender initially entered into the model and explained 2% of the variance ($R^2 = .02$, $F[2, 410] = 3.11$, $p = .046$). Neither age nor gender was found to be associated with the life satisfaction.

After controlling for the demographic variables, five domains of CTQ were entered into the analysis. These variables increased the explained variance up to 14% ($\Delta R^2 = .12$, $F_{change} [5, 405] = 11.38$, $p < .001$). Results indicated that only Emotional Neglect

($\beta = -.29$, $t[405] = -4.85$, $p < .001$) was significantly associated with satisfaction with life. Specifically, participants who experienced emotional neglect in their childhood reported lower life satisfaction.

At the third step, personality traits entered into the model and these variables increased explained variance up to 26% ($\Delta R^2 = .13$, $F_{change} [6, 399] = 11.43$, $p < .001$). Result of the analysis revealed that Conscientiousness ($\beta = .25$, $t[399] = 5.18$, $p < .001$) and Neuroticism ($\beta = -.19$, $t[399] = -3.73$, $p < .001$) were significantly associated with life satisfaction. These results indicated that participants, who had higher scores for conscientiousness, reported more life satisfaction, while those with higher scores of neuroticism reported lower life satisfaction.

At the last step, interpersonal problems entered into the model and this factor increases the explained variance up to 27% ($\Delta R^2 = .002$, $F_{change} [1, 398] = 1.25$, $p = .265$). Results revealed that interpersonal problems were not significantly associated with life satisfaction (see Table 3.6).

Table 3.6Factors Associated with Psychological Well-Being (3rd Set of Regression Analyses)

IV	<i>F_{change}</i>	<i>df</i>	β	<i>t</i>	<i>pr</i>	ΔR^2
Psychological Symptomatology						
I. Control Variables	15.29***	2, 410				.07
Age		410	-.26	-5.48***	-.26	
Gender		410	.05	1.11	.05	
II. CTQ	10.43***	5, 405				.11
Emotional Abuse		405	.20	3.15**	.15	
Physical Abuse		405	-.07	-1.18	-.06	
Physical Neglect		405	.09	1.63	.08	
Emotional Neglect		405	.12	2.02*	.10	
Sexual Abuse		405	.09	1.86	.09	
III. Personality	20.42***	6, 399				.19
Extraversion		399	-.17	-3.53***	-.17	
Conscientiousness		399	-.12	-2.73**	-.14	
Agreeableness		399	.16	3.30**	.16	
Neuroticism		399	.31	6.68***	.32	
Openness		399	-.04	-0.73	-.04	
Negative Valence		399	.16	3.01**	.15	
IV. Interpersonal Problems	36.49***	1, 398				.05
IIP		398	.29	6.04***	.29	
Positive Affect						
I. Control Variables	4.41*	2, 410				.02
Age		410	.05	1.00	.05	
Gender		410	.13	2.72**	.13	
II. CTQ	3.72**	5, 405				.04
Emotional Abuse		405	.06	0.82	.04	
Physical Abuse		405	.03	0.47	.02	
Physical Neglect		405	.04	0.69	.03	
Emotional Neglect		405	-.25	-4.04***	-.20	
Sexual Abuse		405	-.03	-0.59	-.03	

Table 3.6 (Continued)

IV	<i>F_{change}</i>	<i>df</i>	<i>β</i>	<i>t</i>	<i>pr</i>	ΔR^2
III. Personality	17.98***	6, 399				.20
Extraversion		399	.05	0.91	.05	
Conscientiousness		399	.19	4.06***	.20	
Agreeableness		399	.07	1.34	.07	
Neuroticism		399	.00	-0.04	.00	
Openness		399	.34	6.43***	.31	
Negative Valence		399	.06	1.11	.06	
IV. Interpersonal Problems	0.98	1, 398				.00
IIP		398	-.05	-.99	-.05	
Negative Affect						
I. Control Variables	8.58***	2, 410				.04
Age		410	-.19	-3.83***	-.19	
Gender		410	-.06	-1.19	-.06	
II. CTQ	7.04***	5, 405				.08
Emotional Abuse		405	.16	2.40*	.12	
Physical Abuse		405	.04	0.70	.04	
Physical Neglect		405	.01	0.11	.01	
Emotional Neglect		405	.12	2.03*	.10	
Sexual Abuse		405	.02	0.45	.12	
III. Personality	25.09***	6, 399				.24
Extraversion		399	-.14	-2.87**	-.14	
Conscientiousness		399	-.16	-3.52***	-.17	
Agreeableness		399	.15	2.92**	.15	
Neuroticism		399	.37	8.00***	.37	
Openness		399	-.05	-1.10	-.06	
Negative Valence		399	.15	2.80**	.14	
IV. Interpersonal Problems	26.45***	1, 398				.04
IIP		398	.25	5.14***	.25	

Table 3.6 (Continued)

IV	<i>F_{change}</i>	<i>df</i>	β	<i>t</i>	<i>pr</i>	ΔR^2
Life Satisfaction						
I. Control Variables	3.11*	2, 410				.02
Age		410	.08	1.67	.08	
Gender		410	-.10	-1.96	-.10	
II. CTQ	11.38***	5, 405				.12
Emotional Abuse		405	-.08	-1.29	-.06	
Physical Abuse		405	.01	0.23	.01	
Physical Neglect		405	-.05	-0.81	-.04	
Emotional Neglect		405	-.29	-4.85***	-.23	
Sexual Abuse		405	.04	0.75	.04	
III. Personality	11.43***	6, 399				.13
Extraversion		399	.10	1.84	.09	
Conscientiousness		399	.25	5.18***	.25	
Agreeableness		399	-.02	-0.45	-.02	
Neuroticism		399	-.19	-3.73***	-.18	
Openness		399	.10	1.87	.09	
Negative Valence		399	.06	1.11	.06	
IV. Interpersonal Problems	1.25	1, 398				.00
IIP		398	-.06	-1.12	-.06	

* = $p < .05$, ** = $p < .01$, *** = $p < .001$

Note. CTQ = Childhood Traumatic Questionnaire, IIP = Inventory of Interpersonal Problems

CHAPTER 4

DISCUSSION

The aim of the current study was to investigate the relationship between childhood trauma and psychological well-being (i.e., psychological symptomatology, affect, and life satisfaction), and the roles of personality and interpersonal relationships between this relationship. First of all, differences displayed by the demographic variables (i.e., age and gender) were investigated in order to understand the influence of the nature of the sample on the measures of the study. Then, inter-correlations between the measures of the study were revealed. Finally, to examine the main aim of the study, factors associated with the personality traits, the interpersonal problems, and the measures of psychological well-being were observed through three sets of regression analyses.

In this section, the results of the analyses of the study will be discussed in the light of the findings of the current literature. Afterwards, the study's strengths and limitations will be discussed. Finally, clinical implications of the study and the suggestions for future research will be remarked.

4.1. Findings Regarding the Roles of Age and Gender on the Measures of the Study

At the beginning of the study, the differential roles of age and gender on the childhood trauma, personality traits, interpersonal problems, and psychological well-being were examined. In this regard, age and gender yielded some significant differences on the measures of the study.

The analyses revealed a significant gender difference on some domains of childhood trauma. Specifically, results indicated that compared to females, males reported higher levels of emotional and physical neglect experiences. This result might be due to the fact that males reported more complaints about emotional and physical neglect than females, who might have preferred to keep these experiences as secrets. Or, it may also be that males actually had more emotional and physical neglect experiences than females. Parents' assumptions that the males are psychologically stronger than the females, and thus they can bear the maltreatment effectively, might be the reason of the higher frequency in male's abuse and neglect reports.

According to the results concerning the age and gender differences of personality traits, a main effect of age was found for conscientiousness and negative valence, and a main effect of gender was found for negative valence. It was found that adults were higher in conscientiousness trait compared to early adults. This finding is consistent with the literature; many researchers have found that people become more conscientious as they age (Helson & Kwam, 2000; Jackson et al., 2009). In terms of negative valence, it was found that early adults and males were higher on negative valence than adults and females. Younger adults seem to be more negative about themselves, and this might be due to the ongoing effects of adolescence that this age group has experienced recently. In adolescence, shame and self-criticism is high (Gilbert & Irons, 2008), and this may be the cause of the higher levels of negative valence in younger adulthood. However, the gender difference on negative valence is unexpected. This might be due to the fact that, according to the social rules, males are expected to be less sensitive to the negative feelings and adverse incidents around them. In other words, in the society, it is expected that males should not express their emotions when they feel psychologically discomfort about themselves or their environment. Because they cannot express the negativity they feel, they might have converted these unexpressed negative values to themselves, which may lead to introjection of low self-worth values, thus possessing high level of negative valence.

As for age and gender differences on the measure of interpersonal problems, the results indicated that early adults reported more problems than adults, which is a

consistent finding with the current literature. Previous research have shown that compared to younger adults, older adults are more likely to select effective strategies when they encounter a problem in their interpersonal relationships (Blanchard-Fields, Mienaltowski, & Seay, 2007). The selection of more effective strategies for problems might explain the fact that adults reported fewer problems than younger adults in their social relationships. In addition, males had more problems in their interpersonal relationships than females. This might be caused by the different reactions given by both genders in the cases of interpersonal conflicts. Previous research revealed that females were more likely to avoid anger when they experienced a problem in their interpersonal relationships. On the other hand, males are less likely to attempt to avoid a reaction led by anger (Timmers, Fischer, & Manstead, 1998).

Furthermore, the results of analyses revealed a significant main effect of age for psychological symptomatology. Early adults reported significantly more psychological problems than adults. This result is consistent with another result of the study; younger participants reported more negative affect than older participants. Moreover, adults reported higher life satisfaction compared to early adults. Compared to younger adults, adults seem to have more settled life, which makes them more resistant to psychological problems and inclined to experience less negative affect.

The results of the analyses concerning gender differences in psychological well-being showed that males reported more positive affect than females, while females reported higher life satisfaction than males. Thus, even though males tend to report more positive affect, still females seem to be more satisfied with the life they are living.

4.2. Findings Related to the Correlations between the Measures of the Study

Correlation analyses between the measures of the study revealed significant results, which were given in the results section.

Correlation analyses between domains of childhood trauma indicated that emotional abuse was positively correlated with physical abuse, physical neglect, and emotional neglect. Moreover, physical abuse was positively associated with physical and emotional neglect. Lastly, there was a positive correlation between physical neglect and emotional neglect. These findings are consistent with the literature. According to Higgins and McCabe (2001), children who were subjected to maltreatment usually experienced more than one type of abuse or neglect, which indicates that abuse and neglect types do not take place independently. For instance, a child who is a victim of physical abuse most probably experiences emotional abuse as well.

Correlations analyses between childhood trauma and other variables of the study revealed that childhood trauma was positively correlated with negative valence personality trait. Moreover, participants experienced traumas in their childhood reported less life satisfaction. These results are in accordance with the literature: maltreatment in childhood is linked to psychological problems, poorer life quality, and social problems in adulthood (Simon et al., 2009). Besides, the relationship between five domains of childhood trauma and other measures of the study was examined. Among the domains of the childhood trauma, emotional abuse was found to be correlated with neuroticism and negative valence personality traits. These findings are supported by the current literature; people who experienced emotional abuse were more likely to develop a negative self-image (Frankel, 2002). Moreover, emotional neglect was negatively correlated with agreeableness, which might indicate that children need emotionally supportive parents to develop agreeable personality trait.

Analyses regarding the relationship between personality traits and other measures of the study showed that interpersonal problems were positively related with neuroticism and negative valence, and negatively related with extraversion. These results are parallel with the current research; in the adaptation study of IIP, Akyunus and Gençöz (in press) found that interpersonal problems were positively correlated with neuroticism and negative valence, and negatively correlated with extraversion.

In terms of psychological symptomatology, neuroticism and negative valence positively associated with psychological problems. On the other hand, extraversion and conscientiousness had a negative correlation with psychological problems. Regarding the affect and personality traits, it was found that negative affect was positively correlated with neuroticism and negative valence, while there was a negative association between conscientiousness and negative affect. In addition, openness was positively related with positive affect. Lastly, a positive relationship was found between conscientiousness and life satisfaction. Studies concerning personality traits and psychological well-being found that personality traits are related with psychological symptoms, affect, and life satisfaction (Steel, Schmidt & Shultz, 2008), and the current findings are in accordance with these findings.

The relationship between interpersonal problems and the measures of psychological well-being was examined and it was found that interpersonal problems were positively related with psychological symptoms and negative affect. Dreu, Dierendonck, and Dijkstra (2004) stated that conflicts in interpersonal relationships influence individual well-being and elicits negative emotions, while threatens individual's self-esteem. In addition, Karremans, Van Lange, Ouwerkerk, and Kluwer (2003) found that forgiving in close relationships enhances individual's psychological well-being. In this study, these findings were supported.

Lastly, inter-correlations between the measures of psychological well-being were examined and a positive correlation was found between psychological symptoms and negative affect. This relationship is comprehensible that people who have psychological symptoms may also possess more negative emotions. Furthermore, life satisfaction had negative associations with negative affect and psychological symptoms, while there was a positive relationship between life satisfaction and positive affect. This finding is consistent with the findings of Singh and Jha (2008), which indicate that positive affect significantly and positively correlated with happiness and life satisfaction, while they found a negative relationship between negative affect and life satisfaction.

4.3. Findings Related to Regression Analyses

Three different sets of regression analyses were conducted in order to determine the associated factors of personality traits, interpersonal relationships, and psychological well-being as dependent variables.

4.3.1. Findings Regarding the Associated Factors of Personality Traits

Factors associated with personality traits (i.e., Extraversion, Conscientiousness, Agreeableness, Neuroticism, Openness, and Negative Valence) were determined through six regression analyses with two consecutive steps, which are demographic variables (i.e., Age and Gender) and childhood trauma (i.e. Emotional Abuse, Physical Abuse, Physical Neglect, Emotional Neglect, and Sexual Abuse).

The results of regression analyses revealed that age was positively associated with extraversion, conscientiousness, and agreeableness, while it was found to be negatively associated with neuroticism and negative valence. These findings are consistent with the current literature (e.g., Roberts, Walton, & Viechtbauer, 2006), indicating that extraversion, conscientiousness, and agreeableness traits tend to increase with age, while neuroticism and negative valence tend to decrease. The other control variable, gender, was associated with extraversion, agreeableness, and negative valence. Compared to males, females tended to possess more extraversion and agreeableness traits, while men possessed stronger negative valence trait. This might be due to the fact that women are expected to be more social and agreeable in social settings compared to men. Gender difference on negative valence was already discussed above.

After controlling the effects of age and gender, it was found that emotional abuse was negatively associated with extraversion, and it explained the greatest variance on this personality trait. This result indicated that people who experienced emotional abuse in their childhood tended to be more introverted. This finding was expected: a child may need emotionally supportive parents to be confident in his/her social

relationships. Emotionally abusive parents, on the other hand, may diminish child's confidence in social relationships and he/she may become introverted in adulthood.

Emotional neglect was found to be negatively associated with conscientiousness, meaning that people who had emotionally neglectful parents tend to be less conscientious. It is an expected result: emotionally close and responsive parents may help a child to develop moral values and disciplines, which are closely related to conscientiousness trait. Moreover, a negative relationship was found between emotional neglect and agreeableness, and emotional neglect explained the greatest variance on this trait. Thus, people who experienced emotional neglect during their childhood possessed less agreeableness trait compared to people who did not experience such neglect. It is also an expected result; agreeableness is related with being kind and sharing in social relationships. It is understandable that a person, who did not receive emotional closeness from his/her parents in the childhood period, might not be agreeable in his/her relationships in adulthood.

Emotional abuse and neglect had a significant effect on neuroticism, and emotional abuse explained the greatest variance on this trait. This result is also consistent with the current literature; Allen and Lauterbach (2007) stated that individuals who had experienced any kind of abuse or neglect in their childhood reported higher levels of neuroticism. Moreover, emotional abuse was found to be negatively, and sexual abuse was found to be positively associated with openness. The negative association between emotional abuse and openness was an expected result. On the other hand, the positive relationship between sexual abuse and openness seemed surprising in the first glance. However, current literature is in accordance with this result. Allen and Lauterbach (2007) revealed a positive association between sexual abuse and openness. Even though openness to new experiences, which means being higher in traits such as creativity, being open-minded, and curiosity, may be interpreted as a positive outlook, openness might also increase the occurrence of some risky experiences, including the risk for being a sexual abuse victim (Bak, 2005, as cited in Allen and Lauterbach, 2007).

Analyses also revealed that emotional abuse had a significant association with negative valence and explained an important amount of variance in this trait. In other words, emotional abuse, which had been experienced in childhood, was significantly associated with negative image of self. Consistent with this finding; previous research stated that people who had experienced emotional maltreatment in their childhood reported low self-esteem in their adulthood (Higgins & McCabe, 2001), which might be related with low self-worth, hence with negative valence.

4.3.2. Findings Regarding the Associated Factors of Interpersonal Problems

Factors associated with interpersonal problems were determined through a regression analysis with three consecutive steps, which were demographic variables (i.e., Age and Gender), childhood trauma (i.e., Emotional Abuse, Physical Abuse, Physical Neglect, Emotional Neglect, and Sexual Abuse), and personality traits (i.e., Extraversion, Conscientiousness, Agreeableness, Neuroticism, Openness, and Negative Valence).

According to the results of the regression analysis, both control variables were found to be significantly associated with interpersonal problems. Age was found to be negatively associated with interpersonal problems, meaning that as they age, people reported less interpersonal problems. It might be because people learn to deal with interpersonal problems more effectively through their life time. As they age, they might gain experience in solving interpersonal problems. Moreover, people might maintain relationships with the ones that they get along with. Moreover, males reported more interpersonal problems than females. Compared to men, moderate nature of their relationship styles might help women to keep their interpersonal relationships balanced, which lead fewer problems in their relationships.

After controlling age and gender, emotional abuse was found to be positively associated with interpersonal problems. This finding was expected and is consistent with the current literature. A recent research revealed that specifically emotional abuse and emotional neglect are highly associated with severity of social anxiety

among patients with social anxiety disorder (Simon et al., 2009). When personality was entered into the analysis, a negative association between Extraversion and interpersonal problems was revealed, and extraversion explained the greatest amount of variance on interpersonal problems. When these two findings are interpreted together, it can be concluded that people who experienced emotional abuse in their childhood and who possessed less extraversion trait were more likely to have problems in their interpersonal relationships. This finding was mostly supported by a recent research, in which it was stated that adults with lower extraversion scores and who reported emotional abuse in their childhood were less likely to be emotionally close to their family members (Savla et al., 2013).

In addition to extraversion, openness was also negatively associated with interpersonal problems. This might be because people who possessed more openness to experience trait would also be open to different solutions, which might help them to solve interpersonal conflict easily. Hence, they might have less interpersonal problems in their relationships. On the other hand, as expected, neuroticism and negative valence were found to be positively associated with interpersonal problems. These findings indicated that people who possessed higher neuroticism and negative valence had more problems in their relationships. The relationship between neuroticism and interpersonal problems is a well-established one. The literature suggests that neurotic people tend to be more reactive to interpersonal conflicts (Bolger & Zuckerman, 1995; McNulty, 2008), and this reactivity might lead more problems in their relationships.

4.3.3. Findings Regarding the Associated Factors of Psychological Well-Being

Factors associated with psychological well-being (i.e., Psychological Symptoms, Positive Affect, Negative Affect, and Life Satisfaction) were determined through four regression analysis with four consecutive steps, which were demographic variables (i.e., Age and Gender), childhood trauma (i.e., Emotional Abuse, Physical Abuse, Physical Neglect, Emotional Neglect, and Sexual Abuse), personality traits

(i.e., Extraversion, Conscientiousness, Agreeableness, Neuroticism, Openness, and Negative Valence), and interpersonal problems.

The results revealed that age had a negative association with psychological symptoms and negative affect, which means that as age increased, there was a decrease in reported psychological symptoms and negative affect. These findings are consistent with the previous findings of the study; adults reported more life satisfaction and less negative affect. As explained before, adults are expected to have more settled lives compared to younger adults, which might be one reason of adults' lower levels of symptoms and negative affect. Moreover, their better interpersonal relationships might help them to keep negative valence and psychological symptoms low. Gender was found to be associated with positive affect, meaning that males reported more positive affect than females. The relationship between gender and positive affect was already discussed above.

After controlling age and gender, regarding the associations between childhood trauma and psychological well-being, emotional abuse and emotional neglect were found to be positively associated with psychological symptoms and negative affect. Moreover, emotional neglect was found to be negatively associated with positive affect and life satisfaction. These results indicated that emotional abuse and neglect in childhood have a significant effect on psychological symptoms, affect, and life satisfaction, which was named together as psychological well-being in this study, in adulthood. This finding was also consistent with the findings of Simon et al. (2009), which revealed that childhood traumas, especially emotional abuse and neglect, were related with greater severity of social anxiety, poorer function in daily life, and life quality. Moreover, they found that emotional abuse and neglect experienced in childhood were associated with the severity of anxiety symptoms.

Significant associations were also found between personality traits and the measures of psychological well-being. Extraversion and conscientiousness were found to be negatively associated with psychological symptoms and negative affect. In addition to symptoms and negative affect, conscientiousness was positively correlated with

positive affect and life satisfaction. Moreover, openness had a significant association with positive affect. While being extravert and conscientious were related with lower levels of symptoms and negative affect, being open to new experiences was related with higher levels of positive affect. In a study (Pavot, Diener, & Fujita, 1990), it was found that extraversion was related with positive mood, happiness, and subjective well-being. Furthermore, as expected, neuroticism and negative valence were found to be positively associated with symptoms and negative affect. Moreover, neuroticism was negatively correlated with life satisfaction. Overall, these findings are consistent with the findings of the current literature. In different studies (e.g., Costa & McCrae, 1980; Schimmack, Radhakrishnan, Oishi, Dzokoto, & Ahadi, 2002; Schimmack, Oishi, Furr, & Funder, 2004), especially extraversion and neuroticism were found to be associated with subjective psychological well-being and life satisfaction, while openness and conscientiousness were related only with life satisfaction. Moreover, it was suggested that, in some occasions, personality caused life events; hence, events have not been always caused by external factors, they might be triggered by personality characteristics of an individual as well. Supporting this suggestion, it was found that life events tended to repeat themselves and extraversion trait predicted later positive events while neuroticism predicted later negative events in life (Headey & Wearing, 1992, as cited in Diener, 1996).

Results also yielded that interpersonal problems were positively associated with psychological symptoms and negative affect. These results were parallel with the results of zero-order correlations in this study, and also supported by the findings in the literature (e.g., Akyunus & Gençöz, in press; Dreu, Dierendonck, & Dijkstra, 2004; Karremans, Ouwerkerk, & Kluwer 2003). Overall, these results supported that people who had problems in their interpersonal relationships were more likely to have psychological problems and to possess negative affect.

4.4 Limitations of the Study

There are some limitations of the study. First of all, the study is a cross-sectional one, thus it was not possible to draw cause and effect relationships, and it was not

possible to observe the changes on the sample in a period of time either. Moreover, data was collected through Internet, which means that it was not possible to reach people who did not have an Internet access. This may cause some problems when generalizing the results to normal population. The participants' age ranged from 18 to 61, which covered almost whole adulthood. However, the age distribution of the sample was positively skewed, which means that most of the participants were younger adults. This problem was probably caused by the online way of data collection. Moreover, gender distribution in the sample was not equal, which might cause some problems in evaluating gender differences on the measures of the study.

In the current study, the nature of utilized measurement tools in the study was another limitation. Especially, the measures for psychological well-being, namely Brief Symptom Inventory (BSI) and Positive and Negative Affect Schedule (PANAS), were developed for measuring recent symptoms (last one week) and affect (last two weeks). Hence, factors such as a recent negative incident that a participant experienced might contaminate results that are based on responds related to psychological well-being.

4.5 Strengths of the Study

Although the relationship between childhood traumas and psychological well-being in adulthood is well established, there are few studies revealing the association between childhood trauma and problems in relationships (e.g., Davis & Petretic-Jackson, 2001). The main strength of the study was that personality traits were controlled when the relationship between childhood traumas and well-being was investigated. Moreover, the role of interpersonal problems between childhood trauma and well-being was investigated.

Studies related to the effects of childhood trauma mainly focused on traumas caused by childhood sexual abuse. In this study, childhood traumas were not restricted to one type of maltreatment; especially emotional abuse and neglect was not ignored. Moreover, most studies were conducted with participants who have diagnosed with a

psychiatric disorder (Bonanno, 2004). In this study, the participants were from normal population, and the effect of childhood trauma on people without diagnosis could be explored.

4.6 Clinical Implications and Future Directions

Many people experience quite a few traumatic events in their lives (Bonanno, 2004), and millions of children experience abuse and neglect; nearly half of the children are victims of severe or frequent physical abuse (WHO, 2002). It is a well-established fact that childhood trauma is related with psychological problems in adulthood (e.g., Huh, Kim, Yu, & Chae, 2014). In the current study, especially the crucial roles of emotional abuse and neglect on psychological well-being were revealed. Moreover, the role of personality was also highlighted. In the literature, sexual and physical abuses were the scope of the studies about children maltreatment. Therefore, this study revealed the detrimental effect of emotional abuse and neglect, which were relatively ignored in the literature, and also the role of personality traits in this relationship. Hence, importance of educating parents about the emotional abuse and neglect was underlined to prevent psychological problems in adulthood.

The theories that are influential in the field of psychotherapy (i.e., Dynamic, Cognitive-Behavioral, Schema) point out the importance of interpersonal relationships in the healing processes after trauma. However, there were almost no clinical studies supporting the role of this factor between childhood trauma and psychological well-being (Huh et al., 2014). This study provided support about the role of interpersonal problems on psychological well-being. Hence, clinicians might take the clients' interpersonal problems into consideration while dealing with psychological problems of the clients.

For clinical implications, the findings of the study suggest that clinicians should pay attention to emotional abuse and neglect experienced in childhood when dealing with patients with psychological symptoms. Moreover, the personality traits, especially neuroticism should be considered as a risk factor in symptoms and negative affect.

Interpersonal problems can be considered as both a risk factor, and a consequence of adverse childhood history. Hence, clinicians can utilize interpersonal problems of a client to gain information about him/her, and also work on interpersonal problems for the reduction of symptomatology and negative affect.

There are some suggestions for future research as well. Firstly, in this study, interpersonal problems are explored as a whole. In the future studies, the effect of different types of interpersonal problems can be investigated in more detail. Secondly, longitudinal design can be utilized to detect a more reliable effect of childhood traumas on psychological well-being in adulthood. Moreover, different data collecting methods such as interviews and qualitative methods can be utilized in order to reach more detailed and idiosyncratic information about childhood history.

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APPENDICES

Appendix A: Demographic Information Form

Lütfen aşağıda istenilen bilgileri yazınız ve seçenekli sorularda size uygun olan seçeneğin yanındaki () ile gösterilen alana X işareti koyarak belirtiniz.

1. *Cinsiyetiniz:* () Kadın () Erkek

2. *Yaşınız:*

3. *Eğitim Düzeyiniz:*

- () Okur-yazar () İlkokul mezunu
() Ortaokul mezunu () Lise mezunu
() Üniversite (mezun/öğrenci) () Lisansüstü (mezun/öğrenci)

4. *Gelir Düzeyiniz:*

- () Düşük
() Orta
() Yüksek

5. *Şu an nerede yaşıyorsunuz?*

- () Yalnız () Arkadaşlarımla evde
() Yurtta () Diğer (Belirtiniz):.....
() Ailemle/akrabalarımla birlikte

6. *Medeni Durumunuz:*

- () Bekar () Boşanmış
() Birlikte yaşıyor () Dul

Evli

7. *Anneniz hayatta mı?*

Evet Hayır

8. *Babanız hayatta mı?*

Evet Hayır

9. *Kardeşiniz var mı?*

Evet Hayır

a. *Varsa, kaç kardeşiniz var?*

b. *Kaçıncı çocuksunuz?*

10. *6 yaşından önce, anne ve/veya babanızdan ayrı yaşadığınız bir dönem oldu mu?*

Evet Hayır

Evetse; hangi yaş aralığında?

11. *Şu anda herhangi bir psikolojik rahatsızlığınız var mı?*

Evet Hayır

Evetse belirtiniz:

Yardım gördünüz mü?

Evet Hayır

12. *12. Daha önce bir psikolojik sorun yaşadınız mı?*

Evet Hayır

Evetse belirtiniz:

Yardım gördünüz mü?

Evet Hayır

Appendix B: Childhood Trauma Questionnaire (CTQ)

Bu sorular *çocukluğunuzda ve ilk gençliğinizde (20 yaşından önce)* başınıza gelmiş olabilecek bazı olaylar hakkındadır. Her bir soru için sizin durumunuza uyan rakamı daire içerisinde alarak işaretleyiniz. Sorulardan bazıları özel yaşamınızla ilgilidir; lütfen elinizden geldiğince gerçeğe uygun yanıt veriniz.

Yanıtlarınız gizli tutulacaktır.

Çocukluğumda ya da ilk gençliğimde...

	1. Hiçbir Zaman	2. Nadiren	3. Kimi Zaman	4. Sık Olarak	5. Çok Sık
1. Evde yeterli yemek olmadığından aç kalırdım.	1	2	3	4	5
2. Benim bakımı ve güvenliğimi üstlenen birinin olduğunu biliyordum	1	2	3	4	5
3. Ailedekiler bana “salak”, “beceriksiz” ya da “tipsiz” gibi sıfatlarla seslenirlerdi	1	2	3	4	5
4. Anne ve babam ailelerine bakamayacak kadar sıklıkla sarhoş olur ya da uyuşturucu alırlardı.	1	2	3	4	5
5. Ailemde önemli ve özel biri olduğum duygusunu hissetmeme yardımcı olan biri vardı.	1	2	3	4	5
6. Yırtık, sökükle ya da kirli giysiler içerisinde dolaşmak zorunda kalırdım.	1	2	3	4	5
7. Sevdiğimi hissediyordum	1	2	3	4	5
8. Anne ve babamın benim doğmuş olmamı istemediklerini düşünüyordum.	1	2	3	4	5
9. Ailemden birisi bana öyle kötü vurmuştu ki doktora ya da hastaneye gitmem gerekmişti.	1	2	3	4	5
10. Ailemde başka türlü olmasını istediğim bir şey yoktu.	1	2	3	4	5
11. Ailedekiler bana o kadar şiddetle vuruyorlardı ki vücudumda morartı ya da sıyrıklar oluyordu	1	2	3	4	5
12. Kayış, sopa, kordon ya da başka sert bir cisimle vurularak cezalandırılıyordum.	1	2	3	4	5

13. Ailedekiler birbirlerine ilgi gösterirlerdi.	1	2	3	4	5
14. Ailedekiler bana kırıcı ya da saldırganca sözler söylerlerdi	1	2	3	4	5
15. Vücutça kötüye kullanılmış olduğuma (dövülme, itilip kakılma vb.) inanıyorum	1	2	3	4	5
16. Çocukluğum mükemmeldi.	1	2	3	4	5
17. Bana o kadar kötü vuruluyor ya da dövülüyordum ki öğretmen, komşu ya da bir doktorun bunu fark ettiği oluyordu.	1	2	3	4	5
18. Ailemde birisi benden nefret ederdi.	1	2	3	4	5
19. Ailedekiler kendilerini birbirlerine yakın hissederlerdi.	1	2	3	4	5
20. Birisi bana cinsel amaçla dokundu ya da kendisine dokunmamı istedi.	1	2	3	4	5
21. Kendisi ile cinsel temas kurmadığım takdirde beni yaralamakla ya da benim hakkımda yalanlar söylemekle tehdit eden birisi vardı.	1	2	3	4	5
22. Benim ailem dünyanın en iyisiydi.	1	2	3	4	5
23. Birisi beni cinsel şeyler yapmaya ya da cinsel şeylere bakmaya zorladı.	1	2	3	4	5
24. Birisi bana cinsel tacizde bulundu.	1	2	3	4	5
25. Duygusal bakımdan kötüye kullanılmış olduğuma (hakaret, aşağılama vb.) inanıyorum.	1	2	3	4	5
26. İhtiyacım olduğunda beni doktora götürecek birisi vardı	1	2	3	4	5
27. Cinsel bakımdan kötüye kullanılmış olduğuma inanıyorum.	1	2	3	4	5
28. Ailem benim için bir güç ve destek kaynağı idi.	1	2	3	4	5

Appendix C: Basic Personality Traits Inventory

Yönerge:

Aşağıda size uyan ya da uymayan pek çok kişilik özelliği bulunmaktadır. Bu özelliklerden her birinin sizin için ne kadar uygun olduğunu ilgili rakamı daire içine alarak belirtiniz.

Örneğin; Kendimi biri olarak görüyorum.

<u>Hiç uygun değil</u>	<u>Uygun değil</u>	<u>Kararsızım</u>	<u>Uygun</u>	<u>Çok uygun</u>		<u>Hiç uygun değil</u>	<u>Uygun değil</u>	<u>Kararsızım</u>	<u>Uygun</u>	<u>Çok uygun</u>	
1	2	3	4	5		1	2	3	4	5	
1 Aceleci	1	2	3	4	5	24 Pasif	1	2	3	4	5
2 Yapmacık	1	2	3	4	5	25 Disiplinli	1	2	3	4	5
3 Duyarlı	1	2	3	4	5	26 Açgözlü	1	2	3	4	5
4 Konuşkan	1	2	3	4	5	27 Sinirli	1	2	3	4	5
5 Kendine güvenen	1	2	3	4	5	28 Cana yakın	1	2	3	4	5
6 Soğuk	1	2	3	4	5	29 Kızgın	1	2	3	4	5
7 Utangaç	1	2	3	4	5	30 Sabit fikirli	1	2	3	4	5
8 Paylaşımçı	1	2	3	4	5	31 Görgüsüz	1	2	3	4	5
9 Geniş / rahat	1	2	3	4	5	32 Durgun	1	2	3	4	5
10 Cesur	1	2	3	4	5	33 Kaygılı	1	2	3	4	5
11 Agresif(Saldırgan)	1	2	3	4	5	34 Terbiyesiz	1	2	3	4	5
12 Çalışkan	1	2	3	4	5	35 Sabırsız	1	2	3	4	5
13 İçten pazarlıklı	1	2	3	4	5	36 Yaratıcı (Üretken)	1	2	3	4	5
14 Girişken	1	2	3	4	5	37 Kaptisli	1	2	3	4	5
15 İyi niyetli	1	2	3	4	5	38 İçine kapanık	1	2	3	4	5
16 İçten	1	2	3	4	5	39 Çekingen	1	2	3	4	5
17 Kendinden emin	1	2	3	4	5	40 Alıngan	1	2	3	4	5
18 Huysuz	1	2	3	4	5	41 Hoşgörülü	1	2	3	4	5
19 Yardımsever	1	2	3	4	5	42 Düzenli	1	2	3	4	5
20 Kabiliyetli	1	2	3	4	5	43 Titiz	1	2	3	4	5
21 Üşengeç	1	2	3	4	5	44 Tedbirli	1	2	3	4	5
22 Sorumsuz	1	2	3	4	5	45 Azimli	1	2	3	4	5
23 Sevecen	1	2	3	4	5						

Appendix D: Inventory of Interpersonal Problems (IIP)

İnsanlar başkalarıyla ilişkilerinde aşağıda belirtilen problemleri yaşadıklarını ifade etmektedirler. Lütfen aşağıdaki ifadeleri okuyun ve her maddeyi hayatınızdaki HERHANGİ BİR ÖNEMLİ KİŞİYLE (aile bireyleri, dostlar, iş arkadaşları gibi) İLİŞKİLERİNİZDE sizin için problem olup olmadığına göre değerlendirin. Problemin sizin için ne kadar rahatsız edici olduğunu numaralandırılmış daireleri yuvarlak içine alarak belirtiniz.

Aşağıdaki ifadeler başkalarıyla ilişkilerinizde yapmakta ZORLANDIĞINIZ şeylerdir.	Hiç	Değil	Biraz	Orta	derecede	Oldukça	Fazlasıyla
Benim için,							
1. Başkalarına “hayır” demek zordur.	1	2	3	4	5		
2. Gruplara katılmak zordur.	1	2	3	4	5		
3. Bir şeyleri kendime saklamak zordur.	1	2	3	4	5		
4. Birine beni rahatsız etmemesini söylemek zordur.	1	2	3	4	5		
5. Kendimi yeni insanlara tanıtmak zordur.	1	2	3	4	5		
6. İnsanları ortaya çıkan problemlerle yüzleştirmek zordur.	1	2	3	4	5		
7. Başkalarına kendimi rahatlıkla ifade etmek zordur.	1	2	3	4	5		
8. Başkalarına kızgınlığımı belli etmek zordur.	1	2	3	4	5		
9. Başkalarıyla sosyalleşmek zordur.	1	2	3	4	5		
10. İnsanlara sıcaklık/ Şefkat göstermek zordur.	1	2	3	4	5		
11. İnsanlarla anlaşmak/ geçinmek zordur.	1	2	3	4	5		
12. Başkalarıyla ilişkimde, gerektiğinde kararlı durabilmek zordur.	1	2	3	4	5		
13. Başka birisi için sevgi/ aşk hissetmek zordur.	1	2	3	4	5		
14. Başka birinin hayatındaki amaçları için destekleyici olmak zordur.	1	2	3	4	5		
15. Başkalarına yakın hissetmek zordur.	1	2	3	4	5		
16. Başkalarının problemlerini gerçekten umursamak zordur.	1	2	3	4	5		
17. Başkalarının ihtiyaçlarını kendi ihtiyaçlarımdan öne koymak zordur.	1	2	3	4	5		
18. Başka birinin mutluluğundan memnun olmak zordur.	1	2	3	4	5		
19. Başkalarından benimle sosyal amaçla bir araya gelmesini istemek zordur.	1	2	3	4	5		
20. Başkalarının duygularını incitmekten endişe etmeksizin kendimi rahatlıkla ifade etmek zordur.	1	2	3	4	5		

Aşağıdaki ifadeler ÇOK FAZLA yaptığımız şeylerdir.	Hiç Değil	Biraz	Orta Derecede	Oldukça	Fazlasıyla
21. İnsanlara fazlasıyla açılırım/ içimi dökerim.	1	2	3	4	5
22. Başkalarına karşı fazlasıyla agresifim/ saldırganım.	1	2	3	4	5
23. Başkalarını memnun etmek için fazlasıyla uğraşırım.	1	2	3	4	5
24. Fark edilmeyi fazlasıyla isterim.	1	2	3	4	5
25. Başkalarını kontrol etmek için fazlasıyla uğraşırım.	1	2	3	4	5
26. Sıklıkla (fazlasıyla) başkalarının ihtiyaçlarını kendi ihtiyaçlarımın önüne koyarım.	1	2	3	4	5
27. Başkalarına karşı fazlasıyla cömertim.	1	2	3	4	5
28. Kendi istediğimi elde edebilmek için başkalarını fazlasıyla yönlendiririm.	1	2	3	4	5
29. Başkalarına kişisel bilgilerimi fazla anlatırım.	1	2	3	4	5
30. Başkalarıyla fazlasıyla tartışırım.	1	2	3	4	5
31. Sıklıkla (fazlasıyla) başkalarının benden faydalanmasına izin veririm.	1	2	3	4	5
32. Başkalarının ıstırabından/ mağduriyetinden fazlasıyla etkilenirim.	1	2	3	4	5

Appendix E: Brief Symptom Inventory (BSI)

Aşağıda, insanların bazen yaşadıkları belirtilerin ve yakınmaların bir listesi verilmiştir. Listedeki her maddeyi lütfen dikkatle okuyun. Daha sonra o belirtinin SİZDE BUGÜN DAHİL, SON BİR HAFTADIR NE KADAR VAROLDUĞUNU yandaki bölmede uygun olan yerde işaretleyin. Her belirti için sadece bir yeri işaretlemeye ve hiçbir maddeyi atlamamaya özen gösterin. Yanıtlarınızı kurşun kalemle işaretleyin. Eğer fikir değiştirirseniz ilk yanıtınızı silin.

Yanıtlarınızı aşağıdaki ölçeğe göre değerlendirin:

Bu belirtiler son bir haftadır sizde ne kadar var?

0: Hiç yok 1: Biraz var 2: Orta derecede var 3: Epey var 4: Çok fazla var

Bu belirtiler son bir haftadır sizde ne kadar var?					
	Hiç yok	Biraz	Orta	Epey	Çok fazla
1. İçinizdeki sinirlilik ve titreme hali	0	1	2	3	4
2. Baygınlık, baş dönmesi	0	1	2	3	4
3. Bir başka kişinin sizin düşüncelerinizi kontrol edeceği fikri	0	1	2	3	4
4. Başınıza gelen sıkıntılardan dolayı başkalarının suçlu olduğu duygusu	0	1	2	3	4
5. Olayları hatırlamada güçlük	0	1	2	3	4
6. Çok kolayca kızıp öfkelenme	0	1	2	3	4
7. Göğüs (kalp) bölgesinde ağrılar	0	1	2	3	4
8. Meydanlık (açık) yerlerden korkma duygusu	0	1	2	3	4
9. Yaşamınıza son verme düşünceleri	0	1	2	3	4
10. İnsanların çoğuna güvenilemeyeceği hissi	0	1	2	3	4
11. İştahta bozukluklar	0	1	2	3	4
12. Hiç bir nedeni olmayan ani korkular	0	1	2	3	4
13. Kontrol edemediğiniz duygu patlamaları	0	1	2	3	4
14. Başka insanlarla beraberken bile yalnızlık hissetmek	0	1	2	3	4
15. İşleri bitirme konusunda kendini engellenmiş hissetmek	0	1	2	3	4
16. Yalnızlık hissetmek	0	1	2	3	4
17. Hüzünlü, kederli hissetmek	0	1	2	3	4
18. Hiçbir şeye ilgi duymamak	0	1	2	3	4
19. Ağlamaklı hissetmek	0	1	2	3	4
20. Kolayca incinebilme, kırılmak	0	1	2	3	4

21. İnsanların sizi sevmediğine, kötü davrandığına inanmak	0	1	2	3	4
22. Kendini diğerlerinden daha aşağı görme	0	1	2	3	4
23. Mide bozukluğu, bulantı	0	1	2	3	4
24. Diğerlerinin sizi gözlediği ya da hakkınızda konuştuğu duygusu	0	1	2	3	4
25. Uykuya dalmada güçlük	0	1	2	3	4
26. Yaptığınız şeyleri tekrar tekrar doğru mu diye kontrol etmek	0	1	2	3	4
27. Karar vermede güçlükler	0	1	2	3	4
28. Otobüs, tren, metro gibi umumi vasıtalarla seyahatlerden korkmak	0	1	2	3	4
29. Nefes darlığı, nefessiz kalmak	0	1	2	3	4
30. Sıcak soğuk basmaları	0	1	2	3	4
31. Sizi korkuttuğu için bazı eşya, yer ya da etkinliklerden uzak kalmaya çalışmak	0	1	2	3	4
32. Kafanızın "bomboş" kalması	0	1	2	3	4
33. Bedeninizin bazı bölgelerinde uyuşmalar, karıncalanmalar	0	1	2	3	4
34. Günahlarınız için cezalandırılmanız gerektiği	0	1	2	3	4
35. Gelecekle ilgili umutsuzluk duyguları	0	1	2	3	4
36. Konsantrasyonda (dikkati bir şey üzerinde toplama) güçlük/ zorlanmak	0	1	2	3	4
37. Bedenin bazı bölgelerinde zayıflık, güçsüzlük hissi	0	1	2	3	4
38. Kendini tedirgin ve gergin hissetmek	0	1	2	3	4
39. Ölme ve ölüm üzerine düşünceler	0	1	2	3	4
40. Birini dövme, ona zara verme, yaralama isteği	0	1	2	3	4
41. Bir şeyleri kırma, dökme isteği	0	1	2	3	4
42. Diğerlerinin yanındayken yanlış bir şeyler yapmamaya çalışmak	0	1	2	3	4
43. Kalabalıklarda rahatsızlık duymak	0	1	2	3	4
44. Bir başka insan hiç yakınlık duymamak	0	1	2	3	4
45. Dehşet ve panik nöbetleri	0	1	2	3	4
46. Sık sık tartışmaya girmek	0	1	2	3	4
47. Yalnız bırakıldığında/ kalındığında sinirlilik hissetmek	0	1	2	3	4
48. Başarılarınız için diğerlerinden yeterince takdir görmemek	0	1	2	3	4
49. Yerinde duramayacak kadar tedirgin hissetmek	0	1	2	3	4
50. Kendini değersiz görmek/ değersizlik duyguları	0	1	2	3	4
51. Eğer izin vererseniz insanların sizi sömüreceği duygusu	0	1	2	3	4
52. Suçluluk duyguları	0	1	2	3	4
53. Aklınızda bir bozukluk olduğu fikri	0	1	2	3	4

Appendix F: Positive and Negative Affect Schedule (PANAS)

Bu ölçek farklı duyguları tanımlayan bir takım sözcükler içermektedir. Son iki hafta nasıl hissettiğinizi düşünüp her maddeyi okuyun. Uygun cevabı her maddenin yanında ayrılan yere (puanları daire içine alarak) işaretleyin. Cevaplarınızı verirken aşağıdaki puanları kullanın.

1. Çok az veya hiç
2. Biraz
3. Ortalama
4. Oldukça
5. Çok fazla

1. İlgili	1	2	3	4	5
2. Sıkıntılı	1	2	3	4	5
3. Heyecanlı	1	2	3	4	5
4. Mutsuz	1	2	3	4	5
5. Güçlü	1	2	3	4	5
6. Suçlu	1	2	3	4	5
7. Ürkümüş	1	2	3	4	5
8. Düşmanca	1	2	3	4	5
9. Hevesli	1	2	3	4	5
10. Gururlu	1	2	3	4	5
11. Asabi	1	2	3	4	5
12. Uyanık	1	2	3	4	5
(dikkati açık)					
13. Utanmış	1	2	3	4	5
14. İlhamlı	1	2	3	4	5
(yaratıcı düşüncelerle dolu)					
15. Sınırlı	1	2	3	4	5
16. Kararlı	1	2	3	4	5
17. Dikkatli	1	2	3	4	5
18. Tedirgin	1	2	3	4	5
19. Aktif	1	2	3	4	5
20. Korkmuş	1	2	3	4	5

Appendix G: Satisfaction with Life Scale (SWLS)

Aşağıdaki ifadelere katılıp katılmadığınızı görüşünüzü yansıtan rakamı maddenin başındaki boşluğa yazarak belirtiniz. Doğru ya da yanlış cevap yoktur. Sizin durumunuzu yansıttığını düşündüğünüz rakam bizim için en doğru yanıttır. Lütfen, açık ve dürüst şekilde yanıtlayınız.

- 7 = Kesinlikle katılıyorum
6 = Katılıyorum
5 = Çok az katılıyorum
4 = Ne katılıyorum ne de katılmıyorum
3 = Biraz katılmıyorum
2 = Katılmıyorum
1 = Kesinlikle katılmıyorum

- _____ Pek çok açıdan ideallerime yakın bir yaşamım var
_____ Yaşam koşullarım mükemmeldir
_____ Yaşamım beni tatmin ediyor
_____ Şimdiye kadar, yaşamda istediğim önemli şeyleri elde ettim
_____ Hayatımı bir daha yaşama şansım olsaydı, hemen hemen hiçbir şeyi değiştirmezdim

Appendix H: Informed Consent Form

Gönüllü Katılım Formu

Bu çalışma, Orta Doğu Teknik Üniversitesi Psikoloji Bölümü, Klinik Psikoloji Yüksek Lisans öğrencisi Onur Can Çabuk tarafından, Psikoloji Bölümü öğretim üyelerinden Prof. Dr. Tülin Gençöz'ün danışmanlığında, tez çalışması kapsamında yürütülmektedir. Çalışmanın amacı, çocuklukta yaşanan olumsuz deneyimler ile iyilik hali arasındaki ilişkiyi anlamak, ve bu ilişkide, kişilik özellikleri, kişilerarası problemler ve duygu paylaşımlarının etkisini incelemektir.

Çalışmaya katılım tamamen gönüllülük temelindedir. Ankette, sizden kimlik belirleyici hiçbir bilgi istenmemektedir. Cevaplarınız tamamen gizli tutulacak ve sadece araştırmacı tarafından değerlendirilecektir; elde edilecek bilgiler bilimsel yayımlarda kullanılacaktır.

Sizden, verilen anketleri içten ve dürüst bir şekilde doldurmanız beklenmektedir. Anketleri doldurmak, toplamda yaklaşık 20 dakika almaktadır. Anketler, genel olarak kişisel rahatsızlık verecek soruları içermemektedir; ancak, katılım sırasında sorulardan ya da herhangi başka bir nedenden ötürü kendinizi rahatsız hissederseniz, cevaplama işini yarıda bırakabilirsiniz. Böyle bir durumda anketi uygulayan kişiye, anketi tamamlamadığınızı söylemek yeterli olacaktır. Anket sonunda, bu çalışmayla ilgili sorularınız olursa cevaplanacaktır. Bu çalışmaya katıldığınız için şimdiden teşekkür ederiz. Çalışma hakkında daha fazla bilgi almak için Psikoloji Bölümü araştırma görevlisi ve çalışmanın yürütücüsü Onur Can Çabuk (Oda: MODSİMMER 114; Telefon: 210 7382; E-posta: onurcan@metu.edu.tr) ile iletişim kurabilirsiniz.

Bu çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman yarıda kesip çıkabileceğimi biliyorum. Verdiğim bilgilerin bilimsel amaçlı yayımlarda kullanılmasını kabul ediyorum. (Formu doldurup imzaladıktan sonra uygulayıcıya geri veriniz).

Katılımcının Adı-Soyadı:

Tarih:

İmza:

----/----/-----

Appendix I: Ethics Committee Approval

UYGULAMALI ETİK ARAŞTIRMA MERKEZİ
APPLIED ETHICS RESEARCH CENTER



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Sayı: 28620516/33-79

23.01.2015

Gönderilen : Prof. Dr. Tülin Gençöz
Psikoloji

Gönderen : Prof. Dr. Canan Sümer
IAK Başkan Vekili

İlgili : Etik Onayı

Danışmanlığını yapmış olduğunuz Psikoloji Bölümü öğrencisi Onur Can Çabuk'un "Erken Çocukluktaki Olumsuz Yaşantının Psikolojik Sağlık, Yaşam Doyumu ve Duygulanım Üzerindeki Etkisi: Kişilik ve Aleksitiminin Düzenleyici, Kişilerarası İlişkilerin Aracı Rolü" isimli araştırması "İnsan Araştırmaları Komitesi" tarafından uygun görülerek gerekli onay verilmiştir.

Bilgilerinize saygılarımla sunarım.

Etik Komite Onayı

Uygundur

23/01/2015

Prof. Dr. Canan Sümer
Uygulamalı Etik Araştırma Merkezi
(UEAM) Başkan Vekili
ODTÜ 08531 ANKARA

27.01.2015

05

Appendix J: Turkish Summary

1. GİRİŞ

Dünya Sağlık Örgütü verilerine göre, dünyadaki çocukların yaklaşık yarısı istismar ya da ihmale maruz kalmaktadır (WHO, 2002). Bunun yanında, pek çok araştırmacı çocuklukta yaşanan travmaların ilerleyen yıllarda depresyon ve anksiyete gibi psikopatolojik semptomlarla ilişkili olduğunu göstermiştir (Davis, Petretic-Jackson, & Ting, 2001). Çocuklukta yaşanan travmatik olayların yanı sıra, kişilik özellikleri ve kişilerarası sorunların da yetişkinlikteki psikolojik iyilik hali ile ilişkili olduğu görülmüştür (Steel, Schmidt, ve Shultz, 2008; Dreu, Dierendonck, ve Dijkstra, 2004).

Bu çalışma, çocuklukta yaşanan travmalar ile yetişkinlikteki psikolojik iyilik hali arasındaki ilişkiyi, ve kişilik özellikleri ile kişilerarası sorunların bu ilişkideki rolleri incelemek için yapılmıştır.

1.1. Çocukluk Travmaları

Ortalama bir günde, tüm dünyada 4500'den fazla insan cinayet, intihar ya da savaş gibi şiddet eylemleri nedeniyle hayatını kaybetmekte, ve çok daha fazlası bu şiddete maruz kalmak ya da şahit olmak nedeniyle fizyolojik veya psikolojik olarak olumsuz etkilenmektedir (Krug et al., 2002). Şiddet eylemlerinde zarar gören ya da bu eylemlere şahit olanların önemli bir kısmını çocuklar oluşturmaktadır. Bu tür travmatik olayların çeşitliliği nedeniyle tek bir tanımı olmasa da, literatürde eziyet ve istismar gibi kapsayıcı tanımlamalar kullanılmıştır. Krug ve arkadaşlarına (2002) göre, çocuklara eziyet dört temel şekilde tanımlanabilir: fiziksel istismar, cinsel istismar, duygusal istismar ve ihmal. Bernstein ve arkadaşları (2003) gibi araştırmacılar, ihmali iki boyutta incelemişlerdir: duygusal ve fiziksel ihmal.

1.1.1. Çocukluk Travmaları ve Psikolojik İyilik Hali

Literatürdeki bulgular çocukluk çağında farklı şekillerde deneyimlenen (fiziksel istismar ya da duygusal ihmal gibi) travmatik olayların psikolojik iyilik halini etkilediğini göstermektedir (Briere et al., 1988; Krug et al., 2002; Spertus et al., 2003; Turner ve Butler, 2002). Farklı çalışmalarda, çocukluklarında travma yaşayanların, ergenlikte daha sık Travma Sonrası Stres Bozukluğuna yakalandıkları (Shaw, 2003); yetişkinlikte depresyon gibi psikolojik sorunlarla daha sık karşılaştıkları (Turner ve Butler, 2002); madde bağımlılığı ve riskli cinsel davranışlara daha yatkın oldukları (Felitti et al., 1998); ve geçmişlerinde travma bulunmayan bireylere göre üç kat daha fazla intihar denemelerinde buldukları (Brown et al., 1999) ortaya çıkmıştır. Bu bulgular, çocukluk travmaları ve psikolojik sağlık arasında neredeyse kesin bir bağlantının varlığına işaret olarak yorumlanabilir.

1.1.2. Çocukluk Travmalarının Hatırlanması

Çocukluk travmalarını konu alan çoğu ampirik çalışma, katılımcıların öznel kayıt ve hatırlamalarına dayanmaktadır. Pek çok araştırmacı (Allen, 1995; Rogers, 1995) çocuklukta yaşanan olayların, unutma ve bastırma gibi faktörler nedeniyle, güvenilir şekilde hatırlanmasının şüpheli bir konu olduğunu belirtmişlerdir. Öte yandan, Brewin ve arkadaşları (1993) yaşanan olayın sıra dışı, beklenmedik ve belirgin olması durumunda hatırlanmasının daha mümkün olacağına işaret etmektedirler. Pek çok yetişkin, ilkokula gittikleri sıradan bir günü hatırlamasalar da okula başladıkları ilk günü hatırlayabilecektir.

1.2. Kişilik Özellikleri

Ryckman'a (2012) göre pek çok araştırmacı kişiliği, farklı durum ve koşullarda kişinin biliş, motivasyon, ve duygularını etkileyen dinamik ve organize karakterleri olarak tanımlamaktadır. 1980'lerin sonunda psikoloji literatüründe, kişilik özelliklerinin varlığına dair bir görüş birliği oluşmuştur. Beş Büyük Faktör modeli, ortaya çıktığından beri genel olarak kabul görmüş ve tüm dünyada üzerinde çalışılan

bir model haline gelmiştir. Belirgin genellik ve uygulanabilirlik görülen beş faktör; Deneyime Açıklık, Sorumluluk, Dışadönüklük, Uyumluluk ve Duygusal Denge olarak ortaya çıkarılmıştır (McAdams, 1992).

1.2.1. Türk Kültüründe Kişilik Özellikleri

McCrae ve Costa (2003) kişilik özelliklerinin anadil içinde ortaya çıkmıştır, yani her kültür, kişilik özelliklerini sahip olduğu dil içerisinde ortaya çıkarmaktadır. Bir dilde belli bir özelliği tanımlayan kelimeler başka bir dilde aynı tanım gücüne sahip olmayabilirler. Bu nedenle, kişilik özellikleri ölçümünde kullanılan aracın o dil içerisinde oluşturulması önemli bir unsur olarak karşımıza çıkmaktadır. Gençöz ve Öncül'ün (2012) Türk kültüründe geliştirdiği Temel Kişilik Özellikleri Envanteri, Türkiye'de kişilik özellikleri alanında yapılan çalışmalar için önemli bir ölçüm aracıdır. Envanterin geliştirilmesi sırasında, iyi bilinen beş faktörün yanı sıra, altıncı faktör olan Olumsuz Değerlik belirlenmiş ve envantere dahil edilmiştir.

1.2.2. Çocukluk Travmaları ve Kişilik Özellikleri

Farklı çalışmalarda (Gladstone et al., 1999; Herman et al., 1989), çocukluklarında travma yaşamış insanların yetişkinlikte kişilik bozukluklarına yatkınlıkları olduğu ortaya çıkarılmıştır. Örneğin, yapılan bir çalışmada cinsel istismara maruz kalmış erkeklerin patolojik MMPI profilleri olduğu gözlenmiştir (Roys ve Timms, 1995). Cinsel istismarın yanında, çalışmalar çocuklukta deneyimlenen fiziksel ihmal, fiziksel istismar, duygusal ihmal ve duygusal istismarın yetişkinlikte kişilik üzerinde etkileri olduğuna işaret etmektedir (Bierer et al., 2003; Berkowitz et al., 2004). Allen ve Lauterbach (2007), çocuklukta travma yaşamış insanların yüksek duygusal dengesizlik ve dışadönüklük gösterdiklerini ortaya çıkarmıştır.

1.2.3. Kişilik Özellikleri ve Psikolojik İyilik Hali

Bazı araştırmacılar (Steel et al., 2008), kişiliğin, psikolojik sağlığın en önemli belirleyicisi olduğunu ileri sürmektedir. Kişilik özelliklerinin, psikolojik iyilik hali

ile ilişkisi pek çok çalışmacı tarafından ortaya çıkarılmıştır. Psikolojik iyilik halindeki farklılıklarının kişilik farklılıklarıyla ilişkili olduğu ortaya atılmış, ve temel kişilik özelliklerinin, psikolojik iyilik halinin önemli göstergeleri kabul edilebilecek pozitif duygular, yaşam doyumu, ilişki doyumu ve depresif semptomlar gibi faktörlerin tahmininde önemli bir değeri olduğu ortaya çıkarılmıştır (DeBeve ve Cooper, 1998; Schimmack et al., 2002; Schimmack et al., 2004; Steel et al., 2008).

1.3. Kişilerarası Sorunlar

İnsanlar, başka insanlara bağımlıdırlar ve hayvanlar arasında en karmaşık ve çeşitli kişilerarası ilişkiler insanlarda bulunur. Bu dünyada hayatta kalmak için başka insanlarla işbirliği içinde yaşamaları gerekse de, insanların yaşadığı çoğu sorun da kişilerarası ilişkilerde yaşadıkları problemlerden kaynaklanmaktadır. Bu durum, klinik ortamda da gözlenmektedir: Horowitz ve Vitkus'a (1986) göre pek çok danışan kişilerarası problemlerinden kaynaklanan sorunlarla psikolojik desteğe başvurmaktadırlar.

1.3.1. Çocukluk Travmaları ve Kişilerarası Sorunlar

Çocukluk travmaları ve psikolojik problemler arasındaki ilişki oldukça kapsamlı şekilde çalışılmıştır ancak çocukluk travmaları ve kişilerarası problemler arasındaki ilişkiyi ortaya koyan çalışmalar henüz yeterli düzeyde değildir (Huh et al., 2014). Freud'a göre yetişkinlikteki ilişkiler, geçmiş deneyimlerin düzenli şekilde dışavurumunu yansıtmaktadır (Huh et al., 2014). Mason ve arkadaşları (2005) tarafından yürütülen çalışma, temelleri çocukluk yaşantısına dayanan uyumsuz şemalar, yetişkinlikteki bağlanma ve kişilerarası ilişkileri etkilemektedir. Farklı teorik yaklaşımlarla yürütülen farklı çalışmaların sonuçları, çocukluk deneyimlerinin kişilerarası ilişkiler üzerinde etkisi olduğunu göstermektedir.

1.3.2. Kişilerarası Sorunlar ve Psikolojik İyilik Hali

İnsanların, güvenlik, sosyal destek ve arkadaşlık gibi temel ihtiyaçları için kişilerarası ilişkilere bağımlı oldukları bilinen bir gerçektir. Ancak, kişilerarası ilişkilerde sıklıkla karşılaşılan sorunlar kişide ciddi strese neden olmaktadır. Yapılan bir çalışmada, kişilerarası sorunların kişinin iyilik halini olumsuz etkilediği, kişide negatif duyguları harekete geçirdiği ve kişinin özgüveninde düşüşe sebep olduğu gözlenmiştir (Dreu et al., 2004). Bunun yanında, Akyunus ve Gençöz (baskıda) kişilerarası problemlerin psikolojik semptom ve negatif duyguyla ilişkili olduğunu ortaya çıkarmıştır. Dahası, affetme ve psikolojik sağlık arasında bulunan pozitif ilişki (Karremans et al., 2003), kişilerarası sorunları devam ettirmemenin psikolojik sağlığı korumada önemli bir faktör olduğuna işaret edebilir.

1.4. Çalışmanın Amaçları

Literatürdeki bulgular çocuklukta yaşanan travmaların yetişkinlikteki psikolojik iyilik hali ile ilişkili olduğunu, ve kişilik özelliklerinin bu ilişkide önemli rol oynadığını göstermektedir. Dahası, kişilerarası problemlerin psikolojik sağlık üzerinde etkili olduğu ortaya çıkarılmıştır. Bu değişkenler arasındaki ikili ilişkiler, önceki çalışmalarda sıklıkla çalışılmış ve ortaya konmuştur. Ancak, çocukluk travmalarının kişilik bozukluğu tanısı almamış kişilerdeki etkileriyle ilgili yapılan çalışmalar oldukça kısıtlıdır. Buna ek olarak, çocukluk travması ve yetişkinlikteki psikolojik sağlık ilişkisinde, kişilik özellikleri ve kişilerarası problemlerin incelendiği çalışmalar yok denecek kadar azdır. Bu nedenle bu çalışmanın amaçları:

1. Çalışmanın değişkenleri üzerinde yaş ve cinsiyet farklılıklarının incelemek;
2. Çalışmanın değişkenleri arasındaki korelasyonların incelemek;
3. Kişilik, kişilerarası sorunlar ve psikolojik iyilik hali ile ilişkili faktörleri belirlemektir.

2. YÖNTEM

2.1. Katılımcılar

Çalışmanın katılımcıları, 281'i kadın (%68), 132'si erkek (%32) toplam 413 kişiden oluşmaktadır. Katılımcıların yaş aralığı 18 ile 61 arasında olup, ortalama yaş 26.63'tür. Katılımcıların 2'si okur-yazar, 3'ü ortaokul, 30'u lise mezunu olup; 254'ü şu an üniversite öğrencisi ya da mezunu, 124'ü ise lisansüstü öğrencisi ya da mezunudur. Gelir durumuyla ilgili olarak, 56'sı düşük, 321'i orta, 36'sı ise yüksek gelirleri olduğunu ifade etmişlerdir.

2.2. Ölçüm Araçları

Katılımcılara internet yoluyla ulaştırılan ölçek paketi yaş, cinsiyet, gelir ve eğitim durumuyla ilgili sorular içeren Demografik Bilgi Formu; Çocukluk Çağı Travmaları Ölçeği; Temel Kişilik Özellikleri Ölçeği; Kişilerarası Problemler Ölçeği; Kısa Semptom Envanteri; Pozitif ve Negatif Duygu Ölçeği; ve Yaşam Doyum Ölçeğinden oluşmaktadır.

2.2.1. Çocukluk Çağı Travma Ölçeği

Bernstein ve arkadaşları (1994) tarafından geliştirilen bu ölçek, çocukluk ve ergenlikte yaşanan istismar ve ihmal deneyimlerini değerlendirmek amacıyla kullanılmaktadır. 5'li Likert üzerinden puanlanan ölçek 28 maddeden oluşmaktadır. Yapılan faktör analizleri ölçeğin Fiziksel İstismar, Duygusal İstismar, Cinsel İstismar, Duygusal İhmal ve Fiziksel İhmal olmak üzere 5 alt ölçekten oluştuğunu göstermiştir. Alt ölçekler için Cronbach alpha güvenilirlik puanları .78 ile .95 arasındadır. Türkçeye Şar, Öztürk ve İkikardeş (2012) tarafından uyarlanan ölçeğin Cronbach alpha güvenilirlik puanları alt ölçekler için .71 ile .90 arasındadır.

2.2.2. Temel Kişilik Özellikleri Ölçeği

Gençöz ve Öncül (2012) tarafından geliştirilen bu ölçek, temel kişilik özelliklerinin belirlenmesi için kullanılmaktadır. 5'li Likert üzerinden puanlanan ölçek 45 maddeden oluşmaktadır. Yapılan faktör analizleri ölçeğin Deneyime Açıklık, Sorumluluk, Dışadönüklük, Uyumluluk, Duygusal Denge ve Olumsuz Değerlik olmak üzere 6 alt ölçekten oluştuğunu göstermiştir. Alt ölçekler için Cronbach alpha güvenirlik puanları .71 ile .89 arasındadır.

2.2.3. Kişilerarası Problemler Ölçeği

Horowitz ve arkadaşları (2003) tarafından geliştirilen bu ölçek, kişilerin kişilerarası ilişkilerde yaşadıkları zorlukları ortaya çıkarmak amacıyla kullanılmaktadır. 5'li Likert üzerinden puanlanan ölçek 32 maddeden oluşmaktadır. Yapılan faktör analizleri ölçeğin 8 alt ölçekten oluştuğunu göstermiştir. Alt ölçekler için Cronbach alpha güvenirlik puanları .68 ile .87 arasındadır. Türkçeye Akyunus ve Gençöz (baskıda) tarafından uyarlanan ölçeğin Cronbach alpha güvenirlik puanları alt ölçekler için .66 ile .86 arasındadır.

2.2.4. Kısa Semptom Envanteri

Derogatis (1975) tarafından geliştirilen ölçek, psikolojik semptomları ölçmek amacıyla kullanılmaktadır. 5'li Likert üzerinden puanlanan ölçek 53 maddeden oluşmaktadır. Faktör analizleri ölçeğin 9 alt ölçekten oluştuğunu göstermiştir. Alt ölçekler için Cronbach alpha güvenirlik puanları .72 ile .85 arasındadır. Türkçeye Şahin ve Durak (1994) tarafından uyarlanan ölçekte 5 alt ölçek tespit edilmiş ve alt ölçekler için Cronbach alpha güvenirlik puanları .71 ile .85 arasında bulunmuştur.

2.2.5. Pozitif ve Negatif Duygu Ölçeği

Watson, Clark ve Tellegen (1988) tarafından geliştirilen bu ölçek, katılımcılardaki genel duygusal durumu değerlendirmek amacıyla kullanılmaktadır. 5'li Likert

üzerinden puanlanan ölçek 20 maddeden oluşmaktadır. Ölçek, 10 adet olumsuz duygu ifadesi içeren Negatif Duygu, ve 10 adet olumlu duygu ifadesi içeren Pozitif Duygu adlı iki alt ölçekten oluşmaktadır. Alt ölçekler için Cronbach alpha güvenirlik puanları .85 ile .88 olarak bulunmuştur. Türkçeye Gençöz (2000) tarafından uyarlanan ölçeğin Cronbach alpha güvenirlik puanları Pozitif Duygu için .86 ve Negatif Duygu için .83 olarak tespit edilmiştir.

2.2.6. Yaşam Doyum Ölçeği

Diener ve arkadaşları (1985) tarafından geliştirilen bu ölçek, genel yaşam doyumunu değerlendirmek amacıyla kullanılmaktadır. Bu çalışmada 5'li Likert üzerinden puanlanan ölçek 5 maddeden oluşmaktadır. Ölçek 1 faktör yapısındadır. Ölçek için Cronbach alpha güvenirlik puanı .87 olarak tespit edilmiştir. Türkçeye Durak, Şenol-Durak ve Gençöz (2010) tarafından uyarlanan ölçeğin Cronbach alpha güvenirlik puanı farklı katılımcı gruplarında .81 ve .89 arasında bulunmuştur.

2.3. Prosedür

Öncelikle, ODTÜ Etik Komitesi'nden gerekli etik izni alınmış ve ardından yukarıda sözü geçen ölçek paketi katılımcılara internet üzerinden ulaştırılmıştır. Katılımcılar, önce bilgilendirme yazısını okumuşlar, ardından ise ölçeklerin bulunduğu soru setini ortalama 20 dakikada tamamlamışlardır.

2.4. Analiz

Öncelikle, demografik değişkenlere göre farklılıkları saptamak amacıyla Varyans Analizleri (ANOVA) ve Çoklu Varyans Analizleri (MANOVA) yürütülmüştür. Değişkenler arasındaki ilişkiler ise korelasyon analizleri ile incelenmiştir. Son olarak kişilik, kişilerarası sorunlar ve psikopatolojik iyili hali ile ilişkili faktörler regresyon analizleri yürütülerek incelenmiştir.

3. SONUÇLAR

3.1. Çalışmanın Değişkenlerine Dair Betimleyici Analizler

Değişkenlere dair betimleyici analizler sonucunda ortalama skorlar, standart sapma değerleri, minimum ve maksimum değerler ve Cronbach alpha puanları hesaplanmıştır. İlgili değerler Tablo 3.1’de görülebilir.

3.2. Çalışmanın Değişkenlerinin Demografi Değişkenler Açısından İncelenmesi

Çalışmanın değişkenleri iki demografik değişken (yaş ve cinsiyet) açısından incelenmiştir. Bunun için öncelikle yaş dağılımı, frekansa uygun olarak iki gruba ayrılmıştır. Anlamlı farklılık olup olmadığının görülmesi amacıyla tek puan veren değişkenler ANOVA, alt ölçekleri olan değişkenler için MANOVA yapılmıştır.

Çocukluk travmalarının toplam puanı için ANOVA uygulanmış, yaş, cinsiyet ya da etkileşim için anlamlı sonuçlar gözlenmemiştir. Öte yandan, alt ölçekler için uygulanan MANOVA’nın sonuçları, erkeklerin kadınlara göre daha çok duygusal ihmal ve fiziksel ihmal rapor ettiğini ortaya çıkarmıştır.

Kişilik özellikleri için uygulanan MANOVA sonucunda, yetişkinlerin, erken yetişkinlere nazaran daha fazla sorumluluk ve daha az olumsuz değerlik gösterdikleri ortaya çıkmıştır. Cinsiyet farklılığı olarak ise, erkeklerin kadınlara göre daha yüksek olumsuz değerliğe sahip olduğu gözlenmiştir.

Kişilerarası problemlerde, yetişkinler, erken yetişkinlere göre daha az sorun rapor etmiştir. Ayrıca, erkekler kadınlara göre daha yüksek kişilerarası sorun belirtmişlerdir.

Psikolojik iyilik halinin ölçümü için yararlanılan kısa semptom ölçümünde, erken yetişkinler tüm alt ölçeklerde (Anksiyete, Depresyon, Negatif benlik, Somatizasyon ve Saldırganlık) yetişkinlere göre daha yüksek sorun rapor etmişlerdir. Öte yandan,

psikolojik semptomlarda anlamlı bir cinsiyet farkı gözlenmemiştir. Yaşam doyumla ilgili yapılan ölçümde, yetişkinler erken yetişkinlere göre; kadınlar ise erkeklere kıyasla daha yüksek yaşam doyumunu rapor etmişlerdir. Pozitif ve negatif duygular ile ilgili yapılan ölçümlerde, erken yetişkinler yetişkinlere göre daha yüksek negatif duygu ve erkekler kadınlara göre daha yüksek pozitif duygu rapor ettikleri görülmüştür.

3.3. Çalışmanın Değişkenleri Arasındaki Korelasyon Değerleri

Korelasyon analizlerinin sonuçları ilk olarak çocukluk travmaları alt ölçekleri arasında pozitif yönde anlamlı ilişkiler olduğunu göstermektedir. Ancak, cinsel istismar alt ölçeği ve diğer alt ölçekler arasında anlamlı ilişki bulunmamıştır. Yani, cinsel istismarı dışarda tutmak kaydıyla, herhangi bir istismar ya da ihmal yaşayan çocuğun diğer istismar ve ihmal türlerini de deneyimleme ihtimalinin daha yüksek olduğu söylenebilir.

Yapılan analizler çocukluk travmalarının olumsuz benlik kişiliği özelliği ile pozitif yaşam doyumunu ile ise negatif yönde anlamlı ilişkiler gösterdiğini ortaya çıkarmıştır. Çocukluk travmalarından duygusal istismarın duygusal denge (Neuroticism) ve olumsuz değerlik ile pozitif yönde, duygusal ihmalin ise uyumluluk özelliği ile negatif yönde ilişkili olduğu gözlenmiştir.

Kişilik özellikleri arasındaki ilişkiye bakıldığında, dışadönüklüğün uyumluluk ve deneyime açıklıkla pozitif yönde, olumsuz değerlik ile ise negatif yönde bir ilişkisi olduğu görülmüştür. Olumsuz değerliğin sorumluluk ve uyumlulukla negatif yönde, duygusal denge ile ise pozitif yönde anlamlı bir ilişkisi olduğu gözlenmiştir. Bunun yanında, uyumluluk ve deneyime açıklık arasında güçlü ve pozitif bir ilişki gözlenmiştir. Dışadönüklüğün kişilerarası sorunlar ve psikolojik semptomlarla negatif yönde, ve sorumluluğun yaşam doyumuyla pozitif yönde ve psikolojik semptomlar ve olumsuz duygular ile negatif yönde anlamlı ilişkileri olduğu ortaya çıkmıştır. Bu sonuçlar, dışadönüklük ve sorumluluk özellikleri yüksek olan insanların, daha yüksek yaşam doyumunu ve daha düşük psikolojik semptom ve

olumsuz duygu gösterdiklerine işarete etmektedir. Öte yandan duygusal dengesizlik ve olumsuz değerlik özellikleri; kişilerarası sorunlar, psikolojik semptomlar ve olumsuz duygu ile pozitif yönde anlamlı ilişkiler göstermiştir. Deneyime açıklık ise kişilerarası problemlerle negatif, olumlu duygularla pozitif yönde anlamlı ilişki göstermektedir.

Kişilerarası problemler ve psikolojik iyilik hali arasındaki ilişki incelendiğinde, kişilerarası problemlerin psikolojik semptomlar ve olumsuz duygular ile pozitif yönde anlamlı ilişkisi olduğu gözlenmiştir. Bu sonuçlar, kişilerarası problemlere sahip olan insanların, aynı zamanda daha yüksek psikolojik semptom ve olumsuz duygu rapor ettiklerine işaret etmektedir.

Psikolojik iyilik hali ile ilgili ölçümlerin kendi içindeki ilişkilerine bakıldığında, psikolojik semptomların olumsuz duygularla pozitif yönde, yaşam doyumu ile ise negatif yönde ilişkisi olduğu gözlenmiştir. Bu bulgu, yüksek psikolojik semptom gösteren bireylerin aynı zamanda daha yüksek olumsuz duyguya ve daha düşük yaşam doyumuna sahip olduklarına işaret etmektedir. Yaşam doyumunun ise olumsuz duygularla negatif yönde, olumlu duygularla ise pozitif yönde ilişkili olduğu gözlenmiştir. Diğer bir deyişle, yaşam doyumu daha yüksek olan bireyler daha yüksek olumlu duygular ve daha düşük olumsuz duygular rapor etmektedirler.

3.4. Regresyon Analizleri

Kişilik özellikleri, kişilerarası sorunlar ve psikolojik iyilik halini yordayan faktörleri saptamak için farklı üç grupta regresyon analizi yürütülmüştür.

3.4.1. Kişilik Özelliklerini Yordayan Faktörler

Analiz sonuçları, ilerleyen yaşın, kadın olmanın ve çocuklukta daha az duygusal istismara maruz kalmanın daha güçlü dışadönüklük kişilik özelliğini yordadıklarını göstermiştir. Sorumluluk kişilik özelliğini, ilerleyen yaşın pozitif yönde ve duygusal ihmal deneyimlerinin negatif yönde yordadığı görülmüştür. Uyumluluk özelliğini ise,

ilerleyen yařın ve kadın olmanın pozitif ynde, duygusal ihmale maruz kalmanın ise negatif ynde yordadığı saptanmıştır. Duygusal denge özelliğini, yařın negatif ynde, duygusal istismar ve ihmalin ise pozitif ynde yordadığı belirlenmiştir. Deneyime açıklığı, duygusal istismarın negatif ynde, cinsel istismarın ise pozitif ynde yordadığı saptanmıştır. Son olarak olumsuz deęerlik özelliğini, yařın negatif ynde, erkek olmanın ve duygusal istismara maruz kalmanın pozitif ynde yordadığı gözlenmiştir.

3.4.2. Kiřilerarası Problemleri Yordayan Faktrler

Regresyon analizlerinin ikinci setinde, kiřilerarası problemleri yařın ve kadın olmanın negatif ynde, duygusal istismara maruz kalmanın ise pozitif ynde yordadığı saptanmıştır. Kiřilik özelliklerine bakıldığında, kiřilerarası problemleri duygusal denge ve olumsuz deęerliğin pozitif ynde, dışadnklk ve deneyime açıklığın ise negatif ynde yordadığı grlmřtr.

3.4.3. Psikolojik İyilik Halini Yordayan Faktrler

Regresyon analizlerinin son setinde, psikolojik semptomları ve olumsuz duyguyu ilerleyen yařın, dışadnklğn ve sorumluluğun negatif ynde, duygusal istismar, duygusal ihmal, duygusal denge, olumsuz deęerlik ve kiřilerarası problemlerin pozitif ynde yordadığı tespit edilmiştir. Öte yandan olumlu duyguyu; erkek olmanın, sorumluluğun ve deneyime açıklığın pozitif ynde, çocuklukta maruz kalınan duygusal ihmal deneyimlerinin ise negatif ynde yordadığı belirlenmiştir. Son olarak, yařam doyumunu, duygusal ihmal deneyimleri ve duygusal dengenin negatif ynde, sorumluluğun ise pozitif ynde yordadığı grlmřtr.

4. TARTIřMA

Çocuklukta yařanan travmaların, kiřilik özellikleri ile iliřkili olduęuna dair bulgular, literatrde de desteklenmektedir. Çocukluęunda her hangi bir ihmal ya da istismara uğrayan kiřilerin daha yüksek duygusal denge gsterdikleri, yapılan alıřmalarda da

ortaya çıkmıştır (Allen ve Lauterbach, 2007). Çocukluklarında duygusal istismar yaşayan kişilerin düşük benlik saygısına sahip olduğu daha önceki çalışmalarda ortaya çıkmıştır (Higgins ve McCabe, 2001). Bu bulgu, Türk kültüründe kullanılan olumsuz benlik kişilik özelliğinin, bu çalışmada duygusal istismarla pozitif yönde ilişkili çıkmasını destekler niteliktedir.

Duygusal istismarın kişilerarası problemlerle ilişkili çıktığını gösteren bulgular, duygusal travmaların sosyal anksiyete ile bağlantılı bulunduğu çalışmalar (Simon et al., 2009) ile uyumludur. Dahası, kişilik özellikleri ile kişilerarası problemlerin güçlü ilişkisi literatür tarafından desteklenmekte, ve özellikle dışadönüklük özelliğinin kişilerarası problemlerle olan negatif yönde ilişkisi diğer araştırmacılar tarafından da ortaya çıkarılmıştır (Savla et al., 2013). Dahası, deneyime açıklık ile kişilerarası problemler arasında negatif bir ilişki gözlemiştir. Deneyime açık insanların kişilerarası sorunlarla karşılaşınca farklı çözüm yollarına da açık olma ihtimallerinin bu ilişkiyi açıklayabileceği düşünülmektedir. Öte yandan duygusal denge (neuroticism) ve olumsuz değerlik ile kişilerarasında gözlemlenen pozitif yönde ilişkinin, duygusal denge konusunda sorunlu insanların kişilerarası çatışmalarda daha reaktif davranmaları (McNulty, 2008) ile ilgili olabileceği düşünülmüştür.

Son olarak, duygusal ihmal ve istismarın psikolojik semptom ve olumsuz duygularla pozitif yöndeki ve, duygusal ihmalin yaşam doyumu ve olumlu duygularla negatif yöndeki ilişkisi, çocuklukta sahip olunan duygusal anlamda destekleyici ortamın yetişkinlikteki psikolojik iyilik hali için önemini ortaya koyar niteliktedir. Bunun yanında, kişilik özelliklerinin psikolojik iyilik halinin belirleyicisi kabul edilen faktörlerle olan güçlü ilişkisi, kişilik özelliklerinin literatürde de önerildiği gibi, psikolojik sağlığın önemli bir belirleyicisi olduğuna işaret etmektedir. Sonuçlar aynı zamanda kişilerarası problemler ile psikolojik semptomlar ve olumsuz duygu arasında negatif yöndeki ilişkiyi ortaya koymuştur. Bu bulgu, kişilerarası problemler ile iyilik halinin ilişkili olduğunu gösteren çalışmalar (Akyunus ve Gençöz, baskıda; Dreu et al., 2004; Karremans et al., 2003) tarafından da desteklenir niteliktedir. Öte yanda, kişilerarası problemlerin pozitif duygu ve yaşam doyumu ile anlamlı ilişki göstermediği gözlenmiştir.

4.1. Çalışmanın Sınırlılıkları ve Güçlü Yönleri

Bu çalışmanın kesitsel bir çalışma olması ve bu nedenle neden-sonuç ilişkisine dair bir yorum yapılamaması, eşit olmayan cinsiyet ve yaş dağılımı, verinin internetten toplanması ve böylelikle internet erişimi olmayan insanlara ulaşılamaması, ve özellikle psikolojik iyilik halini ölçmede kullanılan ölçüm araçlarının katılımcının son dönemdeki iyilik halini sorgular nitelikte olması bu çalışmanın sınırlılıkları olarak değerlendirilebilir.

Bu çalışmanın temel güçlü yanı, çocukluk travmaları ve iyilik hali ilişkisinde kişilerarası sorunlara bakan nadir çalışmalardan biri olmasının yanında, bu ilişkide kişilik özelliklerinin rolünün de kontrol edilmesidir. Dahası, daha önceki çalışmaların büyük kısmının yalnızca cinsel istismarı incelediği gözlenmiş ve bu çalışmada diğer ihmal ve istismar çeşitleri de çalışmaya dahil edilmiş; çalışmanın sonucunda da duygusal travmalar ile kişilik özellikleri, kişilerarası sorunlar ve psikolojik iyilik hali arasındaki güçlü ilişki ortaya konmuştur.

4.2. Çalışmanın Katkıları ve Gelecek Çalışmalar İçin Öneriler

Dünya Sağlık Örgütüne göre tüm dünyadaki çocukların yaklaşık yarısı travmatik olaylara maruz kalmaktadır (WHO, 2002). Bu çalışmada, özellikle duygusal ihmal ve istismarın psikolojik iyilik hali ile ilişkisi ortaya çıkarılmıştır; bu da, ebeveynleri görece daha az zararlı kabul edilebilen duygusal ihmal ve istismar konusunda eğitmenin önemini göstermektedir. Bunun yanında, kişilik özellikleri ve kişilerarası sorunlar, klinik alanda çalışan uzmanların danışanın sorunları ile ilgili derin bilgi sahip olması için yararlanabileceği önemli kaynaklar olarak öne çıkmaktadır. Dahası, kişilerarası problemlerin azaltılması, danışanın getirdiği semptomla baş etmede bir araç olarak kullanılabilir.

Gelecek çalışmalarda, kişilerarası problemler daha detaylı ve alt boyutlarıyla incelenebilir. Dahası, çocukluk travmalarının yetişkinlikteki etkilerini daha güvenilir ölçmek için uzamsal çalışma yöntemi kullanılabilir.

Appendix K: Thesis Photocopying Permission Form

TEZ FOTOKOPİSİ İZİN FORMU

ENSTİTÜ

Fen Bilimleri Enstitüsü

Sosyal Bilimler Enstitüsü

Uygulamalı Matematik Enstitüsü

Enformatik Enstitüsü

Deniz Bilimleri Enstitüsü

YAZARIN

Soyadı: ÇABUK

Adı : ONUR CAN

Bölümü: PSİKOLOJİ

TEZİN ADI (İngilizce): The Roles Of Childhood Trauma, Personality Characteristics, And Interpersonal Problems On Psychological Well-Being

TEZİN TÜRÜ: Yüksek Lisans

Doktora

1. Tezimin tamamından kaynak gösterilmek şartıyla fotokopi alınabilir.

2. Tezimin içindekiler sayfası, özet, indeks sayfalarından ve/veya bir bölümünden kaynak gösterilmek şartıyla fotokopi alınabilir.

3. Tezimden bir (1) yıl süreyle fotokopi alınamaz.

TEZİN KÜTÜPHANEYE TESLİM TARİHİ: