







## The Predictive Effect of Transferred Psychological Trauma on Teachers' Psychological Flexibility


Osman SÖNER<sup>1</sup>, Nur KOŞAR<sup>2</sup>, Sinan CIVAKLI<sup>3</sup>, Nihat KARASU<sup>4</sup>, Mesut TOKMAK<sup>5</sup>

<sup>1</sup>Istanbul Sabahattin Zaim University, Istanbul, Türkiye,  0000-0001-9741-5357

<sup>2</sup>Ministry of National Education, Adana, Türkiye,  0009-0002-6370-6169

<sup>3</sup>Ministry of National Education, Istanbul, Türkiye,  0009-0008-4186-7176

<sup>4</sup>Ministry of National Education, Istanbul, Türkiye,  0009-0002-7777-4779

<sup>5</sup>Ministry of National Education, Istanbul, Türkiye,  0000-0001-5602-5301

### ARTICLE INFO

#### Article History

Received 14.05.2025

Received in revised form  
05.06.2025

Accepted 11.06.2025

Article Type: Research  
Article



### ABSTRACT

This study sought to ascertain the correlation between educators' psychological flexibility and the transference of psychological stress. Psychological flexibility refers to the ability of individuals to adapt to challenging life circumstances and stressful situations, whereas transferred psychological trauma explores how the repercussions of past traumatic events experienced by individuals can impact subsequent generations. The primary objective of the study is to ascertain the correlation between these two significant psychological constructs. The study population comprises teachers employed across several districts of Istanbul. The participants were selected using the convenience sampling approach. The data collection approach for participants was conducted online and was voluntary. In this procedure, the researcher utilized a personal information form, alongside the previously validated and reliable 'Transferred Psychological Trauma Scale' and 'Psychological Flexibility Scale.' During the data analysis phase of the investigation, statistical tests were employed based on the distribution features of the acquired data. Given the data exhibited a normal distribution, parametric tests were employed. Correlational analysis was employed to assess the association between teachers' psychological flexibility and psychological trauma, while normal regression analysis was utilized to ascertain whether psychological trauma predicts psychological flexibility. The results were examined in the context of existing research, and recommendations were provided.

Keywords:

Teacher, psychological flexibility, transferred psychological trauma, relationship

### 1. Introduction

Flexibility is a fundamental concept in psychological and behavioral sciences, often rooted in Acceptance and Commitment Therapy (ACT), which emphasizes an individual's ability to respond to internal experiences with openness and adapt behaviorally in the presence of challenges (Hayes, Strosahl, & Wilson, 2012). The concept is also closely linked to emotional regulation and cognitive adaptability, as highlighted in emotion regulation theory and executive functioning literature (Aldao, Sheppes, & Gross, 2015; Goldstein & Naglieri, 2014). In the context of ACT, psychological flexibility is considered the cornerstone of mental well-being, enabling individuals to engage in meaningful actions aligned with personal values despite encountering difficult

<sup>1</sup> Corresponding author's address: Faculty of Education, Istanbul Sabahattin Zaim University, Istanbul/ Türkiye  
e-mail: [osman.soner@izu.edu.tr](mailto:osman.soner@izu.edu.tr)

**Citation:** Söner, O., Koşar, N., Cıvıklı, S., Karasu, N., & Tokmak, M. (2025). The predictive effect of transferred psychological trauma on teachers' psychological flexibility. *International Journal of Educational Administration and Leadership: Theory and Practice*, 4(1), 9-18. <https://dx.doi.org/10.52380/ijedal.2025.4.1.36>

thoughts and feelings. Individuals' ability to adapt to changing conditions may enable them to be more balanced and flexible in the face of uncertainties in life. This characteristic can support individuals to make healthier and more effective decisions in both their personal and professional lives. Psychological flexibility is defined as the capacity of an individual to flexibly regulate his/her thoughts, emotions and behaviors according to the situation (Söner & Pirim, 2022). This flexibility refers to an individual's openness to both internal experiences (emotions, thoughts) and external situations (environmental demands) and the ability to act meaningfully and effectively in line with their values (Hayes et al., 2011). Psychological flexibility involves focusing on the present moment and making strategic decisions based on current circumstances, without being fixated on the past or the future. This concept is also defined as the individual's ability to adapt or maintain his/her behavior in line with his/her own values and goals according to changing internal and external conditions (Luoma, Hayes, & Walser, 2010). Psychological flexibility has six dimensions: acceptance, dissociation, staying in the moment, contextual self, values and behavior in line with values (Luoma, Hayes, & Walser, 2010). These sub-dimensions are grouped under two main processes. The first is acceptance and focusing on the moment, which refers to the individual's acceptance of emotional experiences and contact with the present moment rather than the past or the future. The second is the behavior change processes that enable the individual to exhibit meaningful behaviors in line with their values (Hayes et al., 2013). This structure helps the individual to shape his/her response to challenging situations with flexibility and maintain healthy functioning by maintaining internal balance. Essentially, psychological flexibility reflects the individual's capacity to make meaningful and value-oriented responses to their experiences (Hayes, Strosahl, & Wilson, 2012; Kashdan & Rottenberg, 2010). This process also includes self-control and self-regulation and contributes to the development of the individual's ability to control impulsive reactions and take steps towards their goals (Goldstein & Naglieri, 2014; Hofmann, Schmeichel, & Baddeley, 2012). In general, psychological flexibility is the capacity of an individual to regulate his/her thoughts, feelings and behaviors in a flexible and strategic manner in line with his/her values by adapting to internal and external conditions.

Research on psychological flexibility has revealed that this concept is an important element that both supports psychological health and improves individuals' ability to cope with challenging situations. For example, Söner and Pirim (2022) found a positive relationship between psychological flexibility and mental well-being. Individuals with high psychological flexibility are able to act in line with their values despite the stress and difficulties they face and experience higher mental well-being. Studies by Hayes et al. (2004a, 2004b) also show that psychological flexibility involves an individual's ability to cope effectively with the challenges they face while achieving their valued goals. These studies emphasize that an individual's ability to respond flexibly to stressful or challenging situations plays a critical role for healthy functioning. Lack of psychological flexibility has been associated with psychological disorders such as depression and anxiety. Stange et al. (2017) state that individuals who cannot cope with flexible thoughts and behaviors have a higher risk of developing major depressive disorder. Research by Crouse et al. (2020) also reveals that lack of psychological flexibility is linked to anxiety disorders and depression. In addition, psychological flexibility is positively associated with quality of life, meaningful relationships, and physical health (Bond & Bunce, 2003; Freire et al., 2018; Gloster et al., 2017). Dawson and Golijna-Moghaddam (2020) emphasize that psychological flexibility plays a critical role in individuals' ability to achieve their long-term goals. Research on psychological flexibility shows that this concept has a positive relationship with mental well-being, ability to cope with stress, and quality of life, while its deficiency is linked to psychological disorders such as depression and anxiety. Inadequate psychological flexibility can also create difficulties in coping with traumatic events, which can leave lasting psychological scars.

Trauma is a multidimensional concept that has been addressed in different branches of science throughout human history. The word trauma, which means "piercing" or "wounding" in Ancient Greek, was originally used for warriors (Küçükertan, 2013). Psychological trauma, on the other hand, can be defined as severe and negative events experienced by individuals, leaving permanent mental and physical scars (Mum, 2011). Psychological trauma is a phenomenon that disrupts the social functionality of the individual and can lead to individual or social consequences and has emerged throughout history as a result of natural disasters or man-made events (Öztürk, 2020). Looking at the historical development of trauma, findings on the effects of psychological trauma have been found since the Trojan War in 1250 BC (Bolu et al., 2014; Ramsay, 1990). However, the scientific understanding of trauma began after the Great Fire of London in the 17th century, when Samuel Pepys, who survived the fire, wrote in his diary about the nightmares and sleep disorders he

experienced. In the 19th century, the psychological reactions of people exposed to railroad accidents were examined and these reactions were given names such as “spinal concussion” (Joseph, Williams, & Yule, 1997). The great destructions brought about by wars also led to a more in-depth examination of trauma, and serious mental collapse was detected in soldiers who participated in trench warfare, especially during World War I (Joseph, Williams, & Yule, 1997). In general, trauma is a multidimensional concept in which wars, natural disasters and man-made events throughout history have left permanent mental and physical traces on individuals and disrupted social functionality.

Research on psychological trauma shows that it leaves lasting effects not only on the individuals who experience the trauma but also on subsequent generations. The fact that trauma can be transmitted across generations has been addressed with different concepts in the literature. For example, while the transfer of traumatic events to the second generation is called “secondary trauma” or “vicarious trauma”, the term “intergenerational trauma” is used when it affects the third generation (Albeck, 1994; Baranowsky et al., 1998; Hocaoğlu, 2014; Karatay, 2020). This transmission is defined as the emergence of mental symptoms even in individuals who are not directly exposed to the traumatic event (Uslu, 2021). Transmitted psychological trauma has also been defined as children or subsequent generations having to cope with the consequences of the trauma experienced by their families (Balci, 2016; Kaitz et al., 2009). Moreover, the effects of trauma have been analyzed not only at the individual level but also at the societal level. For example, as a result of major wars, natural disasters and conflicts, most people have suffered deep psychological wounds. Failure to manage the effects of trauma correctly may result in these individuals passing on these wounds to the next generations (Sargin & Akdan, 2016). Many studies have proven that psychological trauma reduces the quality of life of individuals and leaves lasting effects on society. Psychological trauma is a phenomenon that can negatively affect the mental health of individuals and societies through intergenerational transmission, leaving lasting effects not only on individuals who experience trauma, but also on subsequent generations. (Baranowsky et al., 1998; Karatay, 2020).

This study aims to determine the relationship between teachers' psychological flexibility levels and transferred psychological traumas. Teachers face many challenges in both their personal and professional lives, and their ability to cope with these challenges is related to their psychological flexibility. While psychological flexibility enables individuals to respond to stress and traumatic events in a healthy way, low levels of flexibility may cause them to feel the effects of these negativities more deeply. At the same time, the psychological trauma conveyed shows that traumatic events affect not only individuals but also subsequent generations. Since teachers interact directly with children, their psychological flexibility and trauma management skills are vital for both their own mental health and the development of their students. It is hoped that the findings of this study will contribute to the creation of a healthier environment in educational processes by investigating the impact of teachers' transferred psychological traumas on psychological flexibility in depth. Based on this point, the research questions were determined as follows: (i) Is there a significant relationship between teachers' traumas and psychological flexibility? (ii) Do teachers' traumas significantly predict their psychological flexibility? (iii) Which sub-dimensions of transferred psychological trauma are most strongly associated with psychological flexibility? (iv) To what extent does the 'emotion and behavior regulation' dimension of transferred trauma significantly predict psychological flexibility compared to other sub-dimensions?

## 2. Method

### 2.1. Research Model

In this study, a predictive correlational model was used to examine the relationship between teachers' psychological flexibility and their transferred psychological trauma. Predictive correlational model is a statistical technique used to determine the effect of one or more independent variables on a dependent variable (Tabachnick & Fidell, 2013). This model allows the prediction of the dependent variable by analyzing the direction and strength of the relationship between variables (Hair et al., 2010). In this study, the predictor variable was determined as transferred psychological trauma and the predicted variable as psychological flexibility.

## 2. 2. Research Sample

The population of this study consists of teachers working in schools in Esenyurt and Arnavutköy districts of Istanbul. In this study, convenience sampling method was preferred in sample selection. Convenience sampling offers an approach that facilitates access to the individuals who will participate in the research. The purpose of this method is to ensure the economical use of time in the research process. In addition, according to Yıldırım and Şimşek (2016), convenience sampling is a sampling method created by selecting people who are advantageous in terms of access. Of the teachers who participated in the study, 262 (80.4%) were female and 64 (19.6%) were male. The average age of the participants was 25.15 and their average monthly income was 41,334 TL. In addition, 96 (29.4%) of the participants received psychological support while 230 (70.6%) did not.

## 2.3. Data Collection Tools

In this study, there are questions created by the researcher that include gender, age, average monthly income and psychological support status of the teachers. In addition, validity and reliability information regarding the other measurement tools used are presented below.

**Transferred Psychological Trauma Scale:** The Transferred Psychological Trauma Scale was developed by Uslu (2021) to assess the psychological trauma levels of individuals. This scale, which consists of a total of 19 items, is answered using a five-point Likert-type rating system (1-strongly disagree, 5-strongly agree). In the development phase of the scale, content validity was ensured in line with expert opinions; the scale items were organized according to the feedback of the experts and validity scores were calculated. Construct validity was tested by exploratory factor analysis (EFA) and confirmatory factor analysis (CFA). EFA results showed that the scale had a three-dimensional structure including emotion and behavior regulation, family functioning, and past family trauma; the factor loadings of the items ranged from 0.4 to 0.706, and the scale explained 44.536% of the total variance. CFA results revealed that the scale met the goodness-of-fit criteria and the data were at an acceptable fit level ( $\chi^2/sd = 2.128$ , CFI = 0.92, RMSEA = 0.06, GFI = 0.93, RMR = 0.08, AGFI = 0.91). Internal consistency and test-retest methods were used in the reliability assessment, and Cronbach Alpha internal consistency coefficient was found to be 0.849 and the reliability of the scale was evaluated as high. In addition, for test-retest reliability, the scale was administered to 47 participants and repeated approximately five weeks later and correlation coefficients ranging from 0.694 to 0.987 were obtained; these results show that the scale is consistent over time. In this study, the reliability coefficients of the scale were re-examined and Cronbach's alpha internal consistency coefficient was .86 and McDonald's  $\omega$  was .86.

**Psychological Flexibility Scale:** The validity and reliability studies of this scale were conducted by Karakuş and Akbay (2020) in order to adapt it to Turkish culture and examine its psychometric properties. The original form of the scale was developed by Francis, Dawson, and Golijani-Moghaddam (2016) and consists of 37 items. According to the results of exploratory factor analysis (EFA), it was determined that the scale had a five-factor structure and explained 60% of the total variance. Factor loadings ranged between 0.47 and 0.81. Within the scope of the validity studies of the Psychological Flexibility Scale, linguistic and cultural equivalence was evaluated. As a result of the expert evaluations, content validity ratios (CVR) were calculated and the linguistic and cultural compatibility of the items were determined. The linguistic equivalence CSR values of the scale ranged between 0.529 and 1, and the cultural equivalence CSR values ranged between 0.765 and 1. The linguistically inappropriate item was removed and the scale was evaluated over 36 items. Reliability studies were conducted with internal consistency and subscale analyses. Cronbach's alpha internal consistency coefficient was found to be 0.79 for the whole scale, and for the sub-dimensions, it was calculated as value and value-driven behavior (0.84), being in the moment (0.60), acceptance (0.72), contextual self (0.73), and dissociation (0.59). These values indicate that the scale is reliable. The final Turkish version of the Psychological Flexibility Scale consists of 28 items and five sub-dimensions: Values and Values-Driven Behavior (10 items), Being in the Moment (7 items), Acceptance (5 items), Contextual Self (3 items), and Dissociation (3 items). High scores indicate that individuals have high psychological flexibility. As a result of the adaptation study of the scale, it was concluded that it is a valid and reliable instrument for measuring the psychological flexibility levels of adult individuals in Turkey. In this study, the reliability coefficients of the instrument were re-examined and Cronbach's alpha internal consistency coefficient was .77 and McDonald's  $\omega$  was .80.

## 2.4. Data Collection and Analysis

The data were collected from teachers working in schools in Esenyurt and Arnavutköy districts of Istanbul. For the data of the study, school directorates were contacted and the necessary permissions were obtained and shared in the school social media groups where the teachers were located. Teachers answered the measurement tools online. Data were collected online on a voluntary basis. It was seen that there were no outliers in the data. Since regression analysis will be conducted in the study, it was checked whether the regression assumptions were met (Can, 2023). Among these assumptions, firstly, kurtosis and skewness values were examined to ensure the normality assumption and it was determined that these values were within the desired range (between -1 and +1) (Tabachnick & Fidell, 2013). Then, in the second step, the Durbin-Watson coefficient was examined for autocorrelation among the assumptions and it was found to be in the acceptable range with 1.302. In the third step, the variance magnification and tolerance values were examined, and it was seen that the variance magnification factor was in the range of 1.222 - 1.340, and the tolerance values were in the range of .818-.799 (Field, 2005). In the fourth step of regression analysis assumptions, the correlational relationship between predictor and predicted variables was examined and presented in Table 1.

**Table 1.** *Descriptive Analyses of Teachers' Psychological Flexibility and Transferred Psychological Trauma Levels*

	N	M	Sd	Skewness	Kurtosis
1. Psychological Flexibility	326	126.21	18.43	.198	.274
2. Family Functioning	326	7.91	2.69	.262	-.495
3. Past Family Traumas	326	11.79	3.97	.492	.110
4. Emotion and Behavior Regulation	326	34.03	9.38	-.070	-.408
5. Transferred Psychological Trauma Total	326	53.72	12.99	.206	-.194

## 2.5. Ethical

All participants were informed about the purpose of the study, the data collection procedures, and the confidentiality policy. Participation was voluntary, and anonymity and confidentiality were ensured throughout the research process to protect the identities of the participants. This study was approved by the Ethics Committee of Istanbul Sabahattin Zaim University (Approval Number: 2024/08).

## 3. Findings

Pearson Correlation Analysis was conducted to determine the relationship between psychological flexibility and family functioning, past family traumas, emotion and behavior regulation, and total transferred psychological trauma in teachers, and the results are presented in Table 2.

**Table 2.** *The Relationship Between Psychological Flexibility and Transferred Psychological Trauma in Teachers*

	1	2	3	4	5
1. Psychological Flexibility	1				
2. Family Functioning	-.248**	1			
3. Past Family Traumas	-.137*	.311**	1		
4. Emotion and Behavior Regulation	-.434**	.395**	.420**	1	
5. Transferred Psychological Trauma Tot.	-.407**	.587**	.673**	.932**	1

\*.  $p < 0.05$  \*\*.  $p < 0.01$

It was found that there was a medium level [ $r = -.407$ ,  $p < .01$ ] medium level [ $r = -.407$ ,  $p < .01$ ] between psychological flexibility and the total score of transferred psychological trauma, low level [ $r = -.137$ ,  $p < .01$ ] between past family traumas, medium level [ $r = -.434$ ] between emotion and behavior regulation and low level [ $r = -.248$ ,  $p < .01$ ] between family functionality. In other words, it can be said that as the psychological trauma increases, psychological flexibility decreases.

A standard regression analysis was conducted to determine the prediction of teachers' psychological flexibility based on the psychological trauma experienced, and the results are presented in Table 3.

**Table 3.** Regression Analysis Findings For The Prediction of Psychological Flexibility By Psychological Trauma

	B	Standard Deviation	$\beta$	T	p	Binary r	Partial R	Tolerance	VIF	Durbin Watson
(Constant)	156,127	3,962		39,402	0,000					
Family Functioning	-0,708	0,378	-0,103	-1,873	0,062	-0,248	-0,104	.818	1.222	
Past Family Traumas	0,342	0,259	0,074	1,320	0,188	-0,137	0,073	.799	1.252	1.302
Emotion and Behavior Regulation	-0,833	0,113	-0,424	-7,353	0,000	-0,434	-0,379	.746	1.340	

R= .447; R<sup>2</sup>= .192; F<sub>(3,322)</sub>= 26.807; p= .000

When Table 3 is examined, it is seen that there is a moderate, positive, and significant relationship between teachers' psychological flexibility levels and transferred psychological trauma [R= 0.447, R<sup>2</sup>=0.192, p<.05]. This finding reveals that the factors of family functioning, past family traumas, and emotion and behavior regulation, which are the sub-dimensions of transferred psychological trauma, explain 19% of the variance of psychological flexibility. According to the standardized regression coefficient ( $\beta$ ) in the regression analysis, the effects of predictor variables on psychological flexibility were listed as emotion and behavior regulation, family functioning, and past family traumas, respectively. In other words, the emotion and behavior regulation dimension was found to be the factor with the strongest effect on teachers' psychological flexibility level. In the t-test analysis of the significance of the regression coefficients, only emotion and behavior regulation were found to be significant predictors of psychological flexibility. This finding shows that emotion and behavior regulation are the most determinant factors in individuals' psychological flexibility levels; the effect of other sub-dimensions is limited.

#### 4. Discussion and Conclusion

First, correlation analyses were conducted to determine the level of prediction of teachers' psychological flexibility by trauma. It was found that there was a significant negative correlation between psychological flexibility and the total score of transferred psychological trauma at a medium level, between past family traumas at a low level, between emotion and behavior regulation at a medium level, and between family functioning at a low level. At this point, family functioning, past family traumas, and emotion and behavior regulation, which are sub-dimensions of psychological trauma, explain approximately 19% of the variance in psychological flexibility. According to the standardized regression coefficient ( $\beta$ ), the order of importance of the predictor variables on psychological flexibility is emotion and behavior regulation, family functioning, and past family traumas. These findings answer the first research question by demonstrating that there is a significant and negative relationship between teachers' transferred psychological trauma and their psychological flexibility. More specifically, the second research question is addressed through the regression analysis results, which indicate that transferred trauma significantly predicts levels of psychological flexibility among teachers. In response to the third research question added during the revision process—"Which sub-dimensions of transferred psychological trauma are most strongly associated with psychological flexibility?"—the correlation results reveal that among the three sub-dimensions, emotion and behavior regulation has the strongest negative association with psychological flexibility. This implies that teachers who have more difficulties regulating emotions and behaviors as a result of intergenerational trauma are more likely to exhibit lower psychological flexibility. Furthermore, addressing the fourth research question—"To what extent does the 'emotion and behavior regulation' dimension of transferred trauma significantly predict psychological flexibility compared to other sub-dimensions?"—the regression analysis confirms that only this sub-dimension significantly predicts psychological flexibility, whereas family functioning and past family trauma do not reach significance. Therefore, the 'emotion and behavior regulation' factor emerges as the most critical element influencing teachers' ability to adapt flexibly.

When the t-test results regarding the significance of the regression coefficients are examined, it is seen that only emotion and behavior regulation are significant predictors of psychological flexibility. When the studies in the literature are examined, there is no study examining the relationship between directly transferred psychological trauma and psychological flexibility. Meşe (2021) found a significant relationship between

psychological flexibility and childhood traumas, which indirectly supports the findings of this study. Having a traumatic experience in childhood, together with the intense stress caused by trauma, increases recurrent negative thoughts and behavioral disorders, which leads to psychological rigidity with decreased psychological flexibility (Cook et al., 2012). Although psychological flexibility decreases after trauma, psychological flexibility is of great importance in maintaining effective coping strategies and a healthy mood (Berghoff et al., 2018; Kohtala et al., 2018; Sandoz et al., 2013). Boykin and colleagues' (2020) study revealed that low psychological flexibility is associated with high posttraumatic stress, and Baugh and colleagues' (2019) study showed that psychological flexibility mediates the relationship between childhood emotional abuse and partner trust. These prior studies support the central finding of the current research: psychological trauma, particularly difficulties in emotional and behavioral regulation passed across generations, compromises individuals' ability to remain psychologically flexible. Moreover, these findings emphasize the potential long-term benefits of interventions aimed at enhancing emotional regulation skills, especially in professional groups like teachers who often experience cumulative stress due to both personal and occupational demands.

In line with the second and fourth research questions—which examine whether transferred psychological trauma predicts psychological flexibility, and which specific trauma dimensions most strongly affect it—this paragraph explores how prior literature supports and contextualizes the current study's findings. Erduran Tekin (2022) found a significant negative relationship between psychological flexibility and trauma, which indirectly supports the findings of this study. In the literature, it has been stated that childhood traumas (physical and emotional abuse and neglect) are inversely related to cognitive dissociation, acceptance, staying in the moment and behaving in line with values, which are the basic components of psychological flexibility (Almarzooqi et al., 2017; Hamilton, 2018; Sheikh, 2018). Psychological flexibility is considered an important factor in keeping the negative effects and symptoms of trauma under control (Richardson & Jost, 2019). In addition, the finding of a significant negative relationship between small-scale traumas and psychological flexibility in Mert's (2024) study is consistent with the results of this study. These studies collectively reinforce the conclusion that transferred trauma—particularly through disrupted emotion regulation—can significantly impair psychological flexibility, thereby validating the core predictive model explored in this research.

This study has some limitations. First, the study was conducted only on teachers, and the generalizability of the findings is limited. Similar studies to be conducted on individuals in different occupational groups may allow the effect of psychological trauma to be examined in a broader framework. Secondly, the data used in the study is self-report-based, and there is a possibility of social favorability bias in the participants' responses. The third limitation is the use of only a quantitative data collection method; this study, which is not supported by qualitative data, does not provide an in-depth examination of the participants' experiences. Finally, since the study has a cross-sectional design, it is not possible to fully explain cause-and-effect relationships. Future research may benefit from incorporating longitudinal and mixed-method designs to better capture the complexity and long-term nature of trauma's effects on psychological processes such as flexibility. Additionally, comparative studies examining differences in trauma transmission and psychological flexibility across professions, cultures, or educational levels may offer broader insights. In this direction, it can be said that traumas experienced in childhood and adulthood negatively affect the psychological flexibility level of individuals, and this situation makes the post-traumatic adaptation process difficult. Programs to improve psychological flexibility may have an important role in alleviating the long-term effects of trauma and improving the quality of life of individuals.

## **5. Recommendations**

Some suggestions can be made within the framework of the findings obtained as a result of the research. First of all, the research can be expanded to include different professional groups. In this way, it may be possible to examine the effect of psychological trauma on psychological flexibility in a wider population. In addition, qualitative data collection methods can be used to explore teachers' experiences and emotional processes in more depth. Based on the results of this study, interventions should be planned to improve teachers' emotion and behavior regulation skills. In particular, psychoeducational programs to increase their psychological flexibility levels and practices focusing on emotional regulation techniques may help alleviate the negative effects of trauma. Finally, longitudinal studies should be conducted to examine changes over time, and the long-term effects of trauma should be addressed more comprehensively. In addition, specific

recommendations can be made for the education sector. Educational policymakers should consider integrating psychological flexibility training modules into in-service teacher training programs. School-based mental health support systems should be strengthened by providing psychological counseling services focused on trauma-informed care. Moreover, school leadership should foster emotionally supportive environments that help teachers regulate stress and model psychological flexibility for their students. Finally, collaboration between schools, mental health professionals, and teacher education faculties can facilitate the development of comprehensive well-being frameworks that support both teacher and student resilience.

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