

Relationship between Childhood Psychological Maltreatment, Resilience, Depression, and Negative Self-concept

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ABSTRACT

Objective: The purpose of this study is to investigate the mediating role of resilience in the relationships between childhood psychological maltreatment, depression and negative self-concept in adulthood.

Method: The sample included 320 adulthood living in Isparta, Turkey. Participants were 65.9% (n= 211) female, 34.1% (n= 109) male. The ages of the participants ranged between 20 and 39. The mean of ages was 24.62±3.93. Participants completed Brief Symptom Inventory, Childhood Trauma Questionnaire, and Adult Resilience Measure.

Results: Results of analysis indicated that childhood psychological maltreatment directly predicted resilience, negative self-concept and depression in adulthood. Results also showed that childhood psychological maltreatment indirectly predicted negative self-concept and depression by mediated resilience.

Conclusions: Results of the study showed that resilience has a partial mediating role in the relationship between psychological maltreatment-negative self-concept and psychological maltreatment-depression. Therefore, study results are very important on understanding the protective role of resilience in the relationship among these variables.

Key words: Psychological maltreatment, resilience, negative self-concept, depression, adulthood.

ÖZET

Çocukluk Dönemi Psikolojik İstismar, Psikolojik Sağlamlık, Depresyon ve Olumsuz Benlik Algısı Arasındaki İlişki

Amaç: Bu çalışmanın amacı çocukluk dönemi psikolojik istismar ile olumsuz benlik algısı ve depresyon arasındaki ilişkide psikolojik sağlamlığın aracı rolünü incelemektir.

Yöntem: Araştırmanın çalışma grubu Isparta'da yaşayan 320 yetişkinden oluşmaktadır. Katılımcıların %65,9'u (n= 211) kadın, %34,1'i (n= 109) erkektir. Yaşları 20 ile 39 arasında değişen katılımcıların, yaş ortalaması 24,62±3,93'tür. Katılımcılara Yetişkin Psikolojik Sağlamlık Ölçeği, Kısa Semptomlar Envanteri ve Çocukluk Çağı Travma Ölçeği veri toplama araçları olarak uygulanmıştır.

Bulgular: Çocukluk dönemindeki psikolojik istismarın yetişkinlikte depresyon, olumsuz benlik algısı ve psikolojik sağlamlığı doğrudan öngördüğü bulunmuştur. Ayrıca analiz sonuçları incelendiğinde, çocukluk dönemindeki psikolojik istismarın psikolojik sağlamlık aracılığıyla olumsuz benlik algısı ve depresyonu dolaylı olarak öngördüğü bulunmuştur.

Sonuç: Psikolojik sağlamlığın, çocukluk dönemindeki psikolojik istismar ile depresyon ve olumsuz benlik algısı arasındaki ilişkide kısmi aracı bir role sahip olduğunu gösterilmiştir. Bu nedenle araştırma sonuçları, bu değişkenler arasındaki ilişkide psikolojik sağlamlığın koruyucu rolünün anlaşılmasında önemli bir yer edinmektedir.

Anahtar sözcükler: Psikolojik istismar, psikolojik sağlamlık, olumsuz benlik algısı, depresyon, yetişkinlik.

INTRODUCTION

In today's world, individuals have faced with a lot of significant changes which are inevitable parts of being human such as war, poverty, natural disaster that have important impacts on life of individual.¹ Childhood risk or adversity have especially a critical role on individual's psychological development and adjustment.^{1,2} But some people can successfully cope with these risks, and these people are generally defined as resilient individuals. Resilience that has been stated in the social science is one of the important concepts of positive psychology to focus on strengths of the individual, positive life experiences, affect, and individual characteristics.^{3,4} It is widely accepted as a positive adaptation process,^{5,6} capacity of to bounce back⁷ despite risk or adversity, capability of the coping with trauma⁸ and continuing a stable equilibrium.⁹ One of the most important themes in resilience processes is the risk or adversity.¹⁰ Psychological maltreatment, one of the most general forms of child abuse and neglect, has been accepted as a risk factor on resilience.¹¹ Psychological maltreatment is a case that have many negative impacts on individual's development and health in both childhood and adulthood.¹² It is widely accepted that psychological maltreatment is the acts of child's parents to include significant psychological harm to the child,¹³ and the failure of a caregiver to provide an appropriate environment for child's psychological health and development, and developmentally inappropriate interactions with child.¹⁴

A growing body of research has revealed the relationship between resilience and psychological maltreatment,^{15,16} and childhood psychological maltreatment has been accepted as the risk factors for resilience.^{6,11} Individuals, for adulthood, learn the regulation of emotion and behaviors, form harmonious and positive self and maintain relations with other people in their childhood. Also the contribution of the child's parents to achieve successfully these developmental tasks is quite high.¹⁷ Therefore, psychological maltreatment in childhood reduce the resilience, and causes some psychological difficulties including depression, anxiety, and post-traumatic stress disorder in adulthood.¹² As a result, psychological maltreatment plays a key role in both resilience processes and mental health of individual.

Psychological maltreatment is not only a short-term crisis in a child's life but also may increase a child's vulnerability in adulthood.¹⁸ A growing number of research has pointed out the relationship between childhood psychological maltreatment and psychological problems in adulthood,¹⁹⁻²¹ and indicated that individuals who were exposed to abuse in childhood have more negative assessments about self.²²⁻²⁵ In the oth-

er words, childhood psychological maltreatment negatively affects development of self-concept, and may be the reason of depression.^{26,27} Furthermore, some research results showed that psychological maltreatment predicted depression more than other abuse forms in adulthood.²⁸ For example, Özen et al. stated that psychological maltreatment in childhood caused the negative sense of self and depression in young adulthood.²⁵ Stein et al. indicated the mediating role of self-esteem in relationship between childhood psychological maltreatment and depression.²⁹ In conclusion, research have revealed that childhood psychological maltreatment is an important predictor of depression and negative self-concept in adulthood.

In contrast to the positive relationship between psychological maltreatment, depression and negative self-concept,^{17,23-25} one of the factors that may have protective role on individuals' psychological health is resilience when they face with risk or adversity. A growing amount of research has pointed out that individuals who have a high level of resilience in spite of negative life experiences have a more positive sense of self^{5,26,30} and less psychological problems.^{9,31,32} Therefore, it can be said that resilience is a significant protective factor on individuals' psychological health after adversity.³³ Seok et al. noticed that patients with major depression had less level of resilience when compared with non-patient group.³⁴ Wingo et al. stated that childhood psychological maltreatment contributed to depressive symptom severity while resilience mitigated it.³⁵ As a result, it can be said that resilience has a protective role on psychological health when individuals face with risk or adversity.

In summary, the purpose of the current study is to provide a better understanding of the mechanism on which childhood psychological maltreatment may negatively impact individuals' life, by examining the role of resilience in the development of depression and negative self-concept. In other words, the purpose of this study is to examine the mediating role of resilience in the relationship between childhood psychological maltreatment-depression and psychological maltreatment-negative self-concept (Figure 1).

METHOD

Participants

Data was collected the individuals attending pedagogical training certification program in Faculty of Education, Suleyman Demirel University. The participants were informed about the research before the beginning of the data collection process. Then measures were applied to individuals who agreed to participate in the study.

All participants presented a consent at the beginning of the measure forms in which they were informed about the purpose of the study and ensured that their answers were only used anonymously for research purposes on voluntary based. The study was also approved by the Ethics Committee of author's institution.

Measures

Psychological maltreatment: Emotional abuse subscale of Childhood Trauma Questionnaire (CTQ) was used to determine childhood psychological maltreatment. Vedat et al. examined psychometric characteristics of CTQ for Turkish population.³⁶ The emotional abuse subscale is used to assess overall perception of psychological maltreatment as a child. The subscale of psychological maltreatment consists of 5 items rated on a 5 point Likert scale from 'never true' to 'very often true'. The internal consistency coefficient for CTQ and subscale of psychological maltreatment were .93 and .90. In this study, the internal consistency coefficient for subscale of psychological maltreatment was .89.

Resilience: Resilience was determined by using Adult Resilience Measure (ARM). The ARM which was originally designed for child and youth as Child and Youth Resilience Measure. Then the measure has been adapted as Adult Resilience Measure is generally used for individuals aged 23 and older.^{37,38} Research have indicated that Turkish version of Adult Resilience Measure has good psychometric properties and a high level of reliability and validity in adults who aged 21 and older.^{39,40} The Cronbach alpha coefficient of ARM was .94. The internal consistency coefficient for four factors ranged .82 to .86.⁴⁰ In this study, the internal consistency coefficient for ARM was .92.

Depression and negative self-concept: Brief Symptom Inventory (BSI) was used to determine depression and negative self-concept. The number of items for two subscales consists of 24 items. The Cronbach alpha coefficient of BSI was .96. Items are also pointed on a 5-point scale. The internal consistency coefficient for five factors ranged .69 to .87.⁴¹ In present study, the Cronbach alpha of negative self-concept and depression subscale was .86 and .88 and this result showed good internal consistency for the BSI.

Procedure

After data collection, assumptions were checked. Normality assumption was checked and the skewness and kurtosis values were found in an acceptable range for a normal distribution. Then missing values and outliers were checked, and seven outliers were excluded from the study analysis. Finally it was seen that the relationship between variables were linear. The analyses were

made by two-step. Initially, Pearson correlation analysis examined the relationship among all variables with SPSS 21. Then, structural equation modeling (SEM) was used to test the hypothesized mediation model that specified the relationship among variables by AMOS 22. Depression and negative self-concept were represented as having two parcels using the items of the BSI. Item parceling was also used to define childhood psychological maltreatment latent constructs, with two parcels. Resilience was defined by using subscales; relational resources, individual resources, contextual and cultural resources, family resources. The goodness of model fit indexes was assessed by using the Chi-Squared statistics (χ^2 and χ^2/df), RMSEA (Root Mean Square Error of Approximation) and SRMR (Standardized Root Mean Square), GFI (Goodness of Fit Index), CFI (Comparative Fit Index), NFI (Normed Fit Index) and RFI (Relative Fit Index). A low χ^2 and non-significance are desirable, and χ^2/df less than 3 is considered a perfect fit, less than or equal 5 is indicated as acceptable fit. Also CFI, TLI, GFI, NFI, RFI of .90 or higher indicate good fit. RMSEA and SRMR of less than .05 are considered a close fit, and less than .08 indicates a good fit.^{42,43}

RESULTS

Descriptive statistics and correlations

The results of analysis were presented in two steps. In the first step, the means, standard deviations, and correlations for psychological maltreatment, resilience, depression and negative self-concept were reported. In the second, the results of the structural model were presented. Mean and standard deviation scores were also calculated. The descriptive and correlation results regarding variables were presented in Table 1.

Table 1. Descriptive statistics of demographic variables

Variables		f	%
Gender	Female	211	65.9
	Male	109	34.1
Age	20-30	279	87.2
	31-39	41	12.8
Socioeconomic statuses	Low	140	43.8
	Middle/High	180	56.3
Marital status	Married	75	23.4
	Unmarried	245	76.6
Education statuses	Bachelor	296	92.5
	Master's degree/Doctorate degree	24	7.5

Table 2. Descriptive statistics of latent and observed variables

Variables		\bar{X}	SD
Depression	Parcel-1	7.362	4.798
	Parcel-2	8.006	5.175
	Total	15.368	9.565
Resilience	Relational resources	24.331	3.929
	Individual resources	21.596	2.863
	Total	87.484	11.874
Negative self-concept	Parcel-1	6.215	6.123
	Parcel-2	5.790	3.927
	Total	12.006	9.207
Psychological maltreatment	Parcel-1	4.487	2.486
	Parcel-2	2.556	1.377
	Total	7.043	3.587

Descriptive statistics indicated that sample consisted of 320 adults (34.1 % of male and 65.9% of female) living in Isparta, Turkey. Participants' age ranged from 20 to 39 years with a mean of 24.62 ($SD = 3.93$) for total samples. Findings from correlation analysis also showed that childhood psychological maltreatment was positively correlated with depression and negative self-concept while negatively correlated with resilience in adulthood. Furthermore, results showed that there were negative correlation between resilience, negative self-concept and depression in adulthood.

Test of the Structural Model

A test of the structural model resulted in acceptable fit to the data [$\chi^2/df = 2.56$; $p < 0.001$; GFI= 0.96; NFI= 0.96; IFI= 0.97; CFI= 0.97; RMSEA= 0.070; SRMR= 0.047]. The chi square of value was significant ($\chi^2 = 71.904$, $df = 28$, $p = .00$) and χ^2/df was 2.56. The root mean square error of approximation was 0.070 (90 % CI for RMSEA = 0.050-0.090), the standardized root mean square residual was 0.047. GFI, CFI, NFI and IFI values were found as 0.95 and above. Standardized estimates regarding to structural model were presented in Figure 2.

Table 3. Bivariate correlations among variables

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.
1.RES	1	-.365**	-.390**	-.432**	.864**	.730**	.761**	.794**	-.390**	-.358**	-.476**	-.270**	-.364**	-.294**
2.PM		1	.383**	.469**	-.329**	-.098	-.255**	-.421**	.378**	.358**	.508**	.309**	.962**	.869**
3.DEP			1	.740**	-.411**	-.201**	-.228**	-.368**	.956**	.962**	.726**	.604**	.370**	.332**
4.SELF				1	-.431**	-.263**	-.249**	-.407**	.721**	.699**	.948**	.867**	.432**	.443**
5.RES1					1	.637**	.503**	.596**	-.415**	-.375**	-.452**	-.307**	-.339**	-.247**
6.RES2						1	.379**	.426**	-.208**	-.179**	-.282**	-.177**	-.108	-.060
7.RES3							1	.441**	-.248**	-.192**	-.295**	-.124*	-.236**	-.237**
8.RES4								1	-.341**	-.365**	-.455**	-.243**	-.422**	-.336**
9.DP1									1	.839**	.717**	.574**	.365**	.326**
10.DP2										1	.676**	.583**	.344**	.311**
11.SLF1											1	.662**	.465**	.482**
12.SLF2												1	.288**	.286**
13.PM1													1	.700**
14.PM2														1

Note: N= 320, ** $p < .001$, RES Resilience; PM Psychological maltreatment; DEP Depression; SELF Negative self-concept; PM1, PM2; DP1, DP2, SLF1 and SLF2 Parcels for Psychological maltreatment, Depression and Negative self-concept; RES1 Relational resources; RES2 Individual resources; RES3 Contextual and cultural resources and RES4 Family resources.

Results of the structural model indicated that childhood psychological maltreatment negatively predicted resilience ($\beta = -0.50, p < 0.001$). Furthermore, psychological maltreatment positively predicted negative self-concept ($\beta = 0.39, p < 0.001$) and depression ($\beta = 0.25, p < 0.001$). Results also showed that resilience negatively predicted negative self-concept ($\beta = -0.39, p < 0.001$) and depression ($\beta = -0.38, p < 0.001$). In addition to these results, structural model results indicated that childhood psychological maltreatment indirectly predicted negative self-concept ($\beta = 0.20$) and depression ($\beta = 0.19$) via resilience.

Table 4. Standardized indirect and total effects

Structural Model	Indirect effect	Total effect
Psychological maltreatment ---> Resilience	-	-.502**
Psychological maltreatment ---> Depression	.190**	.441**
Psychological maltreatment ---> Negative self-concept	.197**	.587**
Resilience ---> Depression	-	-.378**
Resilience ---> Negative self-concept	-	-.392**

Note. ** $p < .001$.

This model accounted for 25 % of the variance in resilience, 46 % in negative self-concept, and 30 % in depression. These results supported the structural model, indicating that model demonstrating the effects of psychological maltreatment on negative self-concept and depression via resilience (see Fig. 2). In terms of the relationship between psychological maltreatment-negative self-concept and psychological maltreatment-depression, the mediator role of resilience, however, was not as large, which indicated a partial mediation.

DISCUSSION

The purpose of present study was to examine the mediating role of resilience in relationship between childhood psychological maltreatment-depression and childhood psychological maltreatment-negative self-concept in adulthood. Results of this study indicated that childhood psychological maltreatment negatively correlated with resilience while positively correlated with negative self-concept and depression in adulthood. Results also showed that resilience had a partial mediating role in relationship between childhood psychological maltreatment-depression and childhood psychological maltreatment-negative self-concept. In other words, resilience had a partial mediation role in

relationship between psychological maltreatment and negative self-concept and depression in adulthood.

In this study, result of analysis as consistent with previous research indicated that childhood psychological maltreatment positively predicted depression^{19-21,26-28} and negative self-concept.²²⁻²⁵ Furthermore, the negative relationship between psychological maltreatment and resilience^{6,11,15} was found. Negative life experiences or stress is one of the main sources in psychological problems.⁴⁴ Therefore, stressors may cause cognitive, emotional and behavioral difficulties in individuals' life.⁴⁵ Psychological maltreatment, one of the significant sources of stress, is a risk factor for resilience,^{11,6} and correlated with well-being of individuals.^{46,47} Individuals who were exposed to psychological maltreatment in childhood may have more psychological problem in adulthood.^{48,49} For example, Miller-Perrin and Perrin stated that these individuals had more psychological problems such as depression, anxiety, and negative self-concept in adulthood.²⁴ Likewise, Özen et al. noticed that that these individuals had more negative assessment about themselves and depression in young adulthood.²⁵ In summary, childhood psychological maltreatment may lead to high level of depression and negative self-concept, and low level of resilience in adulthood.

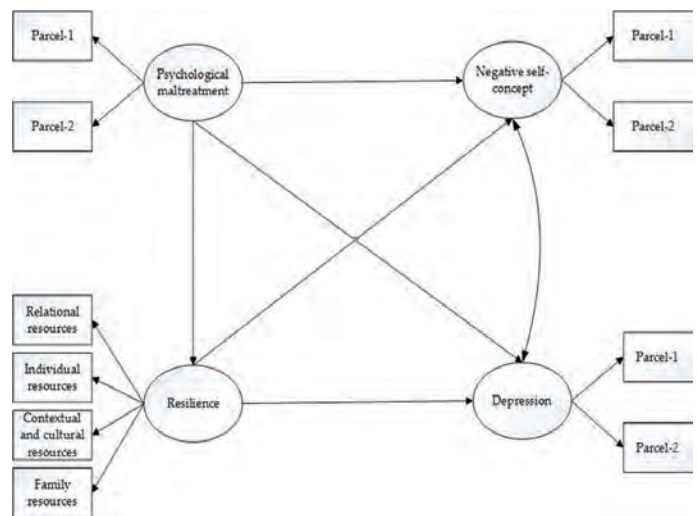


Figure 1. The proposed model concerning the relationships between variables.

Results regarding to main hypothesis of this study showed that resilience had a partial mediation role in relationship between childhood psychological maltreatment-depression and childhood psychological maltreatment-negative self-concept. This finding is consistent with previous research indicating that resilience has a protective factor for depression,^{9,31,32} and negative self-concept in individuals who were exposed to adversity.^{5,26,49} Individuals may face with many unexpected negative life experiences throughout their life.

Thus, the ability to cope with negative life experiences⁵ is crucial for individuals' mental health. When individuals face with adversity or risk, some family, social and individual factors help them cope with risk. Gizir stated that resilience includes some individuals (e.g. self-esteem, self-efficacy, and problem solving skills), family (e.g. positive relationships with family members, supportive parents) and social (e.g. peer support) protective factors, and these factors help the individual cope with negative life experiences.¹¹ Powers et al. reported that peer/friend support was an important protective factor for women when they faced with adversity.²⁸ Seok et al. noticed that patients with major depression had less level of resilience when compared with non-patient group.³⁴ Wingo et al. stated that childhood abuse contributed to depressive symptom severity while resilience mitigated it.³⁵ Therefore, it can be said that resilience is a significant protective factor on individuals' psychological health after adversity.³³ In summary, results indicated that resilience might have a protective role on depression and negative self-concept when individuals were exposed to psychological maltreatment.

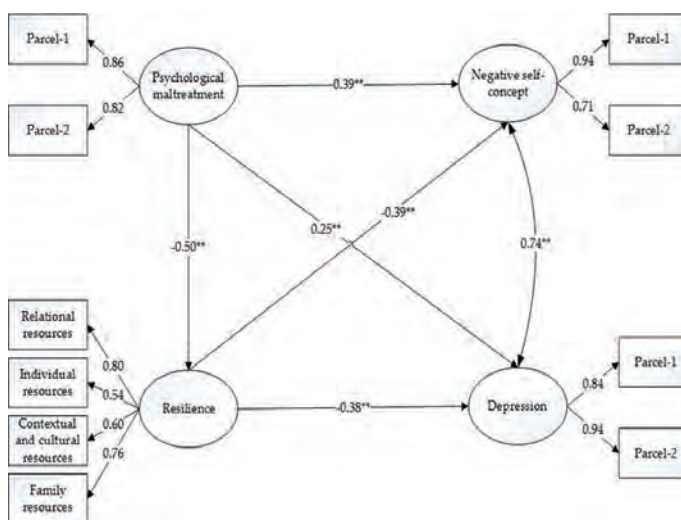


Figure 2. Standardized parameter estimates of the structural model demonstrating the effects of psychological maltreatment on negative self-concept and depression via resilience.

Note: N=320, ** All paths are significant at <math><0.001</math>

Results showed that resilience had a partial mediating role in relation psychological maltreatment-negative self-concept and psychological maltreatment-depression. Therefore, study results are very important on understanding the protective role resilience in the relationship among these variables. The results of this study are also very important for the literature supporting that improving protective factors against the negative life experiences. Based on the present results,

intervention programs on resilience can be developed for helping adults who were exposed to psychological maltreatment in childhood.

This study also offers a theoretical framework and empirical assessment to examine the effect childhood psychological maltreatment on resilience, depression and negative self-concept. The results of this study should be, therefore, evaluated within the context of some limitations. First, this research is based on quantitative data. Therefore, in terms of getting a more detailed picture of relationships between variables, both qualitative and quantitative methods may be used together in the future studies. Second, in this study, participants consist of adults and sample is in Isparta, Turkey. The sample may be, therefore, assessed as a restriction for generalizability of the study's findings. Future studies may be carried out in different development stages, perhaps with different culture. Third, in this study, the relationship between resilience, depression and negative self-concept with only psychological maltreatment were searched. In the future studies, the other child abuse forms can be included and tested for new models. Finally, this study was designed as cross sectional. For investigating long term impacts of psychological maltreatment, longitudinal studies may be carried out.

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