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THE RELATIONSHIPS BETWEEN CHILDHOOD TRAUMATIC EXPERIENCES, MARITAL SELF-EFFICACY AND RELATIONAL RESILIENCE: THE MEDIATING ROLE OF ATTACHMENT TYPES

Abstract

The present study aims to investigate the mediating role of attachment types in the relationships between childhood traumatic experiences, marital self-efficacy and relational resilience. The study group consists of 531 married individuals. “Childhood Trauma Questionnaire”, “Marital Self-Efficacy Scale”, “Relational Resilience Scale” and “Experiences in Close Relationships-Revised” were employed to collect the data. Structural Equation Modeling was used to analyze the data. As a result of the research, the avoidant and anxious attachment types were found to have a partial intermediary effect between marital self-efficacy and childhood traumatic experiences. The avoidant attachment type displays a partial intermediary role between the childhood traumatic experiences and relational resilience. The anxious attachment type does not have an intermediary effect between relational resilience and childhood traumatic experiences.

Keywords: Trauma, Marital self-efficacy, Relational resilience, Attachment types, Structural equation analysis.

ÇOCUKLUK DÖNEMİ ÖRSELENME YAŞANTILARI, EVLİLİKTE ÖZ YETKİNLİK VE İLİŞKİSEL YILMAZLIK ARASINDAKİ İLİŞKİLER: BAĞLANMA STİLLERİNİN ARACI ROLÜ

Öz

Araştırmanın amacı, evli bireylerde çocukluk dönemi örselenme yaşantıları, evlilikte öz yetkinlik ve ilişkisel yılmazlık arasındaki ilişkide bağlanma stillerinin aracı rolünü incelemektir. Araştırmanın çalışma grubunu 531 evli birey oluşturmuştur. “Çocukluk Örselenme Yaşantıları Ölçeği”, “Evlilikte Öz Yetkinlik Ölçeği”, “İlişkisel Yılmazlık Ölçeği” ve “Yakın İlişkilerde Yaşantılar Envanteri II” kullanılmıştır. Verilerin analizinde Yapısal Eşitlik Modeli kullanılmıştır. Araştırmanın sonucunda, kaçınmacı ve kaygılı bağlanma stillerinin evlilikte öz yetkinlik ile çocukluk dönemi örselenme yaşantıları arasında kısmi aracılık etkisi gösterdiği bulunmuştur. Kaçınmacı bağlanma stiline, çocukluk dönemi örselenme yaşantıları ve ilişkisel yılmazlık arasında kısmi aracı rolünün olduğu bulunmuştur. Kaygılı bağlanma stiline, çocukluk dönemi örselenme yaşantıları ile ilişkisel yılmazlık arasında aracılık etkisini göstermediği bulunmuştur.

Anahtar kelimeler: Örselenme, Evlilikte öz yetkinlik, İlişkisel yılmazlık, Bağlanma stilleri, Yapısal eşitlik modellemesi

INTRODUCTION

Marriage is a crucial institution with emotional, social, biological and economic consequences for the lives of humans. Through marriage, individuals seek to meet their need to be loved and admired, live in a safe setting, satisfy their sexual needs (Gladding, 2013) and legally secure their individual and social rights such as inheritance (Baş& Cengiz, 2018). Thus, marital studies are of particular importance. In this regard, there are interesting studies pertaining to issues such as conjugal quality, satisfaction and harmony (Erbek et al., 2005). When the literature is examined, it has been observed that the concepts of "resilience" and "self-efficacy" are also associated with romantic relationships and marriage (Aydoğan & Özbay, 2015; Cihan Güngör, 2007; Cihan Güngör & Özbay, 2008). Self-efficacy and resilience in marriage are thought to be protective factors for establishing and maintaining healthy relationships.

The available literature investigates resilience both as a personality trait and as a phenomenon in the context of couples and families. Venter & Snyders (2009) define resilience as a skill of partners to overcome any unfavorable circumstances. It is considered a part of risk and protective factors for couple and family resilience (Aydoğan & Özbay, 2015). Couples and families may face situations involving risk factors such as traumatic experiences, economic crisis or a chronic disease (Aydoğan, 2014). It is relatively easier to overcome unfavorable circumstances for couples and families with protective factors such as optimism (Peterson, 2000), secure attachment (Masten et al., 1999) and effective problem-solving skills (Luthar, 1991).

Self-efficacy is another concept considered among the internal protective factors of resilience (Terzi, 2008). The literature reports that individuals with high levels of self-efficacy recuperate more quickly in the face of challenges. In social learning theory, self-efficacy is defined as an individual's self-perception of successful performance in a specific field (Bandura, 1997). In conjugal life, on the other hand, self-efficacy is referred to as the belief of possessing all the qualities required to build and sustain a successful marriage. These qualities include conflict resolution, problem-solving and effective communication (Cihan Güngör & Özbay, 2008). Hence, individuals with high levels of resilience and self-efficacy should normally be able to successfully solve their problems, overcome stressful conditions and have high self-efficacy toward marriage (Conger et al., 2000).

Such issues involve not only spouses but also children. Childhood experiences with positive parental behaviors positively contribute to one's mental development, while individuals lacking such behaviors are adversely affected in terms of mental development (Kalkan & Yalçın, 2012).

Negative parental attitude toward children could be explained in the context of negligent and abusive behaviors. Researchers define, abuse as any behavior inhibiting physical and psychosocial development of children (Can et al., 2009). The World Health Organization (2014) defines, abuse as "behaviors that adversely affects a child's health, social and physical development, performed either intentionally or unintentionally by any adult, society or country". Child abuse manifests itself in physical, emotional and sexual forms. Experiences of physical and emotional neglect represent another unfavorable situation that children suffer along with abuse (Yargıç et al., 2012). Child abuse and neglect involve behaviors by child-caring adults that inflict harm on children, result in arrested and retarded child development and adversely affect their well-being (Yılmaz Irmak, 2008). In families experiencing abuse, family-child relationships suffer serious damage, while the child's self-confidence as well as trust in the family are harmed (Akbaş, 2001). Furthermore, this undermines the self-perception of individuals, who are likely to experience self-esteem problems in interpersonal relations (Durmuşoğlu & Doğru, 2006).

Secure attachment and a supportive relationship during childhood help individuals more quickly recover from the impacts of an unfavorable situation. A child feeling loved and supported is normally more optimistic in the face of challenges. The presence of a reliable figure in the family is believed to increase recovery and resilience. Werner (1989) defines "resilience" as successful adaptation to new conditions after exposure to stressful and hard life experiences. It is an improvable characteristic of individuals who have high levels of progress in the face of challenges despite stressful experiences (Gürgen, 2006). Individuals recover their psychological health in the aftermath of stressful and risky experiences (Masten & Reed, 2002) are reported to depend on their own resources (Kaner & Bayraklı, 2010) and successfully survive thanks to their positive traits, meaning that they are "intact" individuals in psychological terms (Özer & Deniz, 2014). Masten et al. (1999) state that resilient individuals, despite undergoing a traumatic experience like child abuse, can cope with stress and can be securely and healthily attached. In addition, Whisman (2006) remarks that people exposed to parental abuse in childhood engage in negative relations with their partners and in case of a traumatic history for both spouses the marital quality tends to be much lower. Individuals facing negative behaviors during childhood are later attached insecurely and are unable to cope with stressful situations (Eken, 2010). Thus, insecurely attached children are more likely to have lower self-

efficacy toward problem-solving and in their marital lives. Fincham and Bradbury (1989; as cited in Cihan Güngör, 2007) underline that high levels of relational self-efficacy is associated with conflict resolution in marriage.

As a matter of fact, secure attachment is one of the protective factoring impacting upon resilience. Examining the relationship between resilience, emotional regulation and attachment types among adults, Axford (2007) concluded that secure attachment is a protective factor for resilience. The author reported a negative relationship between anxious-avoidant and resilience.

Individuals with childhood abuse experiences are unable to safely attach to others (Hildyard & Wolfe, 2002). In this sense, attachment refers to the mutual emotional bonding between two individuals (Yörükan, 2011). Attachment is a vital need for individuals to be able to socially exist and trust others (Kesebir, 2011). Infants develop relationships with their primary caregivers; and the bonds they form during the first three years of their lives (Bowlby, 2012), lay the foundations of their relationships in later years (Shorey & Snyder, 2006). While mothers are the principal attachment figure during childhood, this figure is replaced by peers or spouses in adulthood (Çakır, 2008). Infant attachment is unidirectional; the toddler is in search of a safe haven, while adults attach to one another bidirectionally. Thus, every partner is both a caregiver and a caretaker (Hazan & Shaver, 1994).

Studies report that individuals exposed to abuse or neglect during childhood years usually suffer from attachment disorders in adulthood (Perry et al., 1998). When his needs are not met by his parents, a child develops low self-perception, which is accompanied by the perception of “rebuffing and unreliable” toward others (Kaya, 2010). As a result of the bonds they form with their parents, young children develop schemas pertaining to their adulthood relations. These schemas in turn create behavioral patterns as to whether the individual should trust others (Bartholomew & Horowitz, 1991).

Applying Ainsworth's attachment types to adulthood, Hazan and Shaver (1987) classified attachment under three categories, i.e. secure, anxious-ambivalent and anxious-avoidant. Accordingly, securely attached individuals are sociable people who do not avoid social contact. Individuals with anxious-ambivalent attachment types have low levels of self-esteem and are unwilling to establish relationships due to fear of abandonment. People with anxious-avoidant attachment types on the other hand, repress themselves socially, develop a disliking for group interactions and refuse to enter into relations in such setting (Cooper et al., 1998). On the other hand Bartholomew and Horowitz (1991), drawing upon Bowlby's model defined a total of four negative and positive attachment types depending on one's evaluation of himself and others. These four categories involve individuals with secure, preoccupied, dismissing and fearful attachment.

Research in the literature under study reports that there exists a significant relationship between fearful attachment and abuse (Zerenoglu, 2011); individuals exposed to traumatic experiences in childhood years exhibit rather more dismissing attachment type during adulthood and such individuals feel insecure and unhappy in their relations with the opposite gender, with low levels of relational efficacy (Taner & Gökler, 2004); experience relational stress in their marital relationships (Ngyuen et al., 2016); have negative perceptions in intimate relationships; victims of abuse are more likely to abandon their partners, have low levels of marital functionality and close themselves to interaction (Colman & Widom, 2004). Furthermore, it is also noted that sexual abuse and insufficient parental care are linked to romantic relationships in

adulthood (Yılmaz Irmak, 2008). The literature also underlines that people with childhood abuse experiences tend to avoid close relations in adulthood, fail more in their relations, which negatively affects social and relational dynamics (Colman & Widom, 2004).

The available literature contains several studies about the impact of childhood traumatic experiences upon conjugal life (Colman & Widom, 2004; Nguyen et al., 2016; Whisman, 2006). Yet, our literature review revealed no studies on the impact of childhood traumatic experiences in marital self-efficacy and relational resilience. In addition, it is noteworthy that there are few studies on relational resilience in the literature. For this reason, the study is thought to be important in terms of evaluating relational resilience, examining the risk factors (traumatic experiences and insecure attachment styles) affecting relational resilience and providing information about the marital experiences of individuals with these risk factors. It is thought that the research will contribute to the literature on this subject as well.

In addition, it is thought that the fact that the study was conducted on couples will contribute to researchers who work in the field of family and couple counseling both in the theoretical dimension and in the field of application.

Given the above literature review, there are potentially significant relationships among the variables of childhood traumatic experiences, marital self-efficacy, relational resilience and attachment types. It is believed that childhood traumatic experiences would predict marital self-efficacy and relational resilience at a significant level; traumatic experiences would significantly predict attachment types, which would in turn significantly predict relational resilience and marital self-efficacy. Consequently, we created a model for examining the intermediary role of attachment types in the relationships between childhood traumatic experiences, marital self-efficacy and relational resilience of married individuals.

Figure 1. Mediating role of attachment types in the relationship between childhood traumatic experiences, marital self-efficacy and relational resilience of married individuals

METHOD

Research Design

This research is a descriptive research. In the study, the mediating role of attachment types in the relationship between childhood traumatic experiences, marital self-efficacy and relational resilience was analyzed.

Participants

The study was conducted on a total of 531 married individuals. 59.1% of the participants are women (n = 314); 40.9% of them are male (n = 217). Also, 2.8% of the participants are in the 19-25 age range (n = 15, $\bar{x}$ =22); 20.5% of them are in the 26-30 age range (n = 109, $\bar{x}$ =28); 19.0% of them are between the ages of 31-35 (n = 101, $\bar{x}$ =33); 16.4% of them are in the age range of 36-40 (n = 87, $\bar{x}$ =38) and 41.2% of them are in the age range of 41 and over (n = 219, $\bar{x}$ =51). Snowball and purposive sampling methods were employed to select the participant group. A history of traumatic experiences was specified as a criterion for married individuals. While setting this criterion, we included only the participants who answered at least one item on the "Childhood Trauma Questionnaire".

Instruments

"Childhood Trauma Questionnaire", "Marital Self-Efficacy Scale", Relational Resilience Scale" and "Experiences in Close Relationships-Revised" were used in the study. In addition, within the scope of this study, the validity studies of the scales were re-performed with Confirmatory Factor Analysis and reliability studies with Cronbach Alpha coefficient.

Childhood Trauma Questionnaire: Childhood Trauma Questionnaire was developed by Bernstein et al. (1994; cited in Aslan & Alparslan, 1999) to assess pre-adolescent traumatic experiences. It was adapted to Turkish by Aslan and Alparslan (1999). It is a five-point Likert-type scale consisting of 40 items. This scale has three sub-dimensions which are physical abuse, emotional abuse and neglect, and sexual abuse. Construct validity and factor analysis were tested for the scale's validity. Cronbach's Alpha coefficient was found to be .96 for the overall reliability of the scale and between .94 and .96 for the subscales. Split half reliability, on the other hand, was found to be .96 (Aslan & Alparslan 1999).

As part of the research, the scale was subjected to validity and reliability analysis. Construct validity of the scale was analyzed using the Confirmatory Factor Analysis (CFA). The analysis revealed the following fit indices for the model: χ^2/sd = 3.31, RMSEA= .07, CFI=.85 and GFI=.82. The obtained values on the scale are at acceptable levels. As part of the reliability analysis of the scale, item 23 was removed, yielding a Cronbach's Alpha coefficient of .87 for the sub-dimension of "Physical Abuse", .91 for the sub-dimension of "Emotional Abuse and Neglect", and .81 for the sub-dimension of "Sexual Abuse".

Marital Self-Efficacy Scale: This scale was developed by Cihan Güngör and Özbay (2008). It is a five-point Likert-type scale consisting of 33 items, and contains two sub-dimensions which are "Relationship with the spouse" and "Relationship with close others". The scale was subjected to validity and reliability analyses, first of which involved a factor analysis for construct validity. For the reliability analysis of the scale, the Cronbach's Alpha coefficient was found to be .96 for the sub-dimension of "relationship with the spouse", .94 for the sub-dimension of "relationship with close others"; and .96 for the overall scale. Item-total correlations of the scale were found to be between .52 and .77 (Cihan Güngör & Özbay, 2008).

As part of this study, this scale was also tested in terms of validity and reliability. Construct validity of the scale was analyzed using the Confirmatory Factor Analysis (CFA), which resulted in the removal of 1 item, thus, performing the analysis through 32 items. The scale has the following fit indices: χ^2/sd = 4.46, RMSEA= .08 CFI=.82 and GFI=.77. The obtained values vary from acceptable levels, which was arguably because the sub-dimensions of

the scale were not included in the research, but were incorporated only on the basis of total score and a single dimension. As part of the scale's reliability analysis, the Cronbach's Alpha coefficient was found to be .93.

Relational Resilience Scale: The Relational Resilience Scale was developed by Aydoğan (2014). It is a seven-point Likert-type scale consisting of 27 items, and has four sub-dimensions, i.e. relational actor, partner, relationship and relational morale. The reliability analysis of the scale was performed together with the factor analysis. The Cronbach's Alpha coefficient was taken into consideration for its reliability. The value was found to be .96 for the overall scale, .93 for the sub-dimension of relational actor, .90 for the sub-dimension of partner, .95 for the sub-dimension of relationship, and .86 for the sub-dimension of relational morale.

This scale was likewise subjected to validity and reliability analyses. Construct validity of the scale was analyzed using the Confirmatory Factor Analysis (CFA). Hence, the scale consisting of 27 items was analyzed under a single dimension to calculate the fit indices. The analysis revealed the following fit indices for the model: $\chi^2/sd= 2.79$, RMSEA= .06, CFI=.96 and GFI=.90. The obtained values on the scale are at acceptable levels. As part of the reliability analysis of the scale, the Cronbach's Alpha coefficient was calculated to be .96.

Experiences in Close Relationships-Revised: Developed by Fraley and Shaver (2000) in order to measure the degree of adult attachment, this scale was subjected to validity and reliability analysis in the Turkish context by Selçuk et al. (2005). It is a seven-point Likert-type scale consisting of 36 items and has two dimensions (anxious and avoidant). A factor analysis was performed for the validity of the scale. Determined for the reliability analysis of the scale, the Cronbach's Alpha coefficient was calculated to be .90 for the sub-dimension of avoidant attachment, and .86 for the sub-dimension of anxiety.

As part of the research, this scale was also subjected to validity and reliability analyses. Its construct validity was tested through the Confirmatory Factor Analysis (CFA). The analysis revealed the following fit indices for the model: $\chi^2/sd= 3.06$, RMSEA= .06, CFI=.83 and GFI=.87. The obtained values on the scale are at acceptable levels. The scale was also subjected to a reliability analysis, which yielded the Cronbach's Alpha coefficient as .83 for the sub-dimension of "anxious", and .88 for the sub-dimension of "avoidant".

Collection of Data

The measurement tools that will be used to make an application on the targeted research group in the research have been turned into a booklet. In addition, the scales have been turned into a link so that they can be filled in electronically via Google Forms. Each measurement tool will be given with the instruction and applied to married individuals who volunteer to participate in the study.

According to the Ethics Committee, it was stated that no unethical findings were found for the study.

Data Analysis

The researchers employed SPSS 25 and AMOS 23 software packages for data analysis. Intervariable relations in this study were measured using the SEM (structural equation modeling). Prior to the SEM analysis, a correlation analysis was first performed to see the intervariable relations. Then, we tested the model for measuring; finally, the formulated

hypothetical model was tested through the SEM. In order to determine whether the variables in question have any intermediary roles, we followed the approach of Baron and Kenny (1986).

Before the analysis, it was examined whether the sample size, which is the first of the structural equation analysis assumptions, meets the assumption. There are 531 participants in this study and according to Tabachnick and Fidell (2015), it is seen that the assumption is met. Another assumption is the multivariate normality analysis. As it is possible to determine whether the data set has multivariate normality by analyzing the normality of each variable (Tabachnik & Fidell, 2015), the researchers checked the normality of individual variables. In order to determine whether the variables in the data set show normal distribution, Skewness and Kurtosis values are checked. As for the treatment of the outlier assumption, these values can either be removed from the data set, or the researcher may decide to keep them depending on the importance of the research as they constitute a source of information (Kalaycı, 2010). Thus, we did not perform any analysis about extreme values in the present study. As per the Central Limit Theorem, it is argued that with an adequate sample size, the mean values will have a normal distribution in the sample regardless of the distribution of the variables at hand. The presence of outliers may lead to an increase in the Kurtosis value. However, the effect of positive kurtosis disappears in larger samples; i.e., item sizes of 100 and above. On the other hand, with item sizes of 200 and above, the impact of negative Kurtosis disappears. In a similar manner, a high Skewness coefficient does not have much effect in analyses (Tabacknick & Fidell, 2015). The item size is adequate in our research which involves a study group of 531 individuals. It is reasonable to perform the analyses without discarding the outliers or carrying out data transform. Finally, when the multiple linear connection is analyzed (Tabacknick & Fidell, 2015); there is no multiple connection problem between the data (.11 and .62; $p < .05$).

FINDINGS

This section examines the intermediary role of attachment types in the relationship between childhood traumatic experiences, relational resilience and marital self-efficacy.

Results on the Relationships between Childhood Traumatic Experiences, Marital Self-Efficacy, Relational Resilience and Attachment Types

As part of the research, the Pearson's Product-Moment Correlation analysis was performed to identify the relationships between variables of childhood traumatic experiences, attachment types, relational resilience and marital self-efficacy, as well as the relationships pertaining to the sub-dimensions of the variables in question. The results are presented in Table 1.

Table 1.
Table of Variable Correlations and Descriptive Statistics.

Variables	1	2	3	4	5	6	7	8
1. Marital Self-Efficacy	-							
2. RelationalResilience	.61**	-						
3. AvoidantAttachment	-.54**	-.41**	-					
4. AnxiousAttachment	-.36**	-.26**	.50**	-				
5.ChildhoodTraumaExperiences	-.31**	-.36**	.27**	.17**	-			

6. PhysicalAbuse	-.18**	-.24**	.19**	.13**	.84**	-		
7. SexualAbuse	-.11*	-.19**	.04	.11*	.45**	.36**	-	
8. EmotionalNeglect/Abuse	-.35**	-.36**	.29**	.16**	.93**	.62**	.29**	-
Mean	4.17	5.85	2.66	3.07	60.26	1.46	1.16	1.71
Standard Deviation	.55	.97	.94	.82	18.27	.47	.44	.63

*p<.05; **p <.01

As seen in Table 1, the intervariable relationships are significant ($p<.01$) and vary between $r=-.54$ and $r=.62$. The only exception is the lack of a significant relationship between avoidant attachment and sexual abuse ($r=.04$, $p>.05$).

Results as to Whether the Assessment Model Has Good or Acceptable Fit to the Data

In this sub-section, we tested the assessment model for the intermediary role of attachment types in the relationship between childhood traumatic experiences, relational resilience and marital self-efficacy. Figure 2 presents the results of the Confirmatory Factor Analysis (CFA) applied to the assessment model.

Figure 2. Assessment model

In the context of the assessment model, we examined the significance of standardized regression coefficients. As seen in Figure 2, these coefficients range between .16 and 1.00. In order to ascertain whether the assessment model is verified, we need to look at the goodness of fit indices, which reveals values falling within the goodness of fit range.

When the fit indices and reference values of the measurement model are examined, Chi-Square (χ^2) = 17.62, Standard Deviation (df) = 7, Chi-Square / Freedom Value (χ^2 / df) = 2.52, Goodness Fit Index (GFI) = .99, Comparative Fit Index (CFI) = .99, Normized Fit Index

(NFI) = .98, Approximate Root Mean Square Errors (RMSEA) = .05. When these values are compared with reference values determined by Anderson and Gerbing (1984) and Kline (2005) ($X^2 / sd = \leq 3$; RMSEA = ≤ 0.05 ; GFI = ≥ 0.90 ; CFI = ≥ 0.97 ; NFI = ≥ 0.95 ; AGFI = ≥ 0.95) It is understood that the measurement model provides sufficient conditions in the structural model to be made as a result of the meaningful standardized road coefficients of the measurement model and the goodness of fit indexes being among good values.

Results on Whether Relational Resilience and Marital Self-Efficacy are Significantly Predicted by Childhood Traumatic Experiences in Married Individuals

Prior to the model's analysis, it was first analyzed whether the independent variable has a significant impact on the dependent variable, which is the first assumption of Baron and Kenny (1986). To this end, an analysis was performed to determine whether the dependent variables are significantly predicted by the independent variable. As seen in the direct effects in Figure 3, childhood traumatic experiences directly and negatively predict relational resilience ($\beta = -.36$, $p < .001$), and also directly and negatively predicts marital self-efficacy ($\beta = -.35$, $p < .001$).

Figure 3. Results of the regression analysis on the prediction of relational resilience and marital self-efficacy by childhood traumatic experiences

It was analyzed whether childhood traumatic experiences have significant impact upon relational resilience and marital self-efficacy, and the results are given in Table 2.

Table 2.

Regression Coefficients of the Prediction of Relational Resilience and Marital Self-Efficacy by Childhood Traumatic Experiences

Variables		β	B	Std. error	C.V.	p
Trauma	→ Mar.Self-Ef.	-.35	-.30	.05	-5.80	.001***
Trauma	→ Rel.Resilience	-.36	-.55	.09	-5.94	.001***

As seen in Table 2, childhood traumatic experiences have a direct significant impact upon relational resilience and marital self-efficacy ($p < .001$). Prior to testing mediation, the first condition (1) was met, as noted by Baron and Kenny (1986).

Results on the Intermediary Role of Attachment Types in the Relationship between Childhood Traumatic Experiences, Marital Self-Efficacy and Relational Resilience among Married Individuals

In order to reveal the intermediary effect of the attachment types in the research model, first the model was tested to identify whether the other two suggestions of Baron and Kenny (1986) were met. These criteria are as follows: (2) The independent variable has significant

impact upon the mediator variables. (3) When mediator variables are included in regression analysis together with the independent variable, the effect of independent variable on the dependent variable decreases or becomes insignificant while mediator variables have significant impact upon the dependent variable. The intermediary effect was tested in the light of these suggestions, and the hypothetical model in Figure 4, which shows the intermediary role of attachment types in the relationship between childhood traumatic experiences, relational resilience and marital self-efficacy was tested using the Structural Equation Analysis.

Figure 4. Structural model on the intermediary role of attachment types in the relationship between childhood traumatic experiences, relational resilience and marital self-efficacy.

As seen in Figure 4, anxious attachment type is directly, positively and significantly predicted by childhood traumatic experiences ($\beta=.16$, $p<.001$); avoidant attachment type is directly, positively and significantly predicted by childhood traumatic experiences ($\beta=.29$, $p<.001$); relational resilience is not significantly predicted by anxious attachment type ($\beta=-.07$, $p>.001$); relational resilience is directly, negatively and significantly predicted by avoidant attachment type ($\beta=-.30$, $p<.001$); marital self-efficacy is directly, negatively and significantly predicted by anxious attachment type ($\beta=-.11$, $p<.01$); and marital self-efficacy is directly, negatively and significantly predicted by avoidant attachment type ($\beta=-.42$, $p<.001$).

An examination of whether attachment types play an intermediary role in the relationship between childhood traumatic experiences, relational resilience and marital self-efficacy shows that childhood traumatic experiences have a direct effect of $-.36$ on relational resilience, and $-.35$ on marital self-efficacy. Moreover, when anxious and avoidant attachment types are included in the model, the effect of childhood traumatic experiences on relational resilience is ($\beta=-.27$, $p<.001$), and its effect on marital self-efficacy is ($\beta=-.21$, $p<.001$). Including the mediator variables in the model does not eliminate but rather reduces the effect of the independent variable on the dependent variables.

The anxious attachment type is directly and positively predicted by childhood traumatic experiences ($\beta=.16$, $p<.001$). However, the anxious attachment type does not significantly predict relational resilience ($\beta=-.07$, $p>.001$). On the other hand, relational resilience is directly and negatively predicted by childhood traumatic experiences ($\beta=-.27$, $p<.001$). This

demonstrates that the anxious attachment type does not play an intermediary role in the effect of childhood traumatic experiences on relational resilience.

The avoidant attachment type is directly and positively predicted by childhood traumatic experiences ($\beta=.29$, $p<.001$). The avoidant attachment type directly and negatively predicts relational resilience ($\beta=-.30$, $p<.001$). On the other hand, relational resilience is directly and negatively predicted by childhood traumatic experiences ($\beta=-.27$, $p<.001$). This means that the avoidant attachment type has a partial intermediary role in the effect of childhood traumatic experiences upon relational resilience.

The anxious attachment type is directly and positively predicted by childhood traumatic experiences ($\beta=.16$, $p<.001$). The anxious attachment type directly and negatively predicts marital self-efficacy ($\beta=-.11$, $p<.01$). In addition, marital self-efficacy is directly and negatively predicted by childhood traumatic experiences ($\beta=-.21$, $p<.001$). This attests to the partial intermediary role of anxious attachment type in the impact of childhood traumatic experiences upon marital self-efficacy.

The avoidant attachment type is directly and positively predicted by childhood traumatic experiences ($\beta=.29$, $p<.001$). The avoidant attachment type directly and negatively predicts marital self-efficacy ($\beta=-.42$, $p<.01$). On the other hand, marital self-efficacy is directly and negatively predicted by childhood traumatic experiences ($\beta=-.21$, $p<.001$). This demonstrates that the avoidant attachment type plays a partial intermediary role in the impact of childhood traumatic experiences upon marital self-efficacy.

When the fit values for the proposed hypothetical model are examined; The ratio of the chi-square value to the degree of freedom value is 2.52. Furthermore, the goodness of fit indices for the model were computed as GFI=.99, CFI=.99, NFI=.98, AGFI=.96 and RMSEA=.05, revealing goodness fit values within the specified range.

The Bootstrapping coefficient, 10,000 resampling and 95% confidence intervals (GA) regarding whether the indirect effects of partial mediation determined in the model in Figure 4 are significant or not are given in Table 3.

Table 3.

Bootstrapping Results on the Mediation of Anxious and Avoidant Attachment Between Childhood Trauma Experiences, Relational Resilience and Marital Self-Efficacy

IndirectEffect	Estimate	SE	%95 CI		p
			Low	Up	
Childhood T. → Anxious A. → RelationalResilience	-.033	.012	-.058	-.016	.000
Childhood T. → Anxious A. → Marital Self Efficacy	-.049	.017	-.079	-.025	.000
Childhood T. → Avoidant A. → RelationalResilience	-.098	.019	-.141	-.064	.000
Childhood T. → AvoidantA. → Marital Self Efficacy	-.140	.024	-.191	-.095	.000

DISCUSSION

In the present study, a suggested model was developed to explain the intermediary role of attachment types in the relationship between childhood traumatic experiences, relational resilience and marital self-efficacy. The model was statistically confirmed at the end of the study. The direct effect of childhood traumatic experiences upon relational resilience and marital self-efficacy did not become insignificant but decreased when the anxious and avoidant attachment types were included in the model. The anxious and avoidant attachment types were found to display a partial intermediary role.

As a result of the study, it was found that relational resilience is negatively predicted by childhood traumatic experiences. Certain traits make an individual stronger in the face of negative experiences like abuse. Researchers have defined such traits as resilience (Benetti & Kambouropoulos, 2001). Experiences of abuse are also a risk factor for resilience. These experiences both cause disruptions in the child's developmental stages and prevent the development of protective factors of resilience such as self-efficacy, cognitive skills, hope and optimism. (Luthar, 2006). Resilience and relational resilience are negatively predicted by childhood traumatic experiences. For relational resilience refers to the ability of couples to overcome negative situations in intimate relationships (Venter & Sneyder, 2009). For this, partners should communicate with one another. Nevertheless, individuals with abusive experiences are believed to avoid establishing intimate relations and communication. Therefore, childhood traumatic experiences can also be argued to have a negatively predictive quality in relational resilience. The literature review yielded no results on the relationship between childhood experiences of abuse and relational resilience. However, there is research that examines the relationship between traumatic experiences and resilience (Yılmaz Irmak, 2008). Furthermore, there are research findings demonstrating that one of the risk factors for relational resilience is experiences of neglect and abuse in childhood and inconsistent parental attitudes (Gürgen, 2006). Hussain and Munaf (2012) and Cicchetti (2013) report on the presence of a negatively significant relationship between abuse and resilience. In terms of the risk factors, it is an expected result that relational resilience is negatively predicted by traumatic experiences.

As a result of the study, it was found that anxious attachment is positively and significantly predicted by childhood traumatic experiences. Anxious attachment is defined as an individual's fear of abandonment, fear of separation (Cooper et al., 1998), and low self-esteem (Hazan & Shaver, 1987). Childhood experiences of abuse and neglect are believed to prevent an individual from secure attachment during both childhood and adulthood. Because secure attachment is first established through positive relations between the mother and the baby (Bowlby & Ainsworth, 1991; Fraley & Shaver, 2000). Nevertheless, traumatic experiences are believed to harm the bond between the baby and caregiver. Therefore, individuals try to form the bonds they did not have in childhood in their romantic or marital relationships during adulthood. However, they might fear building intimacy due to negative past experiences. Despite the eagerness to establish relationships in order to satisfy the need for intimacy, acceptance and bonding that they could not have during childhood, individuals may be expected to suffer from separation anxiety due to fears of getting physical or emotional harm again. For example, Tackett (2002) stated that children exposed to sexual abuse are emotionally harmed and avoid emotional relationships in adulthood, while at the same time feeling the need for

emotional attachment. Zara-Page (2004b), on the other hand, similarly found that individuals who have experienced childhood abuse are anxious and addicted in their relationships.

As a result of the study, it was found that relational resilience is not significantly predicted by the anxious attachment type. Some of the individuals who are anxiously attached may try to solve problems by mobilizing the existing resources so as not to lose their partners, since they tend to feel under social pressure and tend to be jealous and suspicious (Hazan & Shaver, 1987) and believe that they will be rejected (Cooper et al., 1998). Others may develop a submissive approach, failing to solve their problems and not displaying relational resilience, since they believe that they will be rejected anxiety, low self-esteem, jealousy and suspicions (Bartholomew & Horowitz, 1991). The literature contains both research that reports negative correlation between insecure attachment and resilience, and also findings that the two variables are not related or there is a positive correlation between the two (Karreman & Vingerhoets, 2010).

As a result of the study, it was concluded that the anxious attachment type does not play an intermediary role between childhood traumatic experiences and relational resilience. For as Baron and Kenny (1986) found, one of the conditions to be met to prove an intermediary relationship is that the mediator variable must have an impact upon the dependent variable. However, in the model constructed for this study, we found that anxious attachment type does not have a significant effect on relational resilience, a result which shows that the conditions to be met to account for the intermediary effect are not satisfied for this model. This means that the relationship between childhood traumatic experiences and relational resilience can be accounted for directly.

As a result of the study, it was found that avoidant attachment is positively and significantly predicted by childhood traumatic experiences. Avoidant attachment is defined as an individual's avoidance from establishing relationships (Cooper et al., 1998); failure to form relationships and efforts to be self-sufficient (Hazan & Shaver, 1987). Physical, sexual or emotional abuse suffered during childhood is argued to harm the secure bonds formed between the child and mother in childhood and between partners in adulthood (Hildyard & Wolfe, 2002; Perry et al., 1998). Moreover, individuals with childhood experiences of abuse tend to display avoidant attachment in adulthood and avoid establishing relationships due to fear of re-experiencing the same negative emotions, and thus, not be able to display resilient behaviors by effectively overcoming negative situations in their relationships.

The literature contains research results that corroborate this finding. Bozdemir and Gündüz (2016) concluded that sexual abuse as well as physical and emotional abuse are significantly correlated with both avoidant and anxious attachment types. Oshri et al. (2015) noted that traumatic experiences are correlated with attachment types and emotion regulation.

As a result of the study, it was found that relational resilience is negatively and significantly predicted by the avoidant attachment type. Individuals with avoidant attachment tend to display distanced behaviors and deny their fears of loneliness and intimacy (Vetere & Myers 2002). On the other hand, individuals with relational resilience try to solve problems as they know what their psychological, social, cultural and physical resources are after negative experiences (Aydoğan, 2014). Therefore, individuals with avoidant attachment usually have a pessimistic outlook (Bartholomew & Horowitz, 1991; Hazan & Shaver, 1987). However, self-esteem is among the internal protective factors of relational resilience (Gürkan, 2006).

Consequently, individuals with avoidant attachment may avoid trying and fail to display relational resilience, since they believe that their problems will not be solved. As other protective factors of resilience, problem-solving skills (Kaner & Bayraklı, 2010), optimism, humor and adaptability are traits lacked by individuals in avoidant attachment. Under these circumstances, the negative correlation between resilience and avoidant attachment is an expected result.

The finding that resilience levels are usually low in individuals with the avoidant attachment type is also corroborated by the literature (Neria et al., 2001). Individuals with childhood traumatic experiences usually tend to establish healthy relationships and avoid trying to solve problems; display avoidant attachment behaviors during adulthood and therefore, they fail to effectively use their existing resources in the face of relational challenges and cannot display resilient behaviors. In other words, the relationship between childhood traumatic experiences and relational resilience cannot only be explained directly but also through the avoidant attachment type. **Consequently, it was found that the avoidant attachment type plays a partial intermediary effect between childhood traumatic experiences and relational resilience.** As a result of the study, it was found that marital self-efficacy is negatively predicted by childhood traumatic experiences. This finding is consistent with the correlation results. Cihan Güngör and Özbay (2008) report that individuals with high depression levels due to negative experiences have low marital self-efficacy. Childhood trauma and experiences of neglect and abuse are among such negative experiences leading to depression (Özcan, 2010). As noted by various researchers, the effects of neglect and abuse experiences may be felt in the current time frame and also may continue to be experienced after a long time (Vahip, 2002). In addition, researchers have found that individuals who suffered from neglect or abuse in childhood have difficulty in establishing intimate relationships in adulthood (Efe, 2016); there are increased instances of divorce and abandoning in marriages (Colman & Widom, 2004); and such individuals are more prone to violence against their partners (Heyman & Slep, 2000). Under such circumstances, individuals who avoid forming close relationships cannot be expected to have harmonious relations with their spouses in their marital lives. For marital self-efficacy is explained through behavioral skills such as openness to communication and control over negative emotions (Lopez et al., 2007). It is thought that childhood traumatic experiences will also prevent individuals from establishing close and satisfying relationships in adulthood. In close relationships established, it is thought that it is difficult for individuals to have skills to maintain the relationship.

The literature review revealed no research that examines the relationship between marital self-efficacy and childhood traumatic experiences. Still et al. (2003) studied the relationship among social self-efficacy, behavioral disorders and childhood traumatic experiences, and reported that social self-efficacy is a protective factor in terms of behavioral problems in children with experience of abuse.

As a result of the study, it was found that marital self-efficacy is negatively and significantly predicted by the anxious attachment type. Self-efficacy in intimate relations or marriage is an individual's belief that s/he can perform behaviors that endorse a relationship. The chief among such behaviors is openness to communication (Lopez et al., 2007). However, individuals with anxious attachment type tend to expect frequent endorsement from others instead of healthy communication. They are also more prone to negative perception of the behaviors of their spouses, and usually accuse them of being indifferent and insensitive due to

their fear of abandonment (Collins, 2006). Individuals who are not able to communicate well with their spouses, who are uninterested or anxious are likely to have low self-efficacy in their marriages. Because high self-efficacy in marriage means the belief that the individual can continue the relationship in a healthy way. An individual who has difficulty communicating and trusting his spouse is not expected to have such a belief.

A person's self-perception should be positive for marital self-efficacy. This is defined as one's ability to love himself and others (Cihan Güngör, 2007). Nevertheless, given their characteristics, individuals who display the anxious attachment type are expected to have low self-efficacy. Because such individuals perceive themselves as worthless and through the lens of a negative self-image while they positively perceive others (Bartholomew & Horowitz, 1991).

As a result of the study, it was found that marital self-efficacy is negatively and significantly predicted by the avoidant attachment type. Individuals with avoidant attachment type develop a negative self-image both toward themselves and others. They avoid intimacy due to their fears of suffering and abandonment (Bartholomew & Horowitz, 1998). Moreover, they believe that they do not deserve to be loved and other people are not trustworthy (Sümer & Güngör, 1999). Yet, individuals with high levels of self-efficacy are expected to have positive self-perceptions given their personality traits (Cihan Güngör, 2007). Therefore, individuals with avoidant attachment type usually have low self-esteem and perceptions of marital self-efficacy.

Consequently, as a result of the analysis on whether the anxious and avoidant attachment types play an intermediary role between childhood traumatic experiences and marital self-efficacy, we conclude that both anxious and avoidant attachment have a partial intermediary effect. According to the study results, when explaining the relationship between childhood traumatic experiences and marital self-efficacy, anxious and avoidant attachment also play a part in explaining the relationship between these two variables. To sum up, while marital self-efficacy and relational resilience can be directly influenced by childhood traumatic experiences, the relationship between these variables can also be explained through the intermediary role of anxious and ambivalent attachment types.

CONCLUSION

According to the results of the research, all the variables considered are statistically significantly correlated with each other and the measurement model fits the data adequately. As a result of analyzing the mediating role of attachment types between childhood traumatic experiences, relational resilience and marital self-efficacy, childhood trauma experience directly positively predicted anxious and avoidant attachment types, and anxious attachment type did not significantly predict relational resilience; It was found that avoidant attachment type directly predicts relational resilience in a negative way. In addition, it was found that anxious and avoidant attachment type directly predicted marital self-efficacy negatively and childhood traumatic experiences directly predicted relational resilience and marital self-efficacy negatively.

In this case, it was found that anxious and avoidant attachment types had a partial mediating effect between childhood abuse experiences and marital self-efficacy, and that avoidant attachment type had a partial mediating effect between childhood traumatic experiences and relational resilience. It was found that anxious attachment style did not mediate

between childhood traumatic experiences and relational resilience. In addition, it was found that the fit coefficients of the model were at acceptable levels.

SUGGESTION

In future studies, it is thought that it would be beneficial to include each type of abuse (physical abuse, sexual abuse, emotional abuse, neglect) separately in the analysis. It is thought that the negative effects of physical, sexual and emotional abuse experiences in adulthood or marital relationships are also different. It is considered important to be included in the analysis separately in order to see this difference. In this study, no analysis has been made on incestuous experiences. Children first establish a relationship of trust within the family. It is thought that this traumatic experience will damage the relationships that the individual will establish in his adult years. In this respect, it is thought that it would be beneficial to include the participants exposed to incest into the research.

In order to examine the relationship between variables in a wider context, it would be beneficial to include the mediator variables, including secure attachment styles, into the model.

Finally, it is thought that studies emphasizing the effects of childhood experiences on relationships in adulthood will contribute to practitioners in the field of marriage and family counseling. Considering the long-term negative effects of childhood traumatic experiences, it is thought that the results of this study will contribute to the practice in order to focus on the underlying problem of the problems between spouses and to better understand the negative effects of these experiences. At the same time, considering its negative effect on adult life, it is thought that it will be important to conduct preventive and remedial studies for childhood traumatic experiences.

LIMITATION

This research has some limitations. In this study, sub-dimensions of trauma experiences were not included in the model separately. It is thought that it will be useful to examine the effects of each abuse experience separately in future studies. Anxious and avoidant attachment styles, which are two sub-dimensions of the “Experiences in Close Relationships-Revised” were used in this study. In order to examine the relationship between variables in a wider scope, it would be beneficial to include mediator variables, including secure attachment styles, into the model.

With future longitudinal studies, the lives of children growing up in disadvantaged environments can be examined until adulthood. In this way, it is thought that it will contribute to the literature in terms of observing the quality of the behavior patterns or the relationships that the individual establishes in the development process.

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