

## Effect of Childhood Experiences on Psychological Well-being and Resilience Among Young Adults: Mediating Role of Defense Mechanism

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### Abstract

*The purpose of this study was to investigate the relationship between early childhood experiences, psychological well-being, and resilience, as well as the mediation role of defense mechanisms. For this purpose, a sample of 210 young adults was collected using a random sampling method. For the collection of data, a detailed demographic sheet, Benevolent Childhood Experiences (BCEs) (Narayan et al., 2017), Psychological Well Being (Ryff, 1989), Adult Resilience Scale (AMR-R), Defense Mechanisms Rating Scales-Self-Report-30 (DMRS-SR-30) (Prout et al., 2022) were used. The results were statistically analyzed using SPSS 23 software. Some of the study's hypotheses were shown to be significant, while others were rejected. The result showed a significant positive relation between benevolent childhood experiences and psychological well-being. Similarly, a significant correlation was found between benevolent childhood experiences and resilience. The mediating role of overall defense functioning was found between benevolent childhood experiences and psychological well-being however no significant mediating role was found between benevolent childhood experiences and resilience. Similarly, the mediating role of the categories of defense levels was not found significant.*

**Keywords:** Benevolent Childhood Experiences, Psychological well-being, Resilience, Defence Mechanism, Young adults.

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### 1. Introduction

With almost 63 percent of its population between the age range of 15 and 33, Pakistan is known for having the fifth-largest youth population (National Human Development Report 2017). Young

adulthood is an important stage in psychological development as it is characterized by changes in cognition and emotion (Crosnoe, 2011). Arnett (2006) defined young adulthood as a time of instability because of all the uncertainties and changes that occur in a person's life at this time. They experience interpersonal changes, separate from their parents, and develop their own identities (Arnett, 2000, 2006). To navigate the challenges faced during this phase, and lead a satisfying life, psychological well-being serves is very important (Ryff et al., 2003). A state-wide survey in Pakistan has revealed that individuals ranging between the ages of 20 and 25 were the most likely to be very unhappy with their lives and have low psychological well-being (Akram et al., 2015).

Throughout history, psychologists and researchers have dedicated their time and effort to learning about the many forms of mental illnesses and the treatments that are associated with them. However, in recent years, there has been a change in emphasis toward predicting positive or adaptive outcomes, which has led to the development of positive psychology (Seligman & Csikszentmihalyi, 2014). Positive psychology is a field of research that looks at people's psychological well-being and explores how they live happy, fulfilling lives (Rae & MacConville, 2014). The term "positive psychology" was first used by Martin Seligman during his presidency address to the American Psychological Association in 1998. He voiced his dissatisfaction with the limited focus of modern psychology, which he thought had overlooked the investigation and utilization of elements that contribute to a meaningful and happy life (Rae & MacConville, 2014).

A large number of researchers have studied the correlation between various factors and psychological well-being in young adults, with childhood experiences emerging as an important factor in successful development. It has become clear that an individual childhood environment and experiences can have a significant effect on their psychological health and have long-lasting consequences for their lives (Norman et al., 2012). Depending on how an individual experiences their upbringing, his psychological well-being can either rise or diminish (Merrick et al., 2019). A number of researches have revealed that early childhood experiences shape how a person becomes an adult and that adverse childhood experiences (ACEs) can have detrimental effects (Hamby et al., 2018; Wolitzky-Taylor et al., 2018; Yundt, 2019). Conversely, benevolent childhood experiences (BCEs) are found to have a positive effect on well-being in later life (Chung et al., 2008; Hillis et al., 2010; Narayan et al., 2018).

Not all children with adverse and extreme childhood experiences have the same detrimental effects, and the reasons why different outcomes within the context of ACEs occur are yet unclear. While there are studies that focus primarily on childhood adversity, they frequently fail to take into account that both negative and positive events in childhood can have a significant impact on physical and psychological across life. Traditional ACEs researchers focus on adverse experiences during a person's early life and their relationship with poor outcomes in adulthood (Anda et al., 2008; Brown et al., 2009; Dube et al., 2003; Felitti et al., 1998). However, previous research findings have highlighted the need to better understand the possible effect of positive childhood experiences to enhance the effects of ACEs (Bellis et al., 2017; Bethell et al., 2019; Hillis et al., 2010). Research by Bethell (2019) showed the significance of BCEs as protective factors that can decrease the negative impacts of negative childhood experiences. Importantly, higher rates of BCEs were related to a lower risk of adult mental health issues, even among people with a higher number of ACEs (Bethell et al., 2019).

Resilience has gained significant attention in the field of positive psychology as it plays an important role in individuals' ability to navigate challenges and adversity. There are several definitions of resilience over time that vary among different researchers (Davydov et al., 2010; Meredith et al., 2011; Wagnild, 2009; Wagnild & Young, 1993). However, a general theme that has been identified among the different definitions of resilience includes the presence of a negative experience, the contribution of protective factors, and the ability to achieve a positive outcome despite facing the negative event (Rutter, 2006; Ungar, 2008; Werner, 1995). Many studies reveal that resilience is influenced by the interaction between an individual and his environment, as well as the processes that promote well-being and protect against the negative impact of risk factors (Zautra et al., 2010).

When an individual experiences a variety of external events that create stress, they adapt defense mechanisms (Tallandini & Caudek, 2010). Defense mechanisms were historically studied in psychopathology. It was first identified by Sigmund Freud as an unconscious mental process that "mediates" between the competing urges of the id and superego (Freud, 1894, 2001). Anna Freud later identified them as an everyday part of human life revealing the need to have a variety of adaptive and maladaptive defenses and their uses and effects (Freud, 1946). One of the most well-known researchers on defensive mechanisms is Vaillant who revealed that childhood experiences had an impact on the amount of defensive maturity in an adult's mental health. His research explains how a person's early experience may affect how important defense development is as they get older, or how the impact of a difficult childhood can be decreased by an adaptable defense even as they get older (Vaillant et al., 1986).

According to the hierarchy by Perry and Henry (2004), thirty defense mechanisms are arranged into seven defense levels (Major Image Distortion, Action, Disavowal, Minor Image Distortion, Neurotic, Obsessional, and High Adaptive). Each defense mechanism has some common characteristics that are essential to how it protects the subject from internal or external stress, or conflicts (Giuseppe & Perry, 2021). Defense levels are distinguished into three categories based on levels of maturity i.e., neurotic, immature, and mature defenses (Giuseppe & Perry, 2021).

There is an ongoing discussion on how much a child's environment influences how they operate and interact with others as adults. However, there have been few studies have thoroughly followed people from childhood into adulthood (Waldinger & Schulz, 2016). The effects of ACEs and BCEs are poorly understood on psychological well-being, even though studies on childhood experiences demonstrate that they have an impact on adult health. Very few research have examined the potential developmental link of defense mechanisms. Given the importance of the two variables in psychological well-being and defense mechanisms, the relationship between the two as they interact during development needs to be studied.

Although many of these variables used in this research have been researched both separately and in combination, no research has been done on the interaction of childhood experience, psychological well-being, resilience, and defensive mechanisms altogether. This study seeks to close this knowledge gap and advance our knowledge of the impact early life experiences play on resilience and psychological well-being through the role of defensive mechanisms as a mediator. The present study is exploratory and adds to knowledge about defense mechanisms of childhood experiences with resilience and psychological well-being which can help better understand their relationship and may help with developing interventions aimed to increasing the well-being of young adults.

## **2. Methodology**

### **2.1. Research Design**

This is a correlation, cross-sectional study which will examine the relationship between the three variables i.e., benevolent childhood experiences, psychological well-being, and defense mechanism. The data is collected from university students in Islamabad, Pakistan.

### **2.2. Participants**

For this study, a sample of both males and females was collected through a random sampling technique with the age range of 18-25 years old. The sample size was calculated using G power analysis 3.2.1. In total, data from 230 participants were collected however, 20 responses were rejected due to incomplete responses. The sample size used in the study was 210 including 108 males and 102 females.

### **2.3. Instruments**

For this research, only those who were willing to participate were included after receiving their informed consent. Respondents were asked about their demographic characteristics. The assessment tools were used to measure all the variables of this study.

#### **2.3.1. Benevolent Childhood Experiences (BCEs).**

The Benevolent Childhood Experiences scale was used for assessing BCEs before the age of 18 (Narayan et al., 2017, 2018). Ten 'yes' and 'no' questions are used to gauge perceived levels of security and safety, positive and predictive quality of life, and external support. A higher number indicates more BCEs, with the overall score ranging from 0 to 10.

#### **2.3.2. Psychological Well-Being (PWB-18)**

Ryff's Scales of Psychological Well-Being, a modified 18-item version, was used to measure well-being (Ryff, 1989). Participants were asked to assess how much each item pertains to them personally using a 7-point Likert scale. Items with positive wording are inverted so that higher scores overall imply more well-being. Better well-being is indicated by a higher score, with the overall score being the mean of the scores (Ryff, 1989).

#### **2.3.3. Adult Resilience Measure (AMR-R)**

The revised versions of AMR were used to access resilience. It contained 17 items with a 5a -point Likert scale with statements including 'Not at all', 'A little', 'Somewhat', 'Quite a bit', and 'A lot'. Higher scores for the overall measure suggest higher resilience (Jefferies; et al., 2019).

#### **2.3.4. Defense Mechanisms Rating Scales-Self-Report-30 (DMRS-SR-30)**

The DMRS-SR-30, a 30-item self-report questionnaire, is the first self-assessment tool that rates individual defenses, defensive categories, and defense levels while outlining the hierarchy of all 28 defense mechanisms (Prout et al., 2022). On a 5-point Likert scale, participants were asked to rate how often they agree or disagree with each with 0 being not at all and 5 being very often.

## **3. Procedure**

For the present study, the data collection procedure was approved firstly through Air University Islamabad, Pakistan. Following approval, consent was obtained from the university's administrative body to gather information from institutions. The data was collected from different classes. After the data collection, the data were analyzed according to the standard procedure of Statistical analysis SPSS v27 software. The relationship between variables was studied through

Pearson Product Moment. Mediation analysis was computed to study the mediating role of the defense mechanism.

#### 4. Results

**Table 1**

*Descriptive statistics of demographic variables of the study (N=210)*

Variables	<i>f</i>	%	M	SD
Age			21.76	2.17
Gender				
Male	108	51.4		
Female	102	48.6		
Education				
12 Years	19	9.0		
16 Years	152	72.4		
18 years	39	18.6		
Family Status				
Joint	80	38.1		
Nuclear	130	61.9		
Father's occupation				
Government Employ	91	43.3		
Private Employ	101	48.1		
Unemployed	18	8.6		
Mother's occupation				
Government Employ	17	8.1		
Private Employ	11	5.2		
Unemployed	182	86.7		
No. of siblings				
1-3	116	55.2		
4-6	86	41.0		
7-9	8	3.8		
Birth Order				
Firstborn/eldest	51	24.3		
Middle child	97	46.2		
Last born/youngest	55	26.2		
Only child	7	3.3		
Socioeconomic status				
Low	6	2.9		
Middle	182	86.7		
high	22	10.5		

*Note: M = Mean. SD = Standard deviation.*

Table 1 shows descriptive statistics of the study sample (N=210). The sample comprised equal numbers of 108 men and 102 women. The age ranges were from 18-25 years and the average age of the sample was 21.76 years. Mostly, participants had 16 years of education and belonged to the nuclear family. Moreover, among the study sample, their fathers were government-employed and

their mothers were unemployed. Also, most of the participants were middle children. Lastly, the average participants belonged to middle-class families.

**Table 2**

*Descriptive statistics and psychometric properties of the study (N=210)*

	Variables	K	M	SD	$\alpha$	Range	
						Potential	Actual
1	BCEs	10	11.10	1.65	.73	0-10	3-10
3	ARM	17	63.88	11.01	.84	17-85	24-83
2	PWB	18	82.48	12.79	.72	18-126	47-115
4	DMRS-SR-30	30	4.58	.29	.72	30-150	50-135

Note. *K* = Number of Items. *M* = Mean. *SD* = Standard Deviation. BCEs = Benevolent Childhood Experiences. ARM = Adult Resilience Measure. PWB = Psychological Well-Being. DMRS-SR-30 = Defense Mechanisms Rating Scales-Self-Report-30

Table 2 shows the psychometric properties of the scales used in the present study. The Cronbach's  $\alpha$  value for Benevolent Childhood experiences was .73 ( $> .70$ ) which indicates satisfactory internal consistency. The Cronbach's  $\alpha$  value for Adult Resilience Measures was .84 ( $> .80$ ) which indicates high internal consistency. Whereas, Cronbach's  $\alpha$  value for both Psychological well-being and DMRS-SR-30 is .72 ( $> .70$ ) which indicates satisfactory internal consistency.

**Table 3**

*Inter-correlations among study variables (N=210)*

Variables	1	2	3	4	5	6	7	8	9	10	11
1 BCEs	-	.37*	.27*	.25*	-.11	-.02	-	.17	.08	.07	.15*
		*	*	*			20**				
2 PWB	-	-	.28*	.24*	-.02	.09	-	.05	-.08	-.17*	.29*
			*	*			.24*				*
							*				
3 ARM	-	-	-	.40*	-	-.03	-	.11	-.02	-	.49*
				*	.18*		.28*			.35*	*
					*		*			*	
4 ODF	-	-	-	-	-	-	-	.03	.28*	.04	.87*
					.42*	.40*	.36*		*		*
					*	*	*				
DL											
5 Action	-	-	-	-	-	-	.04	.02	-.12	-.05	.30*
						.18*					*
						*					
6 MajID	-	-	-	-	-	-	-	-	-	-.10	-
							.27*	.28*	.20*		.28*
							*	*	*		*
7 Dv	-	-	-	-	-	-	-	.01	-.24	-.01	-
											.36*
											*

8	MinID	-	-	-	-	-	-	-	-	-.03	-.13	-.12
9	Neurotic	-	-	-	-	-	-	-	-	-	.16*	-.02
10	Obs	-	-	-	-	-	-	-	-	-	-	-
11	HA	-	-	-	-	-	-	-	-	-	-	-

*Note.* BCEs = Benevolent Childhood Experiences. ARM = Adult Resilience Measure. PWB = Psychological Well-Being. ODF = Overall Defensive Functioning. MajID = Major Image Distortion. Dv = Disavowal. MinID = Minor Image Distortion. Obs = Obsessional. HA = High Adaptive.

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$

Table 3 shows the results of Pearson Product Moment Correlation which revealed inter-correlation among study variables. The results revealed that BCEs were found to be significantly and positively correlated with PWB ( $r = .37^{**}$ ), AMR ( $r = .27^{**}$ ), and ODF ( $r = .25^{**}$ ). Furthermore, the results of the BCEs correlation with the Defense Levels showed a significantly negative correlation with Disavowal ( $r = .20^{**}$ ). The results also revealed that PWB was significantly and positively correlated to AMR ( $r = .28^{**}$ ). The results of PWB correlation with Defense levels revealed that PWB was significantly and negatively correlated with Disavowal ( $r = -.24^{**}$ ) and Obsessional ( $r = -.17^*$ ) whereas positively correlated with High Adaptive ( $r = .29^{**}$ ).

A significant positive relation was found between AMR and ODF ( $r = .40^{**}$ ). AMR was found to be significantly negatively correlated to Action ( $r = -.18^{**}$ ), Disavowal ( $r = -.28^{**}$ ), and obsessional defense level ( $r = -.35^{**}$ ) whereas there was a significantly positive correlation with High Adaptive defense levels ( $r = .49^{**}$ ).

**Table 4**

*Mediation Effect of Overall Defensive Functioning on the Relationship between Benevolent Childhood Experiences and Adult Resilience (N=210)*

Predictor	ODF		ARM		PWB	
	$\beta$	SE	$\beta$	SE	$\beta$	SE
BCEs	4.27	.09***	2.24	.39***	1.92	4.10***
R <sup>2</sup>	.06		.14		.08	
F	13.90***		32.79***		16.80***	

*Note.*  $\beta$  = Beta. SE = Standard Error. BCEs = Benevolent Childhood Experiences. ARM = Adult Resilience Measure. PWB = Psychological Well-Being. ODF = Overall Defensive Functioning.

\*\*\* $p < .001$

The result of mediation analysis shows that BCEs were found to be a positive significant predictor of ODF, ARM, and PWB. ODF was found to be a positive predictor of BCEs. BCEs accounted for a 6.0% variance in ODF. The indirect effect of ODF between BCEs and ARM (effect =  $-.66$ , BootSE =  $.06$ , BootLLCI =  $-.19$ , BootULCI =  $.05$ ) was found to be non-significant. Whereas, the indirect effect of ODF between BSC and PWB (effect =  $.61$ , BootSE =  $.22$ , BootLLCI =  $.25$ , BootULCI =  $1.10$ ) was found to be significant and positive.

**Figure 1**

*The statistical framework of Mediation Effect of Overall Defensive Functioning on the relationship between Benevolent Childhood Experiences and Adult Resilience (N=210)*

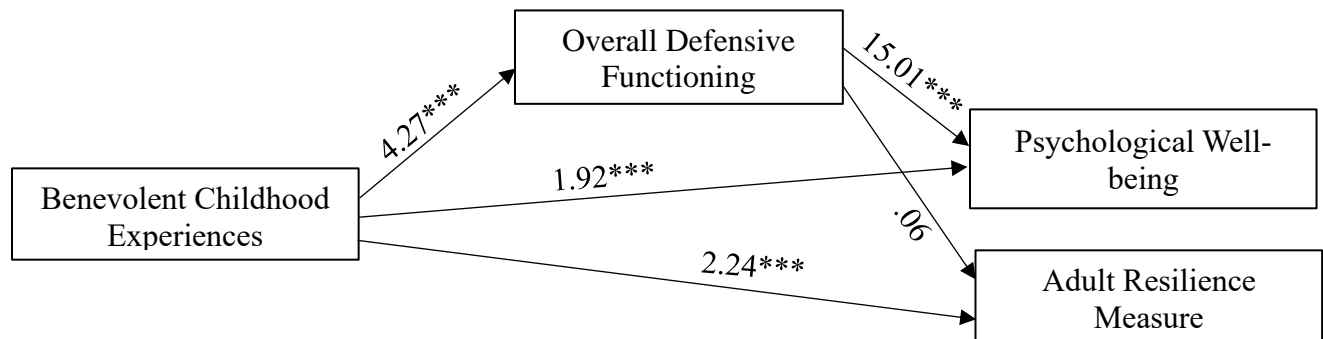


Figure 1 shows the statistical framework of mediation analysis to examine the relationships between Benevolent Childhood Experiences (BCEs) as the independent variable (IV), Psychological well-being (PWB) and Adult Resilience Measure (ARM) as the dependent variables (DVs), and Overall Defensive Functioning (ODF) as the mediator variable (MV). The direct effect of BCEs was found to be a significant positive effect on ODF, ARM, and PWB. Additionally, ODF was found to be a positive predictor of BCEs. The analysis revealed a non-significant indirect effect, suggesting that the influence of BCEs on ARM was not mediated by ODF. However, when examining the indirect effect of ODF between BCEs and PWB, a significant and positive relationship was found.

The result of mediation analysis shows that the defense level i.e., Action, Major Image Distortion, Disavowal, Minor Image Distortion, Neurotic, Obsessional, and High Adaptive did not account for variance in ARM and PWB.

## 5. Discussion

The first hypothesis of this study posited a positive correlation between benevolent childhood experiences (BCEs) and psychological well-being among young adults. The findings are consistent with previous literature, including studies by Bethell et al. (2019) and Daines et al. (2021), which have consistently demonstrated such a positive relationship. This result also aligns with the life course theory, which suggests that an individual's psychological well-being is influenced by both negative and positive experiences throughout their life.

The study's results strongly support the second hypothesis, revealing a significantly high correlation between benevolent childhood experiences and resilience in young adults. These findings are consistent with a substantial body of literature emphasizing the importance of positive childhood experiences in fostering resilience (Huang et al., 2023; Masten & Barnes, 2018).

The study's findings confirmed the third hypothesis, demonstrating the indirect effect of ODF between BCEs and PWB in young adults. A higher ODF score indicates a more adaptive use of defense mechanisms, enabling individuals to cope with challenges, regulate emotions, and find



constructive solutions to problems leading to higher psychological well-being (Lingiardi et al., 2010; Perry & Bond, 2012).

The fourth hypothesis proposed that Overall Defensive Functioning (ODF) would mediate the relationship between BCEs and ARM among young adults. However, the results showed that ODF did not have a significant indirect effect between BCEs and ARM, disproving earlier findings that defensive mechanisms were predictors of resilience (Giuseppe et al., 2019; Logan et al., 2014; Zimmer-Gembeck & Skinner, 2016). There could be other factors influencing the relationship between BCEs and ARM, overshadowing the mediating effect of ODF. This study is the first to investigate the moderating role of ODF between BCEs and resilience among young adults, and further research is needed to analyze this relationship due to limited information in the literature.

The fifth hypothesis suggested that Defense Levels would mediate between BCEs and resilience in young adults, but the study's results contradicted this. Defense mechanisms are complex and their role in psychological well-being may vary depending on individual and contextual factors. The absence of a mediating effect of Defense Levels suggests that other psychological, social, or environmental factors may play a more significant role in shaping psychological well-being outcomes. It is important to consider the specific sample and methodology used in the study, as different populations or measurement approaches may yield different results regarding the mediating role of Defense Levels.

The sixth hypothesis suggested that Defense Levels would mediate between BCEs and resilience in young adults, but the study's results were inconsistent with this idea. The findings indicate that Defense Levels do not play a significant mediating role in explaining how BCEs influence resilience among young adults. Other factors from the hierarchy of defense mechanisms, may have a more influential role in shaping resilience outcomes in this population. Additionally, there could be other psychological, social, or environmental factors contributing to the relationship between BCEs and resilience.

## **6. Limitations and Future Recommendations**

The current study has several limitations to consider. First, the sample of young adults from universities may not accurately represent the broader population, raising concerns about generalizability. Future researchers should aim to include more diverse samples. Secondly, the study was based on self-report measures, which are susceptible to response biases, and can potentially affect the accuracy and reliability of the collected data. To address this limitation, future researchers should explore alternative methods to collect data. Furthermore, the study's design does not account for potential life changes that participants may have experienced since childhood, which could influence their current levels of psychological well-being and resilience. To gain a deeper understanding of the long-term effects of childhood experiences on psychological well-being, conducting longitudinal studies that follow individuals from childhood into adulthood could provide valuable insight. Additionally, the analysis in this study primarily focused on overall defensive functioning (ODF) and Defense Levels, without investigating the specific defense styles employed by individuals. Future research should consider examining individual defense styles to provide a more detailed understanding of their impact.

## **7. Conclusion**

The study was done to find the relationship that exists between childhood experiences, resilience, and psychological well-being and the mediating role of defense mechanisms among young adults. The result revealed a significant positive effect of benevolent childhood experiences on

psychological well-being. Similarly, a significant correlation was found between benevolent childhood experiences and resilience. The mediating role of overall defense functioning was found between benevolent childhood experiences and psychological well-being. However, no significant mediating role was found between benevolent childhood experiences and resilience. Similarly, the mediating role of the categories of defense levels was not found significant.

## References

- Akram, A., Haq, N., Riaz, S., Ahmed, N., & Hamid, R. (2015). Satisfaction with life of general population of pakistan. A nation wide survey. *Value in Health*. <https://doi.org/10.1016/j.jval.2015.09.2862>
- Anda, R. F., Brown, D. W., Dube, S. R., Bremner, J. D., Felitti, V. J., & Giles, W. H. (2008). Adverse childhood experiences and chronic obstructive pulmonary disease in adults. *Am J Prev Med*, 34(5), 396-403. <https://doi.org/10.1016/j.amepre.2008.02.002>
- Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55(5), 469-480. <https://doi.org/https://doi.org/10.1037/0003-066X.55.5.469>
- Arnett, J. J. (2006). The Psychology of Emerging Adulthood: What Is Known, and What Remains to Be Known? In J. L. Tanner, & J. L. Tanner, *Emerging adults in America: Coming of age in the 21st century* (pp. 303-330). <https://doi.org/10.1037/11381-013>.
- Bellis, M. A., Hardcastle, K., Ford, K., Hughes, K., Ashton, K., Quigg, Z., & Butler, N. (2017). Does continuous trusted adult support in childhood impart life-course resilience against adverse childhood experiences - a retrospective study on adult health-harming behaviours and mental well-being. *BMC Psychiatry*, 17. <https://doi.org/https://doi.org/10.1186/s12888-017-1260-z>
- Bethell, C. D., Newacheck, P., Hawes, E., & Halfon, N. (2014). Adverse childhood experiences: assessing the impact on health and school engagement and the mitigating role of resilience. *Health Aff (Millwood)*, 33(12), 2106-2115. <https://doi.org/10.1377/hlthaff.2014.0914>
- Brown, D. W., Anda, R. F., Tiemeier, H., Felitti, V. J., Edwards, V. J., Croft, J. B., & Giles, W. H. (2009). Adverse childhood experiences and the risk of premature mortality. *Am J Prev Med*, 37(5), 389-396. <https://doi.org/10.1016/j.amepre.2009.06.021>
- Chung, E. K., Mathew, L., Elo, I. T., Coyne, J. C., & Culhane, J. F. (2008). Depressive Symptoms in Disadvantaged Women Receiving Prenatal Care: The Influence of Adverse and Positive Childhood Experiences. *Ambulatory Pediatrics*, 8(2), 109-116. <https://doi.org/https://doi.org/10.1016/j.ambp.2007.12.003>
- Cramer, P. (1991). *The Development of Defense Mechanisms*. Springer New York, NY. <https://doi.org/10.1007/978-1-4613-9025-1>
- Crosnoe, R. (2011). *Fitting in, standing out: Navigating the social challenges of high school to get an education*. Cambridge University Press. <https://doi.org/10.1017/CBO9780511793264>
- Daines, C. L., Hansen, D., Novilla, M. L., & Crandall, A. (2021). Effects of positive and negative childhood experiences on adult family health. *BMC Public Health*, 21(651). <https://doi.org/doi.org/10.1186/s12889-021-10732-w>

- Davydov, D. M., Stewart, R., Ritchie, K., & Chaudieu, I. (2010). Resilience and mental health. *Clin Psychol Rev*, 30(5), 479-95. <https://doi.org/10.1016/j.cpr.2010.03.003>
- Dube, S. R., Felitti, V. J., Dong, M., Chapman, D. P., Giles, W. H., & Anda, R. F. (2003). Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: the adverse childhood experiences study. *Pediatrics*, 111(3), 564-72. <https://doi.org/10.1542/peds.111.3.564>
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., . . . Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of preventive medicine*, 245-58.
- Freud, A. (1946). *he ego and the mechanisms of defence*.
- Giuseppe, M. D., & Perry, J. C. (2021). The hierarchy of defense mechanisms: assessing defensive functioning with the defense mechanisms rating scales Q-Sort. *Front Psychol*, 12. <https://doi.org/10.3389/fpsyg.2021.718440>
- Giuseppe, M. D., Ciacchini, R., Piarulli, A., Nepa, G., & Conversano, C. (2019). Mindfulness dispositions and defense style as positive responses to psychological distress in oncology professionals. *Eur J Oncol Nurs*, 40, 104-110. <https://doi.org/10.1016/j.ejon.2019.04.003>
- Hamby, S., Grych, J., & Banyard, V. (2018). Resilience portfolios and poly-strengths: Identifying protective factors associated with thriving after adversity. *Psychology of Violence*, 8(2), 172–183. <https://doi.org/https://doi.org/10.1037/vio0000135>
- Hillis, S. D., Anda, R. F., Dube, S. R., Felitti, V. J., Marchbank, P. A., Macaluso, M., & Marks, J. S. (2010). The Protective Effect of Family Strengths in Childhood against Adolescent Pregnancy and Its Long-Term Psychosocial Consequences. *Prem J*, 18-27. <https://doi.org/10.7812/TPP/10-028>
- Huang, C. X., Halfon, N., Sastry, N., Chung, P. J., & Schickedanz, A. (2023). Positive Childhood Experiences and Adult Health Outcomes. *PEDIATRICS*. <https://doi.org/10.1542/peds.2022-060951>
- Lee, T. S.-H., Sun, H.-F., & Chiang, H.-H. (2019). Development and validation of the short-form Ryff's psychological well-being scale for clinical nurses in Taiwan. *Jurnal of medical sciences*, 39(4), 157-162. [https://doi.org/10.4103/jmedsci.jmedsci\\_191\\_18](https://doi.org/10.4103/jmedsci.jmedsci_191_18)
- Lingiardi, V., Gazzillo, F., & Waldron, S. (2010). An empirically supported psychoanalysis: The case of Giovanna. *Psychoanalytic Psychology*, 27(2), 190-218. <https://doi.org/10.1037/a0019418>
- Logan, G. P., Longhi, D., Green, S., Nurius, P. S., & Longhi, D. (2014). Distinct contributions of adverse childhood experiences and resilience resources: a cohort analysis of adult physical and mental health. *Soc Work Health Care.*, 53(8), 776–797. <https://doi.org/10.1080/00981389.2014.944251>
- Masten, A. S., & Barnes, a. J. (2018). Resilience in children: Developmental perspectives. *Children (Basel)*, 5(7). <https://doi.org/10.3390/children5070098>

- Meredith, L. S., Sherbourne, C. D., Gaillot, S. J., Hansell, L., Ritschard, H. V., Parker, A. M., & Wrenn, G. (2011). Promoting Psychological Resilience in the U.S. Military. *Rand Health Q*, 1(2).
- Merrick, M. T., Ford, D. C., Ports, K. A., Guinn, A. S., Chen, J., Klevens, J., . . . Mercy, J. A. (2019). Vital Signs: Estimated Proportion of Adult Health Problems Attributable to Adverse Childhood Experiences and Implications for Prevention - 25 States, 2015-2017. *MMWR Morb Mortal Wkly Rep*, 68(44), 999-1005. <https://doi.org/10.15585/mmwr.mm6844e1>
- Narayan, A., Rivera, L., Bernstein, R., Harris, W., & Lieberman, A. (2018). Positive childhood experiences predict less psychopathology and stress in pregnant women with childhood adversity: A pilot study of the benevolent childhood experiences (BCEs) scale. *Child Abus. Negl*, 78, 19-30. <https://doi.org/10.1016/j.chiabu.2017.09.022>
- Norman, R. E., Byambaa, M., D, R., Butchart, A., Scott, J., & Vos, T. (2012). The Long-Term Health Consequences of Child Physical Abuse, Emotional Abuse, and Neglect: A Systematic Review and Meta-Analysis. *PLOS Medicine*. <https://doi.org/https://doi.org/10.1371/journal.pmed.1001349>
- Ong, A. D., Bergeman, C. S., & Boker, S. M. (2009). Resilience comes of age: defining features in later adulthood. *J Pers*, 77(6), 1777-804. <https://doi.org/10.1111/j.1467-6494.2009.00600.x>
- Perry, J. C., & Bond, M. (2012). Change in defense mechanisms during long-term dynamic psychotherapy and five-year outcome. *Am J Psychiatry*, 169(9), 916-25. <https://doi.org/10.1176/appi.ajp.2012.11091403>
- Perry, J. C., & Henry, M. (2004). Studying defense mechanisms in psychotherapy using the Defense Mechanism Rating Scales. In U. Hentschel, G. Smith, J. G. Draguns, & W. Ehlers, *Defense mechanisms: Theoretical, research and clinical perspectives* (pp. 165-192). Elsevier Science Ltd. [https://doi.org/10.1016/S0166-4115\(04\)80034-7](https://doi.org/10.1016/S0166-4115(04)80034-7)
- Prout, T. A., Giuseppe, M. D., Zilcha-Mano, S., Perry, J. C., & Conversano, C. (2022). Psychometric Properties of the Defense Mechanisms Rating Scales-Self-Report-30 (DMRS-SR-30): Internal Consistency, Validity and Factor Structure. *Journal of Personality Assessment*, 833-843. <https://doi.org/10.1080/00223891.2021.2019053>
- Rae, T., & MacConville, R. (2014). *Using Positive Psychology to Enhance Student Achievement*. Taylor & Francis.
- Rutter, M. (2006). The Promotion of Resilience in the Face of Adversity. In A. C.-S. Dunn, *Families count: Effects on child and adolescent development* (pp. 26-52). Cambridge University Press. <https://doi.org/https://doi.org/10.1017/CBO9780511616259.003>
- Ryff, C. D., Keyes, C. L., & Hughes, D. L. (2003). Status Inequalities, Perceived Discrimination, and Eudaimonic Well-being: Do the Challenges of Minority Life Hone Purpose and Growth? *Journal of Health and Social Behavior*, 44(3), 275-291. <https://doi.org/https://doi.org/10.2307/1519779>

- Spinazzola, J., Hodgdon, H., Liang, L.-J., Ford, J. D., Layne, C. M., Pynoos, R., . . . Kisiel, C. (2014). Unseen wounds: The contribution of psychological maltreatment to child and adolescent mental health and risk outcomes. *Psychological Trauma: Theory, Research, Practice, and Policy*, 6(S1), S18-S28. <https://doi.org/10.1037/a0037766>
- Ungar, M. (2008). Resilience across Cultures. *British Journal of Social Work*, 38(2). <https://doi.org/10.1093/bjsw/bcl343>
- United Nations Development Programme (UNDP). (2017). *National Human Development Report*. United Nations Development Programme, Pakistan.
- Vaillant, G. E. (1977). *Adaptation to Life*. Boston. MA: Little, Brown.
- Vaillant, G. E., Bond, M., & Vaillant, C. O. (1986). An empirically validated hierarchy of defense mechanisms. *Arch Gen Psychiatry*, 43(2), 786-794. <https://doi.org/10.1001/archpsyc.1986.01800080072010>
- Vaillant, G., Bond, M., & Et Vaillant, C. (1986). An Empirically Validated Hierarchy of Defense Mechanisms. *Archives of General Psychiatry*, 43, 786-794. <https://doi.org/10.1001/archpsyc.1986.01800080072010>
- Wagnild, G. (2009). A review of the Resilience Scale. *J Nurs Meas*, 17(2), 105-113. <https://doi.org/10.1891/1061-3749.17.2.105>
- Wagnild, G. M., & Young, H. M. (1993). Development and psychometric evaluation of the Resilience Scale. *Journal of Nursing Measurement*, 1(2), 165-178.
- Waldinger, R. J., & Schulz, M. S. (2016). The Long Reach of Nurturing Family Environments. *Psychol Sci*. <https://doi.org/10.1177/0956797616661556>
- Werner, E. E. (1995). Resilience in development. *Current Directions in Psychological Science*, 4(3), 81-85. <https://doi.org/10.1111/1467-8721.ep10772327>
- Wolitzky-Taylor, K. B., Horowitz, J. D., & Mark B Powers, M. J. (2018). Psychological approaches in the treatment of specific phobias: a meta-analysis. *Clin Psychol Rev*, 28(6), 1021-1037. <https://doi.org/10.1016/j.cpr.2008.02.007>
- Yundt, G. C. (2019). The Effect of Adverse Childhood Experiences on Psychosocial Wellbeing. *Clinical Psychology Commons*.
- Zautra, A. J., Hall, J. S., & Murray, K. E. (2010). Resilience: A new definition of health for people and communities. In J. W. Reich, A. J. Zautra, & J. S. Hall, *Handbook of adult resilience* (pp. 3-29). The Guilford Press.
- Zimmer-Gembeck, M. J., & Skinner, E. A. (2016). The development of coping: Implications for psychopathology and resilience. In D. Cicchetti, *Developmental psychopathology: Risk, resilience, and intervention* (pp. 485-545). John Wiley & Sons, Inc.