

The Relationship between Childhood Traumas and Integrative Self-Knowledge with Mental Pain

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Abstract

Introduction: The aim of this research is to determine the relationship between childhood trauma, Integrative Self-Knowledge (ISK) and mental pain. In this study, ISK has been considered as mediating variable that can be influenced by childhood adversities and, in turn, affect the level of mental pain experienced by individuals.

Method: This study employed a descriptive correlational design. The statistical population includes all students aged 18 to 25 who are enrolled in one of the universities in Tehran and Karaj in 2023. A total of 117 volunteers were selected conveniently. The data were collected using the Childhood Trauma Questionnaire-Short Form (CTQ-SF), the ISK and the Orbach and Mikulincer Mental Pain Scale (OMMP). Statistical data analysis was Pearson correlation and structural equation modelling.

Results: The results of this study indicated a significant positive association between childhood trauma and mental pain ($p < 0.05$). Additionally, a significant negative association was found between ISK and mental pain ($p < 0.05$). Furthermore, a significant negative association ($p < 0.01$) was observed between the overall score of childhood trauma and ISK. Finally, based on the structural equation modelling, ISK was found to mediate the relationship between childhood trauma and mental pain.

Conclusion: The final implication of this study is that attention and sensitivity to an individual's life history, including experiences of childhood adversities, the level of self-knowledge, and the individual's self-knowledge in the form of a coherent narrative, and the amount of psychological pain that the person experiences, are of particular importance in assessing and addressing the individual's need for psychological and psychiatric interventions.

Keywords: Childhood Trauma, Integrative Self-knowledge, Mental Pain, Mediation, Structural Equation Modelling

Introduction

"How does the mind that is assaulted by severe mental pain escape from insanity, false statements, or lies? What makes tolerance to mental pain greater or smaller in different individuals and in distinct situations?" [1].

The idea of undertaking this research was ignited by Wilfred Bion's crucial questions regarding psychological pain. Psychological pain is defined as a persistent feeling beyond tolerance, which is caused by a person's negative evaluations of their inabilities or deficiencies [2]. By reviewing the research literature related to mental pain, we find that the keywords mental pain, psych ache and psychological pain are used to refer to the same structure [3]). Psychological pain is described as a state of persistent distress that is usually associated with significant physical or mental illness. The salient features of psychological pain include feelings of hopelessness and/or helplessness, loss of meaning, loss of self, sense of emptiness, and loss of control or autonomy [4]. Psychological pain was initially mentioned in connection with suicide, but it has been considered much broader [5]. Bion gives the answer to his own previously raised question in the framework of his own concept

as follows: mental pain is the result of traumatic experiences (beta elements) that the mind is not able to elaborate them [1]. Herman [6] defines mental pain as the emergence of a negative sense of self that is caused by trauma and losses; Based on Davanlo's theory in modern psychoanalysis, the lack of affection, care and optimal freedom in the child's relationship with parents is the cause of psychological pain [7]. Over the years, research has confirmed these hypotheses: the painful internal experience of borderline patients is often related to severe childhood trauma caused by abuse and neglect [8]. Patients with borderline personality disorder have a range of intense unpleasant emotions that are sometimes experienced as disturbing tension, including anger, sadness, shame, panic, insecurity, and chronic feelings of emptiness and loneliness. These individuals can be distinguished from other groups by their overall degree of multifaceted emotional pain [9]. This emotional pain has been interpreted as a response to trying to come to terms with repeated traumatic experiences in childhood, such as the loss of a parent, parental mental illness, witnessing violence, emotional, physical, and sexual abuse [10].

Briggs-Gowan et al. [11] found that the lower the age of the child exposed to the traumatic event, the higher the risk of developing mental illnesses. Finding out why this is the case can lead us to another related concept: young children, especially those with minimal language and speech development, experience and understand exposure to trauma differently than teenagers or adults. Younger children struggle with limited language abilities and are often unable to provide coherent accounts of events, nor do they have sufficient cognitive abilities to interpret events [12].

Herman (6) describes a process in which victims lose the ability to communicate traumatic memories through verbal narrative; Traumatic memories have no verbal narration and are separated from context. Rather, they are encoded in the form of vivid sensations and images, but they do not become linear narratives that can be easily integrated into the flow of the life story, but take the form of a fixed idea and image that spontaneously breaks into consciousness, both as flashbacks when the person is awake and as traumatic nightmares during sleep. This concept can be explained better by expounding the process of treatment and recovery: the process of recovery includes the interweaving of pieces of traumatic memories in a narrative that forms the person's life experience and sense of self [13]. Bion proposes the concept of "alpha function" to explain this intrapsychic and Self-related process. The alpha function digests the raw beta elements (which may manifest in the patient as mental pain) into elaborated thoughts [1]. In Herman's view, the lack of verbal narration is the "wreckage of a story." Herman considers this process to be the cause of the destruction of coherence and connection of people, time, space and affects in memory (13). In order to consider all these concepts (such as narrative, integration, elaboration of the emotions and experiences, etc.) in this research, a quantitative variable had to be chosen which

was Integrative Self-Knowledge (ISK). ISK is defined as the capacity to understand internal processes and experiences in a timely and categorized manner, in order to organize oneself [14, 15, 16]. ISK is responsible for active cognitive processing about oneself and past events. It comprises the following sequential stages: a) Attention, awareness, tolerating and processing the current experience, reflecting on the current experience, and linking it to past experiences. b) As a result of going through the previous stages, past blocked experiences surface to consciousness and find a new meaning with the help of the newly created perspective developed through this process. c) The final result is constructing a coherent narrative of lived experiences, which leads to setting goals and motivations aligned with needs and values [17].

According to what that has been mentioned, it seems that childhood adversities can have an effect on the amount of mental pain that a person experiences by influencing the way a person knows himself and his understanding and analysis of himself in the present and the past (variable of self-knowledge). The purpose of this research is to determine the type and extent of the relationship between these three variables.

Method

The current research is descriptive and correlational. The statistical population includes all students aged 18 to 25 studying in the universities of Tehran and Karaj in 2023. Convenience sampling method was used for selection of the participants. To determine the sample size, Green's formula was used, establishing a minimum required sample size of 110 participants:

$$N \geq k + 104$$

$$N \geq 8k + 50$$

Where k represents the number of predictor variables (each subscale is considered a predictor variable). In this study, k=6. By applying this value to both formulas, the largest obtained number was considered the minimum required sample size.

The selected sample included 125 students. Among the people who completed the questionnaire, 8 people were excluded due to denial of childhood problems (getting a score higher than 12 in response to the three items of the childhood trauma questionnaire designed to measure validity) and the remaining 117 people were selected as the sample group. In order to analyse the data, Pearson correlation method and structural equation model were used. All the analyses in this study were done using SPSS version 26 and PLS version 3. This research has been approved by the research ethics committee of Kharazmi University with the approval ID IR.KHU.REC.1402.035.

The tools used in this study were as follows:

The Orbach and Mikulincer Mental Pain Scale (OMMP): This tool was designed by Orbach and Mikulincer in 2003 to measure the intensity of mental pain, and has 44 items. It is graded on a five-point Likert scale from 1 to 5. It has nine dimensions or main factors. Cronbach's alpha coefficient of all the nine factors was acceptable (values between 0.75 and 0.95) which indicates its acceptable internal stability. The test-retest coefficients

of the nine factors were between 0.79 and 0.94. Also, the content validity and construct validity of the scale were reported to be adequate [18]. It has been translated into Farsi by Karami et al. and its reliability and validity have been confirmed [19].

The Childhood Trauma Questionnaire-Short Form (CTQ-SF): This tool was designed by Bernstein et al. in 1998 (with 34 items) to measure childhood trauma. This questionnaire measures five types of childhood maltreatment, which include sexual abuse, physical abuse, emotional abuse, and emotional and physical neglect. Bernstein et al. [20] prepared its shortened form with 28 items, 25 of which are used to measure the main components and three of which are used to identify people who deny their childhood problems. This scale is scored on a five-point Likert scale from 1 to 5. The Cronbach's alpha coefficients was calculated 0.78 and 0.95 across the various dimensions. Its concurrent validity with therapists' ratings of the amount of childhood trauma in their patients has been reported in the range of 0.59 to 0.78, which shows that CTQ-SF constructs (20). Garrusi and Nakhaee [21] confirmed its reliability and validity in an Iranian sample.

The Integrative Self-Knowledge Scale (ISK): This tool which has been designed by Ghorbani et al. [15] has 12 items. The subject answers each item on a 5-point scale from mostly false (1) to mostly true (5). Cross-cultural studies conducted in Iran (723 people) and the US (900 people) in three separate groups show that this scale has good internal consistency, measurement equivalence, incremental validity, criterion validity, discriminant validity and good convergence [15]. In the study of Ghorbani et

al. (16), the Cronbach's alpha of this scale was 0.79.

Results

The findings show that out of 117 people in the research sample, 87 people (74.4%) are women and 30 people (25.6%) are men. In addition, 114 people (97.4 percent) were single, 2 people (1.7 percent) were married, and 1 person (0.9 percent) did not answer. The average age of the sample group is 20.44 with a standard deviation of 1.74.

Descriptive statistics of variables presented in the table 1. As can be seen in table 2, the mean of the variables is as follows: ISK is 42.73, mental pain is 111.39, and the total score of childhood trauma is 40.72, and among the components of childhood trauma, emotional neglect with the mean of 11.59 was the highest and physical abuse was the lowest with a mean of 6.50.

Also, considering that a common criterion for evaluating normality is skewness. Some believe that the skewness should be between +2 and -2 to accept the normality of the distribution. As the results of Table 2 show, the skewness scores of all variables are in this range, so it can be accepted that their scores follow a normal distribution. According to the values obtained for the variables in the Kolmogorov-Smirnov test which are given in Table 3, it can be said that the distribution of all variables is normal according to the significance level greater than 0.05.

The results in Table 3 indicate that the total score of childhood trauma has a significant positive correlation with mental pain ($r=0.44, p<0.05$). Additionally, ISK has a significant negative correlation with both trauma ($r=-0/22, p<0.01$) and mental pain ($r=-0.61, p<0.05$).

Table 1. Descriptive Statistics of Research Variables

variable (maximum score obtainable)	M	SD	Skewness	Kurtosis
Emotional abuse (25)	9.13	3.49	0.62	-0.61
Physical abuse (25)	6.50	2.23	1.39	0.71
Sexual abuse (25)	6.72	2.51	1.43	1.00
Emotional neglect (25)	11.59	3.97	0.67	0.37
Physical neglect (25)	6.80	2.02	1.17	0.77
Total score of CTQ (125)	40.72	9.80	0.60	-0.38
Integrative Self-Knowledge (60)	42.73	8.26	-0.09	-0.65
Mental pain (220)	111.39	26.05	0.20	-0.63

Table 2. Normality Test

variable	Kolmogorov-Smirnov	P
Childhood Trauma	0.07	0.07
Integrative Self-Knowledge	0.08	0.059
Mental Pain	0.05	0.200

Table 3. Pearson Correlation Coefficients of Variables

Variable	1	2	3	4	5	6	7	8
1. Emotional abuse	1							
2. Physical abuse	0.38**	1						
3. Sexual abuse	0.30**	0.27**	1					
4. Emotional neglect	0.60**	0.30**	0.06	1				
5. Physical neglect	0.40**	0.11	0.03	0.48**	1			
6. Total score of CTQ	0.85**	0.58**	0.45**	0.80**	0.58**	1		
7. Integrative Self-Knowledge	-0.12	-0.11	-0.10	-0.14	-0.33**	-0.22*	1	
8. Mental pain	0.33**	0.25**	0.11	0.39**	0.40**	0.44**	-0.61**	1

* $p<0.01$, ** $p<0.05$

Structural equation model was used to investigate the mediating role of ISK variable between childhood trauma and mental pain. The diagrams 1 and 2 show the values before and after the mediator's entry. In

diagram 3, the t-values are shown: if the t-values between the subscales and variables are greater than the limit of 1.96, it confirms the relationship between the subscales and the variables.

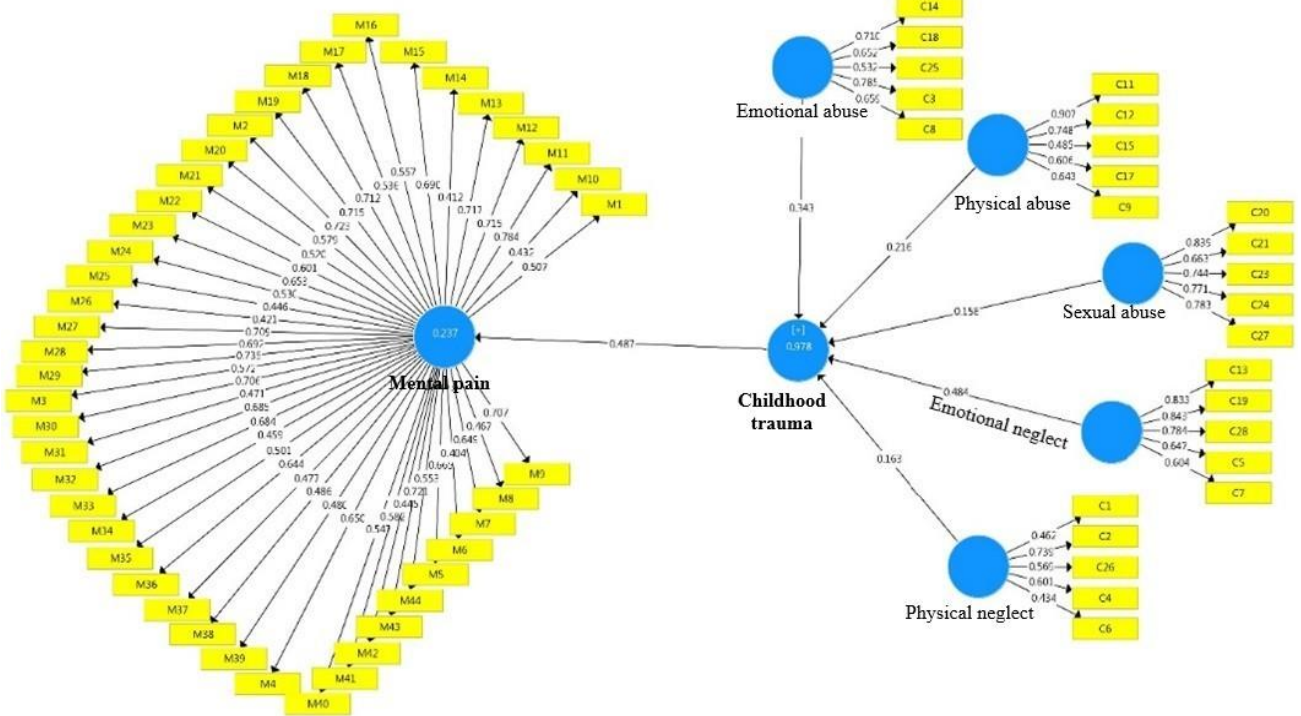


Figure 1. The coefficient of determination between childhood trauma and mental pain before the entry of the mediator (ISK).

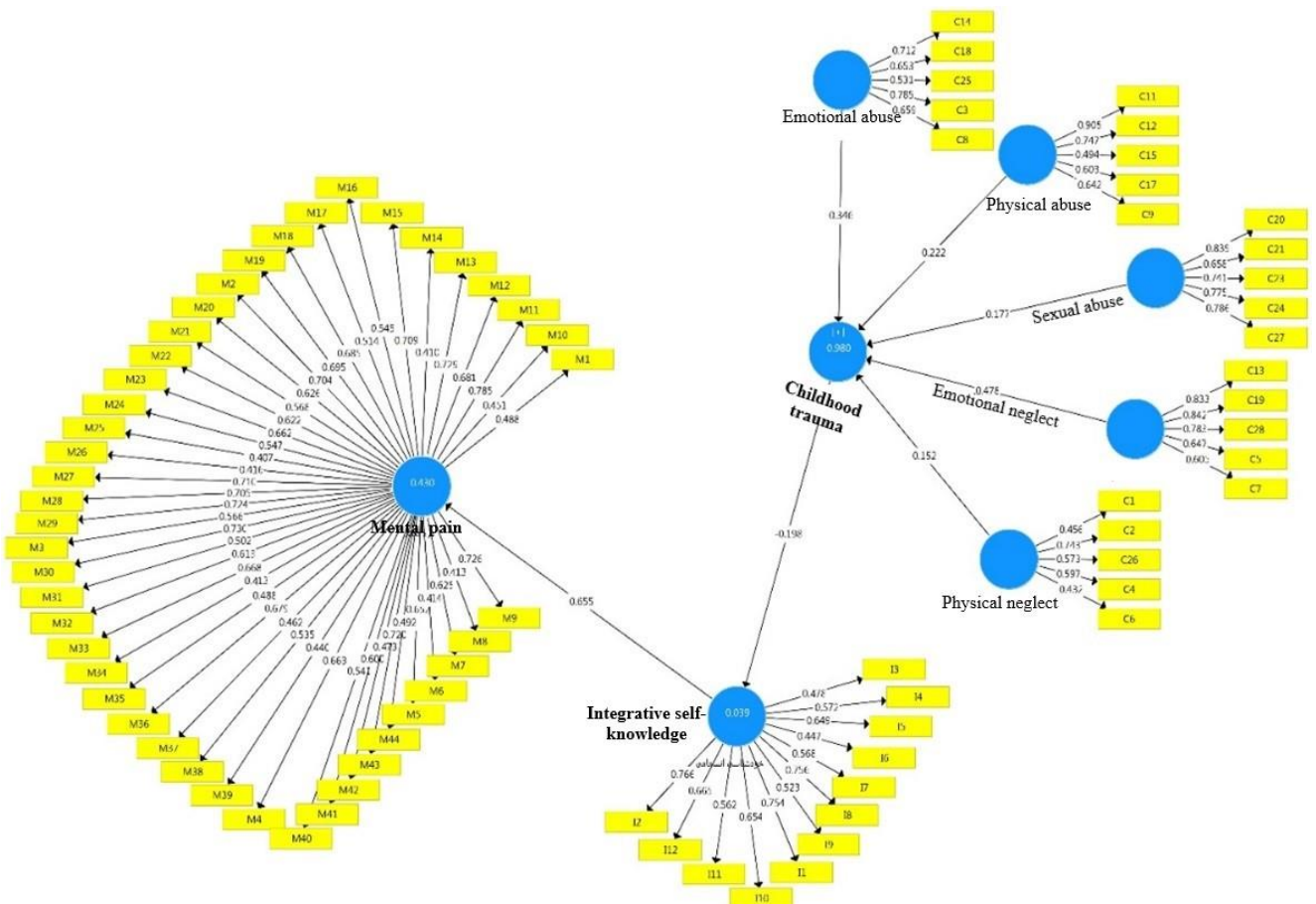


Figure 2. The coefficient of determination between childhood trauma and mental pain after the entry of the mediator (ISK).

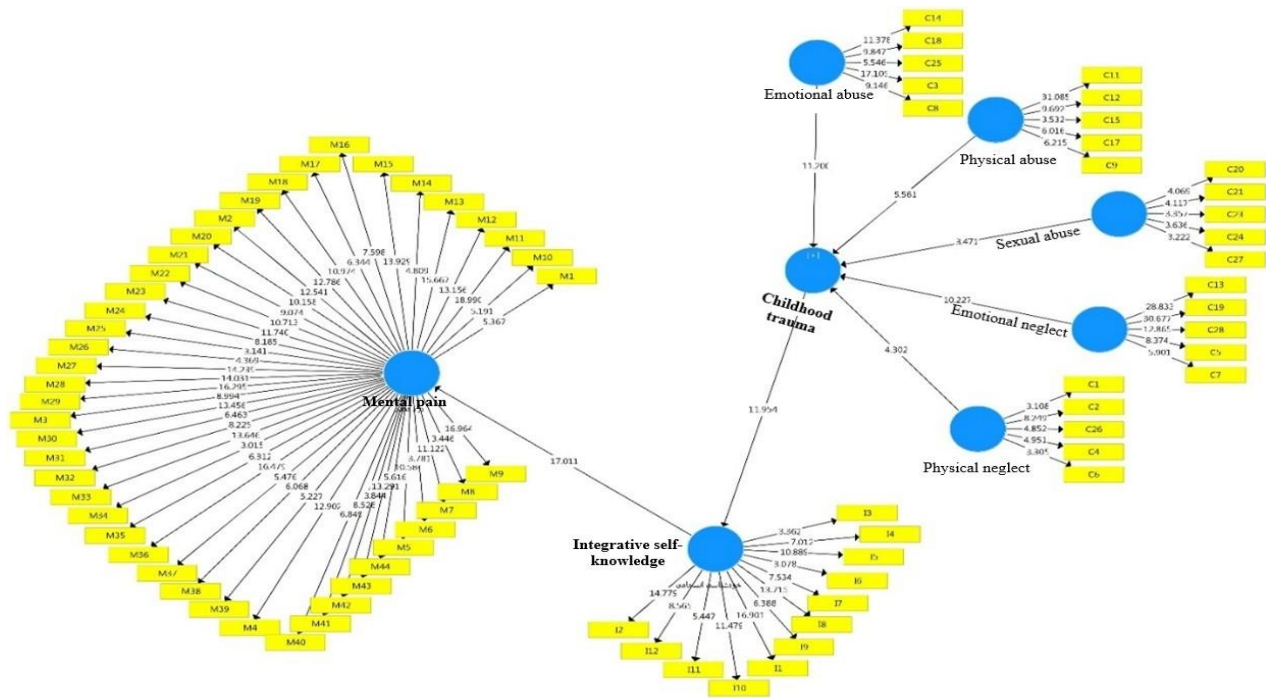


Figure 3. T test.

To evaluate model fit, the following indicators were used, which are also listed in Table 4:

1. Composite reliability coefficient (CR): This index is used to measure the internal consistency of the measurement model in PLS method. If its value is greater than 0.7, it indicates the appropriate internal stability for the measurement model.
2. Convergent validity: Average Variance Extracted (AVE) is an index to measure the internal validity of the measurement model. In simpler words, this index shows the degree of correlation of a structure with its indicators. The minimum value of 0.5 is considered for this index.
3. The value of SRMR is equal to 0.065, which should be less than 0.08, and this condition is met. The NFI value is 0.941, which is also acceptable (the value should be close to 1). The value of GOF measures the overall performance of the model. This index is manually calculated as average

R-squared and average shared values. The limits of the GOF index are between 0 and 1; a value above 0.36 is considered a strong value, a value of 0.25 is an average value, and a value of 0.1 is a weak value. The GOF index of this model has been obtained as 0.250, which is a desirable value for the model.

4. Another evaluation test of the reflective measurement model is its quality check test, which is used to determine the validity of the subscription. If the value of 1-SSE/SSO is positive, the quality of the measuring tool is suitable. This index actually measures the ability of the path model to predict the observable variables of the subscales through their corresponding hidden variables (components).

Based on the index values in Table 4, the model exhibits appropriate fit.

Table 4. Summary of Diagrams' Data and Model Fit Values

	R	R2	T	Ave	CR	1-SSE/SSO	The coefficient of determination
Childhood trauma	0.48	0.27	9.48	0.54	0.95	0.22	24 %
Mental pain							
Childhood trauma	-0.65	0.43	17.01	0.54	0.95	0.14	43 %
Integrative self-Knowledge Mental pain							

SRMR= 0.065, Chi-Square= 1245.187, NFI= 0.941, GOF= 0.2503

Discussion

The purpose of this research was to determine the type and extent of the relationship between the three variables of childhood trauma, ISK and mental pain and to investigate the mediating role of the variable of ISK in the relationship between childhood trauma and mental pain. The results of Pearson's correlation show that there is a significant positive correlation between childhood trauma (including the subscales of emotional abuse, physical abuse, emotional neglect, physical neglect and the total score of childhood trauma) with mental pain ($p < 0.05$). This finding was consistent with the results of studies by

Passos et al. [22], Martins et al. [23], Pompili et al. [24], and Zarrati et al. [25]. Among the childhood trauma subscales, the sexual abuse subscale did not show a significant correlation with mental pain. Regarding the non-significance of this relationship, we can speculate as follows: Considering the mean of the participants data in this subscale (6.72) and the fact that the minimum score that can be obtained in this subscale is 5, it can be concluded that the frequency of such experiences in participants was small or that the participants refused to answer the questions related to sexual abuse correctly

due to the sensitivity of the subject both psychologically and also with regard to cultural norms.

According to the results of Pearson's correlation coefficients, there is a significant negative correlation between the total score of childhood trauma and ISK ($p < 0.01$). This finding is consistent with Khanjani et al. [26] and Besharat et al. [17]. Among the subscales of the childhood trauma questionnaire, only physical neglect individually had a significant negative correlation with ISK ($p < 0.05$). In order to explain the weak (though significant) correlation between childhood trauma and the ISK, this consideration can be taken into account: according to the psychoanalytical definition of trauma [27], in a person with ego deficiency, a negative event can be subjectively perceived far more severe than the objective experience of that event. In other words, a defect in self-integrity can exacerbate the traumatic experience. These experiences also lead to the increasing feeling of insecurity and helplessness of the person forcing him to be enclosed in the inner psychological world and consequently making the self, less integrated. In this research, in order to prevent the impact of this vicious cycle on the results of the research and causing the inflation of the correlations, a specific questionnaire for childhood trauma (CTQ) was used whose items were mostly objective and not subjective propositions (inquiring about the objective experiences of the person), so as to avoid the influence of the individual's mentality and his mental narrative about his childhood as much as possible.

The results show that there is a significant negative correlation between ISK and mental pain ($p < 0.05$) and this is the strongest correlation between two variables in this research ($r = -0.61$). This result is consistent with the research result of Yarmohamadi Vassel et al. [28]. Self-knowledge is a process in which people actively try to integrate their past, present, and desired future experiences into a meaningful whole [16]. According to the definition of Stern quoted by Mitchell [29], a core self is built up out of experiences of agency, coherence, affectivity and continuity. If we pay attention to the dimensions of mental pain according to Orbach et al. [18] who prepared the questionnaire used in this research, the absence or deficiency of elements related to self, ego functions and the components of self-knowledge are prominent in it. These dimensions of mental pain are: narcissistic wounds, emotional flooding, lack of control, self-estrangement and confusion.

According to diagram 1 and 2, the variable ISK mediates the relationship between childhood trauma and mental pain. By putting together the consequences of psychological trauma, the components that damage self-integration and the factors that cause psychological pain, the relationship between these three variables is clarified; Childhood trauma disrupts the processes of emotion regulation, attachment, mentalization and the process of acquiring cognitive skills [30, 31]. In other words, the person's psychological regression in the form of disruption of various psychological processes due to the continuous use of low-level defense mechanisms happens. Dissociation is one of the psychological

defenses that become the most common psychological tool of the traumatized person in the long term [32]. Dissociation breaks the continuous line of experience (a person's stable feeling of being continuous in time and space), which is one of the dimensions of self-integration in psychoanalysis and among the components of ISK. In short, the loss of self-observation affects the capacity of the person's current and immediate experience. On top of that, the narrative that the person presents is abnormal and inconsistent under the influence of damaged psychological capacities [6]. These non-symbolic images disturb the psychological integration of the person and are experienced as emotionally confused, tense and indescribable parts. Consequently, they are processed in the form of psychological pain within the person and in relation to his relationships and the outside world.

The final result of this research is that the attention and sensitivity towards the person's life history including traumatic childhood experiences, psychological functions, the degree of self-integration, the person's self-knowledge in the form of a coherent narrative and the amount of psychological pain that the person experiences are significant factors for assessing a person's need for psychological and psychiatric help. The consideration of all these factors allows the mental health specialist to take an important step in restoring the mental health of the person by entering the inner world of the person and understanding his unique human pain.

The limitations of the present study are: using a self-report tool (questionnaire) in order to collect data can prevent a comprehensive examination of the desired psychological structures. The sensitivity of some questions in the questionnaires (especially questions related to sexual and physical abuse in the family) may have prevented the subjects from providing clear and accurate answers. Due to the use of available sampling methods and the limitation of the sampled population to students within a certain age range, caution should be exercised in generalizing the results of this research to other populations.

Regarding all three psychological concepts of the research variables, it is suggested that in addition to the self-report tool, a clinical interview should also be used in order to obtain comprehensive information. In addition, it is recommended that the proposed model of this research be tested with regard to demographic variables in other populations. In order to determine the effectiveness of therapeutic interventions in the relationship between the three variables of this research (especially treatments that focus on psychological integration), it is also suggested to conduct experimental and semi-experimental studies.

Conclusion

This study sheds light on the intricate relationships between childhood trauma, mental pain, and ISK. Findings reveal that childhood trauma is positively correlated with mental pain while negatively associated with ISK, underscoring the disruptive impact of early adversities on psychological integration. The mediating role of ISK emphasizes its critical importance in mitigating the effects of trauma on mental pain. By fostering self-knowledge

and addressing disruptions in self-integration, mental health professionals can take significant strides toward alleviating psychological distress. Future research should expand on these findings using diverse populations and incorporate clinical interviews to validate and deepen the understanding of these relationships.

Conflict of Interest

The authors declare that they have no conflicts of interest.

Ethical Approval

This manuscript is original, has not been published before, and is not currently being considered for publication elsewhere. Additionally, the research protocol was carried out in accordance with the Helsinki Declaration. This research has been approved by the research ethics committee of Kharazmi University with the approval ID IR.KHU.REC.1402.035.

Declaration of Generative AI and AI-Assisted Technologies

During the preparation of this work the authors did not use any AI tools or services.

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Resources

- Fleming M. Distinction between mental pain and psychic suffering as separate entities in the patient's experience. *Int Forum Psychoanal.* 2006;15(4):195–200. doi: [10.1080/08037060500522754](https://doi.org/10.1080/08037060500522754).
- Meerwijk EL, Weiss SJ. Toward a unifying definition of psychological pain. *J Loss Trauma.* 2011;16(5):402–12. doi: [10.1080/15325024.2011.572044](https://doi.org/10.1080/15325024.2011.572044)
- Tossani E. The concept of mental pain. *Psychother Psychosom.* 2013;82(2):67–73. doi: [10.1159/000343003](https://doi.org/10.1159/000343003).
- Sensky T. Mental pain and suffering: the “universal currencies” of the illness experience? *Psychother Psychosom.* 2020; 89(6):337–44. doi: [10.1159/000509587](https://doi.org/10.1159/000509587).
- Cosci F, Mansueto G, Benemei S, Chiarugi A, De Cesaris F, Sensky T. Mental pain as a global person-centered outcome measure. *CNS Spectr.* 2022;27(5):652–8. doi: [10.1017/S1092852921000699](https://doi.org/10.1017/S1092852921000699).
- Herman J. *Trauma and recovery: The aftermath of violence-from domestic abuse to political terror.* New York: Basic Books; 1992.
- Davanloo H. Management of tactical defenses in intensive short-term dynamic psychotherapy, Part I: Overview, tactical defenses of cover words and indirect speech. *Int J Short-Term Psychother.* 1996;11(3):129–52.
- Oldham JM. Borderline personality disorder and suicidality. *Am J Psychiatry.* 2006;163(1):20–6. doi: [10.1176/appi.ajp.163.1.20](https://doi.org/10.1176/appi.ajp.163.1.20).
- Lieb K, Zanarini MC, Schmahl C, Linehan MM, Bohus M. Borderline personality disorder. *Lancet.* 2004;364(9432):453–61. doi: [10.1016/S0140-6736\(04\)16770-6](https://doi.org/10.1016/S0140-6736(04)16770-6).
- Goodwin JM. Redefining borderline syndromes as posttraumatic and rediscovering emotional containment as a first stage in treatment. *J Interpers Violence.* 2005;20(1):20–5. doi: [10.1177/0886260504268602](https://doi.org/10.1177/0886260504268602)
- Briggs-Gowan MJ, Carter AS, Ford JD. Parsing the effects of violence exposure in early childhood: modeling developmental pathways. *J Pediatr Psychol.* 2011;37(1):11–22. doi: [10.1093/jpepsy/jsr063](https://doi.org/10.1093/jpepsy/jsr063).
- Najjar F, Weller RA, Weisbrot J, Weller EB. Posttraumatic stress disorder and its treatment in children and adolescents. *Curr Psychiatry Rep.* 2008;10(2):104–8. doi: [10.1007/s11920-008-0019-0](https://doi.org/10.1007/s11920-008-0019-0).
- Togashi K. Surrender and silence: the problem of narrative and non-narrative in psychoanalysis. *Psychoanal Self-Context.* 2019;15(2):199–216. doi: [10.1080/24720038.2019.1635603](https://doi.org/10.1080/24720038.2019.1635603).
- Ghorbani N, Watson PJ, Bing MN, Davison HK, LeBreton DL. Two faces of self-knowledge: Cross-cultural development of measures in Iran and United States. *Genet Soc Gen Psychol Monogr.* 2003; 129:238–68.
- Ghorbani N, Watson PJ, Hargis MB. Integrative self-knowledge scale: Correlations and incremental validity of a cross-cultural measure developed in Iran and United States. *J Psychol.* 2008; 142:395–412. doi: [10.3200/JRLP.142.4.395-412](https://doi.org/10.3200/JRLP.142.4.395-412)
- Ghorbani N, Cunningham CJ, Watson PJ. Comparative analysis of integrative self-knowledge, mindfulness, and private self-consciousness in predicting responses to stress in Iran. *Int J Psychol.* 2010;45(2):147–54. doi: [10.1080/00207590903165016](https://doi.org/10.1080/00207590903165016)
- Besharat MA, Bazzazian S, Ghorbani N, Asghari M. Predicting children's integrative self-knowledge in terms of parenting characteristics of parents. *J Fam Res.* 2014;10(1):65-78. [Persian].
- Orbach I, Mikulincer M, Sirota P, Gilboa-Schechtman E. Mental pain: A multidimensional operationalization and definition. *Suicide Life Threat Behav.* 2003; 33:219-30. doi: [10.1521/suli.33.3.219.23219](https://doi.org/10.1521/suli.33.3.219.23219).
- Karami, J., Bagian, M., Momeni, K., Elahi, A. Measurement of mental pain: Psychometric properties and confirmatory factor analysis of multidimensional mental pain questionnaire. *Health Psychology,* 2018; 7(25): 146-172. [Persian].
- Bernstein DP, Stein JA, Newcomb MD, Walker E, Pogge D, Ahluvalia T, et al. Development and validation of a brief screening version of the Childhood Trauma Questionnaire. *Child Abuse Negl.* 2003;27(2):169–90. doi: [10.1016/S0145-2134\(02\)00541-0](https://doi.org/10.1016/S0145-2134(02)00541-0).
- Garrusi B, Nakhaee N. (2009). Validity and reliability of a persian version of the childhood trauma questionnaire. *Psychological Reports.* 2009; 104: 509-516. doi: [2147.docx](https://doi.org/10.2147.docx)
- Passos B, Campos RC, Reixa C, Holden RR. The mediating role of tolerance for psychological pain in the relationship between different types of childhood traumatic experiences and suicidal ideation. *Omega.* 2023;302228231169148. Advance online publication. doi: [10.1177/00302228231169148](https://doi.org/10.1177/00302228231169148).
- Martins LC, Campos RC, Morujão IS. The mediating role of tolerance for psychological pain in the relationship of childhood trauma to suicidal ideation in individuals with a substance use disorder. *Br J Clin Psychol.* 2022;61(2):197–213. doi: [10.1111/bjc.12320](https://doi.org/10.1111/bjc.12320).
- Pompili M, Erbutto D, Innamorati M, Luciano M, Sampogna G, Abbate-Daga G, et al. The relationship between mental pain, suicide risk, and childhood traumatic experiences: results from a multicenter study. *J Clin Psychiatry.* 2022;83(4):41432. doi: [10.4088/JCP.21m14176](https://doi.org/10.4088/JCP.21m14176).
- Zarrati I, Bermas H, Sabet M. Correlation between childhood trauma and suicidal ideation by mediation of mental pain and object relations. *JHPM.* 2020;9(3):34–48. [Persian]. doi: [10.29252/jhpm.9.3.34](https://doi.org/10.29252/jhpm.9.3.34).
- Khanjani MS, Mosavat S, Bahmani B, Bakhshi E. Comparison of the childhood trauma, mindfulness attention awareness and integrative self-knowledge in cancer patients and general population. *Iran J Psychiatry Clin Psychol.* 2021;27(1):32–47. [Persian].
- Gold SN. *APA handbook of trauma psychology: foundations in knowledge.* Vol. 1. American Psychological Association; 2017. xxii-624 p. doi: [10.1037/0000019-000](https://doi.org/10.1037/0000019-000).
- Yarmohamadi Vassel M, Jokat F, Farhadi M, Zoghipaydar M. Structural model of relationships between integrative self-knowledge, perception of suffering and quality of life among cancer patients (stages 3 & 4). *J Res Psychol Health.* 2020;14(2):1–19. [Persian]. doi: [10.52547/rph.14.2.1](https://doi.org/10.52547/rph.14.2.1).
- Mitchell SA. Contemporary perspectives on self: Toward an integration. *Psychoanal Dialogues.* 1991;1(2):121–47. doi: [10.1080/10481889109538886](https://doi.org/10.1080/10481889109538886)
- Van der Kolk BA. Editorial introduction: Child abuse & victimization. *Psychiatr Ann.* 2005;35(5):401–8. doi: [10.3928/00485713-20050501-06](https://doi.org/10.3928/00485713-20050501-06)
- Fonagy P. Attachment and borderline personality disorder. *J Am Psychoanal Assoc.* 2000; 48:1129–46. doi: [10.1177/00030651000480040701](https://doi.org/10.1177/00030651000480040701).
- Honig RG, Grace MC, Lindy JD, Newman CJ, Titchener JL. Assessing long-term effects of trauma: Diagnosing symptoms of

avoidance and numbing. *Am J Psychiatry*. 1999; 156:483–5. [doi: 10.1176/ajp.156.3.483](https://doi.org/10.1176/ajp.156.3.483).