PERSONALITY DISORDERS IN RELATION TO EARLY CHILDHOOD EXPERIENCES, REJECTION SENSITIVITY, AND EMOTION REGULATION PROCESSES

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ABSTRACT

PERSONALITY DISORDERS IN RELATION TO EARLY CHILDHOOD EXPERIENCES, REJECTION SENSITIVITY, AND EMOTION REGULATION PROCESSES

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Aim of the current study was to investigate the associations among perceived parental rearing attitudes, rejection sensitivity, emotion regulation (i.e., intrapersonal emotion regulation & interpersonal emotion regulation), and personality disorder symptomatology. Since there was no Turkish version of Interpersonal Emotion Regulation Questionnaire (IERQ), the aim of the study 1 was to adapt IERQ into Turkish. Therefore, in study 1 psychometric properties of IERQ were explored. Results revealed good reliability and validity findings. Main study was composed of 583 participants. Participants' ages ranged between 18 and 28 (M= 21.24, SD = 1.89). A questionnaire package including Demographic Information Form, Egna Minnen Betraffande Uppfostran-Memories of Upbringing (s-EMBU), Rejection Sensitivity Questionnaire, Difficulties in Emotion Regulation Scale, Interpersonal Emotion

Regulation Questionnaire and Personality Belief Questionnaire was used to collect data. In order to test the hypotheses of the study, a series of multiple regression analyses was conducted. In addition, a path analysis was conducted to test the model. Consistent with the expectation, results revealed significant associations between parental rearing attitudes, rejection sensitivity, emotion regulation variables and personality disorder symptomatology. Mediation effect of emotion regulation variables was found to be significant in the relationship between parental rearing attitudes and personality disorder symptomatology. Mediation effect of rejection sensitivity and intrapersonal emotion regulation was found to be significant in the relationship between paternal emotional warmth and personality disorder symptomatology. The results of the current study were discussed in the light of existing literature. Finally, clinical implications and suggestions for the future studies were presented.

Keywords: Perceived Parental Relationship, Rejection Sensitivity, Emotion Regulation, Personality Disorders

ÖZ

KİŞİLİK BOZUKLUKLARINDA ERKEN DÖNEM ÇOCUKLUK YAŞANTILARI, REDDEDİLME DUYARLILIĞI VE DUYGU DÜZENLEME SÜREÇLERİNİN ROLÜ

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Bu çalışmanın amacı algılanan ebeveyn yetiştirme tutumları, reddedilme duyarlılığı, duygu düzenleme (içsel duygu düzenleme ve kişilerarası duygu düzenleme) ve kişilik bozuklukları semptomları arasındaki ilişkiyi incelemektir. Kişilerarası Duygu Düzenleme Ölçeği (KDDÖ)'nin Türkçe adaptasyonu olmadığı için birinci çalışmanın amacı KDDÖ'nün Türkçe adaptasyonunu tamamlamak olmuştur. Birinci çalışmanın sonuçları ölçeğin geçerlik ve güvenirliğinin iyi düzeyde olduğunu göstermiştir. Ana çalışmaya 583 kişi (450 kadın, 133 erkek) katılım sağlamıştır. Katılımcıların yaşları 18 ile 28 arasında değişmektedir (O = 21.21, SS = 1.89). Veri toplamak için Demografik Bilgi Formu, Algılanan Ebeveyn Tutumları-Kısa Formu, Reddedilme Duyarlılığı Ölçeği, Duygu Düzenlemede Güçlükler Ölçeği, Kişilerarası Duygu Düzenleme Ölçeği ve Kişilik İnanç Ölçeği kullanılmıştır. Çalışmanın hipotezlerini

test etmek amacıyla bir dizi hiyerarşik çoklu regresyon analizi yürütülmüştür. Buna ek olarak, önerilen ilişkilere bakmak amacıyla model testi uygulanmıştır. Çalışmanın sonuçları, beklenenle uyumlu olarak, algılanan ebeveyn yetiştirme tutumları, reddedilme duyarlılığı ve içsel ve kişilerarası duygu düzenlemenin kişilik bozuklukları ile anlamlı olarak ilişkili olduğunu göstermiştir. İçsel ve kişilerarası duygu düzenlemenin algılanan ebeveyn ilişkisi ve kişilik bozuklukları arasındaki ilişkide anlamlı aracı etkisi bulunmuştur. Ayrıca reddedilme hassasiyeti ve içsel duygu düzenleme becerilerinin babadan algılanan duygusal sıcaklık ve kişilik bozuklukları arasında anlamlı aracı etkisi olduğu sonucuna ulaşılmıştır. Çalışmanın sonuçları güncel literature ışığında tartışılmıştır. Son olarak, çalışmanın klinik açıdan önemi ve gelecekteki çalışmalar için öneriler sunulmuştur.

Anahtar Kelimeler: Algılanan Ebeveyn İlişkisi, Reddedilme Duyarlılığı, Duygu Düzenleme, Kişilik Bozuklukları

To my love Hüsrev Aksüt, who is a home and an adventure at all once

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CHAPTER 1

INTRODUCTION

"Kendine yeterli olma, bağımsız olma yönünde ise, gelişmen, hep, başka kişilerle kurduğun ilişkilerin içinden geçerek yürüdüğün bir yol olacak. Bağımsızlığın, bağımlılıklardan geçecek"

Oruç Aruoba,1990

"The past is never dead. It's not even past."

William Faulkner, 1951

Everyone in this world has a unique pattern of thought, cognition, emotion, motivation, and behavior in the face of the demands of a situation. What makes a person different from the others mostly described as "personality". Although there is no single definition or theory that is universally accepted, personality can be defined more broadly as "a pattern of relatively permanent traits and unique characteristics that give both consistency and individuality to a person's behavior" (Feist & Feist, 2008, p.4). Common personality traits that differentiate one person from the other can be problematic when they are maladaptive and inflexible (American Psychiatric Association [APA], 2013). Oldman, Skodol, and Bender (2014) stated that personality disorders are related with the degree of nonpathological personality traits. Personality disorders defined as a persistent pattern of behavior and inner experiences that are not congruent with the expectations of culture. In addition to that personality disorders were characterized as pervasive, firm, durable over time, and associated with distress (APA, 2013). Although the results of the prevalence studies differ depending on the methods and samples that were used, in their extensive research Lenzenweger, Lane, Loranger, and Kessler (2007) concluded that approximately 9 % of US population has a personality disorder.

Until 1980s, the nature of personality disorders explained mostly from a psychodynamic perspective. Freud (1961) defined different personality types as "character traits", Shapiro (1965) used the terms "neurosis" and "neurotic styles" for personality disorders. The effect of psychodynamic conceptualization also affected DSM (Diagnostic and Statistical Manual of Mental Disorders)-I (1952) and DSM- II (1968). In DSM- III (1980) a multiaxial system in diagnosis was introduced. Axis I included episodic disorders and Axis II included personality disorders with the other persistent disorders. Another renewal in DSM-III was categorizing personality disorders into clusters based on their descriptive similarities. Although some personality disorders removed or changed from the manual in time, multiaxial and cluster systems were remained same in DSM-IV (1994), DSM-IV-TR (2000), and DSM-5 (2013). In the cluster system ten personality disorders were grouped into three Clusters which are Cluster A (schizoid, schizotypal, and paranoid personality disorders), Cluster B (antisocial, borderline, histrionic, and narcissistic personality disorders), and Cluster C (avoidant, dependent, and obsessive compulsive personality disorders). Based on the shared common characteristics of disorders, Cluster A is also named as odd-eccentric cluster, Cluster B is also named as dramatic-emotional cluster, and Cluster C is also named as anxious-fearful cluster (APA, 2013).

In DSM- 5 (2013) personality disorders are characterized with deviations in the areas of cognition, affectivity, interpersonal functioning, and impulse control. The specific pattern of inner experience and behavior of a person with a personality disorder is not flexible and can be generalized across different situations. This enduring pattern causes stress and deterioration in the functioning of social and occupational areas. The existing pattern is stable over time and might have an onset at adolescence. There is no better explanation for these attitutes and the enduring pattern should not be inferable to the effects of a substance or medical condition (APA, 2013). Although there are opponents of dimensional approach of personality disorders, DSM-5 categorizes ten personality disorders in three clusters like DSM-IV-TR. However in Section III of DSM-5 an alternative dimensional model for personality disorders were included.

Since personality disorders (PDs) are ego-syntonic and part of the patient's sense of self, people with PD do not usually seek treatment for their personality pathology. They usually apply to clinic with the complaints of Axis I disorders since comorbidity rates are high (Shea, 1997). Having a personality disorder is thought to increase the likelihood of the emergence of other psychiatric disorders like anxiety, impulse- control disorder, substance abuse, and depression (Kendall, 2002). Mentioned features of PDs complicate the treatment process because of drop out rates, avoidance from psychotherapy, and reluctance to change.

It was stated that, the interaction of genetic predisposition, and environmental and cultural influences might have effect on the development of personality and personality disorders (Beck, 2015). Dysfunctional beliefs about self, others, relationships, and world might begin to develop within the first relationships. Therefore, in the following section some of the existing theories of percieved parental relationship was mentioned. In addition, existing findings on the role of perceived parental relationship on the psychological health of the individual were reviewed.

1.1. Perceived Parental Relationship

Many different theories find a common ground on the importance of early relationship with the caregiver. From the very first day of life, human beings have a strong need for interpersonal bonds. Besides the need for physical caring and protection, belongingness and being accepted by others have important impacts on psychological development and well-being (Baumeister & Leary, 1995). However, certain problems in the relationship between parent and child might affect the interpersonal schemas of child and contribute to psychological distress and impairments in personality development.

Among the existing theories interpersonal theory (Sullivan, 1953) emphasizes the reciprocal effect of human relations as a mean of understanding human behavior. Since first relationships are formed with caregivers, the nature of this relationship becomes crucial. Within the history of interpersonal psychology, attachment theory was one of the most important approaches that focuses on close interpersonal

relationships (Bowlby, 1973). According to the attachment theory, people born with the tendency to seek closeness from significant others and the function of this system is to provide support and protection to feel safe (Bowlby, 1982). Although with time people develop internal representations of external attachment figures, attachment system stays active during life (Bowlby, 1988). Bowlby tried to explain the effects of early relationship experiences on following relationships. He came up with the term "internal working models". According to Bowlby (1977) people generate expectations from relationships based on their earlier experiences. In order to explain the same phenomenon Sullivan had used "parataxic distortion". Both Sullivan and Bowlby tried to emphasize that people develop expectations about their new relationships based on their earlier relationship experiences. Because of the preset schemas, people tend to behave in a certain way. For example, if a person previously had supportive relationships, s/he would tend to expect the new relationship as supportive. In the opposite way if the person had experienced abuse in earlier relationships, s/he would tend to expect that the new relationship will also be abusive.

Rohner is another influential theorist who studied the short and long term effects of parental acceptance and rejection. According to Rohner (1986) parental warmth and parental control are two dimensions of parenting. Theory suggests that everybody experience warmth, acceptance, and control to some extent from their parents. Hence, everyone can be placed on somewhere in the warmth or control dimensions of parenting. While expressions of warmth include caring, approving, nurturing, being available, kissing, hugging, smiling, and supporting; expressions of rejection might consist of the absence of warmth, love, and affection, cold, neglecting and unaffectionate behaviors, physical and psychological unavailability, and expressions of hostility and aggression (Rohner, 1986). According to parental acceptance and rejection theory, previously experienced rejection has important effects on the adjustment, worldview, perception of self, and mental health of the person. It was stated that if a child grows in a rejecting environment, it is highly likely that s/he will develop a belief that s/he is unlovable and worthless. These beliefs may lead to impaired self image. Since the first image of self is negative, these perceptions might

be generalized as "the world is untrustworthy, hostile, threatening, and dangerous". These kinds of beliefs set the stage for not trusting the environment. Rohner, Khaleque, and Cournoyer (2007) stated that people with previous rejection experiences are likely to perceive rejection and hostility even in neutral situations, and their coping capacity is low and they are less emotionally stable.

Although there are some differences on the conceptualization and classification of parental rearing attitudes, it has been a highly popular topic within the literature of psychology. Studies using different measures have traced back the origins of the psychological problems. The results of these studies expand our understanding on the effects of early experiences on mental health. Results revealed significant relationship between perceived parental rearing styles and psychological problems like depression (Richter, Richter, Eisemann, Seering, & Bartsch, 1995) personality pathology (Thimm, 2010), internalizing and externalizing problems (Roelofs, Meesters, ter Huurne, Bamelis, & Muris, 2006), obsessive compulsive disorder (Alonso et al., 2004; Yoshida, Taga, Matsumoto, & Fukui, 2005), anger and hostility (Muris, Meester, Morren, & Moorman, 2004), and social anxiety (Türküler-Aka & Gençöz, 2014).

In terms of the relation between perceived parental rearing styles and personality disorders the results of the existing studies are inconsistent. Although this might be due to the use of different instruments for measurement, it might also be related with the complex nature of personality disorders. In terms of borderline personality disorder Links and Monroe- Blum (1990) reviewed 10 studies and concluded that over involvement or under involvement with the child are common themes for the borderline personality disorder (BPD) patients. There are also findings in which unpredictable and intrusive parenting are associated with borderline personality disorder (Paris, 1996; Reich & Zanarini, 2001). Bornstein (1997) stated that overprotective and authoritarian parenting might be related to dependent personality disorder (as cited in Bornstein, 2012). In addition to that according to the study of Timmerman and Emmelkamp (2005) with prisoners, Cluster B personality disorders were found to be associated with the perception of less care and more protection from parent, and Cluster A personality disorders were found to be associated with

low maternal care. According to Thimm' s (2010) study maternal and paternal rejection, and less emotional warmth from mother significantly associated with Cluster A and B personality disorder symptoms. Moreover, it was found that Cluster C personality symptoms were related to paternal rejection. Under the light of current literature it can be said that studies are not enough to reach a clear understanding of the effect of perceived parental rearing styles on personality disorders.

As perceived parental rearing might have a direct effect on psychological disorders, it can also be claimed that the role of perceived parental rearing on psychological problems might take its effect through its influence on other variables. Since first beliefs about world and others begin to develop in parental context, perceived parental rearing might have an effect on acceptance and rejection schemas which in turn might have a role on the interpersonal relationships in adult life. In the following section, the roots of rejection sensitivity and its role on the interpersonal relationships were presented.

1.2. Rejection Sensitivity

Need to belong and sustain the important relationships is accepted among the fundamental human motivations (Baumeister & Leary, 1995). It seems highly likely that social bonding has reproductive and survival values. In a world where resources are limited, the members of a group will surely have more chance to get food, shelter, and protection when compared to an individual. Baumeister and Leary (1995) also indicated that the need to belong is universal and initiates goal-directed behaviors. In addition, when there is a threat to established bonds, people might show aversive reactions. Different theorists have emphasized the importance of social relationships so far. First theorist who mentioned rejection sensitivity was Karen Horney. Horney (1937) postulated that sensitivity to rejection is a characteristic of neurotic personality. People with neurotic personality were proposed to yearn for affection, but at the same time it is so hard for them to accept affection. Horney stated that people with neurotic personality are very sensitive to the cues of rejection. They might perceive rejection even when there is a change at the time of a meeting or when someone is late for a meeting; after feelings of rejection they might

get totally withdrawn. Since they have fear of rejection, they avoid situations including any possibility of rejection.

Within the literature on rejection sensitivity, there are two different conceptualizations. First one describes rejection sensitivity as a personality trait and the other one describes rejection sensitivity as a cognitive affective processing disposition which is activated by situational elements. From the personality trait perspective, Boyce and Parker (1989) addressed rejection sensitivity as a part of neuroticism. They stated that rejection sensitivity is an increased awareness of other people and sensitivity to their emotions and behaviors. The basic emphasis of trait conceptualization is the stability of this orientation regardless of the situation. From a cognitive- affective processing system (CAPS) framework rejection sensitivity is defined by Downey and Feldman (1996) as a tendency to “anxiously expect, readily perceive and overreact” to the rejection cues. In this processing system, situational characteristics stimulate the network of cognitive, affective processes; and factors like encoding, beliefs, expectations, goals, self regulatory strategies and these situational characteristics mediate the behavior of a person (Mischel & Shoda, 1995). It was stated that this system creates patterns like "if....then.." which shapes the personality of a person. Thus, unlike trait perspective, CAPS framework emphasizes that situations effect the response of a person. The model of rejection sensitivity from the CAPS framework proposes that hypersensitivity to the signs of rejection is a result of a learning process. When people are repeatedly exposed to rejection in early years of life, they grow to expect from others to reject them (Downey & Feldman, 1996; Levy, Ayduk, & Downey, 2001). Besides family environment, rejection experiences in peer and intimate relationships might also affect the level of rejection sensitivity. Since these rejection experiences mostly involve significant others, rejection expectations are emotion-laden. The development of acceptance and rejection schemas starts as early as the first days in life (Ainsworth, Blehar, Waters, & Wall, 1978). As can be seen from the Figure 1.1, rejection sensitivity model purports that previous rejection experiences effect the mental representations about relationships and might lead to defensive expectation of rejection. Since people with rejection sensitivity cannot be sure when the feared rejection will occur, they tend to

be hyper vigilant to the cues of rejection and might quickly interpret an ambiguous situation as rejection. Afterwards, emotions and thoughts related to rejection experiences like anger or anxiety suddenly emerge. It was stated that different people might use different ways for preventing rejection or for coping with rejection. Some people get angry and use aggression, on the other hand other person might feel anxiety and avoid situations that might likely to result in rejection, a different person might actively try to please others, or another might completely withdraw support (Pietrzak, Downey, & Ayduk, 2005). According to Levy et al. (2001) rejection cues might lead to the feelings of hurt, anger and also might lead to blaming self or blaming others. It was stated that people who are more prone to blame themselves are more likely to exhibit the symptoms of depression, whereas people who are more prone to blame others are more likely to behave aggressively in the face of rejection cues. If the person reacts in a maladaptive way to an ambiguous situation, the feared result, which is a real rejection, might occur. Thus, it can be said that incorrect inferences might strengthen the rejection sensitive person's susceptibility as it leads to real rejection experience.

Pietrzak et al. (2005) stated that when there is a possibility of rejection in the situation, people with high rejection sensitivity tend to be hypervigilant to the threat cues. Since the experience of rejection is so aversive for them, they might interpret mild rejection signs as catastrophic and overreact. It was stated that their strategy fits the phrase "better safe than sorry". However, this quick activation of defensive system might be maladaptive, when the real threat of rejection is actually less than the perceived threat.

First empirical studies about rejection sensitivity were conducted by Feldman and Downey (1994). Their study revealed that family violence was positively related to rejection sensitivity levels and rejection sensitivity mediates the relationship between family violence and adult attachment style. Afterwards they tested a series of hypothesis (Downey & Feldman, 1996). In Study 1 they investigated the psychometric properties of Rejection Sensitivity Questionnaire. In study 2 they designed an experiment to test whether anxious expectation of rejection leads to perceive rejection more readily in an ambiguous situation. People in experimental

group met with an opposite-sex stranger (who was a confederate). As a part of the experiment they were going to talk to each other for 10 minutes in the first session and 5 minutes in the second session. However after the first session, participants were told that the other participant did not want to continue to the study. Researchers expected that participants with high rejection sensitivity would report higher levels of rejection perception than participants with low rejection sensitivity. While no information was given to the participants in experimental group, participants in control group were informed that the second part of the study could not be completed since there is a time constrain. Results of the study revealed that participants with high rejection sensitivity in the experimental group reported higher levels of rejection related feelings when compared to participants with low rejection sensitivity. The levels of rejection sensitivity levels in control group participants did not significantly increase after the manipulation. In their 3rd and 4th studies Downey and Feldman (1996) worked with participants who are in a romantic relationship. They concluded that people who were anxiously expecting rejection perceived more malicious intentions when their romantic partner was insensitive. In addition, they found that partners of people with high rejection sensitivity perceive their relationship more dissatisfying because the partners of rejection sensitive males evaluated their partners as jealous and the partners of rejection sensitive females evaluate their partners as hostile and they reported that their girlfriends could easily withdraw their emotional support.

After the introduction of the model and initial empirical findings, the interplay of rejection sensitivity with other psychological constructs was widely examined by the researchers. Rejection sensitivity was found to be associated with self directed hostile cognitions (Breines & Ayduk, 2013), efforts to prevent rejection and depressive symptoms (Ayduk, Downey, & Kim, 2001), borderline personality disorder symptoms (Berenson, Downey, Rafaeli, Coifman, & Paquin, 2011), loneliness and withdrawal (Watson & Nesdale, 2012), aggression (Romero-Canyas, Downey, Berenson, Ayduk, & Kang, 2010), and social anxiety (London, Downey, Bonica, & Paltin, 2007). In addition to that subsequent researches provide support for the relation between rejection sensitivity and earlier experiences of rejection

(Downey, Khouri, & Feldman, 1997; İbrahim, Rohner, Smith, & Flannery, 2015; Çardak, Sarıçam, & Onur, 2012).

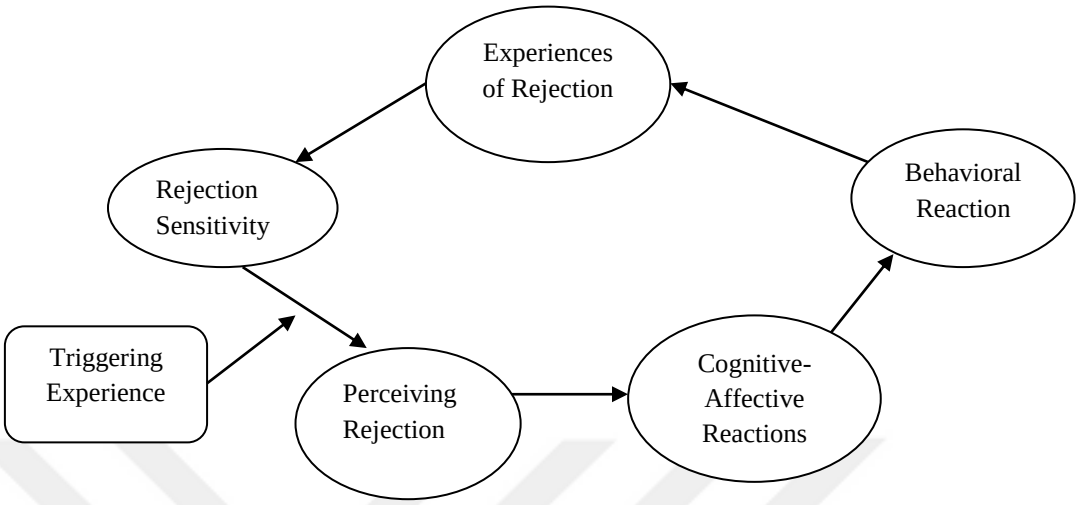


Figure 1.1 Rejection sensitivity model (Adapted from Levy et al., 2001; p. 252)

Previous studies also investigated the effect of gender on the levels of rejection sensitivity and the effect of the perceived parental rearing attitudes on rejection sensitivity. İbrahim et al. (2015) found that same sex parents' acceptance or rejection in childhood contribute more to rejection sensitivity. However, there are different results in terms of the relationship between rejection sensitivity and gender. Some studies found no significant difference between genders (İbrahim et al., 2015), some studies found that females had higher levels of rejection sensitivity than males (Erözkan, 2009), and some studies found that adolescent males had higher levels of rejection sensitivity than females (Hafen, Spilker, Chango, Marston, & Allen, 2014). It can be said that gender has not a differentiating role for rejection sensitivity.

While it is widely accepted that gaining acceptance and avoiding rejection are powerful motivations in interpersonal relationships, there is always a risk of rejection in relationships. Williams (2001) estimated that people experience as much as a thousand times of social exclusions in a lifetime. Although rejection leads to some hurtful feelings for most of the people, it was stated that high rejection sensitive people react more intensely and more defensively to these situations (Pietrzak et al., 2005). Therefore, investigating how people cope with rejection also seems important

to understand the circular pattern. Levy et al. (2001) explained two ways of coping that people with rejection sensitivity mostly use. First one is trying to maintain intimacy and by this way avoiding rejection with the belief that "If people love me, then they will not hurt me". This strategy might lead to make high investment to the relationships which may in turn result in engaging unwanted behaviors in order to maintain relationship. In their study Purdie and Downey (2000) measured the rejection sensitivity levels of girls in 5^{th} and 7^{th} grade and two years later they took another measurement. They realized that the levels of rejection sensitivity in the first measurement predicts the second measure of the likelihood of girls to be willing to do things they do not want in order to resume the relationship. In addition Downey and Ayduk (2002) found that a high level of rejection sensitivity is related to the unstable perception of self. Since high rejection sensitive people tend to change their self schemas according to the evaluation of others, it is also expected that high rejection sensitivity is related to disclosing less about self. Second strategy to cope with rejection is reduced involvement with the belief that "If I do not communicate and make bonds, people will not hurt me". Despite the effectiveness of this strategy, it also eliminates the opportunity of establishing meaningful relationships and fighting with the presumption that rejection is a constant risk (Levy et al., 2001). Besides these maladaptive patterns, the ability to regulate self was proposed to protect individual with high rejection sensitivity from the undesired consequences. It was stated that in the face of a perceived rejection, stress level increases and emotion-laden, automatic "hot processing" immediately gets active in rejection sensitive people. However, Ayduk and Mischel (2002) indicated that people with self regulation ability can constrain their reactions in order to reach their long term goals. The ability of self regulation provides cooling down the process and contribute to take deliberate actions (Ayduk & Mischel, 2002). In their study Ayduk et al. (2000) tested whether rejection sensitivity and delay ability have an interaction effect on the experienced personal and interpersonal difficulty levels of people. Their sample consisted of people who had participated delay of gratification paradigm experiment 20 years ago when they were approximately four years old. Researchers collected data about participants' rejection sensitivity levels, self worth, self-esteem, coping ability, information about drug usage, and education level. Results of their study

revealed that individuals who had high rejection sensitivity had lower levels of self-worth, coping ability, and self- esteem than low rejection sensitive people but on the condition that high rejection sensitivity was combined with low self regulation ability. Like self regulation, emotion regulation is thought to play a role on rejection sensitivity. Previous studies provided empirical support for the view that people with high rejection sensitivity are less successful at regulating their emotions (Kross, Egner, Ochsner, Hirsch, & Downey, 2007; Velotti, Garofalo, & Bizzi, 2015). A further study by Velotti, Garofalo, Vari, and Zavattini (2014) found that there was a significant positive relation between difficulties in emotional acceptance and rejection sensitivity in particular. In a similar vein, Peters, Smart, and Baer (2015) aimed to investigate the role of emotion regulation between rejection sensitivity and borderline personality disorder and they found that difficulties in emotion regulation is accounted for significant variance in the relation between BPD and rejection sensitivity. Similarly, Velotti et al. (2015) compared the rejection sensitivity levels of a psychiatric patient group with a community sample. They also aimed to investigate the mediating role of emotion dysregulation between mindfulness and rejection sensitivity. The results of their study revealed that psychiatric patient group scored higher on rejection sensitivity, emotional dysregulation and scored lower on mindfulness when compared to community sample. They also found that lower levels of mindfulness and emotional dysregulation had a substantial effect on the rejection sensitivity in both psychiatric patient group and community sample. All above mentioned studies support the view that high rejection sensitivity levels are related to low emotion regulation abilities.

Although rejection sensitivity was mostly studied in the area of social psychology there is an increasing tendency to study rejection sensitivity within the clinical context. Since problems in interpersonal relationships constitute an important part of borderline personality disorder (BPD), in the existing literature rejection sensitivity was mostly studied with BPD patients in clinical context and people with borderline personality traits in community. Consistent with the expectations, substantial support was provided in terms of the association between rejection sensitivity and BPD. Staebler, Helbing, Rosenbach, and Renneberg (2011) compared the rejection

sensitivity levels of people with different emotional disorders and healthy controls. Their study revealed that there was a high association between rejection sensitivity (RS) and BPD symptomatology. They also found that BPD patients scored significantly higher than healthy controls and patients with anxiety disorder, mood disorder, social phobia, and avoidant personality disorder in terms of rejection sensitivity. Finally, their study indicated that BPD patients had higher RS scores than those patients with social anxiety disorder. In the existing literature there are also other studies which provide empirical support for the relationship between borderline personality disorder symptoms and rejection sensitivity levels (Goodman, Fertuck, Chesin, Lichenstein, & Stanley, 2014; Zielinski & Veilleux, 2014). Besides studying direct effect, some studies investigate the mediating effect of rejection sensitivity between parental rejection and borderline personality characteristics. Rosenbach and Renneberg (2014) found that the effect of early experiences of parental rejection on borderline characteristics was fully mediated by RS.

While research on the relation between rejection sensitivity and BPD is mounting, it seems highly likely that rejection sensitivity is a common ground for most of the psychological and interpersonal problems. Rejection sensitivity has already been found to be related to avoidant personality features (Meyer, Aichenbrenner, & Bowles, 2005), depression (Ayduk et al., 2001, Zimmer-Gembeck & Vickers, 2007), social anxiety (Fang et al., 2011), and bipolar disorder (Ng & Johnson, 2013). Moreover, Velotti et al. (2015) studied rejection sensitivity with a psychiatric group composed of people with schizophrenia, other psychotic disorders, bipolar disorder, personality disorders, depression, drug and alcohol abuse, anxiety disorders and eating disorders. The results of the study revealed that people with various psychiatric disorders reported higher levels of rejection sensitivity than the control group.

It can be summarized that rejection sensitivity might be related to the self related beliefs like being an acceptable, lovable, preferable person or not. In addition to that, rejection sensitivite people might tend to experience more interpersonal problems if they cannot regulate the suddenly emerging negative emotions. In the following section, some of the theories on emotion regulation was presented and the effect of

emotion regulation on psychological health was illuminated based on the findings in the existing literature.

1.3. Emotion Regulation

The subject of emotion within the history of psychology is nearly as old as the psychology itself. So, within the history of psychology so many scientists made efforts to make a definition of emotion. Since there are lots of emotions from mild to intense that affect people like the frustration of missing a bus, anger at a driver, surprise at a friend's gift, joy at a party, grief at the death of a loved one and so on, finding a starting point to reach a definition had been hard.

Darwin (1890) emphasized the survival function of emotions. According to his theory emotions evolved to modify behavior and by this way help individual's adaptation to the demands of the world. For example, when one sees a snake, fear will generate an appropriate response in order to elevate the chance of survival. William James (1884) had come up with an alternative conceptualization. He suggested that bodily reactions in the face of an event are interpreted as emotions. Following these initial depictions, the veil of mystery about emotions have been tried to be revealed so far. Although early theories emphasized the advantageous and survival functions of emotions, when emotions are not compatible with the situation or their timing and intensity level are excessive, they might cause harm (Gross & Jazaieri, 2014). Thompson (1994) stated that in order to be functional an emotion must help to enhance performance, must shift effectively and quickly with the changing demands and be flexible and adaptive to the situation. Both Thompson and Gross emphasized that emotions are helpful instruments in terms of adaptation and survival, however their functionality hinges on a successful regulation process.

Emotion regulation is not a recent topic, indeed it has been studied under various constructs like psychological defenses (Freud, 1936), coping (Lazarus, 1966), attachment (Bowlby, 1969), and self regulation (Mischel, Shoda, & Rodriguez, 1989). However, it can be said that the increase in the number of studies that investigated the topic of emotion regulation did not take place until 1990s. Similar to the topic of emotion, a fair amount of researchers have made efforts to define

emotion regulation from different perspectives. Thompson (1994) showed up with one of the mostly accepted definitions of emotion regulation that "emotion regulation consists of the extrinsic and intrinsic processes responsible for monitoring, evaluating, and modifying emotional reactions, especially their intensive and temporal features, to accomplish one's goals" (pp. 27-28). Another widely accepted definition came from Gross (1998) which is "processes by which individuals influence which emotions they have, when they have them, and how they experience and express these emotions" (pp. 275). The generators, components and malleability of emotions have been widely investigated and discussed in the literature. It is widely accepted that the emergence of an emotion is related to the relevance of the situation with the current goals of that person (Lazarus, 1991). If the situation is crucial to reach the goals then emotions arise. For instance, a senior student who will attend University Entrance Exam might be very anxious since s/he is not sure whether the results will be satisfying to reach his/her goals. On the other hand, a high school teacher who attends University Entrance Exam to see the questions might not feel anxious since the exam is not construed as a goal-related situation. The feature of malleability of emotions had been mentioned as the most important feature since it refers to the likelihood of emotion regulation (Gross, 2010).

In order to clarify emotion regulation, various aspects of the concept have been investigated and depicted. Similar to the emergence of emotions; the need to regulate emotions is highly associated with goals. That is to say, depending on the goals, different situations might require different emotion regulation strategies (Thompson & Calkins, 1996). These goals may change from just wanting to feel good to trying to create an image on other people.

Another feature of emotion regulation was illustrated by Gross and Thompson (2007). They claimed that emotion regulation can be classified as intrinsic and extrinsic. While intrinsic aspect of emotion regulation points out the efforts of an individual to regulate his/her own emotions, extrinsic emotion regulation refers to the regulation of emotions by other people. Thompson (1994) stated that in the early years of life others are the significant regulators of an infant's emotions. In the first years of life caregivers observe, interpret, and adjust the emotions of their infant by

soothing, feeding, hugging. After language acquisition direct interventions accompanied to these indirect methods. With this process child learns to adjust his/her emotions to cultural expectations which helps him/her to maintain emotional well-being. Whilst extrinsic emotion regulation is usually a research topic of developmental psychology, intrinsic emotion regulation has been mostly studied in adult literature (Thompson & Calkins, 1996).

Emotion regulation is far more than simply decreasing negative emotions. People may regulate both their positive and negative emotions by both increasing (up regulation) and decreasing (down regulation) them (Gross & Thompson, 2007; Masters, 1991). For instance, an individual might try to increase his/her anger in order to object injustice or an individual might try to decrease his/her happiness when s/he is with a depressed friend. Thus, it can be said that the regulation of emotions might change depending on the goals, social context, culture (Gross, 2010; Mesquita & Albert, 2007). Additionally regulation of emotions might be deliberate or unconscious/ automatic. To illustrate, with the intention of recovering from depressing feelings, an individual might choose to watch a comedy movie. In another case, automatically changing the subject that causes deep sadness might be an example of automatic emotion regulation.

Reviewing the widely acknowledged features of emotions and emotion regulation, Gross and Thompson (2007) generated "the modal model" of emotion regulation. The model is composed of four consecutive constituents that are situation, attention, appraisal, and response. Process begins with an externally or internally triggered situation that is psychologically relevant. Secondly, in order to generate an emotional response this situation must capture the attention of the individual. When the attention is on the situation, the critical part of the process which is the appraisal of situation in terms of the current goals takes place. Lastly, the result of the appraisal resolves whether a response will be produced or not. According to the model emotional response that is generated at the end of the process might also change the initial triggering situation in a circular direction.

In his process model of emotion regulation Gross (1998) specify two forms of strategies in terms of their timing. If strategies are used to prevent the emergence of a particular emotion, it is called antecedent focused emotion regulation. However, if strategies are engaged in order to regulate an emotion after it emerged, it is called response focused emotion regulation. Gross (1998) categorized situation selection, situation modification, attention deployment, and cognitive change as a form of antecedent focused strategies and response modulation as a form of response focused strategies. Situation selection strategy is the earliest possible strategy that one can use. People may avoid from situations in the first place that are considered to give rise to unwanted emotions and may choose situations that will help them feel better. A person with a dog phobia may avoid going out. Although this strategy helps to regulate fear in the short-term, its functionality in the long-term is questionable (Gross, 2010). Situation modification is the second strategy and it refers to change the situation when it elicits unwanted emotions (Gross, 2010). Within the coping literature, this form of response corresponds to problem focused coping (Lazarus & Folkman, 1984). For instance, if one has a fear of dogs, she/he may ask someone to go out with him/her. When it is not possible to select or modify situation, people may rely on attention deployment. In order to regulate the unwanted emotion, they might shift their attention. An example might be regulation of boredom by drawing in a meeting. The last form of antecedent focused emotion regulation strategy is cognitive change. Altering the appraisal of the situation may also influence the affective response. One of the mostly studied forms of cognitive change is reappraisal (Gross, 2002). For example, take a situation in which a person climbed up stairs and his/her heart rate increased. If that person interprets the situation as a sign of a heath attack, his/her anxiety might increase. However, if s/he reappraises the situation as a natural response of the body during activity, his/her anxiety level will not increase. The last form of emotion regulation strategies is response modulation. It constitutes only strategy that is used after the response takes place. Relaxation training with the aim of reducing anxiety, efforts to suppress sadness in order to be seen as strong might be given as the examples of response modulation.

Over the years great deals of studies have suggested that inability to down regulate negative emotions might be an important contributor of psychopathology (Nolen-Holeksema, 2012). Consistent with that, under the cluster of emotion regulation, a number of strategies have been studied and classification of adaptive vs. maladaptive strategies differed depend on theoretical models. From these classifications problem solving, reappraisal, attention deployment, and acceptance have been thought to be adaptive and functional by many researchers (Nolen-Holeksema, 2012). Besides the inability to down regulate negative emotions, strategies that lead to over down regulation of negative emotions like avoidance and suppression might also have a significant negative effect on psychopathology (Gross, 1998).

The subject of emotion regulation attracted the attention of different sub-fields of psychology such as personality, health, cognitive, developmental, interpersonal, and clinical. Within the clinical psychology literature the substantial importance of the regulation of emotions has increasingly gained support from a fair amount of studies so far. Besides helping individual to achieve a more comfortable state, emotion regulation is also related to relationship satisfaction, more positive and less negative interactions with other people (Lopes, Brackett, Nezlek, Schütz, Sellin, & Salovey, 2004; Lopes, Salovey, Côte, & Beers, 2005). While the successful regulation of emotions is related to better mental health results, dysregulation of emotions is considered to be a characteristic of more than half of Axis I disorders and the entire Axis II disorders (Gross & Levenson, 1997). Emotion dysregulation was defined as maladaptive ways of experiencing, interpreting, and reacting to emotional states (Werner & Gross, 2010). Reviewing the existing literature, Gratz and Roemer (2004) postulated a multidimentional integrative conceptualization of emotion regulation. They emphasized the importance of adaptive responding to emotional change rather than trying to avoid all the emotions. According to their conceptualization awareness of emotions, accepting them, understanding their function and nature, ability to avoid impulsive reactions and to take account the specific goals while responding, being flexible to use different emotion regulation strategies are the basis of healthy emotion regulation. On the other hand, deficiency or inability in these areas might be an indication of emotion dysregulation (Gratz & Roemer, 2004). There are empirical

support for the relation of emotion dysregulation with many disorders including, but not limited to, borderline personality disorder (Salsman & Linehan, 2012), depression (Rottenberg, Gross, & Gotlib, 2005), anxiety (Campbell-Sills & Barlow, 2007), eating disorders (Clyne & Blampied, 2004), and alcohol abuse (Sher & Grekin, 2007).

According to Diamond and Aspinwall (2003) the development of emotion regulation abilities is a lifelong process. It may transform depending on the changing, goals and environment. Therefore, it can be concluded that achieving the capacity of flexibility in terms of emotion regulation strategies might be the aim of interventions. In addition, when working with emotions investigating earlier experiences that affects emotional world, working on to recognize, interpret, express, and modify the emotions are also important (Aldao, Nolen-Holeksema, & Schweizer, 2010). Bradley (1990) stated that nearly all psychological treatments are putting efforts to strengthen emotion regulation of the client.

1.4. Interpersonal Emotion Regulation

Over the last thirty years number of research on emotion regulation has been increasing. Although most influential researchers like Gross and Thompson had mentioned about the interpersonal aspects of emotion regulation, number of researches focusing on this area has been recently increasing with the development of more precise conceptualizations and frameworks of the concept. Despite the lack of specific research on interpersonal emotion regulation, the substantial importance of others on emotion regulation has been widely accepted (i.e., Bowlby, 1982; Thompson & Calkins, 1996; Gross, 2015).

Gross and Thompson (2007) classified emotion regulation as intrinsic vs. extrinsic. They defined extrinsic emotion regulation as the regulation of one's emotions by others. It was widely accepted that extrinsic emotion regulation is the topic of developmental psychology. Thompson (1994) stated that a fair proportion of emotions are regulated by the mediation of others. Since the infant has few regulation sources like gaze shifting, it is the caregiver who spends substantial amount of time and energy to calm and sooth the infant (Thompson & Calkins,

1996). Although infants are highly dependent on others in terms of emotion regulation, it was stated that they gradually internalize the ways and methods of emotion regulation (Diamond & Aspinwall, 2003). Additionally, emotion regulation is an important part of socialization. In time, regulation in peer context and the other relations are incorporated into the system. Therefore, it can be concluded that emotion regulation sources expand and take form within social context (Hofman, Carpenter, & Curtiss, 2016).

Another conceptualization of interpersonal emotion regulation was suggested by Niven, Totterdell, and Holman (2009). They defined interpersonal emotion regulation as the efforts to regulate the others' emotions and their conceptualization of interpersonal emotion regulation mostly investigated in workplace (Niven, Garcia, van der Löwe, Holman, & Mansel, 2015; Niven, Holman, & Totterdell, 2012) and medical context (Martı´nez-I´n˜igo, Poerio, & Totterdell, 2013). For instance, the efforts of an insurance salesman to increase the positive feelings of a potential customer, the efforts of a doctor to sooth the person who will go through a surgery or the efforts of a commentator to increase the excitement of the spectator can be given as the illustrative examples. Niven et al. (2009) tried to investigate the strategies of interpersonal emotion regulation in their study. While Gross (1999) categorized intrapersonal emotion regulation strategies broadly as reappraisal and suppression, Niven et al. (2009) emphasized two important distinctions in terms of interpersonal emotion regulation strategies. First distinction is whether the motivation of regulation is related to improve the target's feelings or to worsen it. Second distinction is whether the strategy is cognitive or behavioral. While cognitive strategies include reframing or reinterpreting the situation and by this way changing the feelings of target, behavioral strategies may be bringing a cup of tea for a sad coworker. Research provides evidence that trying to improve a target's feelings may increase the quality of existing relationships and also new relationships (Niven et al., 2012; Niven et al., 2015). In terms of intrapersonal emotion regulation it has been widely accepted that using cognitive strategies like reappraisal are efficient on the success of regulation, whereas research findings provided support for the notion that cognitive strategies may not be that effective in terms of extrinsic interpersonal emotion

regulation (Gross & John, 2003; Niven et al., 2015). A new perspective suggested by others may be perceived as the invalidation of the existing emotional state and existing perspective by the individual and may lead to resentment. Therefore, providing support and validation might be more effective in terms of extrinsic interpersonal emotion regulation and increase the likelihood of positive relational outcomes (Niven et al., 2015).

Interpersonal emotion regulation similar to intrapersonal emotion regulation is also goal- directed. Motives of extrinsic interpersonal emotion regulation might be hedonic or instrumental (Netzer, Van Kleef, & Tamir, 2015). Niven (2015) claimed that immediate aim of the person might be to regulate the emotions of the other person however higher order goals like getting a promotion, being a nice person, increasing productivity in a workplace might also be the motivators of the behavior. In terms of interpersonal emotion regulation a different conceptualization, named relational regulation, was depicted by Lakey and Orehek (2011). Their relational regulation theory purports that everyday conversations and mutual activities help people to regulate their emotions.

Zaki and Williams realized that although there are many terms and definitions in terms of interpersonal emotion regulation, efforts to combine them are few. By integrating the existing literature on interpersonal emotion regulation Zaki and Williams (2013) proposed a model. According to their model, interpersonal emotion regulation involves 2 x 2 orthogonal different processes. First distinction is on the target of regulation. People might use others to regulate their own emotions (intrinsic interpersonal emotion regulation) or people might try to change the emotions of others (extrinsic interpersonal emotion regulation). Secondly, interpersonal emotion regulation might rely on a specific response of the other person (response dependent). When intrinsic interpersonal emotion regulation is response dependent, others' interventions may be perceived as safety signals. For instance, if people respond supportively in the case of sharing a negative experience, this may be symbolized as safety signal and give chance to re-evaluate the events. Another profit of this interaction can be the perception of the support of others. With the help of this interaction, previously threatening situations become less threatening. When

extrinsic interpersonal emotion regulation is response dependent, the person who attempt to regulate the emotion of the target vicariously experience the consequences of her attempt. If the result is satisfactory, it may be a motivation for the future attempts of extrinsic interpersonal emotion regulation (Zaki & Williams, 2013). Lastly, interpersonal emotion regulation may be effective irrespective of the response of the other (response independent). People cannot get the appropriate response from others all the time. In terms of intrinsic interpersonal emotion regulation it was proposed that turning to others for help itself may include some components that will help regulation. In order to attempt interpersonal emotion regulation, one must label the feelings and the sources of these feelings. It was proposed that just this process may help the regulation. In terms of extrinsic interpersonal emotion regulation, it was stated that just engaging in others-oriented behaviors may produce positive feelings itself. Although there is a distinction between these processes, human behaviors are usually too complex to fit one category. Researchers stated that people mostly make use of intra and interpersonal emotion regulation, intrinsic and extrinsic regulation, response dependent and response independent regulation simultaneously (Zaki & Williams, 2013).

Similar to intrapersonal emotion regulation researchers have tried to find the adaptive and maladaptive interpersonal emotion regulation strategies. Broadly it can be said that when interpersonal emotion regulation helps to reduce distress it is adaptive, however if it is partly responsible for the maintenance of the problem it might be maladaptive (Hofman, 2014). In terms of extrinsic interpersonal emotion regulation it was found that initial emotional support before advice giving helps to increase the perception of advice. In another study different strategies were investigated in different relationships. Results revealed that higher variability in extrinsic interpersonal emotion regulation was related to lower positive mood and less close relationships (Niven, Macdonald, & Holman, 2012). The results of another study conducted by Cheung, Gardner, and Anderson (2014) showed the contrary in terms of intrinsic interpersonal emotion regulation. They found that higher variability in intrinsic interpersonal emotion regulation might be adaptive and lead to higher well being.

In the existing literature on interpersonal emotion regulation most of the emphasis was on the efforts of changing the emotions of others (extrinsic interpersonal emotion regulation). However, there is an increasing tendency to direct attention to turning others for emotion regulation (intrinsic interpersonal emotion regulation). Over the last decade, intrinsic interpersonal emotion regulation starts to be the focus of research on adult psychology as well. Rime (2009) argued in his article that while the substantial importance of others has been widely accepted in terms of emotion regulation during childhood, it seems inconceivable that the effects of others disappear suddenly in adulthood.

Since the conceptualizations and measures of intrinsic interpersonal emotion regulation were developed recently, in the literature there is a lack of research on this area. However recent studies aim to enrich our understanding of the interplay of interpersonal emotion regulation with other psychological constructs. In terms of demographic variables, there is not a support for gender differences in terms of interpersonal emotion regulation. However, it was found that with age the usage of intrinsic interpersonal emotion regulation strategies for negative emotions is significantly decreasing (Hofmann, Carpenter, & Curtiss, 2016). Other studies focused the relationship of interpersonal emotion regulation with psychological well being. It was found that although some of the intrinsic interpersonal emotion regulation strategies like, seeking advice, was found to be associated with lower psychopathology, there is also support that excessive dependence on some of the intrinsic interpersonal emotion regulation strategies like reassurance seeking might be related to psychopathology (Aldao & Dixon-Gordon, 2014; Hofmann, 2014). In another study, Hofmann et al. (2016) investigated the correlation between interpersonal emotion regulation and symptoms. They found that regulation of negative emotions in the interpersonal context positively associated with depression, trait anxiety, and social anxiety. The results of another research revealed that regulation of negative emotions within the interpersonal context is significantly associated with the intrapersonal emotion regulation problems (Hofmann et al., 2016). In line with this, Marroquin (2011) proposed that relying on intrinsic interpersonal emotion regulation strategies for long time might be related to

psychopathology. In addition, it was stated that longer time and frequent reliance on intrinsic interpersonal emotion regulation might be related to poor inner sources (Hofmann et al., 2016).

1.5. Aim of the Study

Under the light of the existing literature, the aim of the current study was to explore the relations among perceived parental relationship (i.e., maternal and paternal emotional warmth, over-protection, rejection), rejection sensitivity, emotion regulation (i.e., goals, strategy, non-acceptance, impulse, clarity, awareness), interpersonal emotion regulation (i.e., enhancing positive affect, perspective taking, soothing, social modeling), and personality disorders (i.e., Cluster A PDs, Cluster B PDs, Cluster C PDs). Proposed model of the study was given in Figure 1.2.

Therefore; the hypotheses of the present study can be listed as;

1. Perceived maternal and paternal rearing styles (i.e., over-protection, rejection, emotional warmth from mother and father) will be associated with rejection sensitivity levels.
2. Gender will play a differentiating role in the association between the perceived parental rearing styles (mother vs. father) and rejection sensitivity.
3. Perceived maternal and paternal rearing styles will be associated with developing personality symptomatology.
4. Rejection sensitivity levels will be associated with personality symptomatology (i. e., Cluster A PDs, Cluster B PDs, Cluster C PD) after controlling for the perceived parental rearing styles.
5. Intrapersonal emotion regulation and intrinsic interpersonal emotion regulation will be associated with perceived parental rearing styles and rejection sensitivity.
6. Intrapersonal emotion regulation will mediate the relationship between rejection sensitivity and personality symptomatology.
7. Interpersonal emotion regulation will mediate the relationship between rejection sensitivity and personality symptomatology.

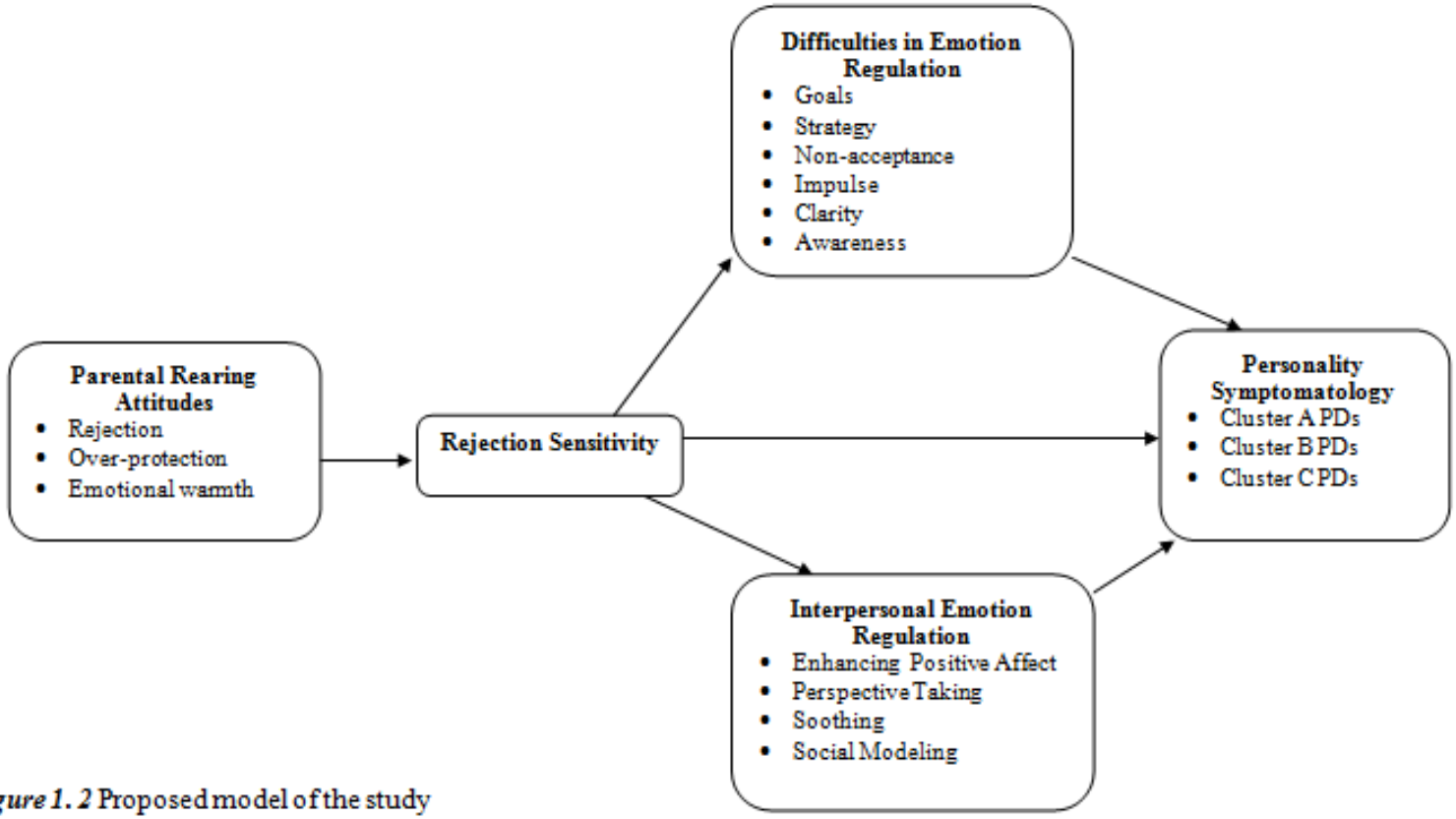


Figure 1. 2 Proposed model of the study

CHAPTER 2

STUDY 1: PSYCHOMETRIC PROPERTIES OF THE INTERPERSONAL EMOTION REGULATION QUESTIONNAIRE (IERQ) IN A TURKISH SAMPLE

2.1. Introduction

Literature on emotion regulation is mostly focused on intrapersonal emotion regulation. However interpersonal emotion regulation has been the focus of research interest during the recent years. Possible reasons for the relative lack of research in the area of interpersonal emotion regulation may be the limited number of valid concepts and available measures, and the focus on the behavior of individual in the history of psychology (Reis & Collins, 2004). Although the development of the model and measures of interpersonal emotion regulation are recent, the importance of others on emotion regulation has been widely accepted (i.e., Bowlby, 1982; Thompson, 1994; Reis & Collins, 2004). In a developmental context, it can be said that emotion regulation originates in attachment relationship. Research on attachment revealed that child uses the attachment figure to regulate his/her own emotions (Bowlby 1982). For example a securely attached child uses the secure base when exploring the world. By knowing that the securely attached figure is there for reassurance, soothing and caring, the anxiety and fear reduce. Similarly, Diamond and Aspinwall (2003) emphasized that in the first couple of years of life children rely on their caregivers to regulate their emotions since their own regulation strategies has not developed yet. Parallel with the existing evidence, in literature Rime (2009) stated that while human being is highly dependent on others in early developmental stages, it is not likely that this dependence perishes at some point.

Interpersonal Emotion Regulation Questionnaire (IERQ) is one of the measures for the assessment of the interpersonal aspect of intrinsic emotion regulation (Hofmann et al., 2016). Developers of the scale realized that there was a dearth of measurement tool for intrinsic interpersonal emotion regulation. Therefore, they conducted four consecutive studies for the development of IERQ. Firstly, they collected qualitative data for item generation and model construction. Then they conducted a second study for initial exploratory factor analysis. Third study aimed to analyze exploratory and confirmatory factor structure and at the end of the third study final form was formed. Fourth and the final study revealed that the final form of IERQ has a good convergent and divergent validity. Therefore, the aim of the present study was to adapt the IERQ into Turkish and to examine the psychometric properties of the scale. For this purpose, reliability analyses were conducted and factor structure and psychometric properties of IERQ were examined in a Turkish sample.

2.1.1. Interpersonal Emotion Regulation

Within the narrow literature of interpersonal emotion regulation, most of the existing research was on the efforts of regulating or altering the emotions of another person (Niven et al., 2009; Niven et al., 2015). For example, a dentist's efforts to reduce the anxiety of his patient or a person's efforts to make a colleague to feel guilty to gain personal benefit can be some of the examples of altering the emotion of another person. Although Niven et al. (2009) defined interpersonal emotion regulation more specifically as the person's efforts to regulate another person's emotion, Zaki and Williams (2013) used the term more broadly and they created a model which includes both extrinsic and intrinsic interpersonal emotion regulation.

According to the model of Zaki and Williams (2013) interpersonal emotion regulation consists of two types of processes which are: *intrinsic* or *extrinsic* and *response- dependent* or *response-independent*. *Intrinsic emotion regulation* refers to the efforts of using others to regulate one's own emotions. On the other hand, *extrinsic emotion regulation* refers to the efforts of a person to regulate the emotions of others. When interpersonal emotion regulation is *response dependent*, process rely on a specific response of the other. For example, Person A can regulate his sadness when Person B respond him supportively. In contrast, when it is *response*

independent, there is no necessity of the other person's particular response. It was stated that regardless of the response sometimes just labeling and acknowledging emotions might help to regulate these emotions (Zaki & Williams, 2013).
Before the development of IERQ, only one instrument existed for the measurement of interpersonal emotion regulation; named Emotion Regulation of Self and Others (EROS) (Niven, Totterdell, Stride, & Holman, 2011). This scale was constructed based on a two (extrinsic vs. intrinsic) by two (affect improving vs. affect worsening) framework. Since the scale was problematic in terms of its validity, Hofmann et al. (2016) decided to develop a brief, reliable and valid measurement for intrinsic interpersonal emotion regulation. On the basis of their four consecutive studies, they concluded that there were four constructs in terms of interpersonal emotion regulation. These constructs are *Enhancing Positive Affect* which refers to a propensity to look up others to increase positive feelings like joy and happiness, *Perspective Taking* which means using others to emphasize that there is no need to worry and also there are others who experience worse things, *Soothing* refers to looking for others for comfort and *Social Modeling* refers observing others for understanding their ways to cope with a situation.

Since IERQ was developed recently, there is a lack of research which investigates its relationships with other psychological mechanisms. However there is a common prediction that similar to intrapersonal emotion regulation strategies, interpersonal emotion regulation strategies can be problematic or maladaptive depending on the context. In terms of intrinsic interpersonal emotion regulation, it was found that regulating negative emotions in interpersonal context is significantly related to the difficulties in intrapersonal emotion regulation (Hofmann et al., 2016). Hofmann (2014) stated that interpersonal emotion regulation strategies may be adaptive when they help to buffer emotional distress but they may be maladaptive when they are responsible for the maintenance of problem. Although it is not empirically investigated another important view is that longer term reliance to interpersonal emotion regulation strategies might be related to psychopathology (Marroquin, 2011). It was stated that interpersonal emotion regulation might be related to greater

symptom levels since the aid of others in terms of emotion regulation can be interpreted as an indication of inadequacy in inner resources (Hofmann et al., 2016).

2.2. Method

2.2.1. Participants

Five hundred and forty-seven people participated to this study. The age of the participants ranged between 18 and 46, and the mean age of the participants was 24.63 years (*SD* = 5.02). Among the participants, 360 were females (65.8 %) and 187 were males (34.2 %); and 320 (58.5 %) of them graduated from high school, 153 (28 %) graduated from college, 64 (11.7 %) graduated from master level graduate school and 10 (1.8 %) were graduated from doctorate level graduate school. Among the participants 426 (77.9 %) were still enrolled as a student and 121 (22.1 %) of them had graduated and were not enrolled as a student. Of the participants, 185 (33.8 %) were employed and 362 (66.2 %) were not employed. Among the participants 7 (1.3 %) defined their income level as very low, 52 (9.5 %) defined their income level as low, 392 (71.7 %) defined their income level as middle, 93 (17 %) defined their income level as high and 3 (0.5 %) of them defined their income level as very high (see Table 2.1).

Table 2.1 *Demographic Characteristics of the Sample*

	M	*SD*
Age	24.63	5.02
	N	*%*
Gender		
Female	360	65.8
Male	187	34.2
Last Graduation from		
High School	320	58.5
College	153	28
Master Level	64	11.7
Doctoral Level	10	1.8
Student		
Yes	426	77.9
No	121	22.1
Working		
Yes	185	33.8
No	362	66.2

Table 2.1 (cont'd)

Income Level		
Very Low	7	1.3
Low	52	9.5
Middle	392	71.7
High	93	17
Very High	3	0.5

2.2.2. Measures

In this study a demographic information form, Interpersonal Emotion Regulation Questionnaire, Difficulties in Emotion Regulation Scale, Positive and Negative Affect Scale, Relationship Scales Questionnaire, Liebowitz Social Anxiety Scale and Inventory of Interpersonal Problems Circumplex Scale were used.

2.2.2.1. Demographic Information Form

Demographic information form was prepared by the researcher to get information about the age, gender, education and perceived SES of the participants.

2.2.2.2. Interpersonal Emotional Regulation Questionnaire (IERQ)

Interpersonal Emotion Regulation Questionnaire was developed by Hofmann et al. (2016) in order to assess the interpersonal part of emotion regulation. Although intrapersonal emotion regulation has been studied thoroughly in the past decades, interpersonal emotion regulation is a topic which recently becomes the focus of research interest. In order to develop a valid, reliable and brief measure of interpersonal emotion regulation, researchers designed four consecutive studies. Firstly a qualitative research was conducted for item generation. A series of open ended questions were asked to 102 participants. The responses were categorized, eliminated and revised in order to ensure consistency and grammatical accuracy. After categorization and examination of the items, total number of items was reduced to 105 from 157 items. For the second study 1014 participants completed the scale via a 5 point Likert type scale, and factor structure was examined. At the end of the first factor analysis, low or cross loading items were removed from the scale. The exploratory factor analysis revealed five factor solution, Factors named as seeking

for Soothing (20 items), Perspective Taking (8 items), Down regulating Anger (11 items), Emotional Clarification (6 items), and Social Modeling (3 items). Before the next study researchers completed the number of items for each subscale to ten and also added ten items for the interpersonal regulation of positive emotions from the original item pool for the sixth factor named Enhancing Positive Affect. Study 3 was conducted with 563 participants. Participants were asked to complete 60 item version of the scale. An exploratory factor analysis and a confirmatory factor analysis were conducted by the researchers. According to the results of EFA, cross loading items were eliminated from the scale and factor structure with four factors was obtained. The highest loading five items were selected for each factor for the final form of the scale. For the final form of the scale with 20-item, all the factors revealed good internal consistency; which were .87 for Enhancing Positive Affect, .85 for Perspective Taking, .89 for Soothing and .91 for Social Modeling factors. In order to investigate the convergent and divergent validity, Study 4 was conducted with 99 participants. The relationship of the subscale scores of the new scale with Emotion Regulation of Others and Self (EROS), State Trait Anxiety Inventory: Trait (STAI), Center for Epidemiological Studies: Depression Scale (CES-D), Social Anxiety Questionnaire for Adults (SAQ), Emotion Regulation Questionnaire (ERQ), Affective Style Questionnaire (ASQ), Difficulties in Emotion Regulation Scale (DERS), Revised Adult Attachment Scale: Close Relationships Version (RAAS), Schutte Self Report Emotional Intelligence Test (SSEIT) and Brief COPE were examined. Results of the Study 4 showed that IERQ has a good convergent and discriminant validity. Moreover Enhancing Positive Affect subscale which is related to positive emotions had differential relationship with the measured constructs when compared to the subscales which are related to regulation of negative emotions (Hofmann et al., 2016).

To sum up the final form of the IERQ includes 20 items with four subscales named: Enhancing Positive Affect, Perspective Taking, Soothing, and Social Modeling. Each factor consists of 5 items and the respondents are expected to rate each item on a 5-point Likert type scale. *Enhancing positive affect* refers searching others to increase the positive feelings. *Perspective taking* factor aims to assess the use of others as a

reminder of not to worry. *Soothing* factor assesses searching for others for comfort and sympathy, and finally *social modeling* assesses observing others to see the ways of coping in a situation.

As a part of the current study IERQ was adapted to Turkish. Firstly, items were translated into Turkish by three different clinical psychologists who were bilingual. Then these three different translations were discussed with the thesis advisor to decide the final Turkish form. This last version of the questionnaire was back translated to English by another bilingual clinical psychologist. Back translated and original inventory were compared, and final version of the Turkish IERQ was obtained. Factor analysis revealed four-factor structure. These four factors explained 65.87% of the total variance.

2.2.2.3. Difficulties in Emotion Regulation Scale (DERS)

This scale was developed by Gratz and Roemer (2004). The scale consists of 36 items and six subscales named as, difficulties engaging in goal directed behavior (GOALS), limited access to emotion regulation strategies (STRATEGIES), non-acceptance of emotional responses (NON-ACCEPTANCE), difficulty to control impulsive behaviors under negative emotions (IMPULSE), lack of emotional clarity (CLARITY), and lack of emotional awareness (AWARENESS). The items of the scale are rated on a 5-point Likert type scale from 1 "almost never" to 5 "almost always". Internal consistency of the original scale was found as .93 for the total score. Cronbach's alpha coefficients for the subscales were found to be ranged between .80 and .89. (Gratz & Roemer, 2004). Test-retest reliability for the total scale was found as .88, and ranging between .57 and .89 for the subscales. Clinically related constructs were used to measure the validity of the DERS and results revealed adequate predictive and construct validity of the scale (Gratz & Roemer, 2004).

Internal consistency for the Turkish adaptation of the scale was found to have a Cronbach's alpha coefficient of .94. This finding was similar with the findings of the original version of the scale. Internal consistency for subscales was found as .75 for the awareness, .82 for the clarity, .90 for the goals, .83 for the non-acceptance, .89 for the strategy, .90 for impulse subscales (Rugancı & Gençöz, 2010). Test- retest

reliability of the total scale was found as .83 and ranging between .60 and .85 for the subscales. In order to examine the validity of the scale in Turkish sample, criterion and concurrent validity analyses were conducted. Although awareness factor had a relatively weaker correlations, concurrent validity examinations revealed strong correlations between Brief Symptom Inventory (BSI) and DERS (both for total and subscale scores). In addition to that all measures of DERS could significantly differentiate the low distress participants from those with high distress participants (Rugancı & Gençöz, 2010).

In the present study, internal consistency coefficients were found as .95 for the overall scale, .89 for the clarity subscale,.72 for the awareness subscale, .89 for the impulse subscale, .90 for the non-acceptance subscale, .90 for (lack of) goals subscale and .91 for the (lack of) strategies subscale.

2.2.2.4. Positive and Negative Affect Scale (PANAS)

The positive and negative affect schedule was developed by Watson, Clark, & Tellegen (1988). The scale consists of two subscales; positive affect (PA) and negative affect (NA). While PA is characterized by the feelings of enthusiasm, activeness, and alertness; NA is characterized by aversive mood states like anger, disgust, contempt, fear, and guilt. Each subscale consists of ten mood related adjectives and participants are expected to rate their feelings in the last two weeks on a 5-point Likert type scale from 1 "not at all" to 5 "very much". Internal consistency of the scale was found to be .88 for PA and .87 for NA subscales (Watson et al., 1988). Test re-test reliability coefficients were .81 for PA subscale and .79 for NA subscale. Validity studies were conducted by using Hopkins Symptom Checklist, State Anxiety Form of the State- Trait Anxiety Inventory and Beck Depression Inventory. Correlations of PANAS with these scales revealed satisfactory coefficients indicating the validity of the scale (Watson, et al., 1988).

Turkish adaptation studies of PANAS were conducted by Gençöz (2000). Internal consistency of the Turkish form was reported as .86 for NA and .83 for PA. Test - retest reliabilities were found to be as .40 for PA and .54 for NA subscales. According to criterion- related validity analysis Positive Affect Subscale had a

negative correlation with Beck Depression Inventory and with Beck Anxiety Inventory and Negative Affect Subscale had a positive correlation with Beck Depression Inventory and with Beck Anxiety Inventory (Gençöz, 2000).

In the current study, internal consistency coefficients were found as .88 for positive affect and .87 for negative affect.

2.2.2.5. Relationship Scales Questionnaire

This scale was developed by Griffin and Bartholomew (1994) in order to assess the attachment styles of individuals. The scale consists of 30 items measuring four attachment styles namely; secure, fearful, preoccupied and dismissing attachment styles. Among these 30 items, 17 of them are used for assessing attachment styles. In addition, one item among these 17 items is used for both dismissing and preoccupied attachment styles. This one item reversed for preoccupied type and used in the original form for dismissing type. While secure and dismissing attachment subscales consist of five items, preoccupied and fearful attachment subscales consist of four items. Participants are expected to rate each item on a 7 point Likert type scale. Although alpha coefficients of the original scale ranged from .41 to .71, it was stated that scale had good test-retest reliability (.53 for woman and .49 for man) (Griffin & Bartholomew, 1994; Scharfe & Bartholomew, 1994). Griffin and Bartholomew (1994) stated that since subscales measure models for self and also for others, low internal consistency scores are expected.

Turkish adaptation of the scale was completed with through three consecutive studies conducted by Sümer and Güngör (1999). In the first study researchers used Relationship Scales and Relationship Scales Questionnaire. They found that scales showed satisfactory reliability and good convergent validity. Partial correlation between the same attachment styles measured with different instruments were found to be ranged from .49 to .61 (Sümer and Güngör, 1999). Internal consistency of the scale was found to be ranging from .27 to .61.Test-retest reliability of the scale found to be ranging from .54 to .78. In order to investigate the construct validity of the scale researchers used Rosenberg Self Esteem Scale, Self-Concept Clarity Scale, State- Trait Anxiety Scale and Sociotropy-Autonomy Scale in the second study.

Results revealed two functions. First function was found to differentiate secure and dismissing attachment styles from fearful and preoccupied attachment styles and second function was found to differentiate secure and preoccupied attachment styles from dismissing and fearful attachment styles. In their third study researchers investigate cross cultural differences among attachment styles. Results revealed that differences between cultures were observed within insecure attachment styles.

In the current study internal consistency coefficients were found as .72 for fearful attachment, .71 for dismissing attachment, .41 for secure attachment and .42 for preoccupied attachment subscales.

2.2.2.6. Liebowitz Social Anxiety Scale (LSAS)

Liebowitz Social Anxiety Scale is a 24 item scale which was developed by Liebowitz (1987) in order to assess difficulties of social phobic people in different social occasions. Items of the scale are rated on two dimensions: "fear or anxiety" and "avoidance behavior". That is to say a total score and two subscale scores can be produced from the scale. Cronbach alpha coefficients of the original scale range from .81 to .92 (Heimberg, et al., 1999).

Turkish adaptation studies of the scale were conducted by Soykan, Özgüven, & Gençöz (2003). Test retest reliability in a one-week interval was found to be .97. Internal consistency of the whole scale was found to be .98; and .95 for the avoidance, .96 for the fear or anxiety subscales. In order to investigate the convergent and discriminant validity of the Liebowitz Social Anxiety Scale, Beck Anxiety Scale was used by the researchers. Since both Liebowitz Social Anxiety Scale and Beck Anxiety Scale measures anxiety symptoms, correlation of the scores of Liebowitz Social Anxiety Scale and Beck Anxiety Inventory was expected to be high among social phobic participants. The results were consistent with the expectation. For the generalized social phobia patients Beck Anxiety Scale was found to be significantly correlated with the whole scale (r =.25), Fear or Anxiety subscale (r =.26) and Avoidance subscale (r =.21). Researchers used the same scales for discriminant validity. Since Beck Anxiety Scale measures general anxiety and Liebowitz Social Anxiety Scale specifically measures anxiety related to social situations, insignificant correlation between these two scales was expected while

assessing the general anxiety symptoms. Therefore, analyses conducted with the entire sample including generalized social phobia patients, other anxiety disorder patients and control group. Results revealed that correlations of Beck Anxiety Scale and Liebowitz Social Anxiety Scale were not significant. These results indicated that while Beck Anxiety Inventory includes a wide range of symptoms, Liebowitz Social Anxiety Scale covers social phobia symptoms. Those results supported the convergent and discriminant validity of the scale. Further validity analysis, revealed that Liebowitz Social Anxiety Scale significantly differentiated generalized social phobic patients from patients without diagnosis or from those patients with other anxiety disorders (Soykan et al., 2003). Thus Turkish version of Liebowitz Social Anxiety Scale was found to be a reliable and valid measure.

In the present study internal consistency coefficients were found as .96 for the overall scale, .93 for the fear or anxiety subscale and .91 for the avoidance subscale.

2.2.2.7. Inventory of Interpersonal Problems (IIP-32)

Inventory of Interpersonal Problems was first developed by Horowitz, Rosenberg, Baer, Ureno, & Villasenor (1988) as a self- report measure to assess interpersonal problems. Although first form includes 127 items Alden, Wiggins, and Pincus (1990) selected 64 items that are most representative and formed IIP-64. The short form of IIP (IIP-32) which was used in the present study, was developed by Horowitz, Alden, Wiggins, and Pincus (2003) by keeping the structure of 64-item version. The short version of IIP consists of 32 items that are measuring 8 subscales namely; domineering/controlling, intrusive/needy, self-sacrificing, overly accommodating, nonassertive, socially avoidant, cold-distant, vindictive / self-centered along two dimensions which are affiliation or nurturance and control or dominance. The internal consistency of the IIP-32 was found as .93 and test-retest reliability was found as .78. Internal consistency for the subscales ranged between .68 and .87. Validity studies of IIP-64 were conducted by using Beck Depression Inventory, Beck Anxiety Inventory, Brief Symptom Inventory, Symptom Checklist, Behavior and Symptom Identification Scale, and Social Adjustment Scale-Self Report. Correlations of IIP-64 with these scales revealed that IIP-64 had satisfactory validity coefficients (as cited in Horowitz et al., 2003). Validity of IIP-32 was supported by

the positive correlations of the IIP-32 with depression and anxiety (Wei, Heppner, & Mallinckrodt, 2003).

Turkish adaptation studies of the IIP-32 were conducted by Akyunus & Gençöz (2016). The internal consistency result of the Turkish scale was reported as .86 for the total score. Cronbach alpha coefficients for the subscales ranged between .66 and .86. Test-retest reliability of the whole scale was calculated as .78, and test-retest reliability of the subscales ranged between .67 and .85. Split half reliability of the scale was found as .90 (Akyunus & Gençöz, 2016). In order to examine the validity coefficients, Basic Personality Traits Inventory, Brief Symptom Inventory, Positive and Negative Affect Scale, Multidimentional Scale of Perceived Social Support were used. Most of the correlations were found significant in the expected directions. The results of criterion related validity revealed that all IIP subscales can differentiate the group with high psychological symptom level from the group with low psychological symptom level. According to the results it can be concluded that Turkish version of IIP-32 is a reliable and valid measure.

In the current study internal consistency coefficients were found as .87 for the overall scale, .75 for the domineering subscale, .77 for the vindictive/self-centered subscale, .75 for the cold subscale, .84 for socially avoidant subscale, .69 for socially avoidant subscale, .67 for overly accommodating subscale, .75 for self-sacrificing subscale and .73 for intrusive subscale.

2.2.3. Procedure

Initially permission was taken from the original developers of Interpersonal Emotion Regulation Questionnaire. The Turkish versions of the rest of the scales were already available. The permissions were taken for these scales from the researchers who adapted them into Turkish. Before the distribution of the scales, necessary permissions were taken from The Applied Ethics Research Center of Middle East Technical University for research with human participants (Protocol no: 2016-SOS-134). After the translation process was completed, booklets were prepared with informed consent, demographic information form and all the instruments that were mentioned above. Questionnaires were entered to Qualtrics program. In addition to

that prepared set of scales for Qualtrics were linked to SONA Systems of Middle East Technical University. Students were granted with 0.5 point of bonus after completing the whole scale. Completing the whole scale took approximately 20 minutes for the participants.

2.2.4. Statistical Analyses

Statistical analyses of the present study were conducted by using IBM Statistical Package for the Social Sciences (SPSS), version 20.0 for Windows and IBM Amos 20.0 for Windows . Firstly, accuracy of the data was checked. Among the 806 recorded participants, 562 completed 100 % of the scale. Incomplete data were deleted from the system. Afterwards, 15 participants were excluded from the study since they marked the same answer on the whole set of scales or since they seemed to have completed the scale so fast which suspected the researcher for a random answering pattern. Following obtaining the data set, characteristics of the sample was investigated. After that reliability and validity analyses were held for Interpersonal Emotion Regulation Questionnaire.

2.3. Results

2.3.1. Psychometric Analyses

In order to investigate validity and reliability of the Turkish version of Interpersonal Emotion Regulation Scale; factor structure (i.e., construct validity), concurrent validity, criterion validity, and internal consistency and split half reliability coefficients were examined.

2.3.1.1. Validity Analysis of IERQ

2.3.1.1.1. Factor Structure of the IERQ

In order to investigate the factor structure of the IERQ, factor analysis was performed by using principal component factor analysis with varimax rotation. Similar to the analysis of the original scale, results of the factor analysis revealed four factors with eigenvalues above 1. Accordingly, scree-plot suggested four -factor structure. These four factors independently explained 18.66 %, 16.91 %, 15.93 %,

and 14.31 % of the total variance respectively and all these factors totally accounted for 65.87 % of the total variance.

As can be seen from Table 3.2, out of the explained total variance, 18.66 % was explained by the first factor. Similar to the original scale, all the five items (9, 19, 16, 12, 4) of the first factor were loaded on the factor named "Soothing". The second factor in this study accounted for 16.91 % of the total variance. Six items of the second factor (1, 2, 11, 15, 20, 5) were loaded on the factor named "Social Modeling". The third factor explained 15.93 % of the total variance. As in the original scale, all the five items (8, 13, 18, 3, 6) were loaded on the factor named "Enhancing Positive Affect". Final factor, named "Perspective Taking", explained 14.31 % of the total variance. All of the original five items (2, 7, 10, 17, 14) had high loadings on this factor. As can be seen from Table 3.1 Item 2 which is originally under the Perspective Taking subscale ("It helps me deal with my depressed mood when others point out that things aren't as bad as they seem.") cross-loaded to both Perspective Taking and Social Modeling subscales.

Table 3.1 *Factor Structure of IERQ*

		Soothing	Social Modeling	Enhancing Positive Affect	Perspective Taking
9	Feeling upset often causes me to seek out others who will express sympathy.	**.81**	.12	.12	.17
19	When I feel sad, I seek out others for consolation.	**.80**	.23	.09	.25
16	I look to other people when I feel depressed just to know that I am loved.	**.77**	.21	.11	.12
12	I look to others for comfort when I feel upset.	**.76**	.23	.17	.25
4	I look for other people to offer me compassion when I'm upset.	**.74**	.25	.15	.08
1	It makes me feel better to learn how others dealt with their emotions.	.12	**.80**	.15	-.03
11	Seeing how others would handle the same situation helps me when I am frustrated.	.29	**.76**	.15	.28
15	When I'm sad, it helps me to hear how others have dealt with similar feelings.	.35	**.73**	.14	.30
20	If I'm upset, I like knowing what other people would do if they were in my situation.	.30	**.70**	.08	.26
5	Hearing another person's thoughts on how to handle things helps me when I am worried.	.36	**.56**	.19	.31
8	I like being in the presence of others when I feel positive because it magnifies the good feeling.	.16	.11	**.80**	.09
13	Because happiness is contagious, I seek out other people when I'm happy.	.20	.04	**.79**	.09
18	When I feel elated, I seek out other people to make them happy.	.12	.12	**.77**	.11
3	I like being around others when I'm excited to share my joy	.05	.22	**.74**	.02
6	Being in the presence of certain other people feels good when I'm elated.	.04	.09	**.72**	.10
7	Having people remind me that others are worse off helps me when I'm upset.	.06	.21	.05	**.78**
10	When I am upset, others make me feel better by making me realize that things could be a lot worse.	.17	.26	.12	**.74**
17	Having people telling me not to worry can calm me down when I am anxious.	.34	.14	.08	**.73**
14	When I am annoyed, others can soothe me by telling me not to worry.	.23	.16	.13	**.69**
2	It helps me deal with my depressed mood when others point out that things aren't as bad as they seem.	.06	.60	.16	**.39**
	Eigenvalue	7.86	2.36	1.63	1.31
	Explained variance	18.66 %	16.91 %	15.93 %	14.31 %

on both Social Modeling (.60) and Perspective Taking (.39) subscales. When content of the item was analyzed, the item seemed related to perspective taking. Thus, considering the content of the item and its original factor loading, Item 2 was decided to be kept under Perspective Taking factor.

In addition, a confirmatory factor analysis was conducted for IERQ by using AMOS 20.0 for Windows. A four factor model was tested. According to the results IERQ demonstrated a poor fit to the model since χ^2:df was higher than the accepted limit 5:1 (χ^2 (164, N =583) =857.753, p <.000, *GFI* =.86, *AGFI* =.83, *NFI* =.88, *CFI* =.90, *RMSEA* =.09 with the 90% confidence interval .08-.09). After examining modification indices, the model was modified to allow the errors associated with item 14 ("When I am annoyed, others can soothe me by telling me not to worry.") and item 17 ("Having people telling me not to worry can calm me down when I am anxious.") to covary since the contents of the items are very similar. The model fit was good (χ^2 (163, N =583) =745.383, p <.000, *GFI* =.88, *AGFI* =.84, *NFI* =.90, *CFI* =.92, *RMSEA* =.08 with the 90% confidence interval .07-.08). The standardized β weights (loadings) for all the items were significant and the loadings for Enhancing Positive Affect subscale ranged from .77 (Item 18) to .84 (Item 8), the loadings for Perspective Taking subscale ranged from .58 (Item 2) to .68 (Item 10), the loadings for the Soothing subscale ranged from .73 (Item 9) to .84 (Item 19), and the loadings for the Social Modeling ranged from .59 (Item 1) to .89 (Item 15).

2.3.1.1.2. Concurrent Validity of the IERQ

In order to investigate concurrent validity of the overall IERQ and its subscales, correlation analyses of IERQ with RSQ, PANAS, LSAS, DERS, and IIP were conducted by accepting correlation coefficients greater than .25 as moderate. The results of the correlation analysis are presented in Table 3.2. Since sample size is large (N = 547), for the interpretations only moderate correlations were taken into account.

In terms of attachment styles, consistent with the expectation, there were positive correlations between preoccupied attachment and overall IERQ (r = .31, p < .001),

preoccupied attachment and soothing subscale of IERQ (r = .36, p < .001), preoccupied attachment and social modeling subscale of IERQ (r = .30, p < .001).

In terms of correlations between DERS and IERQ, overall score of DERS was positively correlated with only soothing subscale (r = .30, p < .001). Among the subscales of DERS impulse (r = .30, p < .001), non-acceptance (r = .27, p < .001), lack of goals (r = .30, p < .001), and lack of strategy subscales (r = .32, p < .001) were positively correlated with soothing subscale of IERQ.

The results of the correlation analysis between IIP and IERQ revealed that vindictive/self-centered subscale of IIP had negative correlation with enhancing positive affect subscale of IERQ (r = - .25, p < .001). Self-sacrificing subscale of IIP had positive correlations with overall IERQ (r = .26, p < .001), and also positive correlations with enhancing positive affect subscale of IERQ (r = .26, p < .001). Intrusive subscale of IIP had positive correlations with overall IERQ (r = .36, p < .001), with soothing subscale of IERQ (r = .37, p < .001), with social modeling subscale of IERQ (r = .28, p < .001), and finally with perspective taking subscale of IERQ (r = .26, p < .001).

Table 3.2 *Correlations Between Overall IERQ and Subscales of IERQ, RSQ, PANAS, LSAS, DERS, IIP*

Variable	Overall IERQ	Soothing	Social Modeling	Enhancing Positive Affect	Perspective Taking
IERQ- overall	1	**.82*** **	**.86*** **	**.60*** **	**.80*** **
Soothing	**.82*** **	1	**.61*** **	**.35*** **	**.51*** **
Social modeling	**.86*** **	**.61*** **	1	**.38*** **	**.64*** **
Enhancing positive affect	**.60*** **	**.35*** **	**.38*** **	1	**.31*** **
Perspective taking	**.80*** **	**.51*** **	**.64*** **	**.31*** **	1
RSQ					
Secure	.02	-.05	-.04	.17***	.02
Fearful	-.11**	-.11**	-.04	-.19***	-.03
Preoccupied	**.31*** **	**.36*** **	**.30*** **	.15***	.11**
Dismissing	-.19***	-.23***	-.12**	.13**	-.10*
PANAS					
Positive affect	.09*	.00	.03	.19***	.12**
Negative affect	.09*	.13**	.13**	-.08	.04
LSAS	.11**	.17***	.15***	-.07	.05
Fear and anxiety	.14**	.18***	.17***	-.04	.07
Avoidance	.07	.13**	.12**	-.10*	.02

Table 3.2 (cont'd)

DERS- overall	.20***	**.30*** **	.19***	-.05	.13***
Clarity	.07	.10*	.10*	-.09*	.07
Awareness	-.15***	-.09*	-.15***	-.20***	-.06
Impulse	.20***	**.30*** **	.17***	-.05	.13**
Non acceptance	.24***	**.27*** **	.20***	.05	.18***
Lack of goals	.21***	**.30*** **	.18***	.04	.08
Lack of strategy	.21***	**.32*** **	.21***	-.04	.10*
IIP- overall	.18***	.23***	.18***	-.07	.17***
Domineering	.05	.11**	.03	-.09*	.08
Vindictive	-.07	-.01	-.05	**-.25*** **	.03
Cold	-.08	-.05	-.02	-.23***	.00
Socially avoidant	.00	.08	.06	-.23***	.02
Nonassertive	.17***	.19***	.20***	-.02	.11**
Overly accomodating	.19***	.18***	.19***	.07	.14**
Self-sacrificing	**.26*** **	.21***	.19***	**.26*** **	.17***
Intrusive	**.36*** **	**.37*** **	**.28*** **	.17***	**.26*** **

**p< .05, **p< .01, ***p<.001*

Note: **IERQ**: Inventory of Emotion Regulation Questionnaire, **RSQ:** Relationship Scales Questionnaire, **PANAS:** Positive and Negative Affect Schedule, **LSAS:** Liebowitz Social Anxiety Scale, **DERS:** Difficulties in Emotion Regulation Scale, **IIP**: Inventory of Interpersonal Problems.

2.3.1.1.3. Criterion Validity of the IERQ

In order to examine criterion validity of the IERQ, three groups were formed on the basis of the participants' scores on overall Inventory of Interpersonal Problems (IIP). Three problem levels including low, medium, and high in terms of interpersonal problems were determined in order to see the differences of groups. Cutoff points were decided by considering 33% and 66% of the scores of participants on IIP. Participants who scored below the 33th percentile (i.e., average scores below 2.25) were categorized as those having "low interpersonal problems", participants who scored between 33th and 66th percentile (i.e., scores between 2.26 and 2.69) were categorized as having "medium interpersonal problems", and finally participants who scored above 66th percentile (i.e., scores above 2.7) were categorized as those having "high interpersonal problems". Low interpersonal problems group consisted of 185 participants. The mean IIP overall score for this group was 1.94 (*SD*= 0.22). Medium interpersonal problems group consisted of 181 participants. The mean IIP overall score for this group 2.48 (*SD*= 0.12). High interpersonal problems group consisted of 181 participants. The mean IIP overall score for this group was 3.08 (*SD*= 0.32) (see Table 3.3).

Table 3.3 Characteristics of interpersonal problem groups

Group	N	Mean	Standart Deviation
Low interpersonal problems	185	1.94	0.22
Medium interpersonal problems	181	2.48	0.12
High interpersonal problems	181	3.08	0.32

Age was also divided into three groups. Cutoff points were again decided as 33% and 66%. Participants whose ages were below the 33th percentile (i.e., ages below 21) were categorized as "early young adulthood group", participants whose age were between 33th and 66th percentile (i.e., ages between 22 and 26) were categorized as "middle young adulthood group", and finally participants whose ages are above 66th percentile (i.e., ages above 27) were categorized as the "adulthood group". Early young adulthood group consisted of 178 participants. Mean age of this group was 20.04 (*SD* = 0.89). Middle young adulthood group consisted of 204 participants and mean age of this group was 23.5 (*SD* = 1.38). Finally, adulthood group consisted of 165 participants. Mean age of this group was 30.98 (*SD* = 3.96) (see Table 3.4).

Table 3.4 Characteristics of age groups

Group	N	Mean	Standart Deviation
Early young adulthood group	178	20.04	0.89
Middle young adulthood group	204	23.5	1.38
Adulthood group	165	30.98	3.96

In order to evaluate the effects of three levels of interpersonal problem groups (low, medium, high) and age groups (early young adulthood, middle young adulthood, and adulthood) on overall interpersonal emotion regulation scores, a 3 (interpersonal problems groups) x 3 (age) between subjects design ANOVA was performed. Results revealed a significant main effect for age, F (2, 538) =3.23, p <.05) and IIP, F (2, 538) =7.29, p <.01). Interaction effect was found to be insignificant F (4, 538) =0.12, p >.05) (see Table 3.5)

Table 3.5 Age and IIP differences on IERQ

Source	*df*	SS	MS	*F*
Age	2	1326.82	663.41	3.23*
IIP	2	2997.43	1498.71	7.29**
Age X IIP	4	97.35	24.34	0.12
Error	538	110684.9	205.73	

*$p < .05$, **$p < .01$

Note: **IIP:** Inventory of Interpersonal Problems

Pair-wise comparisons for the age main effect revealed that early young adulthood group had no significant difference between middle early young adulthood and adulthood groups in terms of IERQ overall scores. However middle early young adulthood group (M = 65.8) reported significantly higher scores on interpersonal emotion regulation when compared to adulthood group (M = 62) (see Figure 3.1).

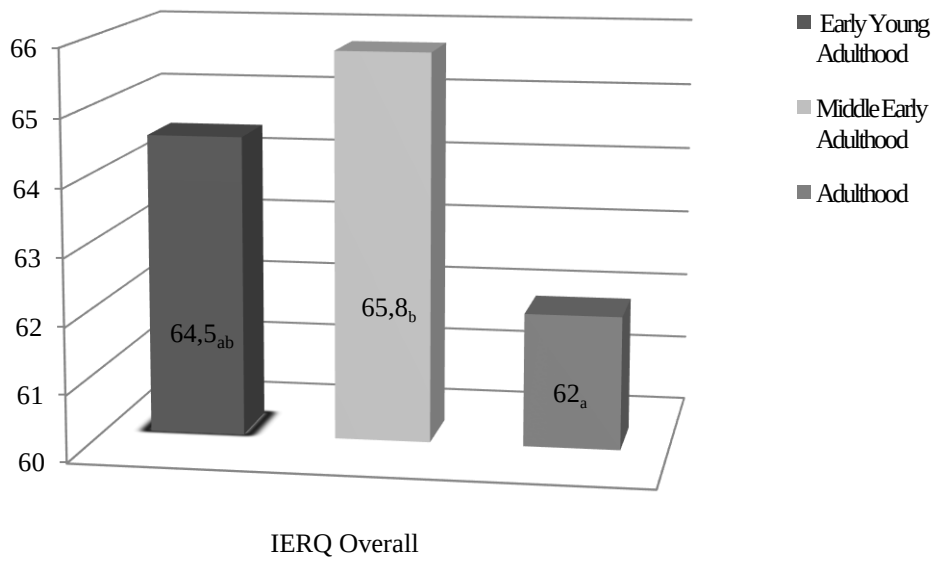


Figure 3.1 Mean Scores of Age Groups on Overall Interpersonal Emotion Regulation

Note: The mean scores that do not share the same subscript are significantly different from each other.

Pair-wise comparisons for the interpersonal problems (IIP) main effect revealed that low interpersonal problems group (M = 60.95) scored significantly lower on IERQ

overall score when compared to medium interpersonal problems group (*M* = 64.78) and high interpersonal problems group (*M* = 66.58). However there was no significant difference between medium interpersonal problems group and high interpersonal problems group in terms of IERQ overall scores (see Figure 3.2).

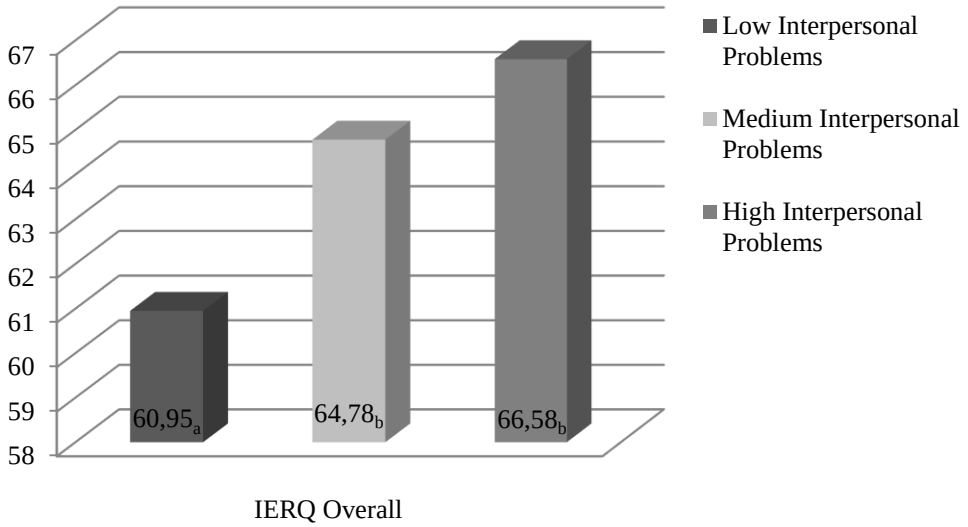


Figure 3.2 Mean Scores of IIP Groups on Overall Interpersonal Emotion Regulation

Note: The mean scores that do not share the same subscript are significantly different from each other.

Besides IERQ Overall score, analyses were conducted to examine the differences of scores of IERQ subscales with respect to different age groups and IIP groups. In order to investigate possible differences between these groups, a 3 (Age) X 3 (IIP groups) MANOVA was conducted with four interpersonal emotion regulation subscales namely; Enhancing Positive Affect, Soothing, Social Modeling and Perspective Taking, as the dependent variables. As can be seen from Table 3.6, MANOVA results revealed a significant age main effect (Multivariate F [8,1070] = 2.14, $p < .05$, Wilks'Λ = .97; partial η^2 = .02) and a significant IIP main effect (Multivariate F [8,1070] = 6.86, $p < .001$, Wilks'Λ = .91; partial η^2 = .05).

Table 3.6 Age and IIP group differences on subscales of IERQ

Variable	Multi. F	Multi. df	Wilk's Λ	Multi. η^2	Uni. df	Uni.F	Uni. η^2
Age	2.14*	8,1070	.97	.02			
Enhancing PA					2,538	0.36	.00
Perspective Taking					2,538	4.41	.02
Soothing					2,538	4.38	.02
Social Modeling					2,538	1.07	.00
IIP	6.86**	8,1070	.91	.05			
Enhancing PA					2,538	3.87	.01
Perspective Taking					2,538	5.10*	.02
Soothing					2,538	12.38**	.04
Social Modeling					2,538	9.07**	.03
Age X IIP	0.52	16,1635	.99	.00			
Enhancing PA					4,538	0.79	.01
Perspective Taking					4,538	0.24	.00
Soothing					4,538	0.35	.00
Social Modeling					4,538	0.04	.00

*p<.05, **p<.001.
Note: **Enhancing PA**: Enhancing Positive Affect; **IIP:** Inventory of Interpersonal Problems

In order to study which of the IERQ subscales were responsible for the significant differences between age groups; univariate analysis with Bonferroni correction was performed. For the univariate analyses, alpha scores lower than .0125 were accepted as significant. Analysis for the age revealed that after the Bonferroni correction, IERQ subscales did not significantly differ in terms of age groups. In order to study which of the IERQ subscales were responsible for the significant differences between IIP groups; univariate analyses with Bonferroni correction was also performed. These analyses indicated significant group differences for perspective taking *(F* [2,538] = 5.1, p<.01, η^2 = .02), Soothing (*F* [2,538] = 12.38, p<.001, η2 = .04), Social Modeling (*F* [2,538] = 9.07, p<.001, η^2 = .03). Pair-wise comparisons revealed that, individuals with low interpersonal problems (*M* = 11.67) were significantly lower on perspective taking as compared to individuals with medium (*M* = 12.67) and high (*M* = 13.15) interpersonal problems. Whereas there is no significant difference between individuals with medium (*M* = 12.67) interpersonal problems and individuals with high (*M* = 13.15) interpersonal problems in terms of perspective taking (see Figure 3.3).

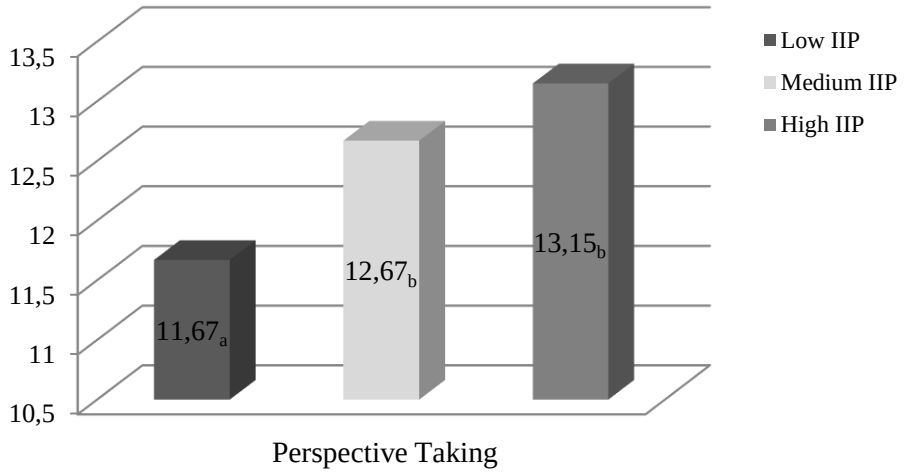


Figure 3.3 Mean Scores of IIP Groups on Perspective Taking Subscale of IERQ

Note: The mean scores that do not share the same subscript are significantly different from each other.

In terms of soothing subscale results revealed that individuals with low IIP score (*M* = 13.69) and medium IIP score (*M* = 14.7) had significantly lower scores than individuals with high IIP score (*M* = 16.4) in terms of soothing. However, in terms of soothing there is no significant difference between individuals with low IIP score (*M* = 13.69) and individuals with medium IIP score (*M* = 14.7) (see Figure 3.4).

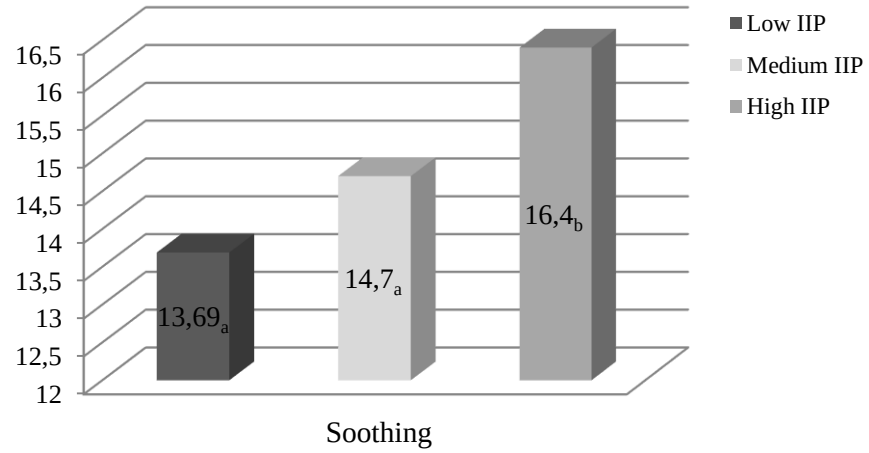


Figure 3.4 Mean Scores of IIP Groups on Soothing Subscale of IERQ

Note: The mean scores that do not share the same subscript are significantly different from each other.

In terms of social modeling subscale results revealed that individuals with low IIP score (*M* = 14.63) were significantly lower from individuals with medium (*M* = 16.18) and high (*M* = 16.81) IIP score in terms of social modeling. However there is

no significant difference between that individuals with medium IIP score (*M* = 16.18) and individuals with high IIP score (*M* = 16.81) in terms of social modeling (see Figure 3.5).

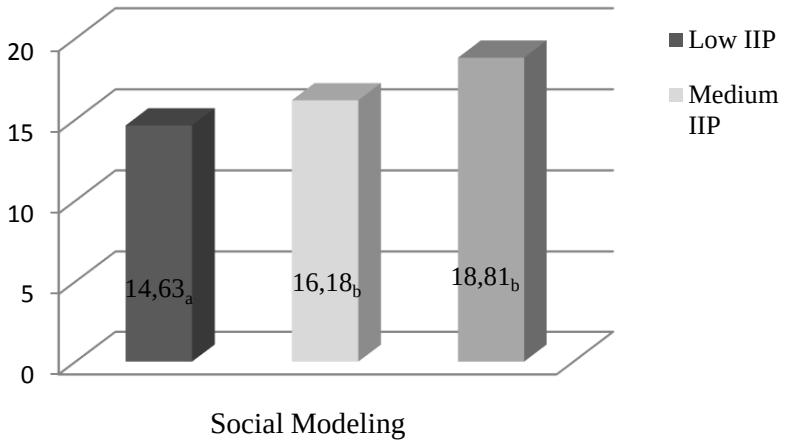


Figure 3.5 Mean Scores of IIP Groups on Social Modeling Subscale of IERQ

Note: The mean scores that do not share the same subscript are significantly different from each other.

2.3.1.2. Reliability Analysis of IERQ

In order to explore the reliability of the Turkish version of the Interpersonal Emotion Regulation Scale (IERQ) internal consistency coefficients including four subscales namely; enhancing positive affect, perspective taking, soothing and social modeling were computed along with the split- half reliability coefficients of the study.

As can be seen from the Table 3.7, Cronbach's Alpha coefficients for subscales was found as .84 for enhancing positive affect subscale, .82 for perspective taking subscale, .89 for soothing subscale, .88 for social modeling subscale, and .92 for the whole scale. Item total correlations ranged between .57 and .71 for the enhancing positive affect subscale, .50 and .67 for the perspective taking subscale, .68 and .78 for the soothing subscale, .59 and .82 for social modeling subscale and .35 and .75 for the whole scale. Thus, the item total correlations were above .30 both for the subscales and for the whole scale.

By randomly splitting the whole scale into two parts split- half reliability was computed for IERQ. The Guttman split- half reliability was found as .90 where each

part included 10 items, for the first half Cronbach's Alpha coefficient was .81 and for the second half Cronbach's Alpha coefficient was .88.

Table 3.7 *Item- Total Correlation Ranges and Cronbach's Alpha Values for IERQ and its subscales*

	Item-total correlation range	**Cronbach's Alpha Coefficient**
Enhancing Positive Affect	.57 - .71	.84
Perspective Taking	.50 - .67	.82
Soothing	.68 - .78	.89
Social Modeling	.59 - .82	.88
Total	.35 - .75	.92

2.4. Discussion

Interpersonal Emotion Regulation Questionnaire (IERQ) measures the four areas of interpersonal emotion regulation namely; *Enhancing Positive Affect, Soothing, Social Modeling and Perspective Taking.* In the current study, results revealed preliminary support for the utility of IERQ as a measurement tool of interpersonal emotion regulation in a Turkish sample. Reliability analysis of the overall scale and subscales were performed. Results revealed slightly lower Cronbach's alpha coefficients compared to the findings of the original English form (Hofmann et al., 2016). However, it can be said that internal consistency of IERQ was found to be highly acceptable for both the overall scale with the alpha value above .80 and for the subscales with the alpha values ranging between .82 and .89. In addition, split-half reliability of the scale was also found to be acceptable.

Considering the validity of IERQ, construct, concurrent and criterion validity coefficients were investigated. In order to analyze the factor structure of IERQ, principal component factor analysis with varimax rotation was performed. A four factor structure emerged based on the item distribution and scree-plot. These four factors totally accounted for 65.87 % of the total variance which is slightly lower than the findings of original study (in the original study it was 68.4 %) (Hofmann et

al., 2016). It can be said that items of the four factors were identical with the original version of the IERQ. Only one item (Item 2 "It helps me deal with my depressed mood when others point out that things aren't as bad as they seem", "Başkalarının olayların göründüğü kadar kötü olmadığını ifade etmesi, depresif duygu durumumla başa çıkmama yardım eder") which had the highest loading under the Perspective Taking subscale in its original form had the highest loading on Social Modeling subscale in the present study. Since its loading on its original factor was also higher than .30 and its content was more closely related to perspective taking, final decision was to keep Item 2 under Perspective Taking factor.

As for the concurrent validity, correlations of IERQ and its subscales with Relationship Scales Questionnaire (RSQ), Positive and Negative Affect Schedule (PANAS), Liebowitz Social Anxiety Scale (LSAS), Difficulties in Emotion Regulation Scale (DERS) and Inventory of Interpersonal Problems (IIP) were examined. Based upon the correlations of attachment styles and IERQ, results revealed that preoccupied attachment showed moderate positive correlation with overall IERQ, soothing and social modeling subscales. Under the light of the existing literature it can be said that individuals with preoccupied attachment tend to have a beliefs of personal unworthiness, on the other hand they tend to evaluate others positively. In concordance with these beliefs, it will not be incorrect to conclude that preoccupied individuals might rely more on to others in terms of self definition. In addition when they do not have a close relationship, they tend to feel uncomfortable (Bartholomew & Horowitz, 1991). Studies specifically addressing the relationship between attachment styles and personality disorders have provided support for the notion that dependent personality traits positively associated with preoccupied attachment style (Sherry, Lyddon, & Henson, 2007). All above mentioned findings support the view that individuals with preoccupied attachment style might rely more on the resources of others in terms of emotion regulation (Bartholomew & Horowitz, 1991). These findings of the current study were in line with the findings of the original study (Hofmann et al., 2016). Although the other correlations were low, the directions of loadings for the two styles of avoidant attachment (fearful and dismissing) were also meaningful. While fearful attachment revealed negative

correlation with enhancing positive affect subscale (the only subscale measuring the regulation of positive emotions), dismissing attachment revealed positive correlation with enhancing positive affect subscale. Since fearfully attached individuals tend to have a belief about personal unworthiness and also tend to believe that others are rejecting, unresponsive and untrustworthy, they might not tend to share positive feelings. According to the findings of Sherry et al. (2007) fearful attachment is related to avoidant, borderline, paranoid, and schizotypal personality disorders. What is common for all of these disorders might be the suspicion and hesitation about getting closer to the other. On the other hand, dismissing attachment style is more related to negative evaluations about others and giving priority on being independent and self sufficient which is also highly associated with believing in self (Bartholomew & Horowitz, 1991). In concordance with this view in the present study dismissing attachment style is negatively related to the usage of interpersonal emotion regulation strategies (overall IERQ, soothing, social modeling and perspective taking). In this regard, unlike individuals with fearful attachment style, individual with dismissing attachment style might tend to feel comfortable while sharing positive emotions since they are not threaten their independence and self worth. This difference on the belief of self resources between two styles of avoidant attachment (fearful and dismissing) might be responsible for the different directions of relationships in terms of enhancing positive affect subscale.

Based on the correlations of DERS and IERQ, results revealed that overall difficulties in emotion regulation had moderate positive correlation with just soothing subscale of IERQ. That is, when people experience greater overall difficulty in the regulation of their emotions, they tend to seek more soothing in terms of interpersonal emotion regulation strategies. Moreover, it can be seen that four subscales of DERS (impulse, non-acceptance, lack of goals, and lack of strategy) had moderate correlations with soothing subscale of IERQ. These results implied that when people have difficulties on intrapersonal emotion regulation, they seek soothing in terms of interpersonal emotion regulation rather than seeking for social modeling and perspective taking. Parkinson and Totterdell (1999) defined two emotion regulation strategies which are cognitive and behavioral. Cognitive

strategies include the attempts of changing thoughts of the target about a situation (like reframing or reappraisal). Whereas behavioral strategies refer to changing emotion by giving a message about one's relationship with the target (like preparing a cup of coffee or buying a bar of chocolate). There is a supportive evidence that sometimes cognitive strategies might be perceived as invalidation of emotions and invalidation of the point of view by the target (Niven et al., 2009; Marigold, Cavallo, Holmes, & Wood, 2014). Accordingly, the findings of the present study indicated that individuals with intrapersonal emotion regulation difficulty, mostly seek out behavioral strategies (like soothing) from others in terms of interpersonal emotion regulation.

Based on the correlations between IIP and IERQ, results showed that interpersonal problems in vindictive/ self-centered area was negatively correlated with enhancing positive affect subscale. Since Alden et al. (1990) defined vindictive style with the characteristics of anger, distrust, suspicion, and giving little support for others, enhancing positive affect by sharing positive feelings with others is not seem to be likely for this style. Consistent with the expectation, interpersonal problems in self-sacrificing area was positively correlated with overall interpersonal emotion regulation and moderate positive correlation was seen with enhancing positive affect subscale. It can be concluded that self-sacrificing people might tend to share positive feelings in order to elevate the positive feelings of others. Among the subscales of IIP the highest correlations were observed with the intrusive/needy subscale. These results were expected since intrusive subscale of IIP indicate need for engagement with other people, difficulty to spend alone time, difficulty in setting interpersonal boundaries (Alden et al., 1990).

In sum, results in relation to correlations of interpersonal emotion regulation with attachment styles, difficulties in emotion regulation, and inventory of interpersonal problems revealed support for the concurrent validity of IERQ. In addition to that it was worthwhile to see the relations of interpersonal emotion regulation with other psychological constructs.

As for the criterion validity, results indicated that groups having high, medium and low interpersonal problems and age groups of early young adulthood, middle young adulthood, adulthood were successfully differentiated on the basis of overall interpersonal emotion regulation. In terms of age, middle early young adulthood group had significantly higher scores on interpersonal emotion regulation when compared to adulthood group. This finding was in line with the findings of original study which revealed that there was a negative correlation with age and interpersonal emotion regulation scores. In addition, these findings were in concordance with the existing literature on age and intrapersonal emotion regulation. Previous researches suggested that intrapersonal emotion regulation improves with age (Gross et al., 1997; Larcom & Isaacowitz, 2009; Orgeta, 2009). Thus, it can be concluded that people might rely on less to interpersonal emotion regulation strategies, since their intrapersonal emotion regulation abilities improves with age. There was no significant difference between early young adulthood group and middle early young adulthood in terms of interpersonal emotion regulation scores. This may be due to the fact that mean age differences between these two groups were small in the sample. In terms of interpersonal problems, low interpersonal problem group had significantly lower scores on overall interpersonal emotion regulation when compared to medium interpersonal problems group and high interpersonal problems group. Since high interpersonal problems were associated with anxiety, depression and other psychological problems, it can be concluded that individuals with more negative affect and psychological problems, tend to seek other people more frequently to regulate their emotions (Horowitz, 1979; Wei et al., 2003). Analyses with the subscales revealed that groups having high, medium and low interpersonal problems were successfully differentiated on the basis of perspective taking, soothing and social modeling. As enhancing positive affect was positively correlated to self-sacrificing and intrusive subscales of interpersonal problems inventory and was negatively correlated to vindictive, cold and socially avoidant subscales of interpersonal problems inventory, it seems plausible that groups having high, medium and low interpersonal problems were not differentiated on the basis of enhancing positive affect.

In summary, this study presents good internal consistency and split half reliability coefficients, as well as good construct, concurrent, and criterion validity coefficients revealing support for the reliability and validity of the Interpersonal Emotion Regulation Questionnaire. Therefore, Turkish form of IERQ has been found to be a psychometrically reliable and valid instrument.

CHAPTER 3

MAIN STUDY: PERSONALITY DISORDERS IN RELATION TO CHILDHOOD EXPERIENCES, REJECTION SENSITIVITY, AND EMOTION REGULATION PROCESSES

3.1. Introduction

As stated in the literature review section, parental rearing attitudes have substantial effect on the personality, worldview, coping, schemas, and adjustment of the child (Rohner, 1986). Since the initial beliefs about the world and relationships are formed within the family context, the way of rearing may shape the schemas of child about others and the world. That is to say, parental rearing styles may positively effect the child and help the adaptation of children to the outer world or it may lead to maladjustment and contribute to psychological problems. In the literature there are lots of studies that focus on the etiological role of parental attitudes on psychological problems (i.e. Thimm, 2010; Türküler-Aka & Gençöz, 2014; Yoshida et al., 2005). However, studies in terms of personality disorder symptomatology revealed inconsistent results. This might be due to the use of different scales for measuring parental attitudes and personality disorders, and it might also be related to the complex nature of personality disorders. Since parental attitudes constitutes an important starting point for interpersonal problems and since interpersonal problems are at the core of nearly all personality disorders, it is important to explore the relationship between them. As personality disorders are complex constructs and previous studies revealed inconsistent results, in the current study the role of parental rearing attitudes on personality symptomatology was tried to be examined through

the roles of rejection sensitivity and intra and interpersonal emotion regulation strategies.

According to the rejection sensitivity model of Downey and Feldman (1996) specific characteristics of a situation trigger the cognitive network of the individual. This cognitive network makes use of previous experiences and previously established beliefs, expectations, and regulation processes in order to initiate behavior (Mischel, & Shoda, 1995). According to the cognitive- affective processing system (CAPS) framework by Downey and Feldman (1996), immediate perception of rejection in interpersonal relationships is a result of a learning process. That is to say, people tend to construct their expectations of a new relationship on the basis of their previous experiences. First empirical studies on rejection sensitivity and the succeeding studies supported the hypothesis that rejection experiences in family; like violence, neglect, and abuse were related to the rejection sensitivity levels (Feldman & Downey, 1994).

According to the estimation of Williams (2001), in a lifetime people undergo a thousand times of social exclusion and rejection on average. Therefore, it is important to explore the ways of coping and the ways of regulating the emotions that are triggered with the experience of rejection. The findings in the literature revealed that high rejection sensitive people were not successful at regulating their emotions (Kross et al., 2007). Furthermore, Velotti et al. (2014) came up with a specific result suggesting that difficulties in emotional acceptance were positively related to the levels of rejection sensitivity. Under the light of these findings, it was thought that specific effects of emotion regulation strategies on the relation between rejection sensitivity and personality disorders may help to set a course for interventions while working with rejection sensitive people. Moreover, within the existing literature information on emotion regulation mostly gathered in the area of intrapersonal emotion regulation. However, with the development of valid measurements there is an increasing tendency to focus on interpersonal emotion regulation. Therefore, in the current study the effects of intra and interpersonal emotion regulation on the relation between rejection sensitivity and personality disorders were tried to be examined concurrently.

Rejection sensitivity has been studied only in the area of social psychology until recently. In addition to that recent clinical studies on rejection sensitivity has focused mostly on borderline personality symptomatology (i.e. Staebler et al., 2011; Goodman et al., 2014; Zielinski & Veilleux, 2014) and the possible effects of rejection sensitivity on other personality disorders remained uninvestigated. Therefore, another aim of the current study was to expand the understanding of the interplay of rejection sensitivity with other personality disorders.

To sum up, previous experiences of rejection in parental context was proposed to be related to rejection sensitivity levels of individuals. Since high rejection sensitivity may contribute to unstable and unsatisfying relationship patterns, the role of rejection sensitivity on personality disorders were examined through the roles of intra and inter personal emotion regulation strategies.

3.2. Method

3.2.1. Participants

This study was composed of 583 participants between the ages of 18 and 28 (M = 21.24, SD = 1.89). Among the participants 450 were females (77.2 %) and 133 were males (22.8 %). All participants were university students. Of the participants, 182 (31.2 %) were first grade, 118 (20.2 %) were second grade, 162 (27.8 %) were third grade, and 89 (15.3 %) were fourth grade; and 32 (5.5 %) were enrolled to a program that is more than four years. As for the income, 7 (1.2 %) participants categorized their income level as very low, 45 (7.7 %) of them categorized their income level as low, 442 (75.8 %) of them categorized their income level as middle, 86 (14.7 %) of them categorized their income level as high and finally 3 (0.5 %) of them categorized their income level as very high (See Table 3.1).

Table 3.1 *Demographic Characteristics of the Participants*

	M	*SD*
Age	21.24	1.89
	N	*%*
Gender		
Female	450	77.2
Male	133	22.8
Grade		
1st	182	31.2
2nd	118	20.2
3rd	162	27.8
4th	89	15.2
5th or more	32	5.5
Income Level		
Very Low	7	1.2
Low	45	7.7
Middle	442	75.8
High	86	14.7
Very High	3	0.5

3.2.2. Measures

In the current study participants completed demographic information form, short form of Egna Minnen Betraffande Uppfostran- My Memories of Upbringing, Rejection Sensitivity Questionnaire, Difficulties in Emotion Regulation Scale, Interpersonal Emotion Regulation Scale and short form of Personality Belief Questionnaire.

3.2.2.1. Demographic Information Form

Demographic information form was prepared by the researcher to gather information about age, gender, education and perceived SES of the participants.

3.2.2.2. The Short Form of Egna Minnen Betraffande Uppfostran- My Memories of Upbringing (s- EMBU)

In order to assess the adults' perception of their parents' rearing behaviors EMBU was developed by Perris, Jacobsson, Lindstrom, von Knorring, and Perris (1980). Since original form of EMBU was too long, consisted of 81 items, a short form of EMBU (s- EMBU) was developed by selecting 23 items from the original scale (Arrindell et al., 1999). For the development of s-EMBU, the data was collected from the students from Guatemala, Greece, Hungary, and Italy. Although the sample consisted of international groups, three factor construct was invariant. Scale has three subscales named as; rejection (7 items), over-protection (10 items) and emotional warmth (6 items). While responding to scale, participants are asked to rate each item for their father and mother separately.

Turkish adaptation of the s- EMBU was completed by Karancı et al. (2006). Internal consistency of rejection subscale was found as .80 for mother and .82 for father. Internal consistency of emotional warmth subscale was found as .76 for mother and .79 for father. Internal consistency of over-protection subscale was found as .76 for mother and .79 for father.

In the present study, internal consistency coefficients were found as .79 for maternal rejection and .80 for paternal rejection, .82 for maternal emotional warmth, and .83 for paternal emotional warmth, and .80 for both maternal and paternal over protection subscales.

3.2.2.3. Rejection Sensitivity Questionnaire (RSQ)

The RSQ was developed by Downey and Feldman (1996) in order to assess the level of expectancy and anxiety in terms of interpersonal rejection. Questionnaire consists of 18 hypothetical situation (e.g., "you ask someone in class if you can borrow his/her notes") and respondents are expected to rate the situations on two seperate dimensions. First one is how concerned or anxious they would feel and the second one is the level of likelihood that the other person would accept the request. For both of the dimensions there is 6 point Likert- type scale. Turkish adaptation of the RSQ

was completed by Özen, Sümer, Demir (2011). Since it was thought that rejection expectancies may differ from culture to culture, eight culture specific hypothetical situations were added to the scale during the adaptation process (e.g. "You ask one of your relatives who is known as a very good cook, to cook one of her best recipes, specially for you"). Exploratory factor analysis revealed two factors: 1) rejection expectation from friends, companions or strangers, 2) rejection expectation from parents and other relatives. Internal consistency for the friends subscale was found .85 and internal consistency for the parent subscale was found as .73 (Özen et al., 2011).

In the present study overall score was used and internal consistency for the whole scale was found as .90.

3.2.2.4. Difficulties in Emotion Regulation Scale (DERS)

DERS was developed by Gratz and Roemer (2004) in order to measure the levels of difficulty in emotion regulation. Since detailed information about the Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004) was given in the method section of Study 1, it will not be mentioned in detail again.

In the current study, internal consistency coefficients were found as .93 for the overall DERS, .89 for the clarity subscale, .74 for the awareness subscale, .88 for the impulse subscale, .89 for the non-acceptance subscale, .89 for (lack of) goals subscale and .89 for the (lack of) strategies subscale.

3.2.2.5. Interpersonal Emotion Regulation Questionnaire (IERQ)

IERQ was developed by Hofmann et al. (2016) in order to assess the interpersonal component of emotion regulation. Since detailed information of Interpersonal Emotion Regulation Scale (IERQ; Hofmann et al. (2016) was given in the method section of Study 1, it will not be mentioned in detail again. Turkish adaptation of the scale was completed and reported in Study 1.

In the current study, internal consistency coefficient was found as .93 for overall IERQ. Internal consistency coefficient of subscales were found as

.90 for enhancing positive affect subscale, .79 for perspective taking subscale, .88 for soothing subscale, and .89 for social modeling subscale.

3.2.2.6. Personality Belief Questionnaire- Short Form (PBQ-SF)

This questionnaire was developed by Beck and Beck (1991) in order to assess the dysfunctional beliefs related to personality disorders. Original form of PBQ has 126 items and nine subscales named: passive-aggressive, obsessive-compulsive, antisocial, narcissistic, histrionic, schizoid, paranoid, dependent, and avoidant personality disorders on Axis II. In addition to these subscales, beliefs related with borderline personality disorder are analyzed by the help of 14 items from other subscales. Psychometric properties of the scale were investigated by Butler, Beck and Cohen (2007) among psychiatric outpatients. Results revealed that internal consistency of the PBQ's subscales ranged between .79 and .91. The scale was adapted to Turkish by Türkçapar et al. (2007). The internal consistency of the scale was found as .95 and internal consistencies of the subscales were found to be ranging between .67 and .90. Since the original form of PBQ is too long and not very practical, Butler et al. (2007) developed a shorter version of the scale by selecting the most discriminating items from the original scale. Short version of Personality Belief Questionnaire is composed of 65 items. Internal consistency of the PBQ-SF ranged between .81 and .92 (Butler et al. 2007). Reliability and validity of the short form studies were completed by Taymur, Türkçapar, Örsel, Sargın, and Akkoyunlu (2011). Internal consistency of the whole scale was found as .92 and the internal consistencies of the subscales were found to range between .61 and .85.

In the current study, internal consistency coefficient was found as .94 for overall s-PBQ. Internal consistency coefficient of subscales were found as .72 for passive aggressive subscale, .77 for obsessive- compulsive subscale, .74 for antisocial subscale, .70 for narcissistic subscale, .80 for histrionic subscale, .74 for schizoid subscale, .83 for paranoid subscale, .72 for dependent subscale, .67 for avoidant subscale, .70 for borderline subscale.

3.2.3. Procedure

Firstly, the permissions were taken from the researchers who adapted the scales into Turkish. The permission of the current study from The Applied Ethics Research Center of Middle East Technical University had already been taken simultaneously with the first study (Protocol no: 2016-SOS-134). Three items were randomly added to the scales in order to eliminate the invalid data. Examples of these items were "Please score 2 as an answer to this item", and "Please mark the option "all the time" for this item". The questionnaire set was prepared and entered into Qualtrics program. In addition, the set of scales in Qualtrics was linked to SONA Systems of Middle East Technical University. Students who responded all the questions and correctly answered the validity check items were the participants of this study. Completing the whole set of scales took approximately 30 minutes for the participants.

3.2.4. Statistical Analyses

In the current study, statistical analyses were completed by using IBM Statistical Package for Social Sciences (SPSS), version 20.0 for Windows. Firstly, the accuracy of the data was checked. Participants who leaved unfinished the set of questionnaires were excluded from the study. Then, participants who answered incorrectly to the validity check questions were excluded from the remaining data. After that, preliminary analysis including; descriptive information of the instruments and correlation coefficients among the variables were calculated. With the aim of examining the differentiating effects of demographic variables on the other constructs, a series of analysis of variance (ANOVA) and multivariate analysis of variance (MANOVA) were conducted. In order to investigate the relationships that are represented in Figure 1.2 hierarchical multiple regression analyses were completed. Finally, to test the suggested mediations in Figure 1.2 path analyses were conducted by using LISREL 9.2 for Windows.

3.3. Results

3.3.1. Descriptive Information for the Measures

Descriptive statistics including means, standard deviations, minimum and maximum values, the instruments that were used in the current study were given in Table 3.2 The instruments and their subscales were the short form of Egna Minnen Betraffande Uppfostran- My Memories of Upbringing (s-EMBU) with three subscales as, Over-Protection, Emotional Warmth and Rejection for both mother and father separately; Rejection Sensitivity Questionnaire (RSQ); Difficulties in Emotion Regulation Scale (DERS) with six subscales as, Clarity, Awareness, Impulse, Non-Acceptance, (Lack of) Goals, (Lack of) Strategies; Interpersonal Emotion Regulation Questionnaire (IERQ) with four subscales as, Enhancing Positive Affect, Perspective Taking, Social Modeling and Soothing; and finally Personality Belief Questionnaire (PBQ-SF) with ten subscales as, Dependent Personality Disorder (PD), Avoidant PD , Obsessive-Compulsive PD, Passive- Aggressive PD, Antisocial PD, Histrionic PD, Narcissistic PD, Schizoid PD, Paranoid PD, and Borderline PD. Since cluster system was employed in the current study, diagnostic groups were formed as Cluster A (i.e., Schizoid & Paranoid), Cluster B (i.e., Borderline, Histrionic, Antisocial, & Narcissistic), and Cluster C (i.e., Avoidant, Dependent, & Obsessive Compulsive).

Table 3.2 *Descriptive Information for the Measures*

Measures	N	Mean	SD	Range (Min.-Max.)	Possible Range
s- EMBU					
Mother					
Rejection	583	9.82	3.17	7-26	7-28
Over-protection	583	20.40	5.09	9-36	9-36
Emotional Warmth	583	18.20	3.68	6-24	6-24
Father					
Rejection	583	9.59	3.23	7-26	7-28
Over-protection	583	19.12	5.12	9-35	9-36
Emotional Warmth	583	17.19	4.08	6-24	6-24
RSQ	583	228.41	96.17	28-800	1-936

Table 3. 2 (cont.'d)

Measures	N	Mean	SD	Range (Min.-Max.)	Possible Range
DERS	583	90.45	21.89	36-152	36-180
Clarity	583	12.67	4.08	5-25	5-25
Awareness	583	14.22	3.79	6-28	6-30
Impulse	583	14.75	5.33	6-30	6-30
Non-Acceptance	583	12.57	5.11	6-30	6-30
(Lack of) Goals	583	16.58	4.75	5-25	5-25
(Lack of) Strategies	583	19.65	6.99	8-39	8-40
IERQ	583	66.48	15.22	22-100	20-100
Enhancing Positive Affect	583	20.73	4.15	5-20	5-25
Perspective Taking	583	14.09	4.44	5-20	5-25
Social Modeling	583	16.42	5.04	5-20	5-25
Soothing	583	15.24	5.25	5-20	5-25
PBQ					
Avoidant	583	12.27	4.31	0-28	0-28
Dependent	583	7.25	4.47	0-27	0-28
Passive-Aggressive	583	12.38	4.72	0-26	0-28
Obsessive-Compulsive	583	12.16	5.04	1-27	0-28
Antisocial	583	8.53	4.79	0-27	0-28
Narcissistic	583	8.85	4.30	0-24	0-28
Histrionic	583	7.78	4.94	0-28	0-28
Schizoid	583	13.35	5.37	1-28	0-28
Paranoid	583	10.78	5.24	0-28	0-28
Borderline	583	8.25	4.40	0-25	0-28
Cluster A	583	24.13	9.22	5-55	0-56
Cluster B	583	33.41	15.05	1-99	0-112
Cluster C	583	31.67	11.08	4-72	0-84

Note: **s-EMBU**: short-EMBU (Egna Minnen Betraffande Uppfostran – My Memories of Upbringing); **RSQ**: Rejection Sensitivity Questionnaire; **DERS**: Difficulties in Emotion Regulation Scale; **IERQ:** Interpersonal Emotion Regulation Questionnaire; **PBQ**: Personality Belief Questionnaire.

3.3.2. Pearson Correlation Coefficients among the Measures of the Study

In order to investigate the relationship between the scales that were used in the current study (perceived parental rearing styles with three subscales as rejection, over-protection, emotional warmth for mother and father, rejection sensitivity; difficulties in emotion regulation with six subscales as clarity, awareness, impulse, non-acceptance, [lack of] goals, [lack of] strategies; interpersonal emotion regulation with four subscales as enhancing positive affect, perspective taking, social modeling and soothing; clusters of personality disorders as Cluster A, B, & C personality disorders and ten personality disorders as avoidant, dependent, passive-aggressive, obsessive-compulsive, antisocial, narcissistic, histrionic, schizoid, paranoid, borderline) Pearson correlation analyses were conducted. Correlation coefficient values greater than .25 were regarded as moderate correlations and correlation coefficient values greater than .50 were regarded as strong correlations.

Correlation analysis conducted with s-EMBU subscales and all other variables of the current study were shown in Table 3.3. Results revealed that mother over protection subscale of s- EMBU had strong positive correlation with father over-protection subscale (r= .70, p<.01) and moderate positive correlations with mother rejection subscale (r= .46, p<.01) and father rejection subscale of s-EMBU (r= .36, p<.01). Mother rejection subscale of s-EMBU had strong negative correlation with mother emotional warmth subscale (r= -.56, p<.01) , moderate negative correlation with father emotional warmth subscale (r= -.42, p<.01), strong positive correlation with father rejection subscale (r= .66, p<.01) and moderate positive correlation with father over protection subscale of s-EMBU (r= .37, p<.01). Mother emotional warmth subscale of s-EMBU had strong positive correlation with father emotional warmth subscale of s-EMBU (r= .69, p<.01) and moderate negative correlation with father rejection subscale of s-EMBU (r= -.39, p<.01). Father over-protection subscale of s-EMBU had moderate positive correlation with father rejection subscale of s-EMBU (r= .49, p<.01). Father rejection subscale of s-EMBU had strong negative correlation with father emotional warmth subscale of s-EMBU (r= -.51, p<.01).

In terms of personality disorder beliefs, mother over protection subscale of s-EMBU had moderate positive correlations with Cluster B (r= .30, p<.01) and Cluster C (r= .28, p<.01) personality disorders, mother rejection subscale had moderate positive correlations with Cluster A (r= .29, p<.01), Cluster B (r= .32, p<.01) and Cluster C (r= .29, p<.01) personality disorders, father over-protection subscale of s-EMBU had moderate correlations with Cluster A (r= .28, p<.01), Cluster B (r= .30, p<.01) and Cluster C (r= .28, p<.01) personality disorders, father rejection subscale had moderate positive correlations with Cluster A (r= .29, p<.01), Cluster B (r= .30, p<.01) and Cluster C (r= .29, p<.01) personality disorders.

Table 3. 3 *Pearson Correlation Coefficients between s-EMBU and Other Scales*

	M. Over Pro.	**M. Reject**	**M. Warmth**	**F Over Pro.**	**F. Reject**	**F. Warmth**
s-EMBU						
M. Over Pro	1					
M. Reject	**.46****	1				
M. Warmth	-.17**	**-.56****	1			
P. Over Pro	**.70****	**.37**	-.19**	1		
P. Reject	**.36****	**.66****	**-.39****	**.49****	1	
P. Warmth	-.19**	**-.42****	**.69****	-.16**	**-.51****	1
RSQ	.10*	.10*	-.12**	.08	.14**	-.15**
DERS	.19**	.22**	-.20*	.16**	.20**	-.14**
Clarity	.11*	.14**	-.20**	.10*	.09*	-.12**
Awareness	-.04	.06	-.12**	-.13**	-.01	-.09*
Impulse	.17**	.21**	-.17**	.18**	.21**	-.15**
Non-Acceptance	.17**	.23**	-.13**	.19**	.24**	-.12**
Goals	.10*	.07	-.05	.07	.07	.02
Strategies	.22**	.23**	-.19**	.20**	.20**	-.14**

Table 3.3 (cont'd)

IERQ	.11*	.07	.09*	.11**	.05	.09*
Enhancing PA	.02	.01	.10*	.04	.01	.11**
Perspective Taking	.08	.03	.08	.07	.03	.08
Social Modeling	.12**	.07	.02	.11	.07	.01
Soothing	.11**	.10*	.10*	.11**	.06	.09*
PBQ						
Cluster A PDs	.24**	**.29****	-.18**	**.28****	**.29****	-.18**
Cluster B PDs	**.30****	**.32****	-.15**	**.30**	**.30**	-.14**
Cluster C PDs	**.28****	**.29****	-.15*	**.28****	**.29****	-.14**

*p<.05, **p<.01

Note: **s-EMBU**: short-EMBU (Egna Minnen Betraffande Uppfostran – My Memories of Upbringing); **M. Over Pro**.: Maternal Over Protection Subscale; **M. Reject:** Maternal Rejection Subscale; **M. Warmth:** Maternal Emotional Warmth Subscale; **P. Over Pro**.: Paternal Over-Protection Subscale; **P. Reject:** Paternal Rejection Subscale; **P. Warmth:** Paternal Emotional Warmth Subscale; **RSQ**: Rejection Sensitivity Questionnaire; **DERS**: Difficulties in Emotion Regulation Scale; **IERQ:** Interpersonal Emotion Regulation Questionnaire; **Enhancing PA**: Enhancing Positive Affect Subscale; **PBQ**: Personality Belief Questionnaire; **Cluster A PDs**: Personality Belief Questionnaire Cluster A Personality Disorders Subscale; **Cluster B PDs**: Personality Belief Questionnaire Cluster B Personality Disorders Subscale, **Cluster C PDs**: Personality Belief Questionnaire Cluster C Personality Disorders Subscale.

Analysis of correlations between RSQ and other variables except mentioned in previous step revealed that; RSQ had moderate positive correlation with only DERS overall score (r= .25, p<.01). All the other correlations were weak as can be seen from Table 3.4.

Table 3. 4 *Pearson Correlation Coefficients between RSQ and Other Scales*

	RSQ
DERS	**.25****
Clarity	.23**
Awareness	.10*
Impulse	.20**
Non-Acceptance	.20**
(Lack of) Goals	.14**
(Lack of) Strategies	.20**

Table 3.4 (cont'd)

IERQ	-.03
Enhancing PA	-.10
Perspective Taking	-.03
Social Modeling	.01
Soothing	.01
PBQ	
Cluster A PDs	.09*
Cluster B PDs	.09*
Cluster C PDs	.17**

Note: **RSQ**: Rejection Sensitivity Questionnaire; **DERS**: Difficulties in Emotion Regulation Scale; **IERQ:** Interpersonal Emotion Regulation Questionnaire; **Enhancing PA**: Enhancing Positive Affect Subscale; **PBQ**: Personality Belief Questionnaire; **Cluster A PDs**: Personality Belief Questionnaire Cluster A Personality Disorders Subscale; **Cluster B PDs**: Personality Belief Questionnaire Cluster B Personality Disorders Subscale, C**luster C PDs**: Personality Belief Questionnaire Cluster C Personality Disorders Subscale.

As can be seen from Table 3.5 analysis of correlations between DERS and its subscales and other variables except mentioned in previous steps revealed that; DERS overall score had positive strong correlations with clarity subscale (r= .65, p<.01), impulse subscale (r= .85, p<.01), non acceptance subscale (r= .73, p<.01), lack of goals subscale (r= .72, p<.01) and lack of strategies subscale (r= .89, p<.01) and positive moderate correlation with awareness subscale (r= .36, p<.01). The clarity subscale of DERS had moderate positive correlations with awareness subscale (r= .43, p<.01), impulse subscale (r= .43, p<.01), non-acceptance subscale (r= .33, p<.01), lack of goals subscale (r= .30, p<.01) and lack of strategies subscale (r= .46, p<.01). Impulse subscale of DERS had strong positive correlations with non-acceptance subscale (r= .54, p<.01), lack of goals subscale (r= .62, p<.01), lack of strategies subscale (r= .76, p<.01). Non-acceptance subscale of DERS had moderate positive correlation with lack of goals subscale (r= .39, p<.01), and strong positive correlation with lack of strategies subscale (r= .61, p<.01). Lack of goals subscale of DERS had strong positive correlation with lack of strategies subscale (r= .63, p<.01). In terms of interpersonal emotion regulation it was found that overall DERS score had moderate positive correlation with only soothing subscale of IERQ (r= .25, p<.01). Impulse subscale of DERS had moderate positive correlation with only

soothing subscale of IERQ (r= .26, p<.01). In the same way lack of strategies subscale of DERS had moderate positive correlation with only soothing subscale of IERQ (r= .25, p<.01). In terms of personality disorder clusters it was found that DERS overall score had moderate positive correlations with Cluster A PDs (r= .28, p<.01) and Cluster B PDs (r= .48, p<.01) and strong positive correlation with Cluster C PDs (r= .53, p<.01). Impulse subscale of DERS had strong positive correlation with Cluster C PDs (r= .51, p<.01) and moderate positive correlations with Cluster A PDs (r= .30, p<.01) and Cluster B PDs (r= .49, p<.01). Non-acceptance subscale of DERS had moderate positive correlations with Cluster A PDs (r= .27, p<.01), Cluster B PDs (r= .42, p<.01), and Cluster C PDs (r= .49, p<.01). Lack of goals subscale of DERS had moderate positive correlations with Cluster B PDs (r= .30, p<.01) and Cluster C PDs (r= .32, p<.01). Finally lack of strategies subscale of DERS had moderate positive correlation with Cluster A PDs (r= .33, p<.01) and strong positive correlations with Cluster B PDs (r= .51, p<.01) and Cluster C PDs (r= .54, p<.01).

Table 3. 5 *Pearson Correlation Coefficients between DERS and its Subscales and Other Scales*

	DERS	**Clarity**	**Aware.**	**Impulse**	**Non Accept.**	**Lack of Goals**	**Lack of Strategies**
DERS	1						
Clarity	**.65****	1					
Awareness	**.36****	**.43****	1				
Impulse	**.85****	**.43****	.12**	1			
Non-Acceptance	**.73****	**.33****	.15**	**.54****	1		
Lack of Goals	**.72****	**.30****	.03	**.62****	.**39****	1	
Lack of Strategies	**.89****	**.46****	.11**	**.76****	**.61****	**.63****	1
IERQ	.16**	.05	-.20**	.17**	.20**	.20**	.18**
Enhancing PA	-.01	-.03	**-.27****	.01	.04	.13**	.02
Perspective Taking	.10*	.02	-.09*	.12**	.14**	.11*	.10*
Social Modeling	.15**	.07	-.20**	.12**	.18**	.19**	.18**

Table 3.5 (cont'd)

Soothing	**.25****	.07	-.09*	**.26****	**.26****	.21**	**.25****
PBQ							
Cluster A PDs	**.28****	.10*	-.07	**.30****	**.27****	.13**	**.33****
Cluster B PDs	**.48****	.20**	-.03	**.49****	**.42****	**.30****	**.51****
Cluster C PDs	**.53****	.24**	.04	**.51****	**.49****	**.32****	**.54****

* p<.05, **p<.01

Note: **DERS**: Difficulties in Emotion Regulation Scale; **Aware.:** Awareness; **Non Accept.**: Non-acceptance; **IERQ:** Interpersonal Emotion Regulation Questionnaire; **Enhancing PA**: Enhancing Positive Affect Subscale; **PBQ**: Personality Belief Questionnaire; **Cluster A PDs**: Personality Belief Questionnaire Cluster A Personality Disorders Subscale; **Cluster B PDs**: Personality Belief Questionnaire Cluster B Personality Disorders Subscale, **Cluster C PDs**: Personality Belief Questionnaire Cluster C Personality Disorders Subscale.

As can be seen from Table 3.6 analysis of correlations between IERQ and its subscales and other variables except mentioned in previous steps revealed that; IERQ overall score had strong positive correlations with all of its subscales named; enhancing positive affect (r= .67, p<.01), perspective taking (r= .82, p<.01), social modeling (r= .87, p<.01) and soothing (r= .84, p<.01). Enhancing positive affect subscale of IERQ had moderate positive correlations with perspective taking (r= .33, p<.01), social modeling (r= .48, p<.01) and soothing subscales (r= .41, p<.01). Perspective taking subscale of IERQ had strong positive correlations with social modeling (r= .69, p<.01) and soothing subscales (r= .62, p<.01) and social modeling subscale of IERQ had strong positive correlation with soothing subscale (r= .60, p<.01). In terms of personality disorder clusters, it was found that only soothing subscale of IERQ had moderate correlations with Cluster B (r= .27, p<.01) and Cluster C personality disorders (r= .28, p<.01).

Table 3. 6 *Pearson Correlation Coefficients between IERQ and its Subscales and Other Scales*

	IERQ	**Enhancing PA**	**Perspective Taking**	**Social Modeling**	**Soothing**
IERQ	1				
Enhancing PA	**.67****	1			
Perspective Taking	**.82****	**.33****	1		
Social Modeling	**.87****	**.48****	**.69****	1	
Soothing	**.84****	**.41****	**.62****	**.60****	1
PBQ					
Cluster A PDs	-.04	-.11	-.02	-.01	-.02
Cluster B PDs	.23**	.02	.21**	.21**	**.27****
Cluster C PDs	.24**	.06	.21**	.21**	**.28****

* $p<.05$, **$p<.01$

*Note***: IERQ:** Interpersonal Emotion Regulation Questionnaire; **Enhancing PA**: Enhancing Positive Affect Subscale; **PBQ**: Personality Belief Questionnaire; **Cluster A PDs**: Personality Belief Questionnaire Cluster A Personality Disorders Subscale; **Cluster B PDs**: Personality Belief Questionnaire Cluster B Personality Disorders Subscale, **Cluster C PDs:** Personality Belief Questionnaire Cluster C Personality Disorders Subscale.

In order to understand the relations of personality disorders with other variables Pearson correlation analysis was conducted. As can be seen from Table 3.7, results revealed that nearly all personality disorders were correlated with each other. Avoidant PD score had positive moderate correlations with Dependent PD ($r= .48$, $p<.01$), Narcissistic PD ($r= .47$, $p<.01$), Histrionic PD ($r= .47$, $p<.01$), Schizoid PD ($r= .46$, $p<.01$) and positive strong correlations with Passive Aggressive PD ($r= .53$, $p<.01$), Obsessive-Compulsive PD ($r= .54$, $p<.01$), Antisocial PD ($r= .50$, $p<.01$), Paranoid PD ($r= .53$, $p<.01$) and Borderline PD ($r= .66$, $p<.01$). Among the parental rearing styles Avoidant PD score had positive moderate correlations with maternal rejection ($r= .25$, $p<.01$), paternal over-protection ($r= .26$, $p<.01$) and paternal rejection ($r= .27$, $p<.01$) and finally among the emotion regulation scales Avoidant

PD score had positive moderate correlations with DERS overall score (r= .44, p<.01), impulse subscale of DERS (r= .39, p<.01) , non acceptance subscale of DERS (r= .41, p<.01) , lack of goals subscale of DERS (r= .26, p<.01) and lack of strategies subscale of DERS (r= .45, p<.01).

In terms of Dependent PD, results revealed that Dependent PD had positive moderate correlations with Passive Aggressive PD (r= .41, p<.01), Obsessive-Compulsive PD (r= .36, p<.01), Antisocial PD (r= .40, p<.01), Narcissistic PD (r= .41, p<.01), Paranoid PD (r= .40, p<.01) and positive strong correlations with Histrionic PD (r= .67, p<.01) and Borderline PD (r= .75, p<.01). Among the parental rearing styles Dependent PD score had positive moderate correlations with maternal over-protection (r= .27, p<.01) and maternal rejection (r= .26, p<.01). Among the emotion regulation scales Dependent PD score had positive strong correlations with DERS overall score (r= .55, p<.01), impulse subscale of DERS (r= .50, p<.01), lack of strategies subscale of DERS (r= .54, p<.01) and had positive moderate correlations with clarity subscale of DERS (r= .31, p<.01), non-acceptance subscale of DERS (r= .45, p<.01), lack of goals subscale of DERS (r= .38, p<.01), IERQ overall score (r= .38, p<.01), perspective taking subscale of IERQ (r= .29, p<.01), soothing subscale of IERQ (r= .43, p<.01) and social modeling subscale of IERQ (r= .34, p<.01).

In terms of Passive Aggressive PD, correlation analysis revealed that Passive aggressive PD had positive moderate correlations with Obsessive-Compulsive PD (r= .45, p<.01), Histrionic PD (r= .41, p<.01) and had positive strong correlations with Antisocial PD (r= .57, p<.01), Narcissistic PD (r= .54, p<.01), Schizoid PD (r= .53, p<.01), Paranoid PD (r= .56, p<.01), Borderline PD (r= .53, p<.01). Among the parental rearing styles Passive aggressive PD had only positive moderate coreelation with paternal over-protection (r= .27, p<.01). Among the emotion regulation scales Passive-aggressive PD score had positive moderate correlations with DERS Overall score (r= .38, p<.01), impulse subscale of DERS (r= .38, p<.01), non-acceptance subscale of DERS (r= .32, p<.01), lack of goals subscale of DERS (r= .28, p<.01) and lack of strategies subscale of DERS (r= .40, p<.01).

In terms of Obsessive-Compulsive PD, results revealed that it had positive moderate correlations with Histrionic PD (r= .43, p<.01), Schizoid PD (r= .48, p<.01), Paranoid PD (r= .49, p<.01) and Borderline PD (r= .49, p<.01) and positive strong correlations with Antisocial PD (r= .57, p<.01) and Narcissistic PD (r= .53, p<.01) . Among the parental rearing styles none of the subscales were correlated with Obsessive -Compulsive PD score. Among the emotion regulation scales Obsessive-Compulsive PD score had positive moderate correlations with DERS Overall score (r= .30, p<.01), impulse subscale of DERS (r= .34, p<.01), non-acceptance subscale of DERS (r= .32, p<.01) and lack of strategies subscale of DERS (r= .33, p<.01).

In terms of Antisocial PD, results revealed that it had positive moderate correlations with Schizoid PD (r= .49, p<.01) and had strong positive correlations with Narcissistic PD (r= .67, p<.01), Histrionic PD (r= .53, p<.01), Paranoid PD (r= .65, p<.01) and Borderline PD (r= .53, p<.01). Among the parental rearing attitudes Antisocial PD had moderate positive correlations with paternal over-protection (r= .26, p<.01) and paternal rejection (r= .25, p<.01). Among the emotion regulation scales Antisocial PD score had positive moderate correlations with DERS Overall score (r= .26, p<.01), impulse subscale of DERS (r= .31, p<.01), non-acceptance subscale of DERS (r= .25, p<.01) and lack of strategies subscale of DERS (r= .29, p<.01).

In terms of Narcissistic PD, results revealed that it had positive moderate correlations with Schizoid PD (r= .45, p<.01) and Boderline PD (r= .47, p<.01) and had positive strong correlations with Histrionic PD (r= .53, p<.01) and Paranoid PD (r= .53, p<.01). Among the parental rearing styles Narcissistic PD none of the subscales were correlated with Narcissistic PD score. Among the emotion regulation scales Narcissistic PD score had positive moderate correlations with DERS Overall score (r= .27, p<.01), impulse subscale of DERS (r= .32, p<.01), non-acceptance subscale of DERS (r= .26, p<.01) and lack of strategies subscale of DERS (r= .30, p<.01).

In terms of Histrionic PD, results revealed that it had positive moderate correlations with Paranoid PD (r= .45, p<.01) and had strong positive correlation with Borderline PD (r= .60, p<.01). Among the parental rearing styles Histrionic PD had positive

moderate correlations with both maternal (r= .30, p<.01) and paternal rejection (r= .28, p<.01). Among the emotion regulation scales Histrionic PD score had positive moderate correlations with DERS Overall score (r= .46, p<.01), impulse subscale of DERS (r= .45, p<.01), non-acceptance subscale of DERS (r= .40, p<.01), lack of goals subscale of DERS (r= .32, p<.01), lack of strategies subscale of DERS (r= .45, p<.01), IERQ Overall score (r= .30, p<.01), soothing subscale of IERQ (r= .32, p<.01), social modeling subscale of IERQ (r= .27, p<.01).

In terms of Schizoid PD, results revealed that it had positive moderate correlation with Borderline PD (r= .41, p<.01) and had positive strong correlation with Paranoid PD (r= .51, p<.01). Among the parental rearing styles and emotion regulation scales none of the scaes were significantly correlated with Schizoid PD score.

In terms of Paranoid PD, results revealed that it had positive strong correlation with Borderline PD (r= .63, p<.01). Among the parental rearing styles maternal over-protection (r= .28, p<.01), maternal rejection (r= .34, p<.01), paternal over-protection (r= .31, p<.01) and paternal rejection (r= .34, p<.01) had significant correltiaons with Paranoid PD score. Among the emotion regulation scales Paranoid PD score had positive moderate correlations with DERS Overall score (r= .29, p<.01), impulse subscale of DERS (r= .32, p<.01), non-acceptance subscale of DERS (r= .31, p<.01), lack of strategies subscale of DERS (r= .34, p<.01).

In terms of Borderline PD, among the parental rearing styles all the subscales except paternal emotional warmth was found to be significantly correlated to Borderline PD. Maternal over-protection (r= .25, p<.01), maternal rejection (r= .32, p<.01)., paternal over-protection (r= .26, p<.01) and paternal rejection (r= .31, p<.01) had positive moderate correlations with Borderline PD and maternal emotional warmth (r= -.26, p<.01) had negative moderate correlation with Borderline PD. Among the emotion regulation scales Borderline PD had positive strong correlations with DERS Overall score (r= .57, p<.01), impulse subscale of DERS (r= .51, p<.01), lack of strategies subscale of DERS (r= .61, p<.01) and positive moderate correlations with clarity subscale of DERS (r= .29, p<.01) , non-acceptance subscale of DERS (r= 47, p<.01) and lack of goals subscale of DERS (r= .37, p<.01).

Table 3.7 *Pearson Correlation Coefficients between PBQ and its Subscales and Other Scales*

	Avoidant PD	Dependent PD	Passive-Agg. PD	Obsess. - Comp. PD	Antisocial PD	Narcissistic PD	Histrionic PD	Schizoid PD	Paranoid PD	Borderline PD
Avoidant PD	1									
Dependent PD	.48**	1								
Passive-Agg. PD	.53**	.41**	1							
Obsess. -Comp PD	.54**	.36**	.45**	1						
Antisocial PD	.50**	.40**	.57**	.57**	1					
Narcissistic PD	.47**	.41**	.54**	.53**	.67**	1				
Histrionic PD	.47**	.67**	.41**	.43**	.53**	.53**	1			
Schizoid PD	.46**	.15**	.53**	.48**	.49**	.45**	.16**	1		
Paranoid PD	.53**	.40**	.56**	.49**	.65**	.53**	.45**	.51**	1	
Borderline PD	.66**	.75**	.53**	.49**	.53**	.47**	.60**	.41**	.63**	1
Maternal O.Pro.	.23**	.27**	.18**	.18**	.23**	.19**	.30**	.14**	.28**	.25**
Maternal Rejection	.25**	.26**	.24**	.19**	.23**	.20**	.30**	.16**	.34**	.32**
Maternal Emo. W.	-.17**	-.13**	-.13**	-.06	-.06	-.03	-.13**	-.10**	-.21***	-.26**
Paternal O.Pro.	.26**	.19**	.27**	.22**	.26**	.22**	.24**	.18**	.31**	.26**
Paternal Rejection	.27**	.22**	.24**	.21**	.25**	.15**	.28**	.17**	.34**	.31**
Paternal Emo. W.	-.13**	-.14**	-.06	-.07	-.07	-.01	-.15**	-.10	-.21**	-.22**
RSQ	.18	.21**	.04	.05	-.05	-.02	.14**	.03	.12**	.21**
DERS Overall	.44	.55	.38	.30	.26	.27	.46	.19	.29	.57
DERS-clarity	.22	.31**	.18**	.06	.05	.08	.24**	.08	.10*	.29**
DERS- Awareness	.03	.06	-.04	-.01	-.05	-.09*	.01	-.07	-.05	.04
DERS- Impulse	.39**	.50**	.38**	.34**	.31**	.32**	.45**	.19**	.32**	.51**
DERS- Non-accep.	.41**	.45**	.32**	.32**	.25**	.26**	.40**	.17**	.31**	.47**
DERS- Lack of goals	.26**	.38**	.28**	.15**	.13**	.17**	.32**	.10*	.12**	.37**
DERS - Lack of strat.	.45**	.54**	.40**	.33**	.29**	.30**	.45**	.23**	.34**	.61**
IERQ Overall	.15	.38	.12	.07	.12	.14	.30	-.15	.08	.19
IERQ- EPA	.04	.13**	.04	-.02	-.05	.00	.11*	-.13**	-.06	.01
IERQ- Pers. Taking	.13**	.29**	.11**	.09*	.16**	.13**	.24**	-.12**	.08*	.13**
IERQ- Sooth	.16**	.43**	.13**	.10*	.15**	.17**	.32**	-.12**	.09*	.24**
IERQ- Soc. Modeling	.14**	.34**	.10*	.06	.11*	.13**	.27**	-.12**	.12**	.19**

Note: **PD:** Personality Disorder, **Passive-Agg.:** Passive- aggressive, **Obsess. -Comp.:** Obsessive-Compulsive, **Maternal O.Pro.:** Maternal Over-Protection, **Maternal Emo. W.:** Maternal Emotional Warmth, **Paternal O.Pro.:** Paternal Over-Protection, **Paternal Emo. W.:** Paternal Emotional Warmth, **RSQ**: Rejection Sensitivity Questionnaire, **DERS:** Difficulties in Emotion Regulation Scale, **Non accept:** Non acceptance, **Lack of strat.:** Lack of strategies, **IERQ:** Interpersonal Emotion Regulation Questionnaire, **EPA:** Enhancing Positive Affect**, Pers. Taking:** Perspective Taking, **Soc. Modeling:** Social Modeling.

3.3.3. Differences of Demographic Variables on the Measures of the Study

In order to investigate how the measures of the present study differ according to demographic variables, a series of multivariate and univariate statictical analysis were conducted. Among the demographic variables gender and age were used. Three groups were formed in terms of age. Cut off point was decided by considering 33% and 66% of the age distribution. Since there was not an exact differentiation on cut off points, most approximate values were chosen. Participants whose ages were between 18 and 20 were categorized as "late adolescence group", participants whose ages were between 21-22 were categorized as "emerging adulthood group" and participants whose ages were between 23 and 28 were categorized as "young adulthood group". Late adolescence group consisted of 225 participants and the mean age of late adolescence group was 19.40 (*SD* = 0.71). Emerging adulthood group consisted of 214 participants and the mean age of emerging adulthood group was 21.46 (*SD* = 0.5). Finally, young adulthood group consisted of 144 participants and the mean age of young adulthood group was 23.79 (*SD* = 1.19) (see Table 3.7.).

Table 3.8 *Categorization and Characteristics of Demographic Variables*

Variables	N	%	Mean	Standart Deviation
Gender				
Female	450	77.2		
Male	133	22.8		
Age				
Late adolescence group (ages between 18-20)	225	38.6	19.40	0.71
Emerging adulthood group (ages between 21-22)	214	36.7	21.46	0.5
Young adulthood group (ages between 23-28)	144	24.7	23.79	1.19

With the aim of examining gender and age differences on parental rearing styles, difficulties in emotion regulation, interpersonal emotion regulation, personality disorder beliefs five separate between subjects design MANOVAs were conducted. Dependent variables were three perceived rearing styles (i.e., over-protection, rejection, emotional warmth); six difficulties in emotion regulation subscales (i.e., clarity, awareness, impulse, non-acceptance, lack of goals, lack of strategies);four interpersonal emotion regulation subscales (i.e., enhancing positive affect, perspective taking, soothing, social modeling) and ten personality disorder beliefs (i.e., Avoidant PD., Dependent PD., Passive-Aggressive PD., Obsessive-Compulsive PD., Antisocial PD., Narcissistic PD., Histrionic PD., Schizoid PD., Schizoid PD., Paranoid PD., & Borderline PD.). Besides MANOVA analyses one between subjects design ANOVA was conducted with rejection sensitivity as the dependent variable.

3.3.3.1. Differences of Gender and Age on Parental Rearing Styles

In order to explore possible gender and age differences on perceived parental attitudes two sets of MANOVA were conducted. Separate sets of analysis for mother's and father's scores on the subscales of s-EMBU (i.e., over-protection, rejection, emotional warmth) were conducted with 2 (gender) x 3 (age) between subjects MANOVA design. As can be seen from Table 3.8. in terms of perceived mother's rearing styles, MANOVA results revealed no significant main effects for gender (Multivariate F [3,575] = 2.09, $p > .05$, Wilks'Λ = .98; partial η^2 = .01) and for age groups (Multivariate F [6,1150] = 1.57, $p > .05$, Wilks'Λ = .98; partial η^2 = .01). Interaction effect was also found as insignificant (Multivariate F [6,1150] = 0.48, $p > .05$, Wilks'Λ = .99; partial η^2 = .00).

Same set of analysis were conducted for father's scores on the subscales of s-EMBU as dependent variables. Results of MANOVA revealed no significant main effect for age groups (Multivariate F [6, 1150] = 1.30, $p > .05$, Wilks'Λ = .99; partial η^2 = .01) and no significant interaction effect (Multivariate F [6,1150] = 0. 86, $p > .05$, Wilks'Λ = .99; partial η^2 = .00). However, gender main effect was found as significant (Multivariate F [6,1150] = 5.91, $p < .01$, Wilks'Λ = .97; partial η^2 = .03).

Table 3.9 *Age and Gender Group Differences on Subscales of s-EMBU*

Variable	Multi. F	Multi. df	Wilk's Λ	Multi. η²	Uni. df	Uni.F	Uni. η²
Mother							
Gender	2.09	3,575	.99	.01			
M. Over-Protection					1,577	0.04	.00
M. Rejection					1,577	0.93	.00
M. E. Warmth					1,577	4.03	.01
Age Group	1.57	6,1150	.98	.01			
M. Over-Protection					2,577	0.29	.00
M. Rejection					2,577	1.18	.00
M. E. Warmth					2,577	1.46	.01
Age x Gender	0.48	6,1150	.99	.00			
M. Over-Protection					1,577	0.47	.00
M. Rejection					1,577	0.90	.00
M. E. Warmth					1,577	1.02	.00
Father							
Gender	5.91*	3,575	.97	.03			
P. Over-Protection					1,577	0.00	.00
P. Rejection					1,577	0.58	.00
P. E. Warmth					1,577	15.67**	.03
Age Group	1.30	6,1150	.99	.01			
P. Over-Protection					2,577	0.05	.00
P. Rejection					2,577	1.07	.00
P. E. Warmth					2,577	0.54	.00
Age x Gender	0.86	6,1150	.99	.00			
P. Over-Protection					2,577	0.44	.00
P. Rejection					2,577	1.53	.01
P. E. Warmth					2,577	1.37	.01

*p<.01, **p<.0166.

Note: **M. Over-Protection**: Maternal Over-Protection; **M. Rejection**: Maternal Rejection; **M. Warmth**: Maternal Emotional Warmth; **P. Over-Protection**: Paternal Over-Protection; **P. Rejection**: Paternal Rejection**; P. Warmth**: Paternal Emotional Warmth

After conducting analysis and checking the results of multivariate analysis, univariate analysis was checked in order to specify on which variables gender constituted differentiation. Firstly, Bonferroni correction was done. Since there were three dependent variables, alpha value was set as 0.0166 (i.e., 05/3). According to the results of univariate analysis, gender main effect was significant only for the emotional warmth subscale of s-EMBU for father (F [2,577] = 15.67, p < .016). When mean scores were checked, it was found that females (M = 2.92) had higher

scores than males (M = 2.66) on perceived paternal emotional warmth (see Figure 3.1).

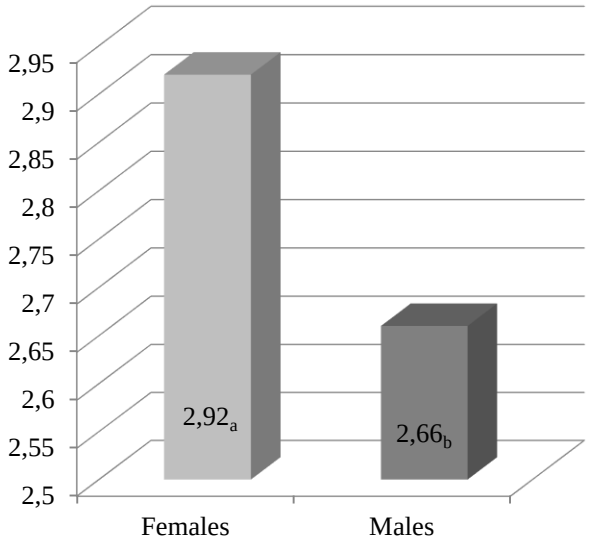


Figure 3.1 Mean Scores of Females and Males on Perceived Paternal Emotional Warmth Subscale of s-EMBU
Note: The mean scores that do not share the same subscript are significantly different from each other.

3.3.3.2. Differences of Gender and Age on Rejection Sensitivity

In order to explore possible gender and age differences on rejection sensitivity 2 (gender) x 3 (age) between subjects ANOVA was conducted. As can be seen from Table 3.9., there was no significant main effect for gender (F [1,577] = 0.00 p > .05), but there was a significant main effect for age (F [2,577] = 3.35, p < .05). In addition, interaction effect was found as insignificant (F [2,577] = 0.06, p > .05).

Table 3.10 *Gender and Age Differences on Rejection Sensitivity*

Source	*Df*	SS	MS	*F*
Gender	1	.006	.006	0.00
Age	2	91.28	45.64	3.35*
Gender X Age	2	1.65	.83	0.06
Error	577	7855.24	13.61	

*p<.05

When pair-wise comparisons were checked, it was found that there was not a significant difference between late adolescence group (M = 8.97) and emerging adulthood group (M = 9.12). Also there was no significant difference between late adolescence group (M = 8.97) and young adulthood group (M = 8.03). However there was a significant difference between emerging adulthood group (M = 9.12) and young adulthood group (M = 8.03) in terms of rejection sensitivity levels (see Figure 3.2).

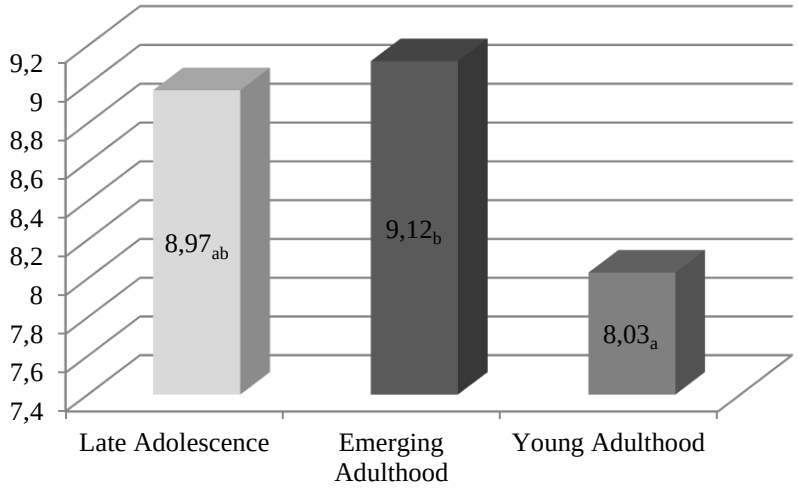


Figure 3.2 Mean Scores of Age Groups on Rejection Sensitivity
Note: The mean scores that do not share the same subscript are significantly different from each other.

3.3.3.3. Differences of Gender and Age on Difficulties in Emotion Regulation

In order to investigate possible gender and age differences on difficulties in emotion regulation, 2 (gender) x 3 (age) between subjects MANOVA was conducted with the subscales of DERS (i.e., awareness, clarity, impulse, non-acceptance, lack of goals, lack of strategies) as dependent variables. As can be seen from Table 3.10, there was a significant main effect for gender (Multivariate F [6,572] = 2.68, $p < .05$, Wilks'Λ = .97; partial η^2 = .03). Main effect for age (Multivariate F [12,1144] = 1.46, $p > .05$, Wilks'Λ = .97; partial η^2 = .02) and interaction effect (Multivariate F [12,1144] = 0.85, $p > .05$, Wilks'Λ = .98; partial η^2 = .01) were found as insignificant. To explore on which DERS subscale gender led difference, univariate analyses were checked by

considering Bonferroni correction. Since there were six dependent variables, alpha value was set as 0.008 (i.e., 05/6). After Bonferroni correction, gender revealed no significant effect on the subscales of DERS.

Table 3.11 *Age and Gender Group Differences on Subscales of DERS*

Variable	Multi. F	Multi. df	Wilk's Λ	Multi. η^2	Uni. df	Uni.F	Uni. η^2
Gender	2.68*	6,572	.97	.03			
Clarity					1,577	0.57	.00
Awareness					1,577	5.81	.01
Impulse					1,577	0.43	.00
Non-acceptance					1,577	0.24	.00
Lack of goals					1,577	1.39	.00
Lack of strategy					1,577	0.62	.00
Age Group	1.46	12,1144	.97	.02			
Clarity					2,577	3.59	.01
Awareness					2,577	1.32	.01
Impulse					2,577	1.17	.00
Non-acceptance					2,577	0.18	.00
Lack of goals					2,577	1.29	.00
Lack of strategy					2,577	1.90	.01
Age x Gender	0.85	12,1144	.98	.01			
Clarity					2,577	1.16	.00
Awareness					2,577	1.38	.01
Impulse					2,577	0.30	.00
Non-acceptance					2,577	0.04	.00
Lack of goals					2,577	0.29	.00
Lack of strategy					2,577	0.36	.00

*p<.05

3.3.3.4. Differences of Gender and Age on Interpersonal Emotion Regulation

In order to explore possible gender and age differences on interpersonal emotion regulation 2 (gender) x 3 (age) between subjects MANOVA was conducted by using the subscales of IERQ as dependent variables (i.e., enhancing positive affect, perspective taking, social modeling, soothing). As can be seen from Table 3.11, in terms of interpersonal emotion regulation, MANOVA results revealed no significant main effects for age (Multivariate F [8,1148] = 0.51, p > .05, Wilks'Λ = .99; partial η^2 = .00). However, gender main effect was found as significant (Multivariate F

[4,574] = 6.94, $p < .001$, Wilks'Λ = .95; partial $\eta^2 = .05$). Interaction effect was also found as insignificant (Multivariate F [8,1148] = 1.62, $p > .05$, Wilks'Λ = .98; partial $\eta^2 = .01$).

Table 3.11 *Age and Gender Group Differences on Subscales of IERQ*

Variable	Multi. F	Multi. df	Wilk's Λ	Multi. η²	Uni. df	Uni.F	Uni. η²
Gender	6.94*	4,574	.95	.05			
Enhancing PA					1,577	16.96**	.03
Perspective Taking					1,577	0.01	.00
Soothing					1,577	7.56**	.01
Social Modeling					1,577	0.31	.00
Age	0.51	8,1148	.99	.00			
Enhancing PA					2,577	0.14	.00
Perspective Taking					2,577	0.12	.00
Soothing					2,577	1.09	.00
Social Modeling					2,577	0.31	.00
Age x Gender	1.62	8,1148	.98	.01			
Enhancing PA					2,577	0.46	.00
Perspective Taking					2,577	1.16	.00
Soothing					2,577	3.17	.01
Social Modeling					2,577	0.35	.00

*p<.001, p<.0125
Note: **Enhancing PA**: Enhancing Positive Affect

After conducting analysis and checking the results of multivariate analysis, univariate analysis was checked in order to specify on which IERQ subscales gender constituted differentiation. Firstly, Bonferroni correction was done. Since there were four dependent variables, alpha value was set as 0.0125 (i.e., 05/4). According to the results of univariate analysis, gender main effect was significant for enhancing positive affect subscale of IERQ (F [1,577] = 16.96, $p < .0125$) and soothing subscale of IERQ (F [1,577] = 7.56, $p < .0125$). When mean scores were checked, it was found that females (M = 4.23) had higher scores than males (M = 3.89) on enhancing positive affect subscale of IERQ. Likewise, females (M = 3.13) had higher scores than males (M = 2.84) on soothing subscale of IERQ (see Figure 3.3).

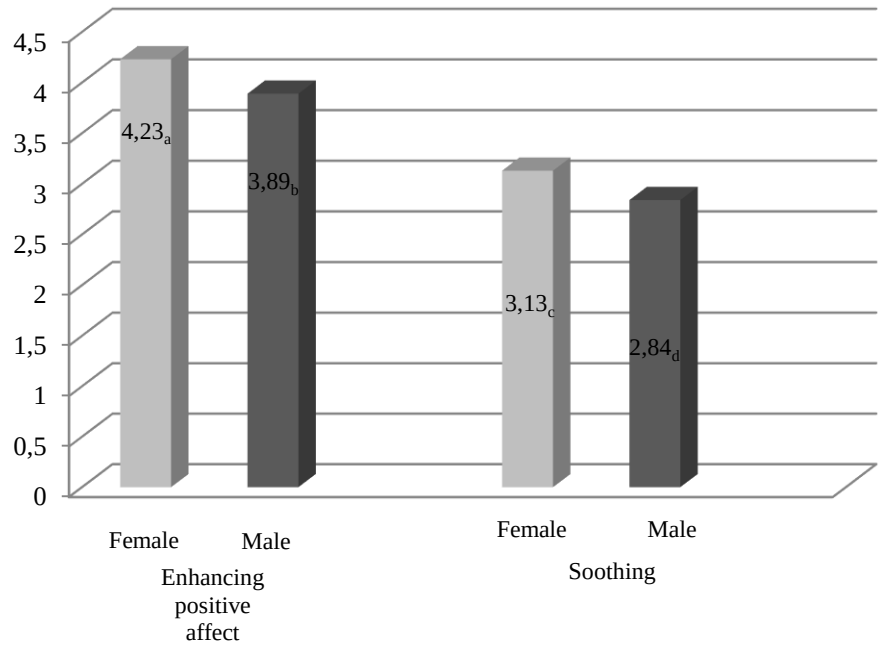


Figure 3.3 Mean Scores of Gender on Enhancing Positive Affect and Soothing Subscales of IERQ

Note: The mean scores that do not share the same subscript are significantly different from each other.

3.3.3.5. Differences of Gender and Age on Personality Disorder Beliefs

In order to investigate possible gender and age differences on personality disorder beliefs, 2 (gender) x 3 (age) between subjects MANOVA was conducted with the subscales of PBQ (i.e., Avoidant PD, Dependent PD, Passive-Aggressive PD, Obsessive-Compulsive PD, Antisocial PD, Narcissistic PD, Histrionic PD, Schizoid PD, Paranoid PD, Borderline PD) as dependent variables. As can be seen from Table 3.12, there was a significant main effect for gender (Multivariate F [10,568] = 3.10, $p < .01$, Wilks'Λ = .95; partial η^2 = .05). Main effect for age (Multivariate F [20,1136] = 0.81, $p > .05$, Wilks'Λ = .97; partial η^2 = .01) and interaction effect (Multivariate F [20,1136] = 0.85, $p > .05$, Wilks'Λ = .97; partial η^2 = .02) were found as insignificant.

Table 3.12 *Age and Gender Group Differences on Subscales of PBQ*

Variable	Multi. F	Multi. df	Wilk's Λ	Multi. η^2	Uni. df	Uni.F	Uni. η^2
Gender	3.10*	10,568	.95	.05			
Avoidant					1,577	1.73	.00
Dependent					1,577	4.97	.01
Passive-Aggressive					1,577	5.13	.01
Obsessive-Compulsive					1,577	13.71***	.02
Antisocial					1,577	7.14	.01
Narcissistic					1,577	11.61**	.02
Histrionic					1,577	12.57**	.02
Schizoid					1,577	0.14	.00
Paranoid					1,577	6.36	.01
Borderline					1,577	1.13	.00
Age Group	0.81	20,1136	.97	.01			
Avoidant					2,577	0.49	.00
Dependent					2,577	1.48	.01
Passive-Aggressive					2,577	0.38	.00
Obsessive-Compulsive					2,577	0.92	.00
Antisocial					2,577	0.05	.00
Narcissistic					2,577	0.32	.00
Histrionic					2,577	0.04	.00
Schizoid					2,577	0.76	.00
Paranoid					2,577	0.55	.00
Borderline					2,577	0.33	.00
Age X Gender	0.85	20,1136	.97	.02			
Avoidant					2,577	1.24	.00
Dependent					2,577	1.16	.00
Passive-Aggressive					2,577	1.08	.00
Obsessive-Compulsive					2,577	0.78	.00
Antisocial					2,577	2.56	.01
Narcissistic					2,577	2.49	.01
Histrionic					2,577	1.91	.01
Schizoid					2,577	0.12	.00
Paranoid					2,577	1.11	.00
Borderline					2,577	0.35	.00

*p<.01, **p<.005, ***p<.001

After multivariate analysis, univariate analysis was checked in order to specify on which variables gender constituted differentiation. Firstly, Bonferroni correction was done. Since there were ten dependent variables, alpha value was set as 0.005 (i.e.,

05/10). According to the results of univariate analysis, gender main effect was significant for obsessive-compulsive PD subscale of PBQ (F [1,577] = 13.71, p < .005), for narcissistic PD subscale of PBQ (F [1,577] = 11.61, p < .005) and for histrionic PD subscale of PBQ (F [1,577] = 12.57, p < .005). When mean scores were checked, it was found that males (M = 13.67) had higher scores than females (M = 11.83) on obsessive- compulsive subscale of PBQ (see Figure 3.4).

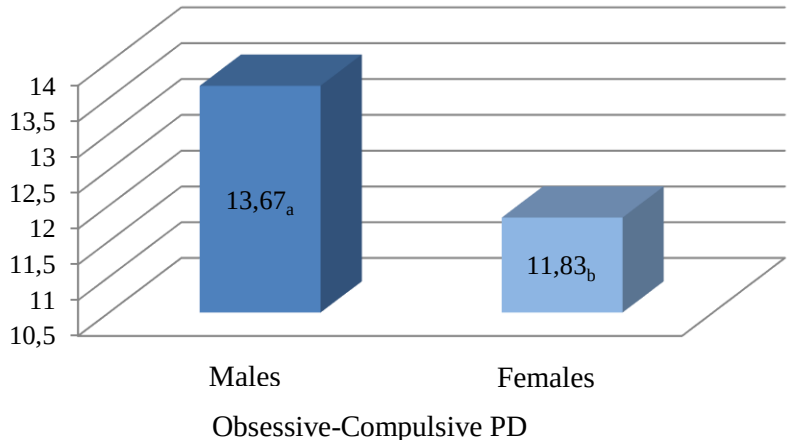


Figure 3.4 Mean Scores of Gender on Obsessive Compulsive Personality Disorder Subscale of PBQ

Note: The mean scores that do not share the same subscript are significantly different from each other.

Males (M = 10.03) had higher scores than females (M = 8.58) on narcissistic subscale of PBQ (see Figure 3.5).

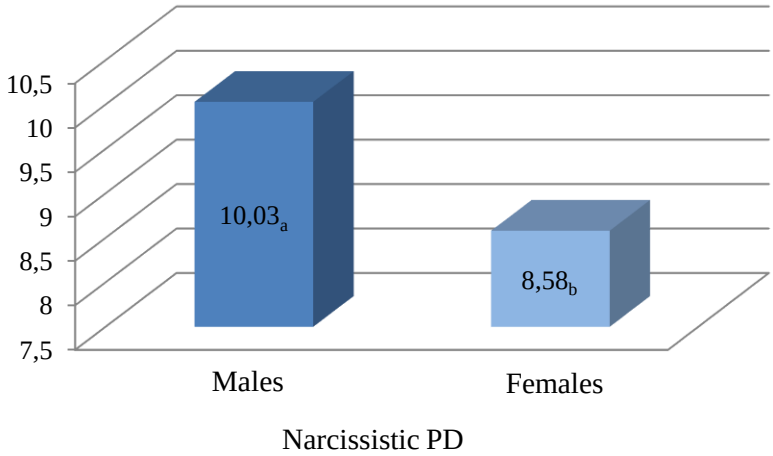


Figure 3.5 Mean Scores of Gender on Narcissistic Personality Disorder Subscale of PBQ

Note: The mean scores that do not share the same subscript are significantly different from each other.

Males (M = 9.18) had higher scores than females (M = 7.45) on histrionic subscale of PBQ (see Figure 3.6).

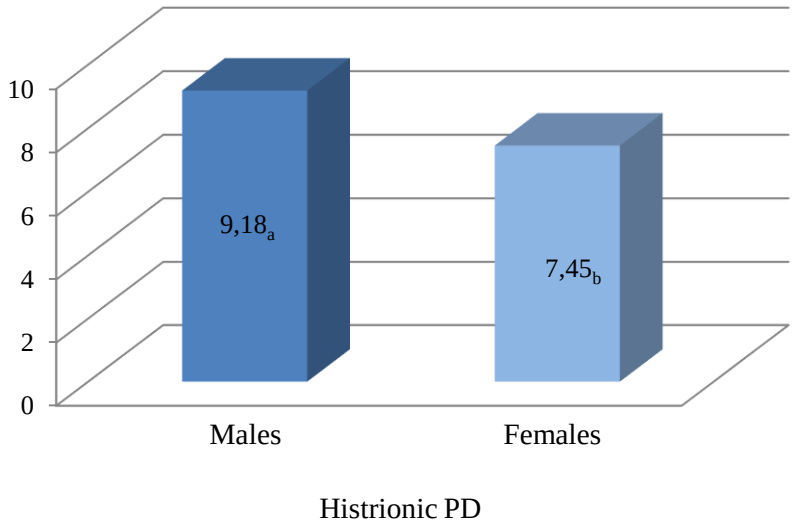


Figure 3.6 Mean Scores of Gender on Histrionic Personality Disorder Subscale of PBQ

Note: The mean scores that do not share the same subscript are significantly different from each other.

3.3.4. Hierarchical Multiple Regression

In order to explore the associations between the variables of the current study, a series of multiple regression analyses were conducted. Considering the presented model in Figure 1.2, eleven regression analyses were conducted in total. In the first part, regression analysis was conducted for rejection sensitivity. Since the effects of maternal and paternal rearing attitudes on rejection sensitivity was investigated for the whole sample; and males and females separately, two more regression analyses were added to this section. In the second part, two separate regression analyses were conducted for mediator variables (i.e., difficulties in emotion regulation & interpersonal emotion regulation). Then three separate analyses were held to regress personality symptomatology (Cluster A PDs, Cluster B PDs, & Cluster C PDs). In order to examine the effects of the subscales of difficulties in emotion regulation and interpersonal emotion regulation on personality symptomatology three additional regression analyses were conducted.

3.3.4.1. Variables Associated with Rejection Sensitivity

A hierarchical multiple regression analysis was conducted to examine how strong age, gender, and parental rearing attitudes were associated with rejection sensitivity levels. Independent variables entered into the equation in two steps (by using stepwise method). Age and gender were regarded as control variables and entered into the equation in the first step. After controlling for the effect of age and gender, parental rearing attitudes (i.e., maternal emotional warmth, maternal over-protection, maternal rejection, paternal emotional warmth, paternal over-protection/control, and paternal rejection) were entered into the equation.

As can be seen from Table 3.13 hierarchical multiple regression analysis for rejection sensitivity revealed that among the variables in the first step only age (β = -.10, t[580] = -2.35, p< .05) was significantly related to rejection sensitivity. Age explained 1% of the variance (ΔF [1, 581] = 5.50, p<.05). After controlling for the effect of age, among the variables related to perceived parental rearing attitudes only paternal emotional warmth significantly predicted the rejection sensitivity levels (β = -.15, t[580] = -3.72, p< .001). Paternal emotional warmth explained 3% of the variance (ΔF [1, 580] = 13.85, p<.001). The result of the analysis implied that younger participants and those who perceived their father as less emotionally warm were more likely to be rejection sensitive.

Table 3.13 *Variables Associated with Rejection Sensitivity*

	F_{Change} (ΔF)	*df*	β	*t*	*pr*	R^2
Dependent Variable:						
Rejection Sensitivity						
Step 1. Control Variables						
Age	5.50*	1,581	-.10	-2.35*	-.10	.009
Step 2. Perceived Parental Rearing Attitudes						
Paternal Emotional Warmth	13.85**	1,580	-.15	-3.72**	-.15	.032

*p<.05, **p<.001

3.3.4.1.1. The Gender Specific Effects of Parental Rearing Attitudes on Rejection Sensitivity

In order to analyze the gender specific effects of parental rearing attitudes on rejection sensitivity, two separate analyses were conducted with the data from male and female participants seperately. All the other processes were the same as the previous regression analysis.

As can be seen from Table 3.14 hierarchical multiple regression analyses revealed that age was not a significant predictor of rejection sensitivity for both male and female participants. However, among the variables related to perceived parental rearing attitudes only paternal rejection significantly predicted the rejection sensitivity levels (β = 20., t[131] = 2.31, p< .05) *for male participants.* Paternal rejection explained 4% of the variance (ΔF [1, 131] = 5.32, p<.05). The result of the analysis implied that males who perceived their father as more rejecting were more likely to be rejection sensitive. Considering the analysis conducted with female participants, results revealed that among the variables related to perceived parental rearing attitudes only paternal emotional warmth significantly predicted the rejection sensitivity levels (β = -17., t[448] = -3.62, p< .001) *for female participants* Paternal emotional warmth explained 3% of the variance (ΔF [1, 448] = 13.1, p<.001). The result of the analysis implied that females who perceived their father as less emotionally warm were more likely to be rejection sensitive.

Table 3.14 *The Gender Specific Effects of Parental Rearing Attitudes on Rejection Sensitivity*

	F_{Change} (ΔF)	*df*	β	*t*	*pr*	R^2
Analysis with Males						
Dependent Variable: Rejection Sensitivity						
Step 1. Control Variables						
-						
Step 2. Perceived Parental Rearing Attitudes						
Paternal Rejection	5.32*	1,131	.20	2.31*	.20	.039
Analysis with Females						
Dependent Variable: Rejection Sensitivity						
Step 1. Control Variables						
-						
Step 2. Perceived Parental Rearing Attitudes						
Paternal Emotional Warmth	13.1**	1,448	-.17**	-3.62	-.17	.028

*p<.05, **p<.001

3.3.4.2. Variables Associated with Difficulties in Emotion Regulation

In order to investigate how strong age, gender, parental rearing attitudes and rejection sensitivity were associated with difficulties in emotion regulation a hierarchical multiple regression analysis was conducted. For the analysis, independent variables entered into the equation via three steps (by using stepwise method). In the first step, demographic variables (i.e., age & gender) were entered into the equation in order to control and eliminate the variance accounted for by these variables. In the second step, perceived parental attitudes (i.e., maternal emotional warmth, maternal over-protection, maternal rejection, paternal emotional warmth, paternal over-protection/control, and paternal rejection) were entered into the equation. Finally, in the third step rejection sensitivity was entered into the

equation and the effect of rejection sensitivity was investigated after controlling for the effects of demographic variables and perceived parental attitudes.

As can be seen from Table 3.15 the results of hierarchical multiple regression analysis for difficulties in emotion regulation revealed that none of the control variables significantly associated with difficulties in emotion regulation. In terms of the effects of parental rearing attitudes it was found that maternal rejection (β = .23, t[579] = 5.64, p< .001), maternal over-protection (β = .10, t[578] = 2.28, p< .05), and maternal emotional warmth (β = -.12, t[577] = -2.49, p< .05) were significant predictors of the levels of difficulties in emotion regulation. Maternal rejection explained 5% of the variance (ΔF [1, 579] = 31.784, p<.001); maternal over-protection increased the explained variance to 6% (ΔF [1, 578] = 5.204, p<.05), and finally maternal emotional warmth increased the explained variance to 7% (ΔF [1, 577] = 6.20, p<.05). In addition, after controlling for the effects of demographic variables and variables related to parental rearing attitudes rejection sensitivity was found as a significant predictor of difficulties in emotion regulation (β = .22, t[576] = 5.45, p< .001). Rejection sensitivity increased the explained variance to 12% by itself (ΔF [1, 576] = 29.73, p<.001). In total, four factor namely, maternal rejection, maternal over-protection, maternal emotional warmth and rejection sensitivity were found to be significantly associated with difficulties in emotion regulation. That is to say, participants who perceived their mothers as more rejecting, over-protective and less emotionally warm; and participants who were more sensitive to rejection had more difficulty in emotion regulation.

Table 3.15 *Variables Associated with Difficulties in Emotion Regulation*

	F_{Change} (ΔF)	*df*	β	*t*	*pr*	R^2
Dependent Variable:						
Difficulties in Emotion Regulation						
Step 1. Control Variables						
-						
Step 2. Perceived Parental Rearing Attitudes						
Maternal Rejection	31.78**	1,579	.23	5.64**	.23	.052
Maternal Over-Protection	5.204*	1,578	.10	2.28*	.09	.061
Maternal Emotional Warmth	6.20*	1,577	-.12	-2.49*	-.10	.071
Step 3. Rejection Sensitivity	29.73**	1,576	.22	5.45**	.22	.12

*p<.05, **p<.001

3.3.4.3. Variables Associated with Interpersonal Emotion Regulation

In order to investigate how strong age, gender, parental rearing attitudes and rejection sensitivity were associated with interpersonal emotion regulation a hierarchical multiple regression analysis was conducted. For the analysis, independent variables entered into the equation via three steps (by using stepwise method). In the first step, demographic variables (i.e., age & gender) were entered into the equation in order to control and eliminate the variance accounted for by these variables. In the second step, perceived parental attitudes (i.e., maternal emotional warmth, maternal over-protection, maternal rejection, paternal emotional warmth, paternal over-protection/control, and paternal rejection) were entered into the equation. In the third step, rejection sensitivity was entered into the equation and the effect of rejection sensitivity was investigated after controlling for the effects of demographic variables and perceived parental attitudes.

As can be seen from Table 3.16 the results of hierarchical multiple regression analysis for interpersonal emotion regulation revealed that among the control variables gender was a significant predictor of interpersonal emotion regulation (β = .09, t[581] = -2.20, p< .05). Gender explained 1% of the variance (ΔF [1, 581] = 4.

83, p<.05). After controlling for the effect of gender, paternal over-protection (β = .11, t[580] = 2.59, p< .01), maternal emotional warmth (β = .11, t[579] = 2.62, p< .01) and maternal rejection (β = .13, t[578] = 2.51, p< .05) were found as significant predictors of interpersonal emotion regulation. Paternal over-protection slightly increased the explained variance to 2% (ΔF [1, 580] = 6.70, p<.01); maternal emotional warmth increased the explained variance to 3% (ΔF [1, 579] = 2.62, p<.01) and finally maternal rejection increased the explained variance to 4% (ΔF [1, 578] = 6.30, p<.05). In total, four variables namely, gender, paternal over-protection, maternal emotional warmth and maternal rejection were significant predictors of interpersonal emotion regulation. That is to say, female participants who perceived their fathers as more over-protective and perceived their mothers as more emotionally warm and more rejecting were more likely to use interpersonal emotion regulation.

Table 3.16 *Variables Associated with Interpersonal Emotion Regulation*

	F_{Change} (ΔF)	*df*	β	*t*	*pr*	R^2
Dependent Variable:						
Interpersonal Emotion Regulation						
Step 1. Control Variables						
Gender	4.83*	1,581	.09	-2.20*	-.09	.008
Step 2. Perceived Parental						
Rearing Attitudes						
Paternal Over-Protection	6.70**	1,580	.11	2.59**	.11	.02
Maternal Emotional Warmth	6.88**	1,579	.11	2.62**	.11	.03
Maternal Rejection	6.30*	1,577	.13	2.51*	.10	.04

*p<.05,**p<.01

3.3.4.4. Variables Associated with Cluster A Personality Disorders

In order to investigate how strong age, gender, parental rearing attitudes, rejection sensitivity, difficulties in emotion regulation, and interpersonal emotion regulation were associated with Cluster A PDs a hierarchical multiple regression analysis was conducted. For the analysis, independent variables entered into the equation via four

steps (by using stepwise method). In the first step, demographic variables (i.e., age & gender) were entered into the equation in order to control and eliminate the variance accounted for by these variables. In the second step perceived parental attitudes (i.e., maternal emotional warmth, maternal over-protection, maternal rejection, paternal emotional warmth, paternal over-protection/control, and paternal rejection) were entered into the equation. In the third step, rejection sensitivity was entered into the equation. Finally in the fourth step, interpersonal emotion regulation and difficulties in emotion regulation were entered into the equation.

As can be seen from Table 3.17 the results of hierarchical multiple regression analysis for Cluster A PDs revealed that among the control variables none of them was a significant predictor for Cluster A PDs. Among the perceived parental rearing attitudes paternal rejection (β = .29, t[581] = 7.32, p< .001), paternal over-protection (β = .18, t[580] = 4.08, p< .001), and maternal rejection (β = .15, t[579] = 2.95, p< .01) were found as significant predictors of Cluster A PDs. Among the variables related to emotion regulation (intrapersonal & interpersonal emotion regulation) both difficulties in emotion regulation (β = .20, t[577] = 5.05, p< .001), and interpersonal emotion regulation (β = -.11, t[576] = 2.88, p< .01) were found as significant predictors of Cluster A PDs. Paternal rejection explained 8 % of the variance (ΔF [1, 581] = 53. 54, p<.001). Paternal over-protection increased variance to 11% (ΔF [1, 580] = 4. 08, p<.001). Maternal rejection increased variance to 12 % (ΔF [1, 579] = 8.68, p<.01). Difficulties in emotion regulation increased variance to 16 % (ΔF [1, 577] = 25.46, p<.001), and finally interpersonal emotion regulation increased variance to 17 % (ΔF [1, 576] = 8.27, p<.01). In total five of the variables namely, paternal rejection, paternal over-protection, maternal rejection, difficulties in emotion regulation and interpersonal emotion regulation were found as significant associates of Cluster A PDs. That is to say, participants who perceived their fathers as more over-protective, perceived both their fathers and mothers as more rejecting and those who have more difficulty in emotion regulation and those who use less interpersonal emotion regulation were more likely to have Cluster A PDs symptomatology.

Table 3.17 *Variables Associated with Cluster A PDs*

	F_{Change} (ΔF)	*df*	β	*t*	*pr*	R^2
Dependent Variable:						
Cluster A PDs						
Step 1. Control Variables						
-						
Step 2. Perceived Parental						
Rearing Attitudes						
Paternal Rejection	53.54**	1,581	.29	7.32**	.29	.084
Paternal Over-Protection	16.65**	1,580	.18	4.08**	.17	.11
Maternal Rejection	8.68*	1,579	.15	2.95*	.12	.123
Step 3. Rejection Sensitivity						
-						
Step 4: Emotion Regulation						
Difficulties in Emotion Reg.	25.46**	1,577	.20	5.05**	.21	.162
Interpersonal Emotion Reg.	8.27*	1,576	-.11	-2.88*	-.12	.174

*p<.01,**p<.001

3.3.4.5. Variables Associated with Cluster B Personality Disorders

In order to investigate how strong age, gender, parental rearing attitudes, rejection sensitivity, difficulties in emotion regulation, and interpersonal emotion regulation were associated with Cluster B PDs a hierarchical multiple regression analysis was conducted. For the analysis, independent variables entered into equation via four steps (by using stepwise method). In the first step, demographic variables (i.e., age & gender) were entered into the equation in order to control and eliminate the variance accounted for by these variables. In the second step, perceived parental attitudes (i.e., maternal emotional warmth, maternal over-protection, maternal rejection, paternal emotional warmth, paternal over-protection/contro, and paternal rejection) were entered into the equation. In the third step, rejection sensitivity was entered into the equation and finally in the fourth step, interpersonal emotion regulation and difficulties in emotion regulation were entered into the equation.

As can be seen from Table 3.18 the results of hierarchical multiple regression analysis for Cluster B PDs revealed that among the control variables gender (β = .15, t[581] = 3.54, p< .001) was a significant predictor for Cluster B PDs. Among the perceived parental rearing attitudes maternal rejection (β = .32, t[580] = 8.27, p< .001) and paternal over-protection (β = .21, t[579] = 5.17, p< .001) were found as significant predictors of Cluster B PDs. Among the variables related to emotion regulation (intrapersonal & interpersonal emotion regulation) both difficulties in emotion regulation (β = .42, t[577] = 11.66, p< .001), and interpersonal emotion regulation (β = .15, t[576] = 4.34, p< .001) were found as significant predictors of Cluster B PDs. Gender explained 2 % of the variance (ΔF [1, 581] = 12.50, p<.001). Maternal rejection increased variance to 12 % (ΔF [1, 580] = 68.32, p<.001). Paternal over-protection increased variance to 16% (ΔF [1, 579] = 26. 68, p<.001). Difficulties in emotion regulation increased variance to 32 % (ΔF [1, 577] = 135.88, p<.001) and finally interpersonal emotion regulation increased variance to 35 % (ΔF [1, 576] = 18.84, p<.001). In total five of the variables namely, gender, maternal rejection, paternal over-protection, difficulties in emotion regulation and interpersonal emotion regulation were found as significant predictors of Cluster B PDs. That is to say, male participants who perceived their mothers as more rejecting and their fathers as more over-protective, and those who have more difficulty in emotion regulation and those who use more interpersonal emotion regulation were more likely to have Cluster B PDs symptomatology

Table 3.18 *Variables Associated with Cluster B PDs*

	F_{Change} (ΔF)	*df*	β	*t*	*pr*	R^2
Dependent Variable:						
Cluster B PDs						
Step 1. Control Variables						
Gender	12.50*	1,581	.15	3.54*	.15	.021
Step 2. Perceived Parental Rearing Attitudes						
Maternal Rejection	68.32*	1,580	.32	8.27*	.33	.124

Table 3.18 (con't)

Paternal Over-Protection	26.68*	1,579	.21	5.17*	.21	.163
Step 3. Rejection Sensitivity						
-						
Step 4. Emotion Regulation						
Difficulties in Emotion Reg.	135.88*	1,577	.42	11.66*	.44	.324
Interpersonal Emotion Reg.	18.84*	1,576	.15	4.34*	.18	.345

*p<.001

Note: **Difficulties in Emotion Reg.:** Difficulties in Emotion Regulation, **Interpersonal Emotion Reg.:** Interpersonal Emotion Regulation

3.3.4.6. Variables Associated with Cluster C Personality Disorders

In order to investigate how strong age, gender, parental rearing attitudes, rejection sensitivity, difficulties in emotion regulation, and interpersonal emotion regulation predicted Cluster C PDs a hierarchical multiple regression analysis was conducted. For the analysis, independent variables entered into the equation via four steps (by using stepwise method). In the first step, demographic variables (i.e., age & gender) were entered into the equation in order to control and eliminate the variance accounted for by these variables. In the second step, perceived parental attitudes (i.e., maternal emotional warmth, maternal over-protection, maternal rejection, paternal emotional warmth, paternal over-protection/control, and paternal rejection) were entered into the equation. In the third step, rejection sensitivity was entered into equation. Finally, in the fourth step interpersonal emotion regulation and difficulties in emotion regulation were entered into the equation.

As can be seen from Table 3.19 the results of hierarchical multiple regression analysis for Cluster C PDs revealed that among the control variables gender (β = .13, t[581] = 3.23, p< .01) was a significant predictor for Cluster C PDs. Among the perceived parental rearing attitudes maternal rejection (β = .29, t[580] = 7.33, p< .001) and paternal over-protection (β = .20, t[579] = 4.78, p< .001) were found as significant predictors of Cluster C PDs. Rejection sensitivity levels (β = .14, t[578] = 3.59, p< .001) was also found as significant predictor of Cluster C PDs. Among the variables related to emotion regulation (intrapersonal & interpersonal emotion

regulation) both difficulties in emotion regulation (β = .47, t[577] = 13.14, p< .001), and interpersonal emotion regulation (β = .16, t[576] = 4.82, p< .001) were found as significant predictors of Cluster C PDs. Gender explained 2 % of the variance (ΔF [1, 581] = 10.42, p<.01). Maternal rejection increased variance to 10 % (ΔF [1, 580] = 53.74, p<.001). Paternal over-protection increased variance to 14% (ΔF [1, 579] = 22.89, p<.001). Rejection sensitivity increased variance to 16% (ΔF [1, 578] = 12.92, p<.001). Difficulties in emotion regulation increased variance to 35 % (ΔF [1, 577] = 172.52, p <.001) and finally interpersonal emotion regulation increased variance to 37 % (ΔF [1, 576] = 23.22, p<.001). In total six of the variables namely, gender, maternal rejection, paternal over-protection, rejection sensitivity, difficulties in emotion regulation and interpersonal emotion regulation were found as significant predictors of Cluster C PDs. That is to say, male participants who perceived their mothers as more rejecting and their fathers as more over-protective, those who have rejection sensitivity, and those have more difficulty in emotion regulation and those who use more interpersonal emotion regulation were more likely to have Cluster C PDs symptomatology.

Table 3.19 *Variables Associated with Cluster C PDs*

	F_{Change} (ΔF)	*df*	β	*t*	*pr*	R^2
Dependent Variable:						
Cluster C PDs						
Step 1. Control Variables						
Gender	10.42*	1,581	.13	3.23*	.13	.02
Step 2. Perceived Parental Rearing Attitudes						
Maternal Rejection	53.74**	1,580	.29	7.33**	.29	.10
Paternal Over-Protection	22.89**	1,579	.20	4.78**	.20	.14
Step 3. Rejection Sensitivity						
Rejection Sensitivity	12.92**	1,578	.14	3.59**	.17	.15
Step 4. Emotion Regulation						
Difficulties in Emotion Reg.	172.52**	1,577	.47	13.14**	.48	.35
Interpersonal Emotion Reg.	23.22**	1,576	.16	4.82**	.20	.37

*p<.01, **p<.001

Note: **Difficulties in Emotion Reg.:** Difficulties in Emotion Regulation, **Interpersonal Emotion Reg.:** Interpersonal Emotion Regulation

3.3.4.7. DERS and IERQ Subscales Associated with Cluster A, Cluster B and Cluster C Personality Disorders

Difficulties in emotion regulation and interpersonal emotion regulation were found to be significantly related to all Cluster A PDs, Cluster B PDs and Cluster C PDs. In order to investigate which of the subscales were related to which Clusters, three seperate regression analyses were conducted for each cluster. For the analyses, independent variables entered into equation via four steps (by using stepwise method). In the first step, demographic variables (i.e., age & gender) were entered into the equation in order to control and eliminate the variance accounted for by these variables. In the second step, perceived parental attitudes (i.e., maternal emotional warmth, maternal over-protection, maternal rejection, paternal emotional warmth, paternal over-protection/control, and paternal rejection) were entered into the equation. In the third step, rejection sensitivity was entered into the equation and in the last step the subscales of interpersonal emotion regulation and difficulties in emotion regulation were entered into equation. Since first three steps were the same as previous three analyses, the effects of the variables entered in the fourth step were illustrated in the Table 3.20.

As can be seen from Table 3.20 the results of hierarchical multiple regression analysis for Cluster A PDs revealed that among the subscales of DERS and IERQ difficulties in strategy (β = .26, t[578] = 6.58, p< .001), enhancing positive affect (β = -.12, t[577] = -3.27, p< .001), difficulties in awareness (β = -.13, t[576] = -3.40, p< .001), soothing (β = -.09, t[575] = -2.06, p< .05), difficulties in acceptance (β =.11, t[574] = 2.24, p< .05) were significant predictors for Cluster A PDs. That is to say, participants who have more difficulty in strategy, and acceptance; who use enhancing positive affect and soothing less as interpersonal emotion regulation strategy and who have less difficulty in awareness were more likely to have Cluster A PDs symptomatology.

In terms of Cluster B PDs, the results of hierarchical multiple regression analysis revealed that among the subscales of DERS and IERQ difficulty in strategy (β = .44, t[578] = 12.64, p< .001), perspective taking (β = .15, t[577] = 4.47, p< .001), difficulty in impulse (β = .19, t[576] = 3.84, p< .001), difficulty in awareness (β = -.08, t[575] = -2.06, p< .01) and difficulty in acceptance (β = .11, t[574] = 2.66, p< .01) were significant predictor for Cluster B PDs. That is to say, participants who have more more difficulty in strategy, impulse and acceptance; who use more perspective taking as interpersonal emotion regulation strategy and who have less difficulty in awareness were more likely to have Cluster B PDs symptomatology.

In terms of Cluster C PDs, the results of hierarchical multiple regression analysis revealed that among the subscales of DERS and IERQ difficulty in strategy (β = .48, t[577] = 13.64, p< .001), difficulty in acceptance (β = .21, t[576] = 4.94, p< .001), perspective taking (β = .14, t[575] = 4.19, p< .001) and difficulty in impulse (β = .15, t[574] = 3.00, p< .01) were significant predictor for Cluster C PDs. That is to say, participants who have more more difficulty in strategy, impulse and acceptance and who use more perspective taking as interpersonal emotion regulation strategy were more likely to have Cluster B PDs symptomatology.

Table 3.20 *DERS and IERQ Subscales Associated with Cluster A PDs, Cluster B PDs, and Cluster C PDs*

	F_{Change} (ΔF)	*df*	β	*t*	*pr*	R^2
Dependent Variable:						
Cluster A PDs						
.						
.						
Step 4. Emotion Regulation						
Difficulty in Strategy	43.32***	1,578	.26	6.58***	.26	.18
IERQ-Enhancing PA	10.70***	1,577	-.12	-3.27***	-.14	.20
Difficulty in Awareness	11.57***	1,576	-.13	-3.40***	-.14	.21
IERQ- Soothing	4.25*	1,575	-.09	-2.06*	-.09	.22
Difficulty in Acceptance	5.01*	1,574	.11	2.24*	.09	.23

Table 3.20 (cont'd)

Dependent Variable: Cluster B PDs . . **Step 4. Emotion Regulation**						
Difficulty in Strategy	159.86***	1,578	.44	12.644***	.47	.34
IERQ-Perspective Taking	20.04***	1,577	.15	4.47***	18	.37
Difficulty in Impulse	14.74***	1,576	.19	3.84***	.16	.38
Difficulty in Awareness	6.04*	1,575	-.08	-2.06*	-.10	.39
Difficulty in Acceptance	7.07**	1,574	.11	2.66**	.09	.40
Dependent Variable: Cluster C PDs . . **Step 4. Emotion Regulation**						
Difficulty in Strategy	186.09***	1,577	.48	13.64***	.49	.36
Difficulty in Acceptance	24.38***	1,576	.21	4.94***	.20	.39
IERQ-Perspective Taking	17.56***	1,575	.14	4.19***	.17	.40
Difficulty in Impulse	8.98**	1,574	.15	3.00**	.12	.41

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

Note: **PD:** Personality Disorder, **IERQ:** Interpersonal Emotion Regulation**, Enhancing PA:** Enhancing Positive Affect

3.3.5. Testing the Model

In order to test the proposed model, mediating effects of rejection sensitivity, difficulties in emotion regulation (DERS), and interpersonal emotion regulation (IERQ) between parental rearing attitudes (i.e., maternal over-protection, maternal rejection, maternal emotional warmth, paternal over-protection, paternal rejection, paternal emotional warmth) and personality disorder clusters (i.e.,Cluster A PDs, Cluster B PDs, & Cluster C PDs) were explored through path analysis using Lisrel 9.2 for Windows. In the analysis, predictor variables were maternal over-protection, maternal rejection, maternal emotional warmth, paternal over-protection, paternal rejection, paternal emotional warmth; mediating variables were rejection sensitivity, difficulties in emotion regulation, interpersonal emotion regulation; and outcome

variables were Cluster A PDs, Cluster B PDs, and Cluster C PDs. The correlations among independent variables, and correlated errors between outcome variables were added to the model.

As mentioned in the introduction section, there is a theoretical support that parental rearing attitudes have an effect on personality symptomatology. However, the results of the existing literature revealed inconsistent results. Therefore, initially a fully saturated model was examined following Kenny, Kashy, and Cook (2006) suggestions. Secondly, insignificant paths from predictor to mediator, from mediator to outcome variables, and from predictor to outcome variables were dropped from each model one by one until all the paths were significant (see Figure 3.7).

The proposed model suggested that parental rearing attitudes would predict personality symptomatology both directly and indirectly through mediator variables. Firstly, saturated model was tested with all the paths $\chi 2$ [1, N = 583] = 17.76, $p<$ .001. *GFI* =.99, *NFI* =.99, *CFI* = .99, *RMSEA* =.17). Secondly, insignificant paths were dropped from the model one by one. Goodness of fit statistics of the final model revealed that the model fit the data very well ($\chi 2$ [27, N = 583] = 48.59, $p<$ *.01*. *GFI* =.99, *AGFI* =.96, *NFI* =.99, *CFI* = .99, *RMSEA* =.04).

As can be seen from the Figure 3.7, the results of the path analysis revealed that among the perceived parental rearing attitudes maternal rejection predicted directly Cluster B PD (β = .10, $p<$ .05) and Cluster C PD (β = .07, $p<$ .05); paternal over-protection predicted directly Cluster A PD (β = .20, $p<$ .05), Cluster B PD (β = .19, p < .05), and Cluster C PD (β = .16, $p<$ .05); and paternal rejection predicted directly Cluster A PD (β = .10, $p<$ .05). These results suggested that people with high maternal rejection tended to have more Cluster B and Cluster C personality disorder symptomatology, people with high paternal over-protection tended to have more personality disorder symptomatology from all Clusters, and people with high paternal rejection tended to have more Cluster A personality symptomatology.

As can be seen from the Figure 3.7, there were two mediational models. In the first mediational model interpersonal emotion regulation mediate the relationship between parental rearing attitudes and personality disorder clusters. In the second

mediation model rejection sensitivity and difficulties in emotion regulation mediate the relationship between parental rearing attitudes and personality clusters.

In terms of the mediating role of interpersonal emotion regulation it can be said that maternal emotional warmth (β = .19, p< .05), maternal rejection (β = .14, p< .05) and paternal over-protection (β = .09, p< .05) predicted interpersonal emotion regulation. In addition interpersonal emotion regulation predicted Cluster A PD (β = -.11, p< .05), Cluster B PD (β = .14, p< .05) and Cluster C PD (β = .15, p< .05). These results suggested that people who have high maternal emotional warmth, high maternal rejection and high paternal over- protection tended to use more interpersonal emotion regulation. In addition to that people who use less interpersonal emotion regulation tended to have more Cluster A personality disorder symptomatology. People who use more interpersonal emotion regulation tended to have more Cluster B and Cluster C personality disorder symptomatology.

In terms of the mediating role of rejection sensitivity, it can be said that only paternal emotional warmth predicted rejection sensitivity (β = -.15, p< .05), rejection sensitivity predicted difficulties in emotion regulation (β = .22, p< .05) and difficulties in emotion regulation predicted Cluster A PD (β = .24, p< .05), Cluster B PD (β = .41, p< .05), and Cluster C PD (β = .45, p< .05). These results suggested that people who have less paternal emotional warmth tended to be more rejection sensitive and people who have more rejection sensitivity tended to experience more difficulty in terms of emotion regulation. Moreover, people who have more difficulty in emotion regulation tended to have more Cluster A, Cluster B, and Cluster C personality disorder sympotomatology.

As can be seen from the Figure 3.7, effects of parental rearing styles on personality symptomatology were mediated by rejection sensitivity and emotion regulation variables (intra-personal emotion regulation & interpersonal emotion regulation). Firstly, interpersonal emotion regulation and difficulty in emotion regulation fully mediated the effect of maternal emotional warmth on Cluster A PD (*indirect effect* = -.05, t = -2.97, p< .05). Secondly, interpersonal emotion regulation and difficulty in emotion regulation partially mediated the effect of maternal rejection on Cluster B

PD (*indirect effect* = .06, *t* = 2.61, *p*< .05) *and Cluster C PD* **(***indirect effect* = .07, *t* = 2.62, *p*< .05). Thirdly, rejection sensitivity and difficulty in emotion regulation fully mediated the effect of paternal emotional warmth on Cluster A PD (*indirect effect* = -.01, *t* = -2.73, *p*< .05), Cluster B PD (*indirect effect* = -.01, *t* = -2.94, *p*< .05), Cluster C PD *(indirect effect* = -.03, *t* = -3.06, *p*< .05). Rejection sensitivity fully mediated the effect of paternal emotional warmth on difficulty in emotion regulation (*indirect effect* = -.03, *t* = -3.04, *p*< .05). Finally, difficulty in emotion regulation fully mediated the effect of maternal over-protection on Cluster A PD (*indirect effect* = .03, *t* = 2.10, *p*< .05), Cluster B PD (*indirect effect* = .04, *t* = 2.19, *p*< .05) and Cluster C PD (*indirect effect* = .04, *t* = 2.20, *p*< .05).

Paternal emotional warmth explained 2% of the variance in rejection sensitivity. Maternal emotional warmth, maternal rejection, and paternal over-protection explained 4% of the variance in interpersonal emotion regulation. Rejection sensitivity, maternal over-protection, maternal emotional warmth, and maternal rejection explained 11% of the variance in difficulty in emotion regulation. Paternal over-protection, paternal rejection, interpersonal emotion regulation, and difficulty in emotion regulation explained 16% of the variance in Cluster A PD. Maternal rejection, paternal over-protection, interpersonal emotion regulation and difficulty in emotion regulation explained 29% of the total variance in Cluster B PD. Finally maternal rejection, paternal over-protection, interpersonal emotion regulation, and difficulty in emotion regulation explained 33% of the variance in Cluster C PD.

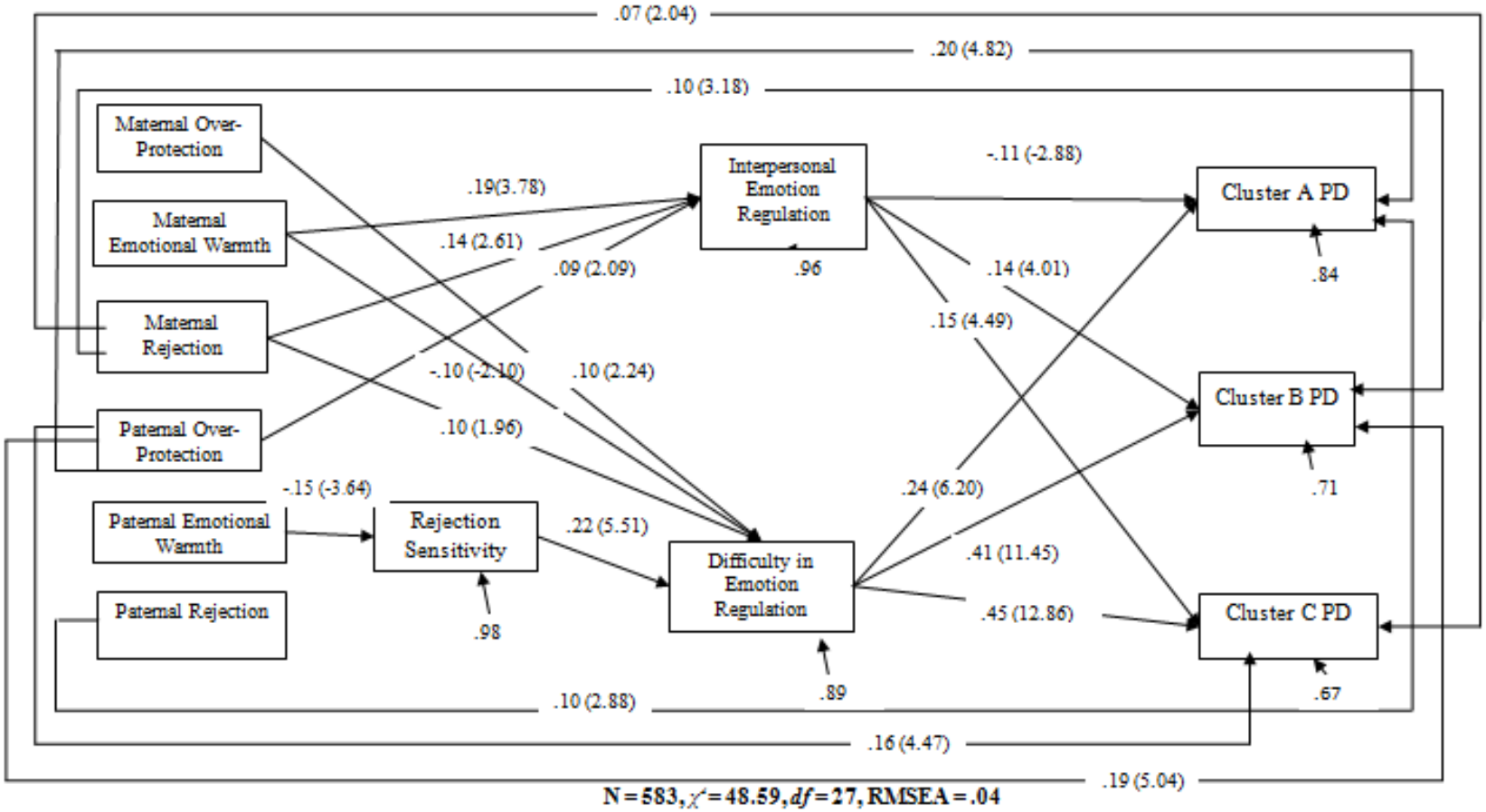


Figure 3.7 Structural Model using Rejection Sensitivity as a Mediator

Note: Error terms represent percent of unexplained variance. For ease of interpretation, correlation among IVs and correlated errors within outcome variables (i.e., personality disorder clusters) are not shown. *T* values are presented in the parentheses

3.4. Discussion

The aim of the present study was to explore the associations among perceived parental rearing styles (i.e., maternal over-protection, maternal rejection, maternal emotional warmth, paternal over-protection, paternal rejection, paternal emotional warmth), rejection sensitivity, difficulties in emotion regulation (i.e., clarity, awareness, impulse, non-acceptance, (lack of) goals, (lack of) strategies), interpersonal emotion regulation (i.e., enhancing positive affect, perspective taking, social modeling, soothing), and personality disorder clusters (i.e., Cluster A PDs, Cluster B PDs, Cluster C PDs). Firstly, correlation coefficients among the variables and possible differences among the categories of demographic variables (i.e., age and gender) on the variables of the study (i.e., perceived parental rearing styles, rejection sensitivity, difficulties in emotion regulation, interpersonal emotion regulation, and personality disorders) were explored. Secondly, hierarchical multiple regression analyses were conducted to test the proposed associations on the basis of the suggested model. Finally, the suggested full model was tested by conducting path analysis. In the present chapter, the findings of the study will be discussed under the light of the existing literature. In addition to that, clinical implications, limitations of the study and future suggestions were presented.

3.4.1. Differences of Age and Gender on the Measures of Study

In the present section, differences of demographic variables (i.e., age and gender) on perceived parental rearing styles, rejection sensitivity, difficulties in emotion regulation, interpersonal emotion regulation, and personality disorder symptomatology (i.e., Avoidant PD., Dependent PD., Passive-Aggressive PD., Obsessive Compulsive PD., Narcissistic PD., Histrionic PD., Antisocial PD., Schizoid PD., Paranoid PD., Borderline PD.) were discussed.

3.4.1.1. Differences of Gender on the Measures of the Study

Gender revealed significant differences on the scores of perceived paternal rearing styles, interpersonal emotion regulation, and personality disorder symptomatology.

In terms of perceived parental rearing styles only perceived paternal emotional warmth had significant results in terms of gender. It was found that female participants had perceived stronger paternal emotional warmth than the male participants.

In the literature there is support for the notion that mothers and fathers communicate differently with their children (Coleman, Ganong, Clark, & Madsen, 1989; Shulman & Seiffge-Krenke, 1997). In addition to that father's behavior differ more between their daughters and sons, compared to the mother's behavior. Although there are contradictory findings on the effect of gender on parental behaviors (e.g., Starrels, 1994) some studies in the literature support that fathers were firmer, less caring, more directive and stricter to their sons compared to their daughters. On the other hand, they are more present, more engaged, feel closer, and more responsive to their daughters compared to their sons. Moreover, it was stated that fathers perceive more affection from their daughters in return (Siegel, 1987; Parke & Sawin, 1980; Mascaro, Rentscher, Hackett, Mehl & Rilling, 2017; Driscoll &Pianta, 2011). The findings of the present study were in line with these studies. As suggested in the literature fathers were more interested in the gender-role development of their children compared to the mothers. Most of the time mothers accept their children and behave them in a similar manner, irrespective of the behavior or gender of the child. It is the father's attitudes that create difference. It can be said that while trying to teach gender-roles to their sons, fathers might be more harsh, strict, and firm. However, since dominant gender-roles for daughters are being caring and empathic, fathers may be treating more gently to their daughters (Siegel, 1987). According to reciprocal role theory, social skills and gender role identification are achieved through socialization in family (Johnson, 1963). Father's behaviors and attitudes to the child may influence the development of feminine and masculine characteristics in children. It was found that the daughters of the more interested and protective fathers were more feminine compared to the daughters of critical, aloof, and cold fathers (Johnson, 1963).

Another explanation for this finding might be related to changing gender preferences of families. Turkey had been identified as a collectivist culture initially; however

Turkey is rapidly changing toward being an industrial and modern society (Ataca, 2006). This changing trend also accompanies the change in Turkish family structure. Kağıtçıbaşı used the term "culture of relatedness" while describing Turkish culture. This definition emphasized both the characteristics of individualistic and collectivist cultures (Kağıtçıbaşı, 2005). Although, boy preference in families is still high in the rural parts of Turkey, with the effect of industrialization and modernization, there was a decrease in having children due to economical reasons. In line with this, Hank and Kohler (2002) suggested that in the recent years, families show a preference for daughters since having daughter is more closely associated to joy and happiness. To conclude, with the change in the reasons of giving birth to a child, the gender preferences might have changed in Turkey which might explain the daughters perception of more emotional warmth from their fathers.

Considering interpersonal emotion regulation, females had higher scores on enhancing positive affect and soothing subscales of IERQ, compared to males. That is to say, females have more tendency to look up others in order to increase their joy and happiness and also they have more tendency to look for others for comforting themselves when compared to males. The results of the meta-analytic study by Chaplin and Aldao (2013) revealed that females expressed their positive emotions more frequently than males. Since females express their positive emotions more, they might have a tendency to increase the positive feelings by sharing them. In addition to that, while items of perspective taking and social modeling include more indirect and cognitive aspects of emotion regulation ("*Hearing another person's thoughts on how to handle things helps me when I am worried","When I am upset, others make me feel better by making me realize that things could be a lot worse"*), items of enhancing positive affect and soothing include more direct and emotional aspects ("*When I feel elated, I seek out other people to make them happy","Feeling upset often causes me to seek out others who will express sympathy*"). As females might be more eager to directly ask for emotional help, this aspect might also lead to gender difference on these subscales.

In the current study results of gender differences among personality disorders revealed that males had significantly higher scores on narcissistic personality

disorder, obsessive-compulsive personality disorder, and histrionic personality disorder. According to DSM-5 paranoid, schizoid, schizotypal, antisocial, obsessive-compulsive, and narcissistic PDs have been diagnosed more frequently among males, while borderline and histrionic PDs have been diagnosed more frequently among females (APA, 2013). The results for narcissistic personality disorder and obsessive-compulsive personality disorder were in line with the indications of DSM-5, however the result suggesting that males have higher scores on histrionic personality disorder compared to females was inconsistent with the literature. In the literature findings related to the role of gender in histrionic personality disorder is not consistent. There are studies which suggested that females scored higher on histrionic personality (e.g. Hartung & Widiger, 1998) and also there were other studies that could not find any difference between genders (e.g. Lilienfeld, Van Valkenburg, Larntz & Akiskal, 1986). However, there was a debate on the reasons of the co-occurrence of histrionic and antisocial personality disorders. Luisada, Peele, and Pittard (1974) stated that among the histrionic males antisocial behaviors were also high. It was suggested that histrionic personality disorder and antisocial personality disorder might be different expressions of psychopathy (Warner, 1978). DSM-5 also mentioned about the shared characteristics between antisocial personality disorder and histrionic personality disorder. It was stated that shallowness, carelessness, impulsivity, seeking excitement, behaving in a seductive and manipulative manner are all shared tendencies. On the other hand, Kaplan (1983) claimed that the diagnostic criteria of histrionic personality disorder hinged on a feminine stereotype. In line with this, Sprock, Blashfield, and Smith (1990) designed a study in which they asked undergraduate students to rate DSM-III personality disorders criteria on a scale ranging from masculine to feminine and they found that histrionic personality disorder criteria were rated as feminine. Since the criteria of histrionic personality disorder were reported as feminine, Bornstein (1999) claimed that the histrionic tendencies in males may emerge in a more indirect ways like through antisocial behaviors (Hamburger, Lilienfeld, & Hogben, 1996).

In the light of the results and debates that were given above, it was thought that the expressions of histrionic personality disorder and antisocial personality disorder may

not be very apart from each other. In addition to that, the sample of the current study composed of university students. The gap between femininity and masculinity in the university sample may not be too high. Since female university students gained more masculine roles in the past decades (Özkan & Lajunen, 2005), and male participants might not be holding too strict gender stereotypes in the current sample, contrary to expectations gender difference might be obtained on the opposite way in terms of histrionic personality disorder symptoms.

3.4.1.2. Differences of Age on the Measures of the Study

In the present study age was categorized into three groups as late adolescence group (ages between 18 and 20), emerging adulthood group (ages between 21 and 22) and young adulthood group (ages between 23 and 28). The effect of age was found significant only for rejection sensitivity scores. It was found that emerging adulthood group reported more rejection sensitivity compared to young adulthood group.

According to Erikson's theory, identity formation is a crucial developmental task in the period of adolescence (Erikson, 1972). During this stage changes occur in identity. Marcia (1966) stated that during these changes different amounts of exploration and commitment take place in ideologies or relationships. Adolescents may experience *diffusion* which is characterized with exploring less and committing less. They might also be in a stage of *foreclosure* which is characterized with little exploration but strong commitment. Another stage is *moratorium* which is characterized with high exploration but less commitment and final stage is *achievement* which is characterized with high commitment after a period of exploration. Since our sample was composed of university students, their ages ranged between 18 and 28. Although the levels of rejection sensitivity did not significantly differ between late adolescence group and emerging adulthood group and between late adolescence group and young adulthood group, young adulthood group had significantly lower scores compared to emerging adulthood group. This might be due to the differences between the identity formation stages of these ages. Late adolescence group might be in a stage of *foreclosure*. They may immediately attach to their first relationships in the university and commit strongly to them. Since they

do not explore new opportunities and they are already committed to a group, they might be low in rejection sensitivity. However emerging adulthood group might be categorized in the stage of *moratorium* in which they explore other opportunities and commit less to existing relationships. In this stage the number of new trials in terms of relationship formation is expected to increase, so does the number of possibilities for rejection. Therefore, it might be suggested that high exploration in the relationship opportunities might be related to the increase in the rejection sensitivity levels during this process. Finally, young adulthood group reported significantly lower scores in terms of rejection sensitivity. According to Marcia (1966) after the stage of moratorium, stabilization takes place with the *achievement* stage. It can be said that after considerable amount of effort, exploration decreases and commitment increases. Since, both foreclosure and achievement stages were related to strong commitment, rejection sensitivity might be low when compared to moratorium stage. However, since the commitment in the achievement stage is obtained after a long exploration, its effect on the rejection sensitivity might be stronger.

3.4.2. Main Findings Related to the Suggested Model

In order to test the proposed relations a series of hierarchical regression analyses were conducted. In this section hierarchical multiple regression results related to rejection sensitivity, difficulties in emotion regulation, interpersonal emotion regulation, and personality disorders were discussed in line with the suggested model under the light of existing literature.

3.4.2.1. Findings Related to Rejection Sensitivity

In order to investigate the associated factors of rejection sensitivity and the differentiating roles of paternal and maternal effects on daughters and sons in terms of rejection sensitivity, three separate regression analyses were conducted. In the first analysis variables entered into equations via two steps; in the first step, demographic variables (i.e. age and gender) and in the second step perceived parental rearing styles were entered into equation. In the second and third analyses, same procedure was followed for female and male participants separately.

Analyses revealed that for the whole sample and for the female sample paternal emotional warmth was significantly related to rejection sensitivity and for the male sample paternal rejection was significantly related to rejection sensitivity.

For the whole sample results suggested that younger participants and those who perceived their fathers as less emotionally warm were more likely to be rejection sensitive. Within the literature of rejection sensitivity, results of the studies generally suggested that earlier experiences of rejection in parental context tend to affect the rejection sensitivity levels in a positive direction (e.g. Downey & Feldman, 1996; Levy et al., 2001). However, in the current study results revealed that rather than the existence of rejection or over-protection from the parental figures, lack of emotional warmth from fathers was related to high rejection sensitivity levels. Warmth from caregivers has many important effects on the child and many theories like attachment theory and parental acceptance-rejection theory focused on the positive effects of emotional warmth from caregivers. Since mothering and fathering might have different effects on the development of child, in the recent decades the role of father has been tried to be investigated separately. Rohner (1998) summarized that in the 1970s there was a widely held belief that the effect of father is either unimportant or useless. Therefore, the role of fathers had not been studied until 20th century. After the research started to focus on the role of father, it was found that fathers may have a unique role for the development of children. It was proposed that paternal support may play a crutial role for psychological disorders. Paternal support and warmth were found to be related to lower stress levels, less depressive symptoms, and behavioral problems (Leung, Yeung, & Wong, 2010; Storch et al., 2003; Marsiglio, Amato, Day, & Lamb, 2000). As mentioned earlier generally mothers do not have a very differentiating role for the child. As a part of their culturally expected role, mothers are expected to be loving and caring. Fathers on the other hand, especially in traditional cultures, are the main breadwinners and they are not expected to show their affection and caring attitudes toward their children. However, their contribution to the development of child is very important. Paquette (2004) stated that fathers have a role of opening the child to the outside world and in this respect they possess a different role in the life of the child. In line with this, emotional warmth from father

was found to be related to interpersonal skills and social competence which are very important skills in terms of communication with the outside world (Amato, 1994; Bugental & Grusec, 2006). With the help of an emotionally warm father, children may build representation of outer world as accepting, and attentive. In addition, it can be said that when emotional warmth of the father is deficient, child may engage in self related attributions to the situation and his/her self esteem might get damaged. This might constitute a risk factor for expecting rejection from the others.

In their qualitative study Rossetto, Manning and Green (2017) conducted interviews to investigate the roles of father's warmth among college students aged between 18 and 22 years old. According to their study, while financial, instrumental and informational support were all important, affection from the father had a special meaning for participant. Some of the participants reported that the emotional support from their fathers helped them to relax, however similar emotional support from their mothers was perceived as too emotional and extreme. In the same way, in Turkish culture, mothers can be described as inclusive, emotional, and warm-hearted. Although emotional warmth from both parents make unique contributions, perceived emotional warmth from fathers might have a more balancing role for the child.

Age was also found to be negatively related to rejection sensitivity. This might be due to the effects of identity formation process. Since younger participants might be in their identity formation process, their perceptions about themselves might be unclear and their acceptance of themselves might be lower than the older participants which might affect their rejection sensitivity levels as well.

The results of the hierarchical multiple regression analyses for females and males revealed different results in terms of rejection sensitivity. Results of the analysis for female participants suggested that females who perceived their fathers as less emotionally warm were more likely to be rejection sensitive. On the other hand, results of the analysis for male participants revealed that males who perceived their fathers as more rejecting were more likely to be rejection sensitive. That is to say, while lack of emotional warmth related to increased rejection sensitivity levels of daughter's, son's high rejection sensitivity level was associated with rejection from

father. It can be said that father's emotional warmth might be a protective factor for daughters and father's rejection might be a risk factor for sons. In the literature, research results supported the view that father-daughter relationship might have specific implications for daughters. For instance, in their study Webster, Low, Siller, and Hackett (2013) concluded that the warmth from fathers especially enhanced the social skills of their daughters but not to their sons. The results of the current study was in line with this finding.

3.4.2.2. Findings Related to Difficulties in Emotion Regulation

In order to explore the predictor variables of difficulties in emotion regulation hierarchical multiple regression analysis was conducted. Variables entered into equations via three steps; in the first step, demographic variables (i.e. age and gender), in the second step perceived parental rearing styles, and in the third step rejection sensitivity were entered into equation.

Results revealed that maternal emotional warmth, maternal rejection, maternal over-protection, and rejection sensitivity were significant predictors of difficulty in emotion regulation. That is, participants who perceived their mothers as more rejecting and over-protective and less emotionally warm and participants whose rejection sensitivity level was high were more likely to experience difficulty in emotion regulation. That is to say, for the difficulties of emotion regulation all the maternal rearing attitudes and rejection sensitivity were found to be significant.

These findings of the current study were in line with the existing literature which emphasized the role of mother on the socialization of emotions. Firstly, it can be said that although the role of father has increased to some extent as a caregiver, mothers are still the main caregivers and spend most of their time together with the children. Therefore, mothers teach emotion regulation to their children by modeling some specific emotion regulation strategies or encouraging them to use a specific strategy (e.g. Calkins & Johnson, 1998). It was stated that efforts of a mother to shift the attention of their child away from the stressor via distraction or soothing might help their child to internalize the methods of the mother. On the other hand, if mother responds aggressively or gives punishment, this reaction will lead to the

intensification of the stress on the child and will not help the child to regulate emotions (Scaramella & Leve, 2004). In the light of this information it can be said that if participants perceive their mothers as more rejecting and over-protective, this would mean that they perceive their mothers as cold, unavailable, hostile, indifferent, aggressive, and interfering. This kind of characteristics in the behavior of mother toward child would probably intensify the negative emotions of child and lead to difficulties in emotion regulation. On the other hand, maternal warmth is characterized with affection, nurturance, care, and support. It can be said that if mother is perceived as emotionally warm, it is more likely that mother will sooth and distract child when child feels stressed with the effects of negative emotions. Hence, it can be said that the results of the present study provided support for the importance of mothers in terms of emotion regulation.

Another point that worth mentioning is while father's role on the discipline area is more noticeable, their participation on affective areas were found to be weak (Siegel, 1987). This might be related to division of labor in the parental context. Coleman, et al. (1989) stated that mothers focus more on the child's social and emotional development and fathers focus more on child's physical and intellectual development. According to the literature mothers start to use an affective language even with their infants (Malatesta & Haviland, 1982). Eisenberg, Cumberland, and Spinrad (1998) stated that talking about emotions, their causes and consequences help children to be more aware of their own and other's emotions and also help them to regulate their emotions. In traditional Turkish culture, while fathers are still less expressive in terms of their emotions, mothers are overly expressive. Although, talking about emotions, their causes and consequences are not very common style in Turkey, children might learn to regulate emotions by modeling.

Another finding of the current study in terms of difficulties in emotion regulation was the positive relation of difficulties in emotion regulation with rejection sensitivity. This finding is consistent with the literature suggesting that rejection sensitive people experience more difficulty in emotion regulation (Kross et al., 2007; Velotti et al., 2015). Rejection sensitivity is characterized by being hyper-vigilant to the rejection cues and anxiously or angrily expecting rejection. With the effect of this

sensitivity, people might more readily interpret neutral situations as rejecting and overreact them (Downey & Feldman, 1996). It is possible that when rejection cues are perceived in a relationship, immediate and overwhelming emotions arise, stress level increases and since people cannot regulate these emotions, they might overreact.

3.4.2.3. Findings Related to Interpersonal Emotion Regulation

In order to explore the predictor variables of interpersonal emotion regulation hierarchical multiple regression analysis was conducted. Variables entered into equations via three steps; in the first step, demographic variables (i.e. age and gender), in the second step perceived parental rearing styles, and in the third step rejection sensitivity were entered into equation.

Analysis suggested that gender, paternal over-protection/control, maternal emotional warmth and maternal rejection were significant predictors of interpersonal emotion regulation. That is, female participants, and those who perceived their fathers as more over-protective, those who perceived their mothers as more rejecting and those who perceived their mothers as more emotionally warm were more likely to use interpersonal emotion regulation.

Since interpersonal emotion regulation is a novel construct, existing studies to compare the results of the current study were limited. To our knowledge this study was the first which explores the effects of parental rearing attitudes and rejection sensitivity on interpersonal emotion regulation. However, the existing findings and theoretical construct of interpersonal emotion regulation might be used to interpret the findings of the current study. According to the results, females were more likely to use interpersonal emotion regulation. Compared to males, females expression and verbalization of emotions are more acceptable and also more frequently and strongly reinforced by the culture. It can be said that in Turkey women usually organize social occasions within their network. During the meetings, they get emotional support from others. Since their expression of emotions is not restricted, females, as compared to males, might be more comfortable while regulating their emotions in the interpersonal context. In addition, within the coping literature results of the studies

suggested that females use more verbal coping strategies like rumination, which is a verbalization to self, or other kinds of strategies include verbalizing to others (Tamres, Janicki, & Helgeson, 2002). This finding was also consistent with the findings of the present study.

Analysis also revealed that participants who perceived their fathers as more over-protective, their mothers as more rejecting and more emotionally warm were using more interpersonal emotion regulation. These results might seem complicating at first because rejection, over-protection, and emotional warmth were positively effecting interpersonal emotion regulation. However, within the conceptualization of interpersonal emotion regulation these results might be meaningful. Since over-protection and control from parents prevent children to encounter with new and challenging situations, it might prevent the development of self esteem, healthy emotion regulation and coping strategies. The results of the study of Hofmann et al. (2016) suggested that problems in the intrapersonal emotion regulation are positively related to the regulation of emotions in the interpersonal context. Therefore, it can be claimed that over-protected individuals might have poor inner resources and might have difficulty in intrapersonal emotion regulation which in turn might lead to more reliance on to others in terms of emotion regulation. The positive effect of maternal rejection on interpersonal emotion regulation might be interpreted in the same way. Since maternal rearing is highly influential on the development of the emotion regulation skills of the child, a rejecting, cold mother who does not help to regulate the emotions of her infant, might not help her child to learn healthy emotion regulation strategies. In addition, rejection from a significant parental figure might also decrease self-esteem as well. In such a case, people might rely more on others rather than themselves in terms of emotion regulation. Within the literature of interpersonal emotion regulation it was stated that interpersonal emotion regulation might be adaptive or maladaptive, depending on its function. If it helps to reduce stress, it is regarded as adaptive, however if it plays a part in the maintenance of the problem, it might be regarded as maladaptive (Hofmann, 2014). Consistent with this view, some of the studies found a positive relationship between the use interpersonal emotion regulation and depression and social anxiety (Hofmann et al., 2016). With

the help of this knowledge, it can be concluded that the positive association of interpersonal emotion regulation with paternal over-protection and maternal rejection might be related to the role of interpersonal emotion regulation itself in psychopathology.

On the other hand results of the current study also suggested a positive relationship between maternal emotional warmth and interpersonal emotion regulation. It can be claimed that children who perceived their mother as emotionally warm might tend to develop a positive world view. They might believe that they can turn others when they are stressed and others will be responsive. Therefore, maternal emotional warmth might contribute to look others with the aim of finding help to decrease stress. In addition, maternal emotional warmth and care positively related to the development of emotion regulation skills. When one cannot find inner sources to alleviate the stress, calling others for help can also be a healthy strategy of emotion regulation.

3.4.2.4. Findings Related to Personality Disorders

In order to explore the associated factors of personality disorders (Cluster A PD, Cluster B PD and Cluster C PD) initially three hierarchical multiple regression analyses were conducted. Then, in order to investigate the effects of subscales on different personality disorder clusters, three additional hierarchical multiple regression analyses were conducted. Variables entered into equations via four steps; in the first step, demographic variables (i.e. age and gender), in the second step perceived parental rearing styles, in the third step rejection sensitivity and in the fourth step emotion regulation variables (i.e. difficulties in emotion regulation and interpersonal emotion regulation) were entered into equation.

As mentioned earlier, DSM-5 (2013) categorized personality disorders into three clusters based on their shared characteristics. Based on the DSM-5 categorization schizoid and paranoid PDs were placed into the Cluster A in the current study, which is also named as odd-eccentric cluster. Narcissistic, histrionic, antisocial, and borderline PDs were categorized into the Cluster B, which is also named as dramatic-

emotional cluster. Finally, dependent and obsessive-compulsive PDs were placed into Cluster C, which is also named as anxious-fearful cluster.

Results of the current study suggested that paternal rejection and over-protection/control, maternal rejection, difficulties in emotion regulation and interpersonal emotion regulation were significantly related to *Cluster A PD* symptomatology. According to the results, participants who perceived their fathers and mothers as more rejecting, those who perceived their fathers as more over-protective, those who had more difficulty in emotion regulation, and those who used less interpersonal emotion regulation were more likely to have Cluster A PDs symptomatology. In DSM-5, symptoms of Cluster A PDs include distrust and suspicion of others, restricted emotional expression, feeling uncomfortable with others, attributing negative characteristics to others and lack of interest in relationships (APA, 2013). As mentioned earlier, findings in the literature are not consistent in terms of the relationship between parental rearing attitudes and personality disorder clusters. According to the study of Timmerman, and Emmelkamp (2005) Cluster A PDs were associated with low maternal care whereas, Thimm (2010) found that both maternal and paternal rejection and low maternal care were associated with Cluster A PDs. The results of the current study was partially in line with the Thimm's study. It was found that rejection from both parents were significant predictors of Cluster A PDs. It can be claimed that first schemas and beliefs about the world and others are formed in the family context. In a family where the child is rejected by both father and mother, child would probably develop mistrust and attribute negativity to others in order to protect his/her self. Therefore, perceiving others as harming, deceptive, faithless, and untrustworthy might be more helpful for them, compared to perceiving themselves as the source of problem behind the rejection. Besides rejection, paternal over-protection was also related to Cluster A PDs. As mentioned earlier, fathers are still the main breadwinners in a traditional Turkish culture. While mothers are generally at home and caring children, fathers are the ones who generally take part in the outside world. It can be claimed that over-protection of father might give a message to the child about the threats of outside and harmful intentions of other people. Therefore, people with Cluster A PDs might

develop mistrust to other people, decrease their interaction with others and detach from their emotions. Other significant variables were difficulties in emotion regulation and interpersonal emotion regulation. It can be stated that the symptoms of Cluster A PDs related to more difficulty in emotion regulation and less usage of interpersonal emotion regulation. In the literature, results of studies revealed that difficulties in emotion regulation was associated with nearly all psychological problems. Gross and Levenson (1997) stated that dysregulation of emotions was the most prominent characteristic of personality disorders. Therefore, relation between increased difficulty in emotion regulation and Cluster A PDs was in line with the expectations. Successful emotion regulation requires ability to monitor, appraise, and adapt emotional reactions (Thompson, 1994). In this regard achieving flexibility is closely related to successful emotion regulation. Since people with Cluster A PDs are known to be rigid in their cognitive and emotive world, they might be experiencing more difficulty in emotion regulation. One of the main characteristics of the people with Cluster A PDs is their limited interaction with other people. They do not trust other people and they try to be sufficient for themselves (APA, 2013). In line with this, Gürol-Işık (2016) found that people with Cluster A PDs use more alienation in terms of defense styles. Therefore, finding related to weaker usage of interpersonal emotion regulation among people with Cluster A PDs was also consistent with the expectation.

Considering *Cluster B PDs*, results revealed that gender, maternal rejection, paternal over-protection/control, difficulties in emotion regulation and interpersonal emotion regulation were significantly related to Cluster B PD symptomatology. According to the results, male participants, those who perceived their mothers as more rejecting, their fathers as more over-protective, those who have more difficulty in emotion regulation and who use more interpersonal emotion regulation were more likely to have Cluster B PDs symptomatology. Cluster B PDs symptoms share characteristics of lack of empathy, excessive and unstable emotionality, instable relationships, impulsivity, violation of social norms and the rights of others, and irritability (APA, 2013).Considering gender differences, in the current study, it was found that males were more prone to have narcissistic and antisocial PDs. Therefore, male dominance

in the cluster base comparison is consistent with the expectation. In addition, according to DSM-5 antisocial, borderline and narcissistic personality disorders are more common in males (APA, 2013). Therefore, observed gender difference was consistent with the existing knowledge.

In the literature, over involvement or under involvement, unpredictable, intrusive parenting, and less care were found to be related with the symptoms of Cluster B PDs (Links & Monroe- Blum, 1990; Paris, 1996; Reich & Zanarini, 2001; Thimm, 2010; Timmerman & Emmelkamp, 2005). The results of the current study suggested that paternal over-protection and maternal rejection were associated with Cluster B PDs symptomatology. Higher rates of insecure attachment for Cluster B PDs have been extensively supported by the literature (Cassidy & Shaver, 2008). In order to establish a secure attachment, a consistent, stable, attentive and caring parental position is crucial (Bowlby, 1973). Consistent with this view, Bateman and Fonagy (2010) emphasized the importance of mirroring for a child to develop an understanding of emotions and to develop a sense of inter-subjectivity. However, in the case of maternal rejection none of these needs can be met and the capacity for emotion regulation, mentalization, and coping might get negatively influenced. Since people with Cluster B PDs have deficiencies to understand, accept, and work on their own emotions, they might experience ups and downs successively. Since they might not have a chance to develop inter-subjectivity in a rejecting environment, lack of empathy and instable interpersonal relationships might be the result. In Turkish traditional culture over-protection and control might sometimes be interpreted as a sign of care and love. Therefore, rejection from mother and over- protection from father without emotional warmth might be confusing for the child. In addition over-protection and control might have a role on the unstable image of self in Cluster B symptomatology. Over- control might prevent the development of individuality and self-esteem which might also contribute to the development of psychopathology. The findings regarding increased difficulties in emotion regulation was consistent with the literature. In terms of interpersonal emotion regulation, results indicated a positive relationship between Cluster B PDs and interpersonal emotion regulation. As mentioned earlier interpersonal emotion regulation might be related to the

existing psychopathology itself. In the case of Cluster B PDs, most of the symptoms are associated with interpersonal relationships. Therefore, interpersonal emotion regulation might also be a part of pathological pattern as well. For instance, a person with narcissistic traits might use others to increase his/her joy, happiness and positive feelings, a person with histrionic traits might look for soothing from others, or a person with borderline personality traits might use perspective taking when they are idealizing others.

Considering *Cluster C PDs* symptomatology, results revealed that gender, maternal rejection, paternal over-protection/control, rejection sensitivity, difficulties in emotion regulation and interpersonal emotion regulation were found to be significantly related to Cluster C PD symptomatology. According to the results, male participants, those who perceived their mothers as more rejecting, fathers as more over-protective, those who are more sensitive to rejection, those who have more difficulty in emotion regulation and stronger interpersonal emotion regulation were more likely to have Cluster C PDs symptomatology. Symptoms of Cluster C PDs include characteristics of social inhibition or clinging; hypersensitivity to negative evaluations, criticism and rejection; lack of confidence or extreme perfectionism (APA, 2013). In the current study, consistent with the suggestions of DSM-5, males were found to be more prone to have obsessive-compulsive PDs. This significant difference between genders might influence the cluster base analysis as well. Considering the relationship between parental rearing attitudes and Cluster C PDs, while Thimmerman and Emmelkamp (2005) found significant relationship with all parental rearing styles and Cluster C PDs, in Thimm's (2010) study Cluster C PDs were found to be related to parental rejection. For the development of children's self esteem, individuality and self regulation, the balanced level of relatedness and autonomy should be provided by the parents (Southam-Gerow & Kendall, 2002). However, in a traditional Turkish culture, reinforced characteristic was mainly conformity and relatively undesired characteristics were autonomy and assertiveness of children from both genders (Sunar, 2002). Therefore over-protection from father and rejection from mother might have a negative effect on self esteem and individuality of children and might lead to reduced self esteem and increased

dependence on others. In the current study, rejection sensitivity was found to be related with only Cluster C PDs. This result is consistent with the expectation because main characteristics of especially avoidant and dependent personality traits constitute the fear of negative evaluation and rejection from others. Similarly, in her study Gürol-Işık (2016) found that social incompetence was a significant associate of Cluster C PDs. In addition, rejection sensitivity was found to be positively associated with the efforts to prevent rejection; loneliness, withdrawal, and social anxiety, all of which are among the symptoms of Cluster C PDs (Ayduk et al., 2001; Watson & Nesdale, 2012; London et al., 2007). Since difficulty in emotion regulation is closely related to maternal parenting, and perceived maternal rejection was high in people with Cluster C PDs, it was consistent that people with Cluster C PDs have difficulty in emotion regulation. Similar to the findings of Cluster B PDs, there was a positive relation of Cluster C PDs with interpersonal emotion regulation. It can be claimed that since their self esteem tend to be low, they might rely on others in terms of emotion regulation rather than turning to their own resources. For instance, a person with dependent personality trait might rely on others when trying to decide on something important or a person with obsessive-compulsive personality trait might use perspective taking or social modeling in order to achieve perfect results.

As mentioned earlier in order to investigate the unique contributions of the subscales of difficulties in emotion regulation and interpersonal emotion regulation to personality disorder clusters, three further hierarchical multiple regression analyses were conducted. Since the results of the first three steps were discussed above, in the following section only the effects of the subscales of difficulties in emotion regulation and interpersonal emotion regulation on personality disorder clusters were discussed. In terms of *Cluster A PDs* it was found that in terms of difficulties in emotion regulation, more difficulty in strategy and acceptance, less difficulty in awareness were significant associates; furthermore, less usage of enhancing positive affect and soothing were significant associates among interpersonal emotion regulation strategies. In terms of *Cluster B PDs* it was found that more difficulty in strategy, impulse, and acceptance, less difficulty in awareness were significant associates among intrapersonal emotion regulation and more usage of perspective

taking was significant associate among interpersonal emotion regulation strategies. Finally, in terms of *Cluster C PDs* it was found that more difficulty in strategy, impulse, and acceptance were significant associates among intrapersonal emotion regulation and more usage of perspective taking was a significant associate among interpersonal emotion regulation strategies.

Results suggested that difficulties in strategy were significantly related to all personality disorder clusters. That is, individuals from all personality disorder cluster experience difficulty to find appropriate strategy to modulate their emotions. They might believe that the effects of negative emotion will last long and nothing will help to resolve these feelings. Since the development of emotion regulation skills were found to be related to maternal rearing, and maternal rejection was also found to be a significant associate of all personality disorder clusters, it can be claimed that skills to find a proper regulation strategy might not be developed properly among these individuals.

For both Cluster A PDs and Cluster B PDs, less difficulty in emotional awareness was a significant associate of symptomatology. Cluster B PDs are characterized with emotive intensity, therefore it can be claimed that people with these symptomatology may be highly aware of their emotions but they may not have skills to reach on understanding of these complex emotions. Considering Cluster A PDs, it might be claimed that the fear or distrust in a person with a paranoid personality trait is related to high awareness, however the problem might be related to the appropriateness of these emotions with the real threat.

For all the personality disorder clusters more difficulty in acceptance was a significant predictor of symptomatology. Difficulty in emotional acceptance refers to blaming oneself, feeling guilty, ashamed and uncomfortable for having those emotions. In terms of Cluster A PDs this result was not consistent with the expectation because, according to literature people with the symptoms of Cluster A PDs have difficulty in reality testing. They perceive others as deceitful and untrustworthy so blaming themselves or being ashamed of their feelings were not in line with the general view. In this respect, the expectation was on the contrary.

However, since our participants were not from a clinical sample, their reality testing might not be disrupted as much. They might be partially aware that their judgments might be extreme about others. Compared to Cluster A PDs, reality testing skills of people with Cluster B PDs and Cluster C PDs are generally thought to be better.

Since they might be aware that their emotional reactions had a potential to be extreme and disproportionate with the situation, they might feel guilty and ashamed of having those emotions.

For Cluster B PDs and Cluster C PDs difficulty in impulse control was a significant associate. Those people tend to experience difficulty to control their behaviors when they are under the effect of a specific emotion. They believe that emotions are intolerable so they might behave impulsively as a reaction. This result was in line with the expectation. As people with Cluster B PDs and Cluster C PDs might not have skills and strategies to properly modulate their emotions, they might be coping with these emotions via their emotional reactions. For instance, an individual with borderline personality trait might impulsively and aggressively devalue other person when s/he feels a little threat toward self, or an individual with antisocial personality trait might impulsively assault the other person who drives very slow in front. On the other hand, the impulsivity of people with Cluster B PDs and Cluster C PDs might be different from each other. For instance; since an individual with dependent personality traits cannot regulate the fear of being left alone or the fear of losing support from others, they might impulsively accept unpleasant offers.

In terms of interpersonal emotion regulation less usage of enhancing positive affect and soothing were significant predictors of Cluster A PDs. This result was in line with the expectation because people with Cluster A PDs do not prefer to interact with other people since they attribute harmful intentions to them. For instance an individual with paranoid personality traits might not share his/her joy of starting a relationship because s/he might think that others might have plans to ruin his/her relationship. Similarly, they avoid interaction with other people and try to be self-sufficient so they might not prefer to be soothed by others. Another result of the analysis was the positive relationship of perspective taking with Cluster B PDs and

Cluster C PDs. As mentioned earlier, since the symptomatologies in these clusters were related more to interpersonal contact, perspective taking might play a critical role in the maintenance of pathology in these clusters.

3.4.3. Findings Related to Model Testing

In this part, the results of the model testing will be discussed. Findings of the model testing indicated that parental rearing attitudes related to personality disorder clusters both directly and indirectly through mediator variables. Since direct relationships between parental rearing attitudes and personality disorder clusters were similar to the results of the regression analyses, in this part mediational roles will be discussed.

As a result of the analyses two mediational models were obtained. First one was the mediating effect of interpersonal emotion regulation between parental rearing attitudes (i.e., maternal over-protection, maternal rejection, maternal emotional warmth, paternal over-protection, paternal rejection, paternal emotional warmth) and personality disorder symptomatology (i.e., Cluster A, Cluster B, & Cluster C PDs), and the second mediational model was a double mediation in which rejection sensitivity and difficulties in emotion regulation mediate the relationship between parental rearing attitudes and personality disorder symptomatology. Specifically, it was found that emotion regulation variables (difficulties in emotion regulation and interpersonal emotion regulation) fully mediated the effect of maternal emotional warmth on Cluster A PDs. That means, maternal emotional warmth were not significantly related to Cluster A PD symptoms directly. However Cluster A PD symptoms were significantly predicted by maternal emotional warmth when emotion regulation variables mediate this relationship. According to the results as maternal emotional warmth increases, individuals tend to search for more interpersonal emotion regulation and when people use more interpersonal emotion regulation like perspective taking, social modeling, soothing, and enhancing positive affect Cluster A PD symptoms tend to decline. Therefore, it can be claimed that maternal emotional warmth might be related to having an understanding, warm, and mutual relationship with the mother. As mentioned earlier individuals with Cluster A PDs show irrational suspicion, distrust, and lack of interest in interpersonal relationships (APA, 2013).

Since these suspicions are usually unrealistic, interpersonal emotion regulation might help the individual to evaluate their suspicions more realistically. Moreover in terms of intrapersonal emotion regulation, it was found that lack of maternal emotional warmth was related to more difficulty in emotion regulation which in turn related to increased Cluster A PDs. As mentioned earlier, maternal emotional warmth is strongly related to attachment and emotion regulation skills. When the physical and emotional needs of a child are met by a caring parental figure consistently, child can develop a secure base and try to explore self and others. Therefore, it can be claimed that when strong regulation skills develop, individual might be less prone to isolate self from others and be more willing to find ways to test their assumptions.

Second finding suggested that Cluster B PDs and Cluster C PDs were predicted by maternal rejection both directly and indirectly through emotion regulation variables. That is to say, maternal rejection directly related to the increased symptoms of Cluster B and Cluster C PDs and it was also related to poor emotion regulation skills which in turn increased the symptomatology. Since rejection from the primary caregiver might lead to strong feelings of helplessness, hopelessness, and worthlessness, some of the defense mechanisms might become a part of personality in time. For instance, individual might behave more selfish, less empathic, and tend to violate the rights of others as in Cluster B PDs or they might avoid from relationships in order to prevent further rejection as in avoidant personality disorder, or they might cling others in order to heal the primary rejection experience as in dependent personality disorder. In addition to that, maternal rejection was indirectly associated with Cluster B PDs and Cluster C PDs through emotion regulation. Since a rejecting mother might not be very good at soothing her child, teaching emotion regulation skill to the child and being a model in terms of emotion regulation, indirect effect of maternal rejection through emotion regulation was meaningful.

Another finding was the significant mediating effects of rejection sensitivity and difficulties in emotion regulation between the relationship of paternal emotional warmth and personality disorder clusters. It can be said that among the parental rearing styles only paternal emotional warmth was significantly predicting rejection sensitivity. Since father has a role of opening the child to the outer world, this finding

was meaningful. It might be claimed that if father, who is a representation of outer world, provides emotional warmth to the child, outer world will also be perceived as accepting rather than threatening. Moreover, although emotion regulation abilities were mostly gained through mother, it was found that paternal emotional warmth had an indirect effect through the mediating role of rejection sensitivity on emotion regulation. It can be said that father's emotional warmth might be related to decreased rejection sensitivity levels which in turn might be related to less difficulty in emotion regulation. In addition paternal emotional warmth did not directly relate to personality disorder symptomatology but via its effect on rejection sensitivity and emotion regulation skills, it contributed to personality disorder clusters.

3.4.4. Strengths and Clinical Implications

To our knowledge, the current study is the first to examine the effects of intra and interpersonal emotion regulation strategies simultaneously on personality disorder clusters. Additionally, since interpersonal emotion regulation questionnaire was adapted to Turkish as a part of the current study, studying interpersonal emotion regulation with a Turkish sample was also a contribution to Turkish literature.

According to the findings of the current study, it can be stated that stronger reliance on interpersonal emotion regulation might be related to the inadequacy of the intrapersonal emotion regulation system. In order to satisfy the need of emotion regulation, people with difficulty in emotion regulation might turn to others. However, it was found that unlike intrapersonal emotion regulation, interpersonal emotion regulation was found to be associated with the symptoms of personality disorders. Therefore, it can be suggested that although the usage of interpersonal emotion regulation might be useful in the earlier ages (during young adulthood), more reliance on others in terms of emotion regulation in adulthood might have detrimental effects on psychological health. It can be claimed that if people have ability to internalize the strategies of others in time, they might enhance their capacity of emotion regulation and rely less on others in their adulthood.

Since enhancing the capacity of emotion regulation might be the ultimate aim of the therapy, the results of the current study might also be used in therapeutic context. It

can be stated that like young adulthood stage, in the earlier stages of therapy, it might be effective to provide interpersonal emotion regulation to client. However, during this stage therapist should also work on to enhance the capacity of intrapersonal emotion regulation. Therapist should observe the level of progress from interpersonal to intrapersonal emotion regulation and the internalization capacity of the client. If client cannot add the effective interpersonal emotion regulation strategies to his/her repertoire, it might be effective to work on the barriers of internalization.

Current study also provided insight in terms of rejection sensitivity. Since rejection sensitivity has been mostly studied with borderline personality disorder symptomatology, the effects of rejection sensitivity on other personality disorders remained unexplored until the current study. On the basis of the findings of the current study, our understanding of the relation of rejection sensitivity with other personality disorders on the cluster base was expanded. For instance, it was found that rejection sensitivity was particularly related to Cluster C PDs. Therefore, it might be fruitful to investigate the effects of rejection sensitivity on separate Cluster C PDs in order to develop appropriate therapeutic interventions. In therapeutic context, quickly perceiving rejection and overreacting to these ambigious cues might be the topic of sessions. The effects of these misleading perceptions on social and personal life might be investigated.

Another set of implications of the current study was related to parenting. This study revealed that despite the vital importance of mothering on the development of self concept and emotion regulation skills, the effect of fathers should also be taken into account. In the current study, only paternal emotional warmth and paternal rejection were significantly associated with rejection sensitivity levels of participants which is indicating the important role of fathers for the development of child. Since rejection sensitivity was found to be related to various psychological problems, in order to prevent rejection sensitivity to a degree, fathers might try to be more attentive, caring, and might express their positive emotions to their children more frequently. Another important point is the role of mothers on the emotion regulation capacity of the children. Since emotion regulation skills are related to psychological health, mothers should not underestimate their influence on the emotive world of their child.

It would be important to mention that for all personality disorder clusters, paternal over-protection and maternal rejection were critical associates. Since generally mother is the most dominant attachment figure in child's life, the effects of perceived rejection from mother might be very destructive for the child. Moreover, when perceived paternal over- protection and control added to this situation, child might feel trapped in a poor environment. Consistent with the findings of the current study in their article Overbeek, ten Have, Volleberg and de Graaf (2007) suggested that affectionless control, which implies a rigid control without affectionate feeling, leads to more disruptions in psychological health when compared to the effects of being brought up with only one negative parenting. To conclude, findings of the current study supported the importance of the balance between relatedness and autonomy in terms of parenting.

3.4.5. Limitations and Suggestions for Future Studies

Besides providing important contributions to existing literature, this study has a number of shortcomings. Firstly, the present study was a cross sectional one and findings do not imply causality. Therefore, results must be interpreted accordingly. Secondly, since the data of perceived parental rearing styles rely on the memories of the participants, it might be subjected to memory biases. Thirdly, the sample of the current study was composed solely of university students who were mostly from middle income families. Also, the number of female participants (N= 450) was much more than the male participants (N = 133) in the current study. Lastly, the sample of the current study was not composed of clinical sample. Thus, while interpreting the results, these characteristics of the sample should also be taken into consideration. Including a more homogeneous sample from different age and income groups might lead us to a broader understanding about the relations between these variables. In addition for the future studies, it would be illuminating to explore the similar relationships in a clinical sample.

In the current study rejection sensitivity was investigated as a construct, however perceived rejection from parents and perceived rejection from peers might have

differential effects on the variables. Therefore, future studies might explore these specific relations as well.

In the present study, personality disorders were used as clusters. However, in DSM-5 it was stated that despite the partial usefulness of cluster system in research and education areas, there are certain problems with clustering and the validation of these clusters were not consistent (APA, 2013). As personality disorders are one of the most complex group of disorders, clustering them and trying to reach an understanding might be difficult. Therefore, rather than aggregating the disorders, working specifically with each disorder might be more fruitful to reach an understanding. Similarly, paternal over-protection and maternal rejection were significant predictors for all personality disorder clusters. How these negative parenting styles contribute to different personality disorder clusters might be investigated through in depth interviews and qualitative research.

The results of the present study in terms of interpersonal emotion regulation did not indicate a direct harm or benefit of the usage of interpersonal emotion regulation. Interpersonal emotion regulation might be useful when one cannot find a way out of a stressful situation or an intense emotion. However, the results of the current study revealed that interpersonal emotion regulation might be related to the problem itself. Therefore, investigating the roles of mediators and moderators in the association between interpersonal emotion regulation and different psychological disorders in the future might be illuminating in order to understand the nature of interpersonal emotion regulation. Finally, difficulty in emotion regulation was found to be related positively with all personality disorders. It might be stated that it does not have a distinctive role for the prediction of different clusters with its total score. Therefore, for the future studies it might be useful to explore which kind of emotion regulation difficulty style contributes more to the development of personality disorders in a clinical sample.

REFERENCES

Ainsworth, M., Blehar, M., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. Hillsdale, NJ: Erlbaum.

Akyunus, M. & Gençöz, T. (2016). Kişilerarası problemler envanteri-döngüsel ölçekleri kısa formu psikometrik özellikleri: güvenirlik ve geçerlik çalışması. *Düşünen Adam The Journal of Psychiatry and Neurological Sciences, 29,* 36-48.

Aldao, A., Dixon-Gordon, K. L. (2014). Broadening the scope of research on emotion regulation strategies and psychopathology. *Cognitive Behavior Therapy, 43*, 22-33.

Aldao, A., Nolen-Holeksema, S., & Schweizer, S. (2010). Emotion-regulation strategies across psychopathology: A meta-analytic review. *Clinical Psychology Review, 30*, 217-237.

Alden, L. E., Wiggins, J. S., & Pincus, A. L. (1990). Construction of circumplex scales the inventory of interpersonal problems. *Journal of Personality Assessment, 55(3&4)*, 521-536.

Alonso, P., Menchon, J. M., Mataix-Cols, D., Pifarre, J., Urretavizcaya, M., Crespo, J. M., . . . Vallejo, J. (2004). Perceived parental rearing style in obsessive–compulsive disorder: relation to symptom dimensions. *Psychiatry Research, 127* (3), 267-278.

Amato, P. R. (1994). Father-child relationships, mother-child relations, and offspring psychological well-being in early adulthood. *Journal of Marriage and the Family, 56*, 1031-1042.

American Psychiatric Association. (1952). *Diagnostic and statistical manual of menta disorders* (1st ed.). Washington, DC: American Psychiatric Association.

American Psychiatric Association. (1968). *Diagnostic and statistical manual of mental disorders* (2nd ed.). Washington, DC: American Psychiatric Association.

American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders* (3rd ed.). Washington, DC: American Psychiatric Association.

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: American Psychiatric Association.

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: American Psychiatric Association.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: American Psychiatric Association.

Arrindell, W. A., Sanavio, E., Aguilar, G., Sica, C., Hatzichristou, C., Eisemann, . . . van der Ende, J. (1999). The development of a short form of EMBU: Its appraisal with students in Greece, Guatemala, Hungary, and Italy. *Personality and Individual Differences, 27*, 613-628.

Aruoba, O. (1990). *De ki işte.* İstanbul: Metis Yayıncılık.

Ataca, B. (2006). Turkey. In J. Georgas, J. W Berry, F. J. R. Vijver, C. Kagitcibasi, & Y. H. Poortinga (Eds.*), Families across cultures: A 30-nation psychological study* (pp. 467-475). Cambridge: Cambridge University Press.

Ayduk, O., Downey, G., & Kim, M. (2001). Rejection sensitivity and depressive symptoms in women. *Personality and Social Psychology Bulletin, 27*, 868–877.

Ayduk, O., & Mischel, W. (2002). When smart people behave stupidly: Inconsistencies in social and emotional intelligence. In R. J. Sternberg (Ed.), *Why smart people can be so stupid*. New Haven, CT: Yale University Press.

Ayduk, O., Mendoza-Denton, R., Mischel, W., Downey, G., Peake, P. K., & Rodriguez, M. (2000). Regulating the interpersonal self: strategic self-regulation for coping with rejection sensitivity. *Journal of Personality and Social Psychology, 79* (5), 776-792.

Bartholomew, K., & Horowitz, L. (1991). Attachment styles among young adults: A test of a four category model. *Journal of Personality and Social Psychology, 61*, 226-241.

Bateman, A., & Fonagy, P. (2010). Mentalization based treatment for borderline personality disorder. *World Psychiatry, 9* (1), 11-15.

Baumeister, R. F., & Leary, M. R. (1995). The need to belong: desire for interpersonal attachment as a fundemantal human motivation. *Psychological Bulletin, 113* (3), 497-529.

Beck, A. T. (2015). Theory of personality disorders. In Beck A. T., Davis, D. D., & Freeman, A. (Eds). *Cognitive Therapy of Personality Disorders* (pp. 19-62). New York, NY: The Guilford Press.

Beck, A. T., & Beck, J. S. (1991). *The personality belief questionnaire.* Unpublished assessment instrument. Bala Cynwyd, PA: The Beck Institute for Cognitive Therapy and Research.

Berenson, K. R., Downey, G., Rafaeli, E., Coifman, K. G., & Paquin, N. L. (2011). The rejection-rage contingency in borderline personality disorder. *Journal of Abnormal Psychology, 120*, 681–690.

Bornstein, R. F. (1999). Histrionic personality disorder, physical attractiveness, and social adjustment. *Journal of Psychopathology and Behavioral Assessment, 21* (1), 79-94.

Bornstein, R. F. (2012). From dysfunction to adaption: An interactionist model of dependency. *Annual Review of Clinical Psychology, 8*, 8291–316.

Bowlby, J. (1969). *Attachment and loss: Vol. 1. Attachment.* New York, NY: Basic Books.

Bowlby, J. (1973). *Attachment and loss: Vol. 2. Separation: Anxiety and anger.* New York, NY :Basic Books.

Bowlby, J. (1977). The making and breaking of affectional bonds: etiology and psychopathology in the light of attachment theory. *British Journal of Psychiatry, 130,* 201–210.

Bowlby, J. (1982). *Attachment and loss: Vol. 1* (2nd ed.). New York, NY: Basic Books.

Bowlby, J. (1988). *A secure base.* London: Routledge.

Boyce, P. & Parker, G. (1989) Development of a Scale to Measure Interpersonal Sensitivity. *Australian and New Zealand Journal of Psychiatry, 23,* 341-351.

Bradley, S. J. (1990). Affect regulation and psychopathology: Bridging the mind-body gap. *Canadian Journal of Psychiatry, 35,* 540–547.

Breines, J. G., & Ayduk, O. (2013). Rejection sensitivity and vulnerability to self-directed hostile cognitions following rejection. *Journal of Personality, 83* (1), 1-13.

Bugental, D.B., & Grusec, J. (2006). Socialization theory. In N. Eisenberg (Vol. Ed.), *Handbook of child psychology: Vol. 3: Social, emotional, and personality development* (pp. 366-428). New York, NY: Wiley.

Butler, A. C., Beck, A. T., & Cohen, L. H. (2007). The personality belief questionnaire –short form: Development and preliminary findings. *Cognitive Therapy Research, 31*, 357-370.

Calkins, S. D., & Johnson, M. C. (1998). Toddler regulation of distress to frustrating events: Temperamental and maternal correlates. *Infant Behavior and Development, 21,* 379-395.

Campbell-Sills, L., & Barlow, D. H. (2007). Incorporating emotion regulation into conceptualizations and treatments of anxiety and mood disorders. In J. J. Gross (Ed.), *Handbook of emotion regulation* (pp. 542−559). New York, NY: Guilford Press.

Cassidy, J., & Shaver, P. R. (2008). *Handbook of attachment: Theory, research, and clinical applications* (2nd ed.). New York, NY: Guilford Press.

Chaplin, T. M., & Aldao, A. (2013). Gender differences in emotion expression in children: A meta-analytic review. *Psychological Bulletin, 139*, 735-765.

Cheung, E. O., Gardner W. L., & Anderson, J. F. (2014). Emotionships: examining people's emotion-regulation relationships and their consequences for well-being. *Social Psychological and Personality Science, 6* (4), 407-414.

Clyne, C., & Blampied, N. M. (2004). Training in emotion regulation as a treatment for binge eating: A preliminary study. *Behaviour Change, 21*, 269−281.

Coleman, M., Ganong, L. H., Clark, J. M., & Madsen, R. (1989). Parenting perception in rural and urban families: Is there a difference? *Journal of Marriage and the Family, 5 (2),* 329-335.

Çardak, M., Sarıçam, H., & Onur M. (2012). Perceived parenting styles and rejection sensitivity in university students. *The Online Journal of Counselling and Education,1* (3), 57-69.

Darwin, C. R. (1890). *The expression of the emotions in man and animals*. F. Darwin (Ed.). London: John Murray.

Diamond, L. M. & Aspinwall, L. G. (2003). Emotion regulation across the life span: an integrative perspective emphasizing self- regulation, positive affect, and dyadic processes, *Motivation and Emotion, 27* (2), 125- 156.

Downey, G., & Feldman, S. I. (1996). Implications of Rejection Sensitivity for Intimate Relationships. *Journal of Personality and Social Psychology, 70*, 1327-1343.

Downey, G., Khouri, H., & Feldman, S. (1997). Early interpersonal trauma and later adjustment: The mediation role of rejection sensitivity. In D. Cicchetti & S. L. Toth (Eds.), *Developmental perspectives on trauma: Theory, research, and intervention. Rochester symposium on developmental psychology* (Vol. 8, pp. 85–114). Rochester, NY: University of Rochester Press.

Downey, G., & Ayduk, O. (2002). Correlates of rejection sensitivity in college students. Unpublished Data. Columbia University.

Driscoll, K., & Pianta, R. C. (2011). Mothers' and fathers' perceptions of conflict and closeness in parent-child relationships during early childhood. *Journal of Early Childhood & Infant Psychology, 7,* 1-24.

Eisenberg, N., Cumberland, A., & Spinrad, T. L. (1998). Parental socialization of emotions. *Psychological Inquiry, 9* (4), 241-273.

Erikson, E. H. (1972). Autobiographic notes on the identity crisis. In G. Hotton, G. (ed.),*The twentieth century sciences study in the biography of ideas*. New York, NY: Norton.

Erözkan,, A. (2009). Rejection sensitivity levels with respect to attachment styles, gender, and parenting styles: a study with Turkish students. *Social Behavior and Personality, 37* (1), 1-14.

Fang, A., Asnaani, A., Gutner, C., Cook, C., Wilhelm, S., & Hofmann, S. G. (2011). Rejection sensitivity mediates the relationship between social anxiety and body dysmorphic concerns. *Journal of Anxiety Disorders, 25,* 946-949.

Faulkner, W. (1951). *Requiem for a Nun.* USA: Vintage International.

Feist, J., & Feist, G. (2008). *Theories of Personality*. USA: McGraw−Hill Primis.

Feldman,S., & Downey, G. (1994). Rejection sensitivity as a mediator of the impact of childhood exposure to family violence on adult attachment behavior. *Development and Psychopathology, 6,* 231-247.

Freud, A. (1936). *The ego and the mechanisms of defense.* New York, NY: International Universities Press.

Freud, S. (1961). The ego and the id. In J. Strachey (Ed.) *The standard edition of the complete psychological works of Sigmund Freud* (pp. 3 - 66). London: Hogarth Press.

Gençöz, T. (2000). Pozitif ve negatif duygu ölçeği: geçerlik ve güvenirlik çalışması. *Türk Psikoloji Dergisi, 15* (46), 19-26.

Goodman, J., Fertuck, E., Chesin, M., Lichenstein, S., & Stanley, B.(2014). The moderating role of rejection sensitivity in the relationship between emotional maltreatment and borderline symptoms. *Personality and Individual Differences, 71,* 146-150.

Gratz, K. L., & Roemer, L. (2004). Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the Difficulties in Emotion Regulation Scale. *Journal of Psychopathology and Behavioral Assessment, 26*, 41−54.

Griffin, D. W., & Bartholomew, K. (1994). The metaphysics of measurement: The case of adult attachment. In K. Bartholomew & D. P. Perlman (Eds.), *Advances in Personal Relationships: Attachment Processes in Adult Relationships* (Vol. 5). London: Jessica Kingsley.

Gross, J.J. (1998). Antecedent- and response-focused emotion regulation: Divergent consequences for experience, expression, and physiology. *Journal of Personality and Social Psychology, 74*, 224-237.

Gross, J. J. (1999). Emotion regulation: past, present, future. *Cognition and Emotion, 13* (5), 551-573.

Gross, J. J. (2002). Emotion regulation: Affective, cognitive, and social consequences. *Psychophysiology, 39*,281-291.

Gross, J. J. (2010).Emotion Regulation. In M. Lewis, J. M. Haviland-Jones, & L. F. Barrett (Eds.), *Handbook of Emotions* (497-512). New York: The Guilford Press.

Gross, J. J. (2015). Emotion regulation: Current status and future prospects. *Psychological Inquiry, 26*, 1-26.

Gross, J. J., Carstensen, L. L., Pasupathi, M., Tsai, J., Skorpen, C. G., Hsu, A. Y. C. (1997). Emotion and aging: Experience, expression, and control. *Psychology and Aging, 12* (4), 590–599.

Gross, J. J., & Jazaieri, H. (2014). Emotion, emotion regulation, and psychopathology: An affective science perspective. *Clinical Psychological Science, 2,* 387–401.

Gross, J.J., & John,O.P. (2003). Individual differences in two emotion regulation processes: implications for affect,relationships,and well-being. *Journal of Personality and Social Psychology, 85,* 348–362.

Gross, J. J., & Levenson, R. W. (1997). Hiding feelings: The acute effects of inhibiting positive and negative emotions. *Journal of Abnormal Psychology, 106*, 95-103.

Gross, J. J., & Thompson, R. A. (2007). Emotion regulation: Conceptual foundations. In J. J. Gross (Ed.), *Handbook of emotion regulation* (pp. 3–24). New York, NY: Guilford.

Gürol Işık, İ. (2016). *Object relations, perceived parental rearing stylesi and defense mechanisms in relation to personality traits and symptoms of personality disorders.*(Unpublished doctoral dissertation). Middle East Technical University, Ankara, Turkey.

Hafen, C. A., Spilker, A., Chango, J., Marston, E. S., & Allen, J. P. (2014). To accept or reject? The impact of adolescent rejection sensitivity on early adult romantic relationships. *Journal of Research on Adolescence, 24* (1), 55–64.

Hamburger, M. E., Lilienfeld, S. O., & Hogben, M. (1996). Psychopathy, gender and gender roles: Implications for antisocial and histrionic personality disorders. *Journal of Personality Disorders, 10,* 41–55.

Hank, K., & Kohler, H. P. (2002). Sex preferences for children revisited: New evidence from Germany. *Population, 58(1),* 133-143.

Hartung, C. M., Widiger, T. A. (1998). Gender differences in the diagnosis of mental disorders: conclusions and controversies of the DSM-IV.*Psychological Bulletin, 123* (3), 260-278.

Heimberg, R. G., Horner, K. J., Juster, H. R., Safren, S. A., Brown, E. J., Schneier, F. R., Liebowitz, M. R. (1999) Psychometric properties of the Liebowitz Social Anxiety Scale. *Psychological Medicine, 29* (1), 199–212.

Hofmann, S. G. (2014). Interpersonal emotion regulation model of mood and anxiety disorders. *Cognitive Therapy and Research, 38,* 483-492.

Hofmann, S. G., Carpenter, J. K., & Curtiss, J. (2016). Interpersonal emotion regulation questionnaire (IERQ): Scale development and psychometric characteristics. *Cognitive Therapy and Research, 40* (3), 341-356.

Horney, K. (1937). *The neurotic personality of our time*. New York, NY: Norton.

Horowitz, L. M. (1979). On the cognitive structure of interpersonal problems treated in psychotherapy. *Journal of Consulting and Clinical Psychology, 47,* 5–15.

Horowitz, L. M., Alden, L. E., Wiggins, J. S., & Pincus, A. L. (2003). *Inventory of Interpersonal Problems Manual.* The Psychological Corporation: Texas.

Horowitz, L. M., Rosenberg, S. E., Baer, B. A., Ureno, G., & Villasenor, V. S.(1988). Inventory of interpersonal problems: Psychometric properties and clinical applications. Journal of *Consulting and Clinical Psychology, 56*(6), 885-892.

İbrahim, D. M., Rohner, R. P., Smith, R. L., & Flannery, K. M. (2015). Adults' remembrances of parental acceptance- rejection in childhood predict current rejection sensitivity in adulthood. *Family and Consumer Sciences Research Journal, 44* (1), 51-62.

James, W. (1884). What is an emotion? *Mind, 9* (34), 188-205.

Johnson, M. M. (1963). Sex role learning in the nuclear family. *Child Development, 34,* 315-333.

Kağıtçıbaşı, Ç. (2005). Autonomy and relatedness in cultural context: Implications for self and family. *Journal of Cross-Cultural Psychology, 36,* 403-422.

Kaplan, M. (1983). A woman's view of DSM-III. *American Psychologist,38* (7), 786-792.

Kendall, R. E. (2002). The distinction between personality disorder and mental illness. *British Journal of Psychiatry, 180,* 110–115.

Kenny, D. A., Kashy, D. A., & Cook, W. L. (2006). *Dyadic data analysis.* New York: Guilford Press.

Karancı, A. N., Abdel-Khalek, A. M., Glavak, R., Richter, J., Bridges, K. R., Dirik, G., . . . Arrindell, W. A. (2006). *Extending the cross-national invariance of the parental warmth and rejection dimensions: Evidence from Arab countries, Croatia, and Turkey by applying the short-EMBU*. Oral presentation in 1st International Congress of Interpersonal Acceptance and Rejection, Istanbul, Turkey.

Kross, E., Egner, T., Ochsner, K., Hirsch, J., & Downey, G. (2007). Neural dynamics of rejection sensitivity. *Journal of Cognitive Neuroscience, 19,* 945–956.

Lakey, B., & Orehek, E. (2011). Relational regulation theory: a new approach to explain the link between perceived social support and mental health. *Psychological Review, 118* (3), 482-495.

Larcom, M. J., Isaacowitz, D. M. (2009). Rapid emotion regulation after mood induction: Age and individual differences. *The Journal of Gerontology Series B: Psychological Sciences and Social Sciences, 64*, 6, 733-741.

Lazarus, R. S. (1966). *Psychological stress and the coping process*. New York: McGraw-Hill.

Lazarus, R.S. (1991). *Emotion and adaptation*. Oxford, UK: Oxford University Press

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal and coping*. New York, NY: Springer.

Lenzenweger, M. F., Lane, M. C., Loranger, A. W., & Kessler, R. C. (2007) DSM-IV personality disorders in the National Comorbidity Survey Replication. *Biological Psychiatry, 62* (6), 553-64.

Leung, G. S. M., Yeung, K. C., & Wong, D. F. K. (2010). Academic stressors and anxiety in children: The role of paternal support. *Journal of Child and Family Studies, 19*(1), 90-100.

Levy, S. R., Ayduk, O., & Downey, G. (2001). The role of rejection sensitivity in people's relationships with significant others and valued social groups. In M. L. Leary (Ed.), *Interpersonal rejection* (pp. 251-289). Oxford, UK: Oxford University Press.

Liebowitz, M. R. (1987) Social phobia. *Modern Problems of Pharmacopsychiatry, 22*, 141- 173.

Lilienfeld S. O., Van Valkenburg, C., Larntz, K., & Akiskal, H. S. (1986). The relationship of histrionic personality disorder to antisocial personality and somatization disorders. *The American Journal of Psychiatry, 143* (6), 718-722.

Links, P. S., & Munroe-Blum H. (1990) Family environment and borderline personality disorder: development of etiologic models. In P. S. Links (Ed.), *Family environment and borderline personality disorder* (pp. 1-24). Washington, DC: American Psychiatric Publication.

London, B., Downey, G., Bonica, C., & Paltin, I. (2007). Social causes and consequences of rejection sensitivity in adolescents. *Journal of Research in Adolescence, 17,* 481–506.

Lopes, P. N., Brackett, M. A., Nezlek, J. B., Schütz, A., Sellin, I., & Salovey, P. (2004). Emotional intelligence and social interaction. *Personality and Social Psychological Bulletin, 30*, 1018-1034.

Lopes, P. N., Salovey, P., Côte, S., & Beers, M. (2005). Emotion regulation abilities and the quality of social interaction. *Emotion, 5*, 113-118.

Luisada, P. V., Peele, R., & Pittard, E. A. (1974). The hysterical personality in men. *The American Journal of Psychiatry, 131* (5), 518-522.

Malatesta, C. Z., & Haviland, J. M. (1982). Learning display rules: The socialization of emotion expression in infancy. *Child Development, 53,* 991-1003.

Marcia, J. E. (1966). Development and validation of ego-identity status. *Journal of Personality and Social Psychology, 3,* 551– 558.

Marigold, D. C., Cavallo, J. V., Holmes, J. G., Wood, J. V. (2014). *Journal of Personality and Social Psychology, 107* (1), 58-80.

Marroquin, B. (2011). Interpersonal emotion regulation as a mechanism of social support in depression. *Clinical Psychology Review, 31,* 1276- 1290.

Marsiglio, W., Amato, P., Day, R. D., & Lamb, M. E. (2000). Scholarship on fatherhood in the 1990s and beyond. *Journal of Marriage and Family, 62*(4), 1173–1191.

Mascaro, J. S., Rentscher, K.E., Hackett, P. D., Mehl, M. R. & Rilling, J. K. (2017). Child gender influences paternal behavior, language, and brain function. *Behavioral Neuroscience, 131* (3), 262-273.

Martı´nez-I´n˜igo, D., Poerio, G. L., & Totterdell, P. (2013). The association between controlled interpersonal affect regulation and resource depletion. *Applied Psychology: Health and Well-Being, 5,* 248-269.

Masters, J. C. (1991). Strategies and mechanisms for the personal and social control of emotion. In J. Garber & K. A. Dodge (Eds.), *The development of emotion regulation and dysregulation* (pp. 182-207). Cambridge, England: Cambridge University Press.

Mesquita, B., & Albert, D. (2007). The cultural regulation of emotions. In J. J. Gross (Ed.), *Handbook of emotion regulation* (pp. 486-503). New York, NY: Guilford Press.

Meyer, B., Aichenbrenner, M., & Bowles, D. P. (2005). Sensory sensitivity, attachment experiences, and rejection responses among adults with borderline and avoidant features. *Journal of Personality Disorders, 19* (6), 641-658.

Mischel, W., Shoda, Y., & Rodriguez, M. L. (1989). Delay of gratification in children. *Science, 244*, 933- 938.

Mischel, W., & Shoda, Y. (1995). A cognitive-affective system theory of personality: Reconceptualizing situations, dispositions, dynamics, and invariance in personality structures. *Psychological Review, 102*, 246-268.

Muris, P., Meester, C., Morren, M., & Moorman, L. (2004). Anger and hostility in adolescents: Relationships with self-reported attachment style and perceived parental rearing styles. *Journal of Psychosomatic Research, 57*, 257-264.

Netzer, L., Van Kleed, G. A., & Tamir, M. (2015). Interpersonal instrumental emotion regulation. *Journal of Experimental Social Psychology, 58*, 124-135.

Ng, T. H., & Johnson, S. L. (2013). Rejection sensitivity is associated with quality of life, psychosocial outcome, and the course of depression in euthymic patients with bipolar I disorder. *Cognitive Therapy and Research, 37* (6), 1169-1178.

Niven, K. (2015). Why do people engage in interpersonal emotion regulation at work? *Organizational Psychology Review, 6* (4), 305-323.

Niven, K., Garcia, D., van der Löwe, I., Holman, D., & Mansell, W. (2015). Becoming popular: interpersonal emotion regulation predicts relationship formation in real life social networks. *Frontiers in Psychology, 29* (6), 1-11.

Niven, K., Holman, D., & Totterdell, P. (2012). How to win friendship and trust by influencing people: An investigation of interpersonal affect regulation and the quality of relationships. *Human Relations, 65*, 777–805.

Niven, K., Macdonald, I., Holman, D. (2012). You spin me right round: cross-relationship variability in interpersonal emotion regulation. *Frontiers in Psychology, 3*,1-11.

Niven, K., Totterdell, P., & Holman, D. (2009). A Classification of controlled interpersonal affect regulation strategies. *Emotion, 9* (4), 498-509.

Niven, K., Totterdell, P., Stride, C. B., & Holman, D (2011). Emotion regulation of others and self (EROS): the development and validation of a new individual difference measure. *Current Psychology, 30,* 53-73.

Nolen- Hoeksema, S. (2012). Emotion regulation and psychopathology: The role of gender. *Annual Review of Clinical Pscyhology, 8*,161-187.

Oldman, J. M., Skodol, A. E., & Bender, D. S. (2014). *Textbook of Personality Disorders*. USA: American Psychiatric Publishing.

Orgeta, V. (2009). Specificity of age differences in emotion regulation. *Age & Mental Health, 13* (6), 818-826.

Overbeek, G., ten Have, M., Vollebergh, W., & de Graaf, R. (2007). Parental lack of care and overprotection: Longitudinal associations with DSM-III-R disorders. *Social Psychiatry and Psychiatric Epidemiology, 42*, 87–93.

Özen, A., Sümer, N., & Demir, M. (2011). Predicting friendship quality with rejection sensitivity and attachment security. *Journal of Social and Personal Relationships, 28,* 163-181.

Özkan, T. & Lajunen, T. (2005). Maculinity, femininity, and the Bem Sex role Inventory in Turkey. *Sex Roles, 52(1/2),* 103-110.

Paquette, D. (2004). Theorizing the father-child relationship: Mechanisms and developmental outcomes. *Human Development, 47*, 193-219.

Paris, J. (1996). *Social factors in personality disorders. A biopsychosocial approach to etiology and treatment*. New York, NY: Cambridge University Press.

Parke, R. D., & Sawin, D. B. (1980). The family in early infancy: Social interactional and attitudinal analyses. In F. A. Pedersen (Ed.), *The father-infant relationship: Observational studies in a family context* (pp. 44-70). New York, NY: Praeger.

Parkinson, B., & Totterdell, P. (1999). Classifying affect regulation strategies. *Cognition and Emotion, 13,* 277–303.

Peters, J. R., Smart, L. M., & Baer, R. A. (2015). Dysfunctional responses to emotion mediate the cross-sectional relationship between rejection sensitivity and borderline personality features. *Journal of Personality Disorders, 29* (2), 231-240.

Perris, C., Jacobsson, L., Lindstrom, H., von Knorring, L., & Perris, H. (1980). Development of a new inventory for assessing memories of parental rearing behavior. *Acta Psychiatrica Scandinavica, 61,* 265-274.

Pietrzak, J., Downey, G., & Ayduk, O. Rejection sensitivity as an interpersonal vulnerability. In M. W. Baldwin (Ed.), *Interpersonal Cognition* (pp. 62-82). New York, NY: Guilford Publications.

Purdie, V., & Downey, G. (2000). Rejection sensitivity and adolescent girls' vulnerability to relationship-centered difficulties. *Child Maltreatment, 5* (4), 338-349.

Reich, D. B., & Zanarini, M. C. (2001). Developmental aspects of borderline personality disorder. *Harvard Review of Psychiatry, 9,* 294–301.

Reis, H. T. & Collins, W.A. (2004). Relationships, human behavior and psychological science. *Current Directions in psychological Science, 13* (6), 233-237.

Richter, J., Richter, G., Eisemann, M., Seering, B., & Bartsch, M. (1995). Depression, perceived parental rearing and self-acceptance. *European Psychiatry, 10,* 290-296.

Rime, B. (2009). Emotion elicits the social sharing of emotion: Theory and empirical review. *Emotion Review, 1,* 60-85.

Roelofs, J., Meesters, C., ter Huurne, M., Bamelis, L. & Muris, P. (2006). On the links between attachment styles, parental rearing behaviors, and internalizing and externalizing problems in non- clinical children. *Journal of Child and Family, 15* (3), 331-344.

Rohner, R. P. (1986). *The Warmth Dimension: Foundations of Parental Acceptance-Rejection Theory.* Beverly Hills, CA: Sage Publications, Inc.

Rohner , R. P. (1998). Father love and child development: History and current evidence. *Current directions in Psychological Science, 7* (5), 157-161.

Rohner, R. P., Khaleque A., & Cournoyer D. E. (2007, May 8). Introduction to parental acceptance-rejection theory, methods, evidence, and implications. Retrieved from http://csiar.uconn.edu/wpcontent/uploads/sites/494/2014/02/INTRODUCTION-TO-PARENTAL-ACCEPTANCE-3-27-12.pdf

Romero-Canyas, R., Downey, G., Berenson, K., Ayduk, O., & Kang, N. J. (2010). Rejection sensitivity and the rejection-hostility link in romantic relationships. *Journal of Personality,78*, 119–148.

Rosenbach, C. & Renneberg, B. (2014). Rejection sensitivity as a mediator of the relationship between experienced rejection and borderline characteristics. *Personality and Individual Differences, 69*, 176-181.

Rossetto, K. R., Manning, J., & Green, E. W. (2017). Perceptions of paternal support after transitioning to college: Interpretations based on the generative fathering framework. *Western Journal of Communication, 81* (4), 405-425.

Rottenberg, J., Gross, J. J., & Gotlib, I. H. (2005). Emotion context insensitivity in major depressive disorder. *Journal of Abnormal Psychology, 114*, 627−639.

Rugancı, R. N., & Gençöz, T. (2010). Psychometric properties of a Turkish version of the difficulties in emotion regulation scale. *Journal of Clinical Psychology, 66*(4), 442-455.

Salsman, N. L., Linehan, M. M. (2012). An investigation of the relationships among negative affect, difficulties in emotion regulation, and features of borderline personality disorder. *Journal of Psychopathology and Behavioral Assessment, 34* (2), 260-267.

Scaramella, L. V., & Leve, L. D. (2004). Clarifying parent-child reciprocities during early childhood: The early childhood coercion model. *Clinical Child and Family Psychology Review, 7,* 89–107.

Shapiro (1965). *Neurotic Styles*. USA: Basic Books.

Scharfe, E. & Bartholomew, K. (1994). Reliability and stability of adult attachment patterns. *Personal Relationships, 1* (1), 23-43.

Shea, M. T. (1997). Core battery conference: Assessment of change in personality disorders. In H. H. Strupp, L. M. Horowitz, & M. J. Lambert (Eds.), *Measuring patient changes in mood, anxiety, and personality disorders. Toward a core battery* (pp. 389 – 400). Washington, DC: American Psychological Association.

Sher, K.J. & Grekin, E.R. (2007). Alcohol and Affect Regulation. In Gross, J.J., Ed., *Handbook of Emotion Regulation* (pp. 560-580). Guilford Press, New York, 560-580.

Sherry, A., Lyddon, W. J., Henson, R. K. (2007). Adult attachment and developmental personality styles: an empirical study. *Journal of Counselling & Development, 85,* 337-348.

Shulman, S., & Seiffge-Krenke, I. (1997). *Fathers and adolescents: Developmental and clinical perspectives*. London: Routledge.

Siegel, M. (1987). Are sons and daughters treated more differently by fathers than by mothers? *Developmental Review, 7,* 183-209.

Soykan, Ç., Devrimci Özgüven, H. & Gençöz, T. (2003). Liebowitz social anxiety scale: The Turkish version. *Psychological Reports, 93,* 1059-1069.

Sprock, J., Blashfield, R. K. & Smith, B. (1990). Gender weightings of DSM-III-R personality disorder criteria. *American Journal of Psychiatry, 147,* 586–590.

Staebler, K., Helbing, E., Rosenbach, C., & Renneberg, B. (2011). Rejection sensitivity and borderline personality disorder. *Clinical Psychology and Psychotherapy, 18,* 275-283.

Starrels, M. (1994). Gender differences in parent-child relations. *Journal of Family Issues, 1* (15), 148-165.

Storch, E. A., Bravata, E. A., Storch, J. B., Johnson, J. H., Roth, D. A., & Roberti, J. W. (2003). Psychosocial adjustment in early adulthood: The role of childhood teasing and father support. *Child Study Journal, 33*(3), 153–163.

Southam-Gerow, M.A., & Kendall, P.C. (2002). Emotion regulation and understanding: Implications for child psychopathology and therapy. *Clinical Psychology Review, 22,* 189–222.

Sullivan, H. S. (1953). *The Interpersonal Theory of Psychiatry*. New York: NY,W. W. Norton and Company, Inc.

Sunar, D. (2002). Change and continuity in the Turkish middle class family. In E. Ozdalga & R. Liljestrom (Eds.), *Autonomy and dependence in family: Turkey and Sweden in critical perspective* (pp. 217-237). Istanbul: Swedish Research Institute.

Sümer, N., & Güngör D. (1999). Yetişkin bağlanma stilleri ölçeklerinin Türk örneklemi üzerinde psikometrik değerlendirmesi ve kültürlerarası bir karşılaştırma. *Türk Psikoloji Dergisi, 14,* 71-106.

Tamres, L. K., Janicki, D.,& Helgeson, V. S. (2002). Sex differences in coping behavior: A meta-analytic review and an examination of relative coping. *Personal and Social Psychology Review, 6* (1), 2–30.

Taymur, İ., Türkçapar, M. H., Örsel, S., Sargın, E., & Akkoyunlu S. (2011). Kişilik inanç ölçeği- Kısa formunun (KİÖ-KTF) Türkçe çevirisinin üniversite öğrencilerinde geçerlilik, güvenilirliği. *Klinik Psikiyatri, 14,* 199-209.

Thimm, J. C. (2010). Mediation of early maladaptive schemas between perceptions of parental rearing style and personality disorder symptoms. *Journal of Behavioral Therapy and Experimental Psychiatry, 41,* 52-59.

Thompson, R. A. (1994). Emotion regulation: a theme in search of definition. *Monographs of the Society for Research in Child Development, 59,* 2/3, 25-52.

Thompson, R. A. & Calkins, S. D. (1996). The double-edged sword: Emotional regulation for children at risk. *Development and Psychopathology, 8,* 163 182.

Timmerman, I. G. H., & Emmelkamp, P. M. G. (2005). Parental rearing styles and personality disorders in prisoners and forensic patients. *Clinical Psychology and Psychotherapy, 12*,191-200.

Türkçapar, M. H., Örsel, S., Uğurlu, M., Sargın, E., Turhan, M., Akkoyunlu, S.,. . . Karakaş, G. (2007). Kişilik inanç ölçeği Türkçe formunun geçerlik ve güvenirliği. *Klinik Psikiyatri Dergisi, 10,* 177-191.

Türküler- Aka, B., & Gençöz, T. (2014). Perceived Parenting Styles, Emotion Recognition and regulation in relation to psychological well being. *Procedia Social and Behavioral Sciences, 159,* 529-533.

Velotti, P., Garofalo, C., & Bizzi, F. (2015). Emotion dysregulation mediates the relation between mindfulness and rejection sensitivity. *Psychiatria Danubina, 27* (3), 259-272.

Velotti, P., Garofalo, C., Vari, C., & Zavattini, G. C. (2014). Does emotion dysregulation enhance rejection sensitivity? A pilot study with inmates. *European Psychiatry, 29,* 1.

Warner, R. (1978). The diagnosis of antisocial and hysterical personality disorders. *Journal of Nervous and Mental Disease, 166,* 839-845.

Watson, J., & Nesdale, D. (2012). Rejection sensitivity, social withdrawal, and loneliness in young adults. *Journal of Applied Social Psychology, 42*(8), 1984– 2005.

Watson, D., Clark, L. A., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: the panas scales. *Journal of Personality and Social Psychology, 54* (6), 1063-1070.

Webster, L., Low, J., Siller, C., & Hackett, K. (2013). Understanding the contribution of a father's warmth on his child's social skills. *Fathering, 11* (1), 90-113.

Wei, M., Heppner, P. P., Mallinckrodt, B. (2003). Perceived coping as a mediator between attachment and psychological distress: A stuctural equation modeling approach. *Jounal of Counseling Psychology, 50* (4), 438- 447.

Werner, K., & Gross, J. J. (2010). Emotion regulation and psychopathology: A conceptual framework. In A. M. Kring & D. M. Sloan (Eds.), *Emotion regulation and psychopathology: A transdiagnostic approach to etiology and treatment* (pp. 13–37). New York, NY: Guilford Press.

Williams , K. D. (2001). *Ostracism: The power of silence*. New York, NY: Guilford Press.

Yoshida, T., Taga, C., Matsumoto, Y., & Fukui, K. (2005). Paternal overprotection in obsessive-compulsive disorder and depression with obsessive traits. *Psychiatry and Clinical Neuroscience, 59,* 533–538.

Zaki, J. & Williams, W. C. (2013). Interpersonal emotion regulation. *Emotion, 13* (5), 803-810.

Zielinski, M. J., & Veilleux, J. C. (2014). Examining the relation between borderline personality features and social support: The mediating role of rejection sensitivity. *Personality and Individual Differences, 70*, 235-238.

Zimmer-Gembeck, M.J., & Vickers, C. (2007). Romantic experiences and depressive symptoms: Testing the intensifying roles of rejection sensitivity and relationship commitment. *Proceedings of the Combined 7th Annual APS PORIG Conference/IARR Mini-Conference*, 112-118. Melbourne, Australia: The Australian Psychological Society.

APPENDICES

APPENDIX A: INFORMED CONSENT FORM OF STUDY 1

Bu araştırma, ODTÜ Psikoloji Bölümü doktora öğrencilerinden Gizem Sarısoy tarafından Prof. Dr. Tülin Gençöz danışmanlığındaki doktora tezi kapsamında yürütülmektedir. Bu form sizi araştırma koşulları hakkında bilgilendirmek için hazırlanmıştır.

Çalışmanın Amacı Nedir?

Araştırmanın amacı Kişilerarası Duygu Düzenleme Ölçeğinin Türkçe'ye adapte edilmesi ve geçerlik ve güvenirliğinin incelenmesidir.

Bize Nasıl Yardımcı Olmanızı İsteyeceğiz?

Araştırmaya katılmayı kabul ederseniz, sizden beklenen, ankette yer alan bir dizi soruyu derecelendirme ölçeği üzerinde yanıtlamanızdır. Bu çalışmaya katılım yaklaşık olarak 30 dakika sürmektedir.

Sizden Topladığımız Bilgileri Nasıl Kullanacağız?

Araştırmaya katılımınız tamamen gönüllülük temelinde olmalıdır. Ankette, sizden kimlik veya kurum belirleyici hiçbir bilgi istenmemektedir. Cevaplarınız tamamıyla gizli tutulacak, sadece araştırmacılar tarafından değerlendirilecektir. Katılımcılardan elde edilecek bilgiler toplu halde değerlendirilecek ve bilimsel yayımlarda kullanılacaktır. Sağladığınız veriler gönüllü katılım formlarında toplanan kimlik bilgileri ile eşleştirilmeyecektir.

Katılımınızla ilgili bilmeniz gerekenler:

Anket, genel olarak kişisel rahatsızlık verecek sorular içermemektedir. Ancak, katılım sırasında sorulardan ya da herhangi başka bir nedenden ötürü kendinizi

rahatsız hissederseniz cevaplama işini yarıda bırakıp çıkmakta serbestsiniz. Böyle bir durumda anketi uygulayan kişiye, anketi tamamlamadığınızı söylemek yeterli olacaktır. Anket sonunda, bu çalışmayla ilgili sorularınız cevaplanacaktır.

Araştırmayla ilgili daha fazla bilgi almak isterseniz:

Bu çalışmaya katıldığınız için şimdiden teşekkür ederiz. Araştırma hakkında daha fazla bilgi almak için Psikoloji Bölümü öğretim üyelerinden Prof. Dr. Tülin Gençöz (E- posta: tgencoz@metu.edu.tr) ya da doktora öğrencisi Gizem Sarısoy (E-posta: sarisoygizem@gmail.com) ile iletişim kurabilirsiniz.

Yukarıdaki bilgileri okudum ve bu çalışmaya tamamen gönüllü olarak katılıyorum.

(Formu doldurup imzaladıktan sonra uygulayıcıya geri veriniz).

İsim Soyad Tarih İmza

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APPENDIX B: DEMOGRAPHIC FORM OF STUDY 1

1. Yaşınız: ……

2. Cinsiyetiniz : Kadın ( ) Erkek ( )

3. En son mezun olduğunuz okul?

Lise **( )**

Lisans ( )

Yüksek Lisans ( )

Doktora ( )

4. Eğitiminize devam ediyor musunuz?

Evet ( )

Hayır ( )

4.b. Eğitiminize devam ediyorsanız kayıtlı olduğunuz okul?

Lise **( )**

Lisans ( )

Yüksek Lisans ( )

Doktora ( )

5. Çalışıyor musunuz?

Evet ( ) Mesleğim .....

Hayır ( )

6. Hanenize giren toplam gelir miktarını nasıl tanımlarsınız?

Çok düşük ( )

Düşük ( )

Orta ( )

Yüksek ( )

Çok yüksek ( )

APPENDIX C: INTERPERSONAL EMOTION REGULATION QUESTIONNAIRE

Aşağıda bireylerin duygularını düzenlemek için diğer kişilerden nasıl faydalandıklarını belirten ifadeler listesi yer almaktadır. Lütfen her ifadeyi okuyunuz ve sizin için ne kadar uygun olduğunu ölçekteki 1'den (benim için hiç uygun değil) 5'e (benim için tamamen uygun) kadar olan sayılardan birini işaretleyerek belirtiniz. Lütfen bunu her bir ifade için yapınız. Doğru ya da yanlış cevap yoktur.

1----------2----------3----------4----------5
benim için hiç uygun değil biraz uygun orta derecede uygun oldukça uygun son derece uygun

1. Başkalarının duygularıyla nasıl başa çıktığını öğrenmek daha iyi hissetmemi sağlar.	1	2	3	4	5
2.Başkalarının olayların göründüğü kadar kötü olmadığını ifade etmesi, depresif duygu durumumla başa çıkmama yardım eder.	1	2	3	4	5
3. Neşemi paylaşmak için hevesli olduğumda diğer insanlarla birlikte olmak hoşuma gider.	1	2	3	4	5
4. Üzgün olduğumda etrafımda bana şefkat sunacak insanlar olsun isterim.	1	2	3	4	5
5. Endişeli olduğumda başka bir kişinin durumun nasıl idare edileceğine dair düşüncelerini duymak bana yardımcı olur.	1	2	3	4	5
6. Sevinçli olduğumda belirli kişilerle birlikte olmak bana iyi hissettirir.	1	2	3	4	5
7. Üzgün olduğumda etrafımdakilerin başka kişilerin daha kötü durumlarda olduğunu hatırlatması bana yardımcı olur.	1	2	3	4	5
8. Olumlu duygular hissettiğimde başka insanlarla birlikte olmayı severim çünkü bu olumlu hisleri arttırır.	1	2	3	4	5
9. Üzgün hissetmek genellikle bana sempati gösterebilecek kişileri etrafımda aramama sebep olur.	1	2	3	4	5
10. Üzgün olduğumda, başkalarının bana durumun çok daha kötü olabileceğini fark ettirmesi daha iyi hissettirir.	1	2	3	4	5
11. Hayal kırıklığına uğradığımda aynı durumu başkalarının	1	2	3	4	5

nasıl idare ettiğini görmek bana yardımcı olur.

12. Üzgün hissettiğimde rahatlamak için çevremde başkalarına ihtiyaç duyarım.	1	2	3	4	5
13. Mutluluk bulaşıcı olduğu için, mutlu olduğumda etrafımda başkalarını ararım.	1	2	3	4	5
14. Sinirim bozulduğunda etrafımdakiler endişelenmememi söyleyerek beni sakinleştirebilirler.	1	2	3	4	5
15. Üzgün olduğumda, başkalarının benzer duygularla nasıl başa çıktığını duymak bana yardımcı olur.	1	2	3	4	5
16. Depresif hissettiğimde, sadece sevildiğimi görebilmek için etrafımda diğer insanlara ihtiyaç duyarım.	1	2	3	4	5
17. Kaygılı olduğumda, başkalarının bana endişelenmememi söylemesi beni sakinleştirir.	1	2	3	4	5
18. Sevinçli hissettiğimde, başkalarını da mutlu etmek için onlara yönelirim.	1	2	3	4	5
19. Üzgün hissettiğinde, başkalarından teselli beklerim.	1	2	3	4	5
20. Üzgünken, başkaları benim durumumda olsa ne yapardı bilmek isterim.	1	2	3	4	5

APPENDIX D: DIFFICULTIES IN EMOTION REGULATION SCALE

Aşağıda insanların duygularını kontrol etmekte kullandıkları bazı yöntemler verilmiştir. Lütfen her durumu dikkatlice okuyunuz ve her birinin sizin için ne kadar doğru olduğunu içtenlikle değerlendiriniz. Değerlendirmenizi uygun cevap önündeki yuvarlak üzerine çarpı (X) koyarak işaretleyiniz.

1. Ne hissettiğim konusunda netimdir.				
○ Neredeyse hiçbir zaman	○ Bazen	○ Yaklaşık yarı yarıya	○ Çoğu zaman	○ Her zaman

2. Ne hissettiğimi dikkate alırım.				
○ Neredeyse hiçbir zaman	○ Bazen	○ Yaklaşık yarı yarıya	○ Çoğu zaman	○ Her zaman

3. Duygularım bana dayanılmaz ve kontrolsüz gelir.				
○ Neredeyse hiçbir zaman	○ Bazen	○ Yaklaşık yarı yarıya	○ Çoğu zaman	○ Her zaman

4. Ne hissettiğim konusunda net bir fikrim vardır.				
○ Neredeyse hiçbir zaman	○ Bazen	○ Yaklaşık yarı yarıya	○ Çoğu zaman	○ Her zaman

5. Duygularıma bir anlam vermekte zorlanırım.				
○ Neredeyse hiçbir zaman	○ Bazen	○ Yaklaşık yarı yarıya	○ Çoğu zaman	○ Her zaman

6. Ne hissettiğime dikkat ederim.

○ Neredeyse hiçbir zaman ○ Bazen ○ Yaklaşık yarı yarıya ○ Çoğu zaman ○ Her zaman

7. Ne hissettiğimi tam olarak bilirim.

○ Neredeyse hiçbir zaman ○ Bazen ○ Yaklaşık yarı yarıya ○ Çoğu zaman ○ Her zaman

8. Ne hissettiğimi önemserim.

○ Neredeyse hiçbir zaman ○ Bazen ○ Yaklaşık yarı yarıya ○ Çoğu zaman ○ Her zaman

9. Ne hissettiğim konusunda karmaşa yaşarım.

○ Neredeyse hiçbir zaman ○ Bazen ○ Yaklaşık yarı yarıya ○ Çoğu zaman ○ Her zaman

10. Kendimi kötü hissettiğimde, bu duygularımı kabul ederim.

○ Neredeyse hiçbir zaman ○ Bazen ○ Yaklaşık yarı yarıya ○ Çoğu zaman ○ Her zaman

11. Kendimi kötü hissettiğimde, böyle hissettiğim için kendime kızarım.

○ Neredeyse hiçbir zaman ○ Bazen ○ Yaklaşık yarı yarıya ○ Çoğu zaman ○ Her zaman

12. Kendimi kötü hissettiğimde, böyle hissettiğim için utanırım.

○ Neredeyse hiçbir zaman ○ Bazen ○ Yaklaşık yarı yarıya ○ Çoğu zaman ○ Her zaman

13. Kendimi kötü hissettiğimde, işlerimi yapmakta zorlanırım.

○ Neredeyse hiçbir zaman ○ Bazen ○ Yaklaşık yarı yarıya ○ Çoğu zaman ○ Her zaman

14. Kendimi kötü hissettiğimde, kontrolümü kaybederim.

○ Neredeyse hiçbir zaman ○ Bazen ○ Yaklaşık yarı yarıya ○ Çoğu zaman ○ Her zaman

15. Kendimi kötü hissettiğimde, uzun süre böyle kalacağıma inanırım.

○ Neredeyse hiçbir zaman ○ Bazen ○ Yaklaşık yarı yarıya ○ Çoğu zaman ○ Her zaman

16. Kendimi kötü hissettiğimde, sonuç olarak yoğun depresif duygular içinde olacağıma inanırım.

○ Neredeyse hiçbir zaman ○ Bazen ○ Yaklaşık yarı yarıya ○ Çoğu zaman ○ Her zaman

17. Kendimi kötü hissettiğimde, duygularımın yerinde ve önemli olduğuna inanırım.

○ Neredeyse hiçbir zaman ○ Bazen ○ Yaklaşık yarı yarıya ○ Çoğu zaman ○ Her zaman

18. Kendimi kötü hissettiğimde, başka şeylere odaklanmakta zorlanırım.

○ Neredeyse hiçbir zaman ○ Bazen ○ Yaklaşık yarı yarıya ○ Çoğu zaman ○ Her zaman

19. Kendimi kötü hissettiğimde, kendimi kontrolden çıkmış hissederim.

○ Neredeyse hiçbir zaman ○ Bazen ○ Yaklaşık yarı yarıya ○ Çoğu zaman ○ Her zaman

20. Kendimi kötü hissettiğimde, halen işlerimi sürdürebilirim.

○ Neredeyse hiçbir zaman ○ Bazen ○ Yaklaşık yarı yarıya ○ Çoğu zaman ○ Her zaman

21. Kendimi kötü hissettiğimde, bu duygumdan dolayı kendimden utanırım.

○ Neredeyse hiçbir zaman ○ Bazen ○ Yaklaşık yarı yarıya ○ Çoğu zaman ○ Her zaman

22. Kendimi kötü hissettiğimde, eninde sonunda kendimi daha iyi hissetmenin bir yolunu bulacağımı bilirim.

○ Neredeyse hiçbir zaman ○ Bazen ○ Yaklaşık yarı yarıya ○ Çoğu zaman ○ Her zaman

23. Kendimi kötü hissettiğimde, zayıf biri olduğum duygusuna kapılırım.

○ Neredeyse hiçbir zaman ○ Bazen ○ Yaklaşık yarı yarıya ○ Çoğu zaman ○ Her zaman

24. Kendimi kötü hissettiğimde, davranışlarımı kontrol altında tutabileceğimi hissederim.

○ Neredeyse hiçbir zaman ○ Bazen ○ Yaklaşık yarı yarıya ○ Çoğu zaman ○ Her zaman

25. Kendimi kötü hissettiğimde, böyle hissettiğim için suçluluk duyarım.

○ Neredeyse hiçbir zaman ○ Bazen ○ Yaklaşık yarı yarıya ○ Çoğu zaman ○ Her zaman

26. Kendimi kötü hissettiğimde, konsantre olmakta zorlanırım.

○ Neredeyse hiçbir zaman ○ Bazen ○ Yaklaşık yarı yarıya ○ Çoğu zaman ○ Her zaman

27. Kendimi kötü hissettiğimde, davranışlarımı kontrol etmekte zorlanırım.

○ Neredeyse hiçbir zaman ○ Bazen ○ Yaklaşık yarı yarıya ○ Çoğu zaman ○ Her zaman

28. Kendimi kötü hissettiğimde, daha iyi hissetmem için yapacağım hiç bir şey olmadığına inanırım.

○ Neredeyse hiçbir zaman ○ Bazen ○ Yaklaşık yarı yarıya ○ Çoğu zaman ○ Her zaman

29. Kendimi kötü hissettiğimde, böyle hissettiğim için kendimden rahatsız olurum.

○ Neredeyse hiçbir zaman ○ Bazen ○ Yaklaşık yarı yarıya ○ Çoğu zaman ○ Her zaman

30. Kendimi kötü hissettiğimde, kendim için çok fazla endişelenmeye başlarım.

○ Neredeyse hiçbir zaman ○ Bazen ○ Yaklaşık yarı yarıya ○ Çoğu zaman ○ Her zaman

31. Kendimi kötü hissettiğimde, kendimi bu duyguya bırakmaktan başka yapabileceğim birşey olmadığına inanırım.

○ Neredeyse hiçbir zaman ○ Bazen ○ Yaklaşık yarı yarıya ○ Çoğu zaman ○ Her zaman

32. Kendimi kötü hissettiğimde, davranışlarım üzerindeki kontrolümü kaybederim.

○ Neredeyse hiçbir zaman ○ Bazen ○ Yaklaşık yarı yarıya ○ Çoğu zaman ○ Her zaman

33. Kendimi kötü hissettiğimde, başka bir şey düşünmekte zorlanırım.

○ Neredeyse hiçbir zaman ○ Bazen ○ Yaklaşık yarı yarıya ○ Çoğu zaman ○ Her zaman

34. Kendimi kötü hissettiğimde, duygumun gerçekte ne olduğunu anlamak için zaman ayırırım.

○ Neredeyse hiçbir zaman ○ Bazen ○ Yaklaşık yarı yarıya ○ Çoğu zaman ○ Her zaman

35. Kendimi kötü hissettiğimde, kendimi daha iyi hissetmem uzun zaman alır.

○ Neredeyse hiçbir zaman ○ Bazen ○ Yaklaşık yarı yarıya ○ Çoğu zaman ○ Her zaman

36. Kendimi kötü hissettiğimde, duygularım dayanılmaz olur.

○ Neredeyse hiçbir zaman ○ Bazen ○ Yaklaşık yarı yarıya ○ Çoğu zaman ○ Her zaman

APPENDIX E: POSITIVE AND NEGATIVE AFFECT SCALE

Bu ölçek farklı duyguları tanımlayan birtakım sözcükler içermektedir. Geçtiğimiz hafta nasıl hissettiğinizi düşünüp her maddeyi okuyun. Uygun cevabı her maddenin yanına ayrılan yere puanları daire içine alarak işaretleyin. Cevaplarınızı verirken aşağıdaki puanları kullanın.

1. **Çok az veya hiç**
2. **Biraz**
3. **Ortalama**
4. **Oldukça**
5. **Çok fazla**

1) ilgili	1……	2…….	3…….	4…….	5…….
2) sıkıntılı	1……	2……	3…….	4…….	5…….
3) heyecanlı	1……	2……	3…….	4…….	5…….
4) mutsuz	1……	2……	3…….	4…….	5…….
5) güçlü	1……	2……	3…….	4…….	5…….
6) suçlu	1……	2……	3…….	4…….	5…….
7) ürkmüş	1……	2……	3…….	4…….	5…….
8) düşmanca	1……	2……	3…….	4…….	5…….
9) hevesli	1……	2……	3…….	4…….	5…….
10) gururlu	1……	2……	3…….	4…….	5…….
11) asabi	1……	2……	3…….	4…….	5…….
12) uyanık (dikkati açık)	1…….	2……	3…….	4…….	5…….
13) utanmış	1……	2……	3…….	4…….	5…….
14) ilhamlı (yaratıcı düşüncelerle dolu)	1……	2……	3…….	4…….	5…….
15) sinirli	1…...	2……	3…….	4…….	5…….
16) kararlı	1…….	2……	3…….	4…….	5…….
17) dikkatli	1……	2……	3…….	4…….	5…….
18) tedirgin	1…...	2……	3…….	4…….	5…….
19) aktif	1……	2…….	3…….	4…….	5…….
20) korkmuş	1…….	2…….	3…….	4…….	5…….

APPENDIX F: RELATIONSHIP SCALES QUESTIONNAIRE

Aşağıda yakın duygusal ilişkilerinizde kendinizi nasıl hissettiğinize ilişkin çeşitli ifadeler yer almaktadır. Yakın duygusal ilişkilerden kastedilen arkadaşlık, dostluk, romantik ilişkiler ve benzerleridir. Lütfen her bir ifadeyi bu tür ilişkilerinizi düşünerek okuyun ve her bir ifadenin sizi ne ölçüde tanımladığını aşağıdaki 7 aralıklı ölçek üzerinde değerlendiriniz.

1----------2----------3----------4----------5----------6----------7
Beni hiç tanımlamıyor — Beni kısmen tanımlıyor — Tamamıyla beni tanımlıyor

1. Başkalarına kolaylıkla güvenememem.	1	2	3	4	5	6	7
2. Kendimi bağımsız hissetmem benim için çok önemli.	1	2	3	4	5	6	7
3. Başkalarıyla kolaylıkla duygusal yakınlık kurarım.	1	2	3	4	5	6	7
4. Bir başka kişiyle tam anlamıyla kaynaşıp bütünleşmek isterim.	1	2	3	4	5	6	7
5. Başkalarıyla çok yakınlaşırsam incitileceğimden korkuyorum.	1	2	3	4	5	6	7
6. Başkalarıyla yakın duygusal ilişkilerim olmadığı sürece oldukça rahatım.	1	2	3	4	5	6	7
7. İhtiyacım olduğunda yardıma koşacakları konusunda başkalarına her zaman güvenebileceğimden emin değilim.	1	2	3	4	5	6	7
8. Başkalarıyla tam anlamıyla duygusal yakınlık kurmak istiyorum.	1	2	3	4	5	6	7
9. Yalnız kalmaktan korkarım.	1	2	3	4	5	6	7
10. Başkalarına rahatlıkla güvenip bağlanabilirim.	1	2	3	4	5	6	7
11. Çoğu zaman, romantik ilişkide olduğum insanların beni gerçekten sevmediği konusunda endişelenirim.	1	2	3	4	5	6	7
12. Başkalarına tamamıyla güvenmekte zorlanırım.	1	2	3	4	5	6	7
13. Başkalarının bana çok yakınlaşması beni endişelendirir.	1	2	3	4	5	6	7
14. Duygusal yönden yakın ilişkilerim olsun isterim.	1	2	3	4	5	6	7
15. Başkalarının bana dayanıp bel bağlaması konusunda oldukça rahatımdır.	1	2	3	4	5	6	7
16. Başkalarının bana, benim onlara verdiğim kadar değer vermediğinden kaygılanırım.	1	2	3	4	5	6	7

17. İhtiyacınız olduğunda hiç kimseyi yanınızda bulamazsınız.	1	2	3	4	5	6	7
18. Başkalarıyla tam olarak kaynaşıp bütünleşme arzum bazen onları ürkütüp benden uzaklaştırıyor.	1	2	3	4	5	6	7
19. Kendi kendime yettiğimi hissetmem benim için çok önemli.	1	2	3	4	5	6	7
20. Birisi bana çok fazla yakınlaştığında rahatsızlık duyarım.	1	2	3	4	5	6	7
21. Romantik ilişkide olduğum insanların benimle kalmak istemeyeceklerinden korkarım.	1	2	3	4	5	6	7
22. Başkalarının bana bağlanmamalarını tercih ederim.	1	2	3	4	5	6	7
23. Terk edilmekten korkarım.	1	2	3	4	5	6	7
24. Başkalarıyla yakın olmak beni rahatsız eder.	1	2	3	4	5	6	7
25. Başkalarının bana, benim istediğim kadar yakınlaşmakta gönülsüz olduklarını düşünüyorum.	1	2	3	4	5	6	7
26. Başkalarına bağlanmamayı tercih ederim.	1	2	3	4	5	6	7
27. İhtiyacım olduğunda insanları yanımda bulacağımı biliyorum.	1	2	3	4	5	6	7
28. Başkaları beni kabul etmeyecek diye korkarım.	1	2	3	4	5	6	7
29. Romantik ilişkide olduğum insanlar, genellikle onlarla, benim kendimi rahat hissettiğimden daha yakın olmamı isterler.	1	2	3	4	5	6	7
30. Başkalarıyla yakınlaşmayı nispeten kolay bulurum.	1	2	3	4	5	6	7

APPENDIX G: LIEBOWITZ SOCIAL ANXIETY SCALE

Uyarılar: Tüm seçeneklere geçen haftayı düşünerek-bugün de dahil olacak şekilde puan veriniz. Eğer durumlardan biri geçen hafta içerisinde oluşmadıysa, bu durumla karşılaştığınızda göstereceğiniz tepkiyi puanlayınız. Her bir durum için (yaşanmış olan ya da yaşanmış olduğu varsayılan) hem "korku ya da anksiyete"nin derecesini hem de "kaçınma" sıklığını puanlayınız.		
	Korku ya da anksiyete 1=yok 2=hafif 3=orta 4=şiddetli	**Kaçınma** 1=asla (% 0) 2=ara sıra (% 1-33) 3=sıkça (% 34-67) 4=genellikle (% 68-100)
1. Topluluk içerisinde telefon etmek		
2. Küçük bir grupla beraber bir aktiviteye katılmak		
3. Toplulukta yemek yemek		
4. Toplulukta içecek içmek		
5. Yönetici konumundaki biri ile konuşmak		
6. Seyirci önünde rol yapmak, oynamak ya da konuşmak		
7. Bir partiye / davete gitmek		
8. Biri ya da birileri tarafından izlenirken çalışmak		
9. Biri ya da birileri tarafından izlenirken yazı yazmak		
10. Çok iyi tanımadığınız birine telefon etmek		
11. Çok iyi tanımadığınız biri ile yüz yüze konuşmak		
12. Yabancılarla tanışmak		
13. Genel bir tuvalette idrar		

yapmak		
14. Başkalarının oturuyor olduğu bir odaya girmek		
15. İlgi merkezi olmak		
16. Ön hazırlık olmadan bir toplumda konuşmak		
17. Beceri, bilgi ya da yetenek ile ilgili bir sınava girmek		
18. Çok iyi tanımadığınız birine karşı görüş bildirmek ya da onunla aynı fikirde olmadıgınızı soylemek		
19. Çok iyi tanımadığınız birinin doğrudan gözlerinin içine bakmak		
20. Bir gruba sözlü rapor vermek		
21. Cinsel ya da romantik bir ilişki amacıyla biriyle yakınlaşmaya çalışmak		
22- Bir malı parası iade edilmek üzere geri götürmek		
23. Bir parti / davet vermek		
24. Israrcı bir satıcıyı reddetmek		

APPENDIX H: INTERPERSONAL PROBLEMS CIRCUMPLEX SCALE

İnsanlar başkalarıyla ilişkilerinde aşağıda belirtilen problemleri yaşadıklarını ifade etmektedirler. Lütfen aşağıdaki ifadeleri okuyun ve her maddeyi hayatınızdaki **HERHANGİ BİR ÖNEMLİ KİŞİ**YLE (aile bireyleri, dostlar, iş arkadaşları gibi) İLİŞKİNİZDE sizin için problem olup olmadığına göre değerlendirin. Problemin SİZİN İÇİN NE KADAR RAHATSIZ EDİCİ OLDUĞUNU numaralandırılmış daireleri yuvarlak içine alarak belirtiniz.

Aşağıdaki ifadeler başkalarıyla ilişkilerinizde yapmakta ZORLANDIĞINIZ şeylerdir. Benim için,	**Hiç değil**	**Biraz**	**Orta derecede**	**Oldukça**	**Fazlasıyla**
1. Başkalarına "hayır" demek zordur.	1	2	3	4	5
2. Gruplara katılmak zordur.	1	2	3	4	5
3. Birşeyleri kendime saklamak zordur.	1	2	3	4	5
4. Birine beni rahatsız etmemesini söylemek zordur.	1	2	3	4	5
5. Kendimi yeni insanlara tanıtmak zordur.	1	2	3	4	5
6. İnsanları ortaya çıkan problemlerle yüzleştirmek zordur.	1	2	3	4	5
7. Başkalarına kendimi rahatlıkla ifade etmek zordur.	1	2	3	4	5
8. Başkalarına kızgınlığımı belli etmek zordur.	1	2	3	4	5
9. Başkalarıyla sosyalleşmek zordur.	1	2	3	4	5
10. İnsanlara sıcaklık/ şevkat göstermek zordur.	1	2	3	4	5
11. İnsanlarla anlaşmak/ geçinmek zordur.	1	2	3	4	5
12. Başkalarıyla ilişkimde, gerektiğinde kararlı durabilmek zordur.	1	2	3	4	5
13. Başka birisi için sevgi/ aşk hissetmek zordur.	1	2	3	4	5
14. Başka birinin hayatındaki amaçları için destekleyici olmak zordur.	1	2	3	4	5
15. Başkalarına yakın hissetmek zordur.	1	2	3	4	5
16. Başkalarının problemlerini gerçekten umursamak zordur.	1	2	3	4	5
17. Başkalarının ihtiyaçlarını kendi ihtiyaçlarımdan öne koymak zordur.	1	2	3	4	5
18. Başka birinin mutluluğundan memnun olmak zordur.	1	2	3	4	5
19. Başkalarından benimle sosyal amaçla bir araya gelmesini istemek zordur.	1	2	3	4	5
20. Başkalarının duygularını incitmekten endişe etmeksizin kendimi rahatlıkla ifade etmek zordur.	1	2	3	4	5

Aşağıdaki ifadeler ÇOK FAZLA yaptığınız şeylerdir.	**Hiç değil**	**Biraz**	**Orta derecede**	**Oldukça**	**Fazlasıyla**
21. İnsanlara fazlasıyla açılırım/ içimi dökerim.	1	2	3	4	5
22. Başkalarına karşı fazlasıyla agresifim/ saldırganım.	1	2	3	4	5
23. Başkalarını memnun etmek için fazlasıyla uğraşırım.	1	2	3	4	5
24. Fark edilmeyi fazlasıyla isterim.	1	2	3	4	5
25. Başkalarını kontrol etmek için fazlasıyla uğraşırım.	1	2	3	4	5
26. Sıklıkla (fazlasıyla) başkalarının ihtiyaçlarını kendi ihtiyaçlarımın önüne koyarım.	1	2	3	4	5
27. Başkalarına karşı fazlasıyla cömertim.	1	2	3	4	5
28. Kendi istediğimi elde edebilmek için başkalarını fazlasıyla yönlendiririm.	1	2	3	4	5
29. Başkalarına kişisel bilgilerimi fazla anlatırım.	1	2	3	4	5
30. Başkalarıyla fazlasıyla tartışırım.	1	2	3	4	5
31. Sıklıkla (fazlasıyla) başkalarının benden faydalanmasına izin veririm.	1	2	3	4	5
32. Başkalarının ızdırapından/ mağduriyetinden fazlasıyla etkilenirim.	1	2	3	4	5

APPENDIX I: INFORMED CONSENT FORM OF MAIN STUDY

Bu araştırma, ODTÜ Psikoloji Bölümü doktora öğrencilerinden Gizem Sarısoy tarafından Prof. Dr. Tülin Gençöz danışmanlığındaki doktora tezi kapsamında yürütülmektedir. Bu form sizi araştırma koşulları hakkında bilgilendirmek için hazırlanmıştır.

Çalışmanın Amacı Nedir?

Araştırmanın amacı kişilik bozukluklarında erken dönem çocukluk yaşantıları, reddedilme duyarlılığı, ve duygu düzenleme mekanizmalarının rolünü araştırmaktır.

Bize Nasıl Yardımcı Olmanızı İsteyeceğiz?

Araştırmaya katılmayı kabul ederseniz, sizden beklenen, ankette yer alan bir dizi soruyu derecelendirme ölçeği üzerinde yanıtlamanızdır. Bu çalışmaya katılım yaklaşık olarak 30 dakika sürmektedir.

Sizden Topladığımız Bilgileri Nasıl Kullanacağız?

Araştırmaya katılımınız tamamen gönüllülük temelinde olmalıdır. Ankette, sizden kimlik veya kurum belirleyici hiçbir bilgi istenmemektedir. Cevaplarınız tamamıyla gizli tutulacak, sadece araştırmacılar tarafından değerlendirilecektir. Katılımcılardan elde edilecek bilgiler toplu halde değerlendirilecek ve bilimsel yayımlarda kullanılacaktır. Sağladığınız veriler gönüllü katılım formlarında toplanan kimlik bilgileri ile eşleştirilmeyecektir.

Katılımınızla ilgili bilmeniz gerekenler:

Anket, genel olarak kişisel rahatsızlık verecek sorular içermemektedir. Ancak, katılım sırasında sorulardan ya da herhangi başka bir nedenden ötürü kendinizi rahatsız hissederseniz cevaplama işini yarıda bırakıp çıkmakta serbestsiniz. Böyle bir durumda anketi uygulayan kişiye, anketi tamamlamadığınızı söylemek yeterli olacaktır. Anket sonunda, bu çalışmayla ilgili sorularınız cevaplanacaktır.

Araştırmayla ilgili daha fazla bilgi almak isterseniz:

Bu çalışmaya katıldığınız için şimdiden teşekkür ederiz. Araştırma hakkında daha fazla bilgi almak için Psikoloji Bölümü öğretim üyelerinden Prof. Dr. Tülin Gençöz (E- posta: tgencoz@metu.edu.tr) ya da doktora öğrencisi Gizem Sarısoy (E-posta: sarisoygizem@gmail.com) ile iletişim kurabilirsiniz.

Yukarıdaki bilgileri okudum ve bu çalışmaya tamamen gönüllü olarak katılıyorum.

(Formu doldurup imzaladıktan sonra uygulayıcıya geri veriniz).

İsim Soyad Tarih İmza

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APPENDIX J: DEMOGRAPHIC FORM OF MAIN STUDY

1. Yaşınız: ……

2. Cinsiyetiniz : Kadın ( ) Erkek ( )

3. En son mezun olduğunuz okul?

Lise ( )

Lisans ( )

Yüksek Lisans ( )

Doktora ( )

4. a) Eğitiminize devam ediyor musunuz?

Evet ( )

Hayır ( )

4.b. Eğitiminize devam ediyorsanız kayıtlı olduğunuz okul?

Lise ( )

Lisans ( )

Yüksek Lisans ( )

Doktora ( )

5. Çalışıyor musunuz?

Evet ( ) Mesleğim .....

Hayır ( )

6. Hanenize giren toplam gelir miktarını nasıl tanımlarsınız?

Çok düşük ( )

Düşük ( )

Orta ( )

Yüksek ( )

Çok yüksek ( )

APPENDIX K: EGNA MINNEN BETRAFFANDE UPPFOSTRAN- MY MEMORIES OF UPBRINGING (S-EMBU)

Aşağıda çocukluğunuz ile ilgili bazı ifadeler yer almaktadır. Anketi doldurmadan önce aşağıdaki yönergeyi lütfen dikkatle okuyunuz:

1. Anketi doldururken, anne ve babanızın size karşı olan davranışlarını nasıl algıladığınızı hatırlamaya çalışmanız gerekmektedir. Anne ve babanızın çocukken size karşı davranışlarını tam olarak hatırlamak bazen zor olsa da, her birimizin çocukluğumuzda anne ve babamızın kullandıkları prensiplere ilişkin bazı anılarımız vardır.

2. Her bir soru için anne ve babanızın size karşı davranışlarına uygun seçeneği yuvarlak içine alın. Her soruyu dikkatlice okuyun ve muhtemel cevaplardan hangisinin sizin için uygun cevap olduğuna karar verin. Soruları anne ve babanız için ayrı ayrı cevaplayın.

1. Anne ve babam, nedenini söylemeden bana kızarlardı ya da ters davranırlardı.

	Hiç bir zaman	Arada sırada	Sık sık	Her zaman
Anne	1	2	3	4
Baba	1	2	3	4

2. Anne ve babam beni överlerdi.

	Hiç bir zaman	Arada sırada	Sık sık	Her zaman
Anne	1	2	3	4
Baba	1	2	3	4

3. Anne ve babamın yaptıklarım konusunda daha az endişeli olmasını isterdim.

	Hiç bir zaman	Arada sırada	Sık sık	Her zaman
Anne	1	2	3	4
Baba	1	2	3	4

4. Anne ve babam bana hak ettiğimden daha çok fiziksel ceza verirlerdi.

	Hiç bir zaman	Arada sırada	Sık sık	Her zaman
Anne	1	2	3	4
Baba	1	2	3	4

5. Eve geldiğimde, anne ve babama ne yaptığımın hesabını vermek zorundaydım.

	Hiç bir zaman	Arada sırada	Sık sık	Her zaman
Anne	1	2	3	4
Baba	1	2	3	4

6. Anne ve babam ergenliğimin uyarıcı, ilginç ve eğitici olması için çalışırlardı.

	Hiç bir zaman	Arada sırada	Sık sık	Her zaman
Anne	1	2	3	4
Baba	1	2	3	4

7. Anne ve babam, beni başkalarının önünde eleştirirlerdi.

	Hiç bir zaman	Arada sırada	Sık sık	Her zaman
Anne	1	2	3	4
Baba	1	2	3	4

8. Anne ve babam, bana birşey olur korkusuyla başka çocukların yapmasına izin verilen şeyleri yapmamı yasaklarlardı.

	Hiç bir zaman	Arada sırada	Sık sık	Her zaman
Anne	1	2	3	4
Baba	1	2	3	4

9. Anne ve babam, herşeyde en iyi olmam için beni teşvik ederlerdi.

	Hiç bir zaman	Arada sırada	Sık sık	Her zaman
Anne	1	2	3	4
Baba	1	2	3	4

10. Anne ve babam davranışları ile, örneğin üzgün görünerek, onlara kötü davrandığım için kendimi suçlu hissetmeme neden olurlardı.

	Hiç bir zaman	Arada sırada	Sık sık	Her zaman
Anne	1	2	3	4
Baba	1	2	3	4

11. Anne ve babamın bana birşey olacağına ilişkin endişeleri abartılıydı.

	Hiç bir zaman	Arada sırada	Sık sık	Her zaman
Anne	1	2	3	4
Baba	1	2	3	4

12. Benim için birşeyler kötü gittiğinde, anne ve babamın beni rahatlatmaya ve yüreklendirmeye çalıştığını hissettim.

	Hiç bir zaman	Arada sırada	Sık sık	Her zaman
Anne	1	2	3	4
Baba	1	2	3	4

13. Bana ailenin “yüz karası” ya da “günah keçisi” gibi davranılırdı.

	Hiç bir zaman	Arada sırada	Sık sık	Her zaman
Anne	1	2	3	4
Baba	1	2	3	4

14. Anne ve babam, sözleri ve hareketleriyle beni sevdiklerini gösterirlerdi.

	Hiç bir zaman	Arada sırada	Sık sık	Her zaman
Anne	1	2	3	4
Baba	1	2	3	4

15. Anne ve babamın, erkek ya da kız kardeşimi(lerimi) beni sevdiklerinden daha çok sevdiklerini hissederdim.

	Hiç bir zaman	Arada sırada	Sık sık	Her zaman
Anne	1	2	3	4
Baba	1	2	3	4

16. Anne ve babam, kendimden utanmama neden olurlardı.

	Hiç bir zaman	Arada sırada	Sık sık	Her zaman
Anne	1	2	3	4
Baba	1	2	3	4

17. Anne ve babam, pek fazla umursamadan, istediğim yere gitmeme izin verirlerdi.

	Hiç bir zaman	Arada sırada	Sık sık	Her zaman
Anne	1	2	3	4
Baba	1	2	3	4

18. Anne ve babamın, yaptığım herşeye karıştıklarını hissederdim.

	Hiç bir zaman	Arada sırada	Sık sık	Her zaman
Anne	1	2	3	4
Baba	1	2	3	4

19. Anne ve babamla, aramda sıcaklık ve sevecenlik olduğunu hissederdim.

	Hiç bir zaman	Arada sırada	Sık sık	Her zaman
Anne	1	2	3	4
Baba	1	2	3	4

20. Anne ve babam, yapabileceklerim ve yapamayacaklarımla ilgili kesin sınırlar koyar ve bunlara titizlikle uyarlardı.

	Hiç bir zaman	Arada sırada	Sık sık	Her zaman
Anne	1	2	3	4
Baba	1	2	3	4

21. Anne ve babam, küçük kabahatlarım için bile beni cezalandırırlardı.

	Hiç bir zaman	Arada sırada	Sık sık	Her zaman
Anne	1	2	3	4
Baba	1	2	3	4

22. Anne ve babam, nasıl giyinmem ve görünmem gerektiği konusunda karar vermek isterlerdi.

	Hiç bir zaman	Arada sırada	Sık sık	Her zaman
Anne	1	2	3	4
Baba	1	2	3	4

23. Yaptığım birşeyde başarılı olduğumda, anne ve babamın benimle gurur duyduklarını hissederdim.

	Hiç bir zaman	Arada sırada	Sık sık	Her zaman
Anne	1	2	3	4
Baba	1	2	3	4

APPENDIX L: REJECTION SENSITIVITY QUESTIONNAIRE

Aşağıdaki her bir madde genelde üniversite öğrencilerinin bazen diğer kişilerden talep ettiği şeyleri tanımlamaktadır. Lütfen, her bir durumda/koşulda bulunduğunuzu düşünün ve cevaplarınızı ona göre verin. Her bir soruda, sizin için uygun olan numarayı daire içine alarak işaretlemeleri yapınız.

- **Maddeleri değerlendirirken, karşınızdaki kişinin (örneğin, bir hocanız veya bir arkadaşınızla ilgili olan maddelerde) lütfen belirli bir kişiyi değil,** ORTALAMA BİR **KİŞİYİ DÜŞÜNEREK** yanıt veriniz.

- **Araştırma,** özel kişilere karşı olan tutumlarınızı **değil,** GENEL TUTUMLARINIZI incelemektedir.

➢ **Her bir maddenin ardından gelen şu soruları yanıtlamanız beklenmektedir:**

Başkalarının size tepkisi konusunda ne kadar **endişe eder veya kaygı duyarsınız?**

1. Sınıftaki birine notlarını ödünç alıp alamayacağınızı soruyorsunuz.

a) Kişinin notlarını vermek isteyip istemeyebileceği ile ilgili olarak ne kadar endişe eder veya kaygı duyarsınız?

1	2	3	4	5	6
Hiç endişelenmem / Kaygı duymam					Çok endişelenirim / Kaygı duyarım

b) Bu kişinin notlarını bana isteyerek vermesini beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

2. Romantik partnerinizden sizinle aynı eve taşınmasını istiyorsunuz.

a) Romantik partnerinizin sizinle aynı eve taşınmayı isteyip istemeyeceği ile ilgili ne kadar endişe eder veya kaygı duyarsınız**?**

1	2	3	4	5	6
Hiç endişelenmem / Kaygı duymam					Çok endişelenirim / Kaygı duyarım

b) Romantik partnerimin benimle aynı eve taşınmayı istemesini beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

3. Yurtdışı gezisine gitmek için ebeveynlerinizden destek istiyorsunuz.

a) Ebeveynlerinizin size yardımcı olmayı isteyip istemeyebileceği ile ilgili ne kadar **endişe eder veya kaygı duyarsınız?**

1	2	3	4	5	6
Hiç endişelenmem/ Kaygı duymam					Çok endişelenirim / Kaygı duyarım

b) Onların (Ebeveynlerimin) bana yardım etmek için istekli olmalarını beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

4. Yeni tanıştığınız birine çıkma teklif ediyorsunuz.

a) Kişinin sizinle çıkmak isteyip istemeyebileceği ile ilgili ne kadar endişe eder veya kaygı duyarsınız?

1	2	3	4	5	6
Hiç endişelenmem/ Kaygı duymam					Çok endişelenirim / Kaygı duyarım

b) O kişinin benimle çıkmayı istemesini beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

5. Romantik partneriniz bütün arkadaşlarla birlikte dışarı çıkmayı planlıyor, ancak siz geceyi sadece partnerinizle geçirmek istiyorsunuz, ve bunu ona söylediniz.

a) Romantik partnerinizin bu isteğinizi kabul edip etmeyebileceği ile ilgili ne kadar endişe eder veya kaygı duyarsınız?

1	2	3	4	5	6
Hiç endişelenmem/ Kaygı duymam					Çok endişelenirim / Kaygı duyarım

b) Romantik partnerimin bu isteğimi kabul etmeye istekli olmasını beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

6. Günlük harcamalarınızı karşılamak için ebeveynlerinizden harçlığınızı arttırmalarını istiyorsunuz.

a) Ebeveynlerinizin bu isteğinizi kabul edip etmeyebileceği konusunda ne kadar endişe eder veya kaygı duyarsınız?

1	2	3	4	5	6
Hiç endişelenmem/ Kaygı duymam					Çok endişelenirim / Kaygı duyarım

b) Ebeveynlerimin yardımcı olmaya istekli olmalarını beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

7. Derste yeni tanıştığınız birine birlikte kahve içmeyi teklif ediyorsunuz.

a) Kişinin sizinle gelmeyi isteyip istemeyebileceği konusunda ne kadar endişe eder veya kaygı duyarsınız?

1	2	3	4	5	6
Hiç endişelenmem/ Kaygı duymam					Çok endişelenirim / Kaygı duyarım

b) Diğer kişinin benimle gelmeyi istemesini beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

8. Yakın bir arkadaşınıza onu ciddi şekilde üzecek bir şey söyledikten ya da yaptıktan sonra, yaklaşıyor ve konuşmak istiyorsunuz.

a) Arkadaşınızın bu durumda sizinle konuşmak isteyip istemeyeceği ile ilgili ne kadar
endişe eder veya kaygı duyarsınız?

1	2	3	4	5	6
Hiç endişelenmem/ Kaygı duymam					Çok endişelenirim / Kaygı duyarım

b) Hemen benimle konuşup sorunlarımızı çözmek istemesini beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

9. Dersten sonra hocanıza anlamadığınız bir konuda soru yöneltip size fazladan zaman ayırıp ayıramayacağını soruyorsunuz.

a) Hocanızın size yardım etmeyi isteyip istemeyeceği ile ilgili ne kadar endişe eder veya kaygı duyarsınız**?**

1	2	3	4	5	6
Hiç endişelenmem/ Kaygı duymam					Çok endişelenirim / Kaygı duyarım

b) Hocamın bana yardımcı olmak için istekli olmasını beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

10. Okulunuzu bitirdikten sonraki yıllarda ailenizden para istiyorsunuz.

a) Ebeveynlerinizin size para vermeyi isteyip istemeyebilecekleri konusunda ne kadar endişe eder veya kaygı duyarsınız?

1	2	3	4	5	6
Hiç endişelenmem/ Kaygı duymam					Çok endişelenirim / Kaygı duyarım

b) Ebeveynlerimin para talebimi kabul etmek konusunda istekli olmalarını beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

11. Okul tatilinde bir arkadaşınıza birlikte tatile gitmeyi teklif ediyorsunuz.

a) Arkadaşınızın sizinle tatile gelmeyi isteyip istemeyebileceği konusunda ne kadar endişe eder veya kaygı duyarsınız**?**

1	2	3	4	5	6
Hiç endişelenmem/ Kaygı duymam					Çok endişelenirim / Kaygı duyarım

b) Teklifimin memnuniyetle kabul edilmesini beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

12. Çok kırıcı bir tartışmadan sonra romantik partnerinize telefon ediyor ve onu görmek istediğinizi söylüyorsunuz.

a) Romantik partnerinizin sizi görmeyi isteyip istemeyebileceği konusunda ne kadar endişe eder veya kaygı duyarsınız?

1	2	3	4	5	6
Hiç endişelenmem/ Kaygı duymam					Çok endişelenirim / Kaygı duyarım

b) Romantik partnerimin de beni görmeye istekli olmasını beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

13. Arkadaşınıza ondan bir şeyini ödünç alıp alamayacağınızı soruyorsunuz.

a) Arkadaşınızın size istediğiniz şeyi verip vermeyebileceği konusunda ne kadar endişe eder veya kaygı duyarsınız?

1	2	3	4	5	6
Hiç endişelenmem/ Kaygı duymam					Çok endişelenirim / Kaygı duyarım

b) Arkadaşımın istediğim şeyi ödünç vermeye istekli olmasını beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

14. Ebeveynlerinizden sizin için önemli ancak onlar için sıkıcı ve gelmesi zahmetli olabilecek bir etkinliğe sizinle beraber gelmelerini istiyorsunuz.

a) Ebeveynlerinizin sizinle gelmeyi isteyip istemeyebileceği konusunda ne kadar endişe eder veya kaygı duyarsınız?

1	2	3	4	5	6
Hiç endişelenmem/ Kaygı duymam					Çok endişelenirim / Kaygı duyarım

b) Ebeveynlerimin benimle gelmeyi kabul etmelerini beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

15. Bir arkadaşınızdan size ciddi bir yardımda bulunmasını istiyorsunuz.

a) Arkadaşınızın bu yardımı yapmak isteyip istemeyebileceği konusunda ne kadar endişe eder veya kaygı duyarsınız?

1	2	3	4	5	6
Hiç endişelenmem/ Kaygı duymam					Çok endişelenirim / Kaygı duyarım

b) Arkadaşımın bu yardım isteğimi kabul etmesini beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

16. Romantik partnerinize sizi gerçekten sevip sevmediğini soruyorsunuz.

a) Romantik partnerinizin sizi gerçekten sevdiğini söyleyip söylemeyebileceği konusunda ne kadar endişe eder veya kaygı duyarsınız**?**

1	2	3	4	5	6
Hiç endişelenmem/ Kaygı duymam					Çok endişelenirim / Kaygı duyarım

b) Romantik partnerimin beni gerçekten çok sevdiğini söylemeye istekli olmasını beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

17. Bir partiye gidiyorsunuz ve odanın diğer köşesinde birini fark ediyorsunuz, sonra ona beraber dans etmeyi teklif ediyorsunuz.

a) Dans etmeyi teklif ettiğiniz kişinin teklifinizi kabul edip etmeyebileceği konusunda ne kadar endişe eder veya kaygı duyarsınız**?**

1	2	3	4	5	6
Hiç endişelenmem/ Kaygı duymam					Çok endişelenirim / Kaygı duyarım

b) Dans etmeyi teklif ettiğim kişinin bu teklifimi memnuniyetle kabul etmesini beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

18. Ailenizle tanıştırmak üzere romantik partnerinizden sizinle eve gelmesini istiyorsunuz.

a) Romantik partnerinizin ailenizle tanışmayı isteyip istemeyebileceği konusunda ne kadar endişe eder veya kaygı duyarsınız**?**

1	2	3	4	5	6
Hiç endişelenmem/ Kaygı duymam					Çok endişelenirim / Kaygı duyarım

b) Romantik partnerimin ailemle buluşmayı memnuniyetle kabul etmesini beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

19. Başka bir şehirde yaşayan bir arkadaşınıza evinde 10 gün kalmak istediğinizi söylüyorsunuz.

a) Arkadaşınızın bu isteğinizi kabul edip etmeyebileceği konusunda ne kadar endişe eder veya kaygı duyarsınız?

1	2	3	4	5	6
Hiç endişelenmem/ Kaygı duymam					Çok endişelenirim / Kaygı duyarım

b) Arkadaşımın evinde kalma isteğimi memnuniyetle kabul etmesini beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

20. Yeni tanıştığınız bir hemcinsinize birlikte bir şeyler yapmayı öneriyorsunuz.

a) Bu kişinin önerinizi kabul edip etmeyebileceği konusunda ne kadar endişe eder veya kaygı duyarsınız?

1	2	3	4	5	6
Hiç endişelenmem/ Kaygı duymam					Çok endişelenirim / Kaygı duyarım

b) Arkadaşımın benimle dışarı çıkmayı memnuniyetle kabul etmesini beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

21. Romantik partnerinizden sizi ailesiyle tanıştırmasını istiyorsunuz.

a) Romantik partnerinizin sizi ailesiyle tanıştırmayı isteyip istemeyebileceği konusunda ne kadar endişe eder veya kaygı duyarsınız**?**

1	2	3	4	5	6
Hiç endişelenmem/ Kaygı duymam					Çok endişelenirim / Kaygı duyarım

b) Romantik partnerimin bu isteğimi memnuniyetle kabul etmesini beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

22. Evde arkadaşlarınızla parti yapmak için anne ve babanızın akşam için başka bir yere gitmelerini istiyorsunuz.

a) Ebeveynlerinizin bu isteğinizi kabul edip etmeyebileceği konusunda ne kadar endişe eder veya kaygı duyarsınız?

1	2	3	4	5	6
Hiç endişelenmem/ Kaygı duymam					Çok endişelenirim / Kaygı duyarım

b) Ebeveynlerimin bu isteğimi kabul etmelerini beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

23. Ebeveynlerinize romantik partnerinizle tatile gitmek istediğinizi söylüyorsunuz.

a) Ebeveynlerinizin bu isteğinizi kabul edip etmeyebileceği konusunda ne kadar endişe eder veya kaygı duyarsınız?

1	2	3	4	5	6
Hiç endişelenmem/ Kaygı duymam					Çok endişelenirim / Kaygı duyarım

b) Ebeveynlerimin romantik partnerimle tatile çıkmamı kabul etmelerini beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

24. Ebeveynlerinize mezuniyetten sonra onlardan farklı bir şehirde yaşamak istediğinizi söylüyorsunuz.

a) Ebeveynlerinizin bu isteğinizi kabul edip etmeyebileceği konusunda ne kadar endişe eder veya kaygı duyarsınız?

1	2	3	4	5	6
Hiç endişelenmem/ Kaygı duymam					Çok endişelenirim / Kaygı duyarım

b) Ebeveynlerimin kararımı kabul etmelerini beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

25. Çok iyi yemek yapan bir akrabanızdan (hala, teyze, vb.) çok iyi yaptığı bir yemeği sizin için özel olarak yapmasını istiyorsunuz.

a) Akrabanızın sizin için özel olarak yemek yapmayı isteyip istemeyebileceği konusunda ne kadar endişe eder veya kaygı duyarsınız**?**

1	2	3	4	5	6
Hiç endişelenmem/ Kaygı duymam					Çok endişelenirim / Kaygı duyarım

b) Akrabamın bu isteğimi memnuniyetle kabul etmesini beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

26. Sınavdan bir gün önce sizinle aynı sınava girecek olan bir arkadaşınızdan anlamadığınız konuları size anlatmasını istiyorsunuz.

a) Arkadaşınızın bu isteğinizi kabul edip etmeyebileceği konusunda ne kadar endişe eder veya kaygı duyarsınız?

1	2	3	4	5	6
Hiç endişelenmem/ Kaygı duymam					Çok endişelenirim / Kaygı duyarım

b) Arkadaşımın beni çalıştırmayı memnuniyetle kabul etmesini beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

APPENDIX M: PERSONALITY BELIEF QUESTIONNAIRE-SHORT FORM

Lütfen aşağıdaki ifadeleri okuyunuz ve HER BİRİNE NE KADAR İNANDIĞINIZI belirtiniz. Her bir ifadeyle ilgili olarak ÇOĞU ZAMAN nasıl hissettiğinize göre karar veriniz.

4	**3**	**2**	**1**	**0**	**0**
Tümüyle inanıyorum	Çok fazla inanıyorum	Orta inanıyorum	Biraz inanıyorum	Hiç inanmıyorum	

Örnek **NE KADAR İNANIYORSUNUZ?**

1.Dünya tehlikeli bir yerdir (Lütfen daire içine alınız.)

4	3	2	1	0
Tümüyle	Çok Fazl	Orta Derece	Biraz	Hiç

	NE KADAR İNANIYORSUNUZ?				
	Tamamen	Çok Fazla	Orta Derecede	Biraz	Hiç
	4	3	2	1	0
1. Aşağılanma veya yetersizlikle karşılaşmak dayanılmaz bir şeydir.	4	3	2	1	0
2. Ne pahasına olursa olsun rahatsızlık verici durumlardan kaçınmalıyım.	4	3	2	1	0
3. Eğer insanlar dostça davranıyorlarsa beni kullanmaya ya da sömürmeye çalışıyor	4	3	2	1	0
4. Bir yandan yetkili kişilerin hakimiyetine karşı direnmeli ama aynı zamanda onaylarını ve beni kabullenmelerini de korumalıyım.	4	3	2	1	0
5. Rahatsız edici duygulara katlanamam.	4	3	2	1	0
6. Kusurlar, eksikler ya da yanlışlar hoş görülemez.	4	3	2	1	0
7. Diğer insanlar sıklıkla çok şey isterler.	4	3	2	1	0
8. İlgi merkezi olmalıyım.	4	3	2	1	0
9. Eğer bir sistemim olmazsa herşey darmadağın olur.	4	3	2	1	0

10. Hak ettiğim saygının gösterilmemesi veya hakkım olanı alamamak dayanılmaz bir durumdur.	4	3	2	1	0
.	NE KADAR İNANIYORSUNUZ? Tamamen	Çok Fazla	Orta derecede	Biraz	Hiç
	4	3	2	1	0
11. Her şeyi mükemmel şekilde yapmak önemlidir.	4	3	2	1	0
12. Diğer insanlarla birlikte bir şeyler yapmaktansa kendi başıma yapmaktan daha çok hoşlanırım.	4	3	2	1	0
13. Eğer dikkat etmezsem başkaları beni kullanmaya ya da yönlendirmeye çalışır.	4	3	2	1	0
14. Diğer insanların gizli amaçları vardır.	4	3	2	1	0
15. Olabilecek en kötü şey terk edilmektir.	4	3	2	1	0
16. Diğer insanlar ne kadar özel biri olduğumu farketmelidirler.	4	3	2	1	0
17. Diğer insanlar kasıtlı olarak beni aşağılamaya çalışıyorlar.	4	3	2	1	0
18. Karar verirken diğer insanların yardımına ya da bana ne yapacağımı söylemelerine ihtiyaç	4	3	2	1	0
19. Ayrıntılar son derece önemlidir.	4	3	2	1	0
20. Eğer bir insanın bana çok patronluk tasladığını görürsem onun isteklerini yok saymaya hakkım vardır.	4	3	2	1	0
21. Yetkili kişiler her şeye karışan, dayatmacı, müdaheleci ve kontrol edici olma eğilimindedirler.	4	3	2	1	0
22. İstediğimi almanın yolu, insanları etkilemek ya da eğlendirmektir.	4	3	2	1	0
23. Kendimi paçamı kurtarmak için gerekeni yapmalıyım.	4	3	2	1	0
24. Eğer insanlar benimle ilgili bir şeyler bulursa, bunu bana karşı kullanacaklardır.	4	3	2	1	0
25. İnsan ilişkileri karışıktır ve özgürlüğe engeldir.	4	3	2	1	0

26. Beni ancak benim gibi zeki insanlar anlayabilirler.	4	3	2	1	0
27. Çok üstün biri olduğum için özel muamele ve ayrıcalıkları hak ediyorum.	4	3	2	1	0
28. Benim için başkalarından bağımsız ve özgür olmak önemlidir.	4	3	2	1	0
	NE KADAR İNANIYORSUNUZ?				
	Tamamen	Çok Fazla	Orta derecede	Biraz	Hiç
	4	3	2	1	0
29. Bir çok durumda yalnız bırakıldığımda kendimi daha iyi hissederim.	4	3	2	1	0
30. Her zaman en yüksek standartlara ulaşmaya çalışmak gereklidir yoksa her şey darmadağın olur.	4	3	2	1	0
31. Rahatsız edici duygular giderek artar ve kontrolden çıkar.	4	3	2	1	0
32. Vahşi bir ortamda yaşıyoruz ve güçlü olan hayatta kalır.	4	3	2	1	0
33. Başkalarının dikkatini çektiğim durumlardan kaçınmalı ve mümkün olduğunca göze	4	3	2	1	0
34. İnsanların bana olan ilgilerini koruyamazsam benden hoşlanmazlar.	4	3	2	1	0
35. Eğer bir şey istiyorsam onu almak için gerekli olan neyse yapmalıyım.	4	3	2	1	0
36. Diğer bir insana "bağlanıp" kalmaktansa yalnız olmak daha iyidir.	4	3	2	1	0
37. İnsanları eğlendirmedikçe ya da etkilemedikçe bir hiçim.	4	3	2	1	0
38. Eğer ilk önce harekete geçip üstünlük kurmazsam karşımdaki bana üstünlük kurar.	4	3	2	1	0
39. İnsanlarla ilişkilerimde herhangi bir gerginlik işareti bu ilişkinin kötüye gideceğini gösterir bu nedenle o ilişkiyi bitirmeliyim.	4	3	2	1	0
40. Eğer en yüksek düzeyde iş yapmıyorsam başarısız olurum.	4	3	2	1	0

41. Zaman sınırlarına uymak, istenenlere itaat etmek ve uyumlu olmak onuruma ve kendi yeterliliğime doğrudan bir	4	3	2	1	0
42. Bana haksız davranıldı bu nedenle kendi payımı almak için her şeyi yapmaya hakkım var.	4	3	2	1	0
43. Eğer insanlar bana yakınlaşırlarsa benim "gerçekten" ne olduğumu keşfeder ve benden uzaklaşırlar.	4	3	2	1	0
	NE KADAR İNANIYORSUNUZ?				
	Tamamen	Çok Fazla derecede	Orta	Biraz	Hiç
	4	3	2	1	0
44. Muhtaç ve zayıfım.	4	3	2	1	0
45. Yalnız başıma bırakıldığımda çaresizim.	4	3	2	1	0
46. Diğer insanlar benim ihtiyaçlarımı gidermelidir.	4	3	2	1	0
47. İnsanların beklediği şekilde kurallara uyarsam bu benim davranış özgürlüğüme engel	4	3	2	1	0
48. Eğer fırsat verirsem insanlar beni kullanırlar.	4	3	2	1	0
49. Her zaman tetikte olmalıyım.	4	3	2	1	0
50. Özel hayatım insanlara yakın olmaktan çok daha fazla	4	3	2	1	0
51. Kurallar keyfidir ve beni sıkar.	4	3	2	1	0
52. İnsanların beni görmezden gelmeleri berbat bir durumdur.	4	3	2	1	0
53. İnsanların ne düşündüğünü önemsemem.	4	3	2	1	0
54.Mutlu olabilmek için diğer insanların dikkatini çekmeye ihtiyacım var.	4	3	2	1	0
55. Eğer insanları eğlendirirsem benim güçsüzlüğümü	4	3	2	1	0
56. İşimi yaparken ya da kötü bir durumla karşılaştığımda bana yardım etmesi için her zaman yanımda birilerinin olmasına gereksinim duyarım.	4	3	2	1	0

57. Yaptığım bir işte herhangi bir hata ya da kusur felakete yol açabilir.	4	3	2	1	0
58. Çok yetenekli olduğumdan, insanlar kariyerimde ilerlememi sağlamak için yolumdan çekilmelidir.	4	3	2	1	0
59. Eğer ben sıkıştırmazsam, karşımdaki kişi beni ezer.	4	3	2	1	0
60. Diğer insanlara uygulanan kurallara uymak zorunda değilim.	4	3	2	1	0
61. Bir şeyi yapmanın en iyi yolu zor kullanmak ve kurnazlıktır.	4	3	2	1	0
62. Bana destek olacak veya yardım edebilecek kişiye her zaman ulaşabilecek durumda	4	3	2	1	0
	NE KADAR İNANIYORSUNUZ?				
	Tamamen	Çok Fazla derecede	Orta	Biraz	Hiç
	4	3	2	1	0
63. Daha güçlü bir kişiye bağlanmadığım müddetçe temelde yalnızım.	4	3	2	1	0
64. Diğer insanlara güvenemem.	4	3	2	1	0
65. Diğer insanlar kadar mücadele gücüm yok.	4	3	2	1	0

APPENDIX N: TURKISH SUMMARY/ TÜRKÇE ÖZET

GİRİŞ

Genel Giriş

Belirli bir durum karşısında her birey, birbirinden farklı düşünce, algı, duygu, motivasyon ve davranış örüntüsüne sahiptir. Kişilik en temelde bir insanı diğerlerinden farklı kılan şey olarak tanımlanır. Kişiliğin evrensel olarak kabul edilen tek bir tanım veya teorisi olmasa da, daha geniş bağlamda "bir kişinin davranışına tutarlılık ve bireysellik kazandıran nispeten kalıcı ve benzersiz özellikler örüntüsü" olarak tanımlanabilir (Feist ve Feist, 2008, s. 4). Bir kişiyi diğerlerinden ayıran yaygın kişilik özellikleri, duruma uygun ve esnek olmadığında problem oluşturabilir (Amerikan Psikiyatri Birliği [APA], 2013). Oldman, Skodol ve Bender (2014), yaygın kişilik özelliklerinin düzeyinin kişilik bozuklukları için belirleyici olduğundan bahsetmiştir. Kişilik bozuklukları, kalıcı davranış kalıpları ve kültür beklentisi ile uyuşmayan iç deneyimler olarak tanımlanır. Araştırma sonuçları kullanılan yöntem ve örnekleme göre farklılık göstermesine rağmen Lenzenweger, Lane, Loranger ve Kessler (2007) ABD nüfusunun yaklaşık % 9'unda kişilik bozukluğu olduğu sonucuna varmıştır.

1980'li yıllara kadar, kişilik bozukluklarının doğası daha çok psikodinamik bir perspektiften açıklanmıştır. Bu yönelim etkisini DSM-I (1952) ve DSM-II(1968)'de de göstermiştir. DSM-III(1980) 'de ise tanı yaklaşımında çok eksenli bir sistem sunulmuştur. Bu sistemde Eksen I epizodik bozuklukları, Eksen II ise kişilik bozukluklarını ve diğer kalıcı bozuklukları içermektedir. DSM-III' deki bir başka yenilik, kişilik bozukluklarının tanımlayıcı benzerliklerine dayalı olarak oluşturulan kümeleme sistemi olmuştur. Bazı kişilik bozuklukları zamanla tanı el kitabından

kaldırılmış veya değiştirilmiş olsa da, DSM-IV (1994), DSM-IV-TR (2000) ve DSM-5 (2013)'de çok eksenli yaklaşım ve küme sistemi değişmemiştir. Küme sisteminde, on kişilik bozukluğu, Küme A (şizoid, şizotipal ve paranoid kişilik bozuklukları), Küme B (antisosyal, borderline, histrionik ve narsisistik kişilik bozuklukları) ve Küme C (kaçıngan, bağımlı ve obsesif kompulsif kişilik bozuklukları) olmak üzere üç kümeye ayrılmıştır. Kişilik bozukluklarının ortak özelliklerine dayanarak, Küme A tuhaf-eksantrik küme olarak, Küme B dramatik-duygusal küme olarak ve Küme C de kaygılı-korkulu küme olarak isimlendirilmiştir (APA, 2013). Genetik yatkınlığın, çevresel ve kültürel etkilerin de kişilik ve kişilik bozukluklarında etkili olduğu öne sürülmektedir. Kişinin kendisi, diğerleri, ilişkiler ve dünya ile ilgili işlevsel olmayan inanışları dünyada kurulan ilk ilişkiler içinde şekillenmektedir. Bu nedenle bir sonraki bölümde algılanan ebeveyn ilişkilerine dair teorilere yer verilmiştir.

Algılanan Ebeveyn İlişkisi

Pek çok farklı teori bakım veren ile erken dönem ilişkinin önemi üzerinde ortak bir zeminde buluşmaktadır. Yaşamın ilk gününden itibaren insanlar, kişilerarası bağlara şiddetle ihtiyaç duymaktadır. Fiziksel bakım ve korunma ihtiyaçlarına ek olarak, aidiyet ve başkaları tarafından kabul görme ihtiyacı psikolojik gelişim ve iyilik hali üzerinde önemli etkilere sahiptir (Baumeister ve Leary, 1995). Bununla birlikte, ebeveyn ile çocuk arasındaki ilişkide yaşanan bazı problemler, çocuğun kişilerarası şemalarını etkileyebilir ve kişilik gelişiminde psikolojik sıkıntılara yol açabilir. Literatürdeki teorilerden kişilerarası teori (Sullivan, 1953) insan davranışlarını anlamanın bir aracı olarak insan ilişkilerinin karşılıklı etkisine vurgu yapmaktadır. Hayattaki ilk ilişkiler bakım verenlerle oluşturulduğundan, bu ilişkinin doğası da büyük önem taşımaktadır. Kişilerarası psikoloji tarihinde bağlanma teorisi yakın kişilerarası ilişkilere odaklanan en önemli yaklaşımlardan biridir (Bowlby, 1973). Bağlanma kuramına göre, insanlar yakınlık arama ihtiyacı ile dünyaya gelirler. Bu sistemin işlevi güvende hissetmek için destek ve koruma sağlamaktır (Bowlby, 1982). Zaman içerisinde insanlar dışsal bağlanma figürlerinin içsel temsillerini oluştursa da, bağlanma sistemi hayat boyunca aktif kalmaktadır (Bowlby, 1988). Bowlby, erken dönem ilişki deneyimlerinin sonraki ilişkiler üzerindeki etkilerini

açıklamaya çalışmıştır. Bowlby (1977) insanların daha önceki deneyimlerine dayanarak yeni ilişkilerden beklentiler ürettiklerini savunmuştur. Önceki ilişkilerde oluşmuş şemalar nedeniyle, insanlar belirli şekillerde davranmaya meyilli olmaktadır. Örneğin, bir kişi daha önceki ilişkilerinde destekleyici bağlara sahip olmuşsa, yeni ilişkinin de destekleyici olacağını varsayma eğiliminde olacaktır. Fakat kişi, daha önceki ilişkilerinde istismar edilmiş veya aldatılmış ise yeni ilişkinin de istismar edici olacağını varsayma eğiliminde olacaktır.

Rohner, ebeveyn kabul ve reddinin kısa ve uzun vadeli etkileri üzerine çalışmıştır. Rohner'e (1986) göre ebeveyn sıcaklığı ve ebeveyn kontrolü ebeveynliğin iki boyutudur. Sıcaklık ifadeleri çocuğun ihtiyaçları için hazırda bulunma, bakım verme, onaylama, besleme, öpme, sarılma, gülümseme ve destekleme gibi unsurları içerirken, reddetme ifadeleri sıcaklığın,sevgi ve ilginin yokluğu; soğukluk; ihmal edici ve şefkat içermeyen tutumlar; fiziksel ve psikolojik olarak ulaşılabilir olmama; düşmanlık ve saldırganlık ile karakterize edilmiştir (Rohner, 1986). Ebeveyn kabul ve red teorisine göre, önceden yaşanmış reddedilme deneyimlerinin psikolojik uyum, dünya görüşü, benlik algısı ve kişinin zihinsel sağlığı üzerinde önemli etkileri bulunmaktadır. Rohner, Khaleque ve Cournoyer (2007) geçmiş yaşantılarında reddedilme deneyimi olan kişilerin nötr durumlarda da red ve düşmanlık algılama eğilimleri olduğunu, bu kişilerin başa çıkma kapasitelerinin sınırlı olduğunu ve duygusal açıdan sabitliklerinin daha az olduğunu belirtmiştir.

Psikolojik problemlerin kökenleri geçmişten günümüze sıklıkla psikolojik çalışmaların konusu olmuştur. Bu çalışmalar erken dönem yaşantıların psikolojik sağlığa etkisine dair bilgi birikimine katkıda bulunmaktadır. Sonuçlar, algılanan ebeveyn yetiştirme stilleri ile depresyon (Richter, Richter, Eisemann, Seering ve Bartsch, 1995) kişilik patolojisi (Thimm, 2010), içselleştirme ve dışsallaştırma gibi psikolojik problemler (Roelofs, Meesters, ter Huurne, Bamelis ve Muris, 2006), obsesif kompulsif bozukluk (Alonso ve ark., 2004; Yoshida, Taga, Matsumoto ve Fukui, 2005), öfke ve düşmanlık (Muris, Meester, Morren ve Moorman, 2004) ve sosyal kaygı (Türküler Aka ve Gençöz, 2014) arasında anlamlı bir ilişki olduğunu ortaya koymaktadır.

Algılanan ebeveyn yetiştirme stilleri ile kişilik arasındaki ilişki açısından mevcut çalışmaların sonuçları tutarsızdır. Bu sonuçlar farklı araçlarının kullanılması ile ilişkili olabileceği gibi, kişilik bozukluklarının karmaşık doğasıyla da ilişkili olabilir. Borderline kişilik bozukluğu yönünden Links ve Monroe-Blum (1990), 10 çalışmayı gözden geçirmiş ve aşırı müdahalenin veya çocuk ile çok az ilgilenmenin borderline kişilik bozukluğu hastaları için ortak temalar olduğuna karar vermiştir. Borderline kişilik bozukluğunun tutarsız ve girici ebeveynlik ile de anlamlı ilişkisine dair literatürde bulgular mevcuttur (Paris, 1996; Reich ve Zanarini, 2001). Buna ek olarak, Timmerman ve Emmelkamp (2005)'ın tutuklular ile yürüttüğü çalışmasında, B küme kişilik bozuklukları belirtileri aileden algılanan yetersiz bakım ve ilgi ve aşırı koruma ve kontrol algısı ile ilişkili bulunmuştur. Bu çalışmada ayrıca A küme kişilik bozuklukları belirtilerinin ise yetersiz anne bakımı ile ilişkili olduğu bulunmuştur. Thimm (2010)'un çalışmasına göre ise anne ve baba reddi ve anneden algılanan yetersiz duygusal sıcaklık, Küme A ve B kişilik bozukluğu belirtileri ile anlamlı olarak ilişkili bulunmuştur. C küme kişilik bozukluklarının ise baba reddi ile ilişkili olduğu belirtilmiştir. Mevcut literatür incelendiğinde, algılanan ebeveyn yetiştirme stillerinin kişilik bozuklukları üzerindeki etkisinin daha net bir şekilde anlaşılmasına yönelik çalışmalara ihtiyaç olduğu söylenebilir.

Reddedilme Duyarlılığı

Bağlanmak ve bu bağları sürdürmek insanların temel motivasyonlarından kabul edilmektedir (Baumeister ve Leary, 1995). Baumeister ve Leary (1995) ayrıca ait olma ihtiyacının evrensel olduğuna ve hedefe yönelik davranışları başlattığına işaret etmektedir. Bugüne kadar birçok farklı teorisyen sosyal ilişkilerin önemini vurgulamıştır. Reddedilme hassasiyetinden bahseden ilk kuramcı ise Karen Horney'dir. Horney (1937) reddedilme duyarlılığının, nevrotik kişiliğin bir özelliği olduğunu ileri sürmüştür. Horney (1937) nevrotik kişiliği olan bireylerin sevgiyi ve ilgiyi aradıklarını, ancak aynı zamanda sevgiyi kabul etmelerinin onlar için bir o kadar zor olduğunu belirtmiştir. Horney, nevrotik kişiliği olan bireylerin reddedilme ipuçlarına karşı çok hassas olduğunu belirtmiştir.

Reddedilme duyarlılığı ile ilgili literatürde iki farklı kavramsallaştırma vardır. Birincisi, reddedilme duyarlılığını bir kişilik özelliği olarak tanımlarken, diğeri reddedilme duyarlılığını durumsal unsurlar tarafından harekete geçirilen bir bilişsel duyuşsal işleme eğilimi olarak tanımlar. Kişilik özellikleri perspektifinden Boyce ve Parker (1989) reddedilme duyarlılığının nevrotikliğin bir parçası olduğunu belirtmişlerdir. Reddedilme duyarlılığını diğer insanların aşırı farkında olma hali ile ilişkilendirmişlerdir. Kişilik kavramsallaştırmasında temel vurgu durumdan bağımsız olarak bu hassasiyetin sürekliliğidir. Bilişsel-duygusal işleme sistemi çerçevesinden ise reddedilme duyarlılığı, Downey ve Feldman (1996) tarafından reddedici ipuçlarına "endişeyle bekleme, kolayca algılama ve aşırı tepki verme" eğilimi olarak tanımlanmaktadır. Bu işleme sisteminde durumsal özellikler, kodlama, inançlar, beklentiler, hedefler, düzenleme stratejileri gibi elementlerden oluşan bilişsel, duygusal ağı harekete geçirmekte ve bunlar da kişinin davranışını düzenlemede aracı rol oynamaktadır (Mischel ve Shoda, 1995). Bu sistemin "eğer .... sonra ..." gibi kalıplar yarattığı belirtilmektedir. Bu özellikleri ile, bilişsel-duygusal işleme sistemi, kişilik özelliği perspektifinden farklı olarak, durumların kişinin tepkisini etkilediğini vurgular. Bilişsel-duygusal işleme sistemi çerçevesinde reddedilme duyarlılığı modeli, reddedilme işaretlerine karşı aşırı duyarlılığın öğrenme sürecinin bir sonucu olduğunu öne sürmektedir. Kişi yaşamın ilk yıllarında art arda reddedilmeye maruz kaldığında, karşılaştığı diğer insanların da onu reddedeceğini bekleme eğiliminde olacaktır (Downey ve Feldman, 1996; Levy, Ayduk, ve Downey, 2001). Literatürde aileden algılanan reddin yanı sıra arkadaş ve romantik ilişkilerde algılanan reddin de bu hassasiyete katkıda bulunabileceğine vurgu yapılmaktadır. Modele göre önceki reddedilme deneyimleri kişinin ilişkilerle ilgili zihinsel temsillerini etkilemekte ve reddedilmeye karşı savunmacı bir beklenti içinde olmayı doğurabilmektedir. Bu kişiler korkulan reddedilmenin ne zaman yaşanacağından emin olamadıkları için, bu işaretlere karşı aşırı hassas olmakta ve belirsiz durumları da red olarak algılama eğiliminde olmaktadır. Reddedilmeyi önlemek ya da reddedilme ile başa çıkmak için farklı kişiler farklı yollara başvurmaktadır. Bazıları öfkelenip şiddete başvururken, bazıları kaygılanıp reddedilme içerebilecek herhangi bir durumdan kaçınmakta, diğer bir kişi ise sürekli başkalarını memnun etmeye çabalamaktadır (Pietrzak, Downey ve Ayduk, 2005). Levy ve ark. göre (2001)

reddedilme işaretleri kırgınlık, öfke ve kendini ya da başkalarını suçlamaya sebep olabilmektedir. Kendini suçlamaya daha yatkın olanlarda reddedilme işaretleri karşısında depresyon belirtileri ortaya çıkarken, başkalarını suçlamaya daha yatkın olanlarda saldırganlığın ortaya çıkabileceği belirtilmektedir. Pietrzak ve ark. (2005) yüksek reddedilme hassasiyeti olanlar için en ufak reddedilme işaretinin felaket olarak yorumlanabileceğini ve aşırı tepkiye sebep olabileceğini belirtmiştir. Bununla birlikte, savunma sisteminin bu derece hızlı harekete geçirilmesi, gerçek tehdit algılanan tehditten daha az olduğunda uygunsuz olabilmekte ve gerçek redde yol açabilmektedir.

Reddedilme duyarlılığı ile ilgili ilk ampirik çalışmalar Feldman ve Downey (1994) tarafından yapılmıştır. Sonrasında ise reddedilme duyarlılığının farklı psikolojik yapılar ile ilişkisi bir çok araştırmanın konusu olmuştur. Reddedilme duyarlılığı kendiliğe dönük düşmanca bilişler ile (Breines ve Ayduk, 2013), reddedilmeyi önleme çabaları ve depresyon ile (Ayduk, Downey ve Kim, 2001), borderline kişilik bozukluğu belirtileri ile (Berenson, Downey, Rafaeli, Coifman ve Paquin, 2011), yalnızlık ve içe çekilme ile (Watson ve Nesdale, 2012), agresyon ile (Romero-Canyas, Downey, Berenson, Ayduk ve Kang, 2010) ve sosyal kaygı (London, Downey, Bonica ve Paltin, 2007) ile ilişkili bulunmuştur. Bunlara ek olarak çalışma bulguları önceki reddedilme yaşantılarının reddedilme duyarlılığı ile ilişkisine dair de destek sağlamaktadır (Downey, Khouri ve Feldman, 1997; İbrahim, Rohner, Smith, ve Flannery, 2015; Çardak, Sarıçam, ve Onur, 2012).

Literatürdeki bulgular kendini düzenleyebilme becerilerinin yüksek reddedilme duyarlılığı olan bireyleri istenmeyen sonuçlardan koruyabileceği belirtmektedir. Reddedilmenin algılanması ile yüksek duyarlılığı olan bireylerde stres düzeyi artmakta ve duygu yüklü otomatik "sıcak işleme" hızlı bir şekilde aktif hale gelmektedir. Ayduk ve Mischel (2002) kendini düzenleme becerileri olan bireylerin uzun süreli hedeflerine ulaşmak için bu tepkileri kontrol edebildiğini belirtmektedir.

Duygu Düzenleme

Duyguların hayatta kalmak, işlevselliği devam ettirmek, amaçlara ulaşmak ve anlamlı ve derinlikli bir hayat sürmek için bir çok işlevi olduğu söylenebilir. Duygu

üzerine ilk teoriler duygunun faydalı ve yaşamsal özelliklerine vurgu yaparken, duygular durumla uyumlu olmadığında ve süresi ve yoğunluğu aşırı olduğunda zararlı hale gelebilir (Gross ve Jazaieri, 2014). Thompson (1994)'a göre işlevsel olması için bir duygunun performansı iyileştirmeye yardım etmesi, değişen ihtiyaçlara göre etkili ve hızlı bir biçimde değişebilmesi, esnek olması ve duruma uyumlu olması gerekir. Alanda iki önemli teorisyen olan Thomson ve Gross da duyguların işlevsel olması için başarılı düzenlemenin önemli olduğunu belirtmiştir.

Duygu düzenleme uzun zamandır çeşitli başka psikolojik yapılar içinde çalışılmış olsa da duygu düzenlemeyi çalışan araştırmalarda artış 1990'lı yıllarda başlamıştır. Duygu düzenleme kişinin amaçlarına ulaşabilmesi için duygusal tepkileri izleme, değerlendirme ve değiştirmeden sorumlu içsel ve dışsal süreçler olarak tanımlanabilir (Thompson, 1994). Duygu düzenleme de duyguların kendisi gibi amaçlar ile yakından ilişkilidir. Yani, amaçlara bağlı olarak farklı durumlar farklı duygu düzenleme stratejilerini kullanmayı gerektirebilir (Thompson ve Calkins, 1996). Gross ve Thompson duygu düzenlemenin içsel ve dışsal olarak ikiye ayrılabileceğini belirtmiştir. İçsel düzenlemede kişinin kendi duygularını düzenleme çabalarından, dışsal düzenlemede kişinin duygularının başkaları tarafından düzenlenmesinden bahsedilmektedir. Hayatın ilk yıllarında dışsal düzenleme daha büyük önem taşımaktadır. Bebeğin duyguları bakım veren tarafından gözlemlenmekte, yorumlanmakta ve düzenlenmektedir. Dışsal düzenleme sıklıkla gelişim psikolojisi alanında çalışılırken, içsel düzenlemeye dair araştırmalar daha çok yetişkin literatüründe yer almaktadır (Thompson ve Calkins, 1996).

Duygu düzenleme olumsuz duyguların azaltılmasından çok daha fazlasını ifade etmektedir. İnsanlar amaçları, durumun gereklilikleri ve kültürün beklentileri doğrultusunda hem olumlu hem olumsuz duyguları, arttırarak ya da azaltarak ve bilinçli ya da bilinçdışı şekillerde düzenlemeye çalışabilir (Gross ve Thompson, 2007; Masters, 1991; Mesquita ve Albert, 2007).

Uzun yıllar boyunca çalışmalar olumsuz duyguların düzenlenmesinde yaşanan sıkıntının psikopatoloji ile ilişkisi olabileceğini desteklemiştir (Nolen-Holeksema, 2012).Benzer şekilde farklı düzenleme stratejileri çalışılmış ve uyumlu ve uyumsuz

stratejiler şeklinde sınıflandırılmaya çalışılmıştır. Olumsuz duyguları düzenleyememenin yanı sıra, kaçınma ve bastırma gibi olumsuz duyguları yok sayan stratejilerin de psikopatoloji üzerinde önemli olumsuz etkilerinin olabileceği belirtilmektedir (Gross, 1998).

Duygu düzenleme psikolojinin farklı alt alanlarının konusu olmuştur. Klinik psikoloji içinde ise duyguların düzenlenmesinin önemi bugüne kadar yapılan kapsamlı çalışmalar ile güçlü bir biçimde desteklenmektedir. Duyguların başarılı bir şekilde düzenlenmesi daha iyi bir zihinsel sağlık ile ilişkili iken, duyguların düzenlenememesinin Eksen I bozukluklarının yarısından fazlası ile ve Eksen II bozukluklarının tamamı ile ilişkili olduğu düşünülmektedir (Gross & Levenson, 1997).

Diamond ve Aspinwall (2003) duygu düzenleme becerilerinin hayat boyunca gelişmeye devam ettiğini belirtmiştir. Duygu düzenleme hem kendi içinde esnekliği gerektirdiği için hem de durumlara ve kültüre göre değişiklik gösterebileceği için klinik müdahalelerin en önemli amaçlarından birisi esneklik kapasitesini arttırmak olabilmektedir.

Kişilerarası Duygu Düzenleme

Son otuz yılda duygu düzenleme üzerine yapılan çalışmalar giderek artmaktadır. Gross ve Thompson gibi duygu alanında çalışan önemli araştırmacılar duygu düzenlemenin kişilerarası yönünden bahsetseler de, kişilerarası duygu düzenlemenin daha net bir şekilde kavramsallaştırılması ile bu kavram son yıllarda araştırmaların konusu olmaya başlamıştır. Bu alanda yapılmış araştırmaların kısıtlılığına rağmen, duygu düzenlemede başkalarının önemi yaygın bir şekilde kabul görmüştür (örn., Bowlby, 1982; Thompson ve Calkins, 1996; Gross, 2015).

Dışsal duygu düzenlemenin gelişim psikolojisinin bir konusu olduğu düşünülse de Thompson (1994) duyguların önemli bir kısmının başkaları aracılığı ile düzenlendiğini belirtmiştir. Kişi dünyaya geldiğinde sadece baktığı yönü değiştirmek gibi ilkel duygu düzenleme yöntemleri olduğundan, duygularının düzenlenmesi konusunda büyük oranda bakım verene bağımlıdır (Thompson ve Calkins, 1996).

Zaman içerisinde çocuklar ailelerinden öğrendikleri düzenleme stratejilerini içselleştirmektedir (Diamond ve Aspinwall, 2003). Bu öğrenilmiş kaynaklara zaman içerisinde diğer ilişkilerde öğrenilen stratejiler de eklenmektedir. Bu bağlamda duygu düzenleme kaynaklarının sosyal çevrede zenginleştiği ve şekillendiği belirtilebilir (Hofman, Carpenter, & Curtiss, 2016).

Kişilerarası duygu düzenlemenin bir diğer kavramsallaştırması Niven, Totterdell ve Holman (2009) tarafından yapılmıştır. Bu araştırmacılar kişilerarası duygu düzenlemeyi kişinin başkalarının duygularını düzenlemek için giriştiği çabalar olarak tanımlamaktadır. Bu bağlamda kişilerarası duygu düzenleme daha çok iş ortamında (Niven, Garcia, van der Löwe, Holman, ve Mansel, 2015; Niven, Holman, ve Totterdell, 2012) ve sağlık alanında (Martı´nez-I´n˜igo, Poerio, ve Totterdell, 2013) çalışılmıştır. Niven ve ark. (2009) araştırmalarında çeşitli kişilerarası duygu düzenleme stratejilerini araştırmışlardır. İlk olarak duygu düzenlemede motivasyonun duyguları iyileştirmek mi yoksa kötüleştirmek mi olduğu konusunda bir ayrım yapılmıştır. İkinci ayrım ise, kullanılan yöntemin bilişsel mi davranışsal mı olduğu üzerinedir. Başkasının duygularını düzenlemeye çalışırken kişi yeniden çerçevelendirme ya da yorumlama gibi bilişsel yöntemler kullanabileceği gibi üzgün kişiye bir bardak çay yapma gibi davranışsal yöntemler de kullanabilir (Niven ve ark., 2012; Niven ve ark., 2015). İçsel duygu düzenleme literatüründe yeniden çerçevelendirme başarılı duygu düzenlemede önemli rol oynarken, başkalarının duygularını düzenleme esnasında o kadar da etkili olmayabileceği yönünde bulgular vardır (Gross ve John, 2003; Niven ve ark., 2015). Başkasının sunduğu yeni bilişsel çerçeve var olan duyguların onaylanmaması şeklinde algılanabilmekte ve kişide anlaşılmamışlık hissine ve gücenmişliğe sebep olabilmektedir. Bu nedenle destek sağlama ve onaylamanın dışsal duygu düzenlemede daha etkili olabileceği ve olumlu ilişkisel sonuçlar doğuracağı belirtilebilir (Niven ve ark., 2015).

Zaki ve Williams kişilerarası duygu düzenleme alanındaki terim ve tanımların birleştirilmesine ihtiyaç olduğunu düşünmüştür. Zaki ve Williams (2013) var olan literatürdeki bilgileri birleştirerek bir model ortaya atmıştır. Bu modele göre kişilerarası duygu düzenleme üzerinden iki ayrıma gidilmiştir. Birincisi kişinin kendi duygularını düzenlerken başkalarını kullandığı durum (içsel kişilerarası duygu

düzenleme), ikincisi bir kişinin başkasının duygularını düzenlemek için giriştiği çabalardır (dışsal kişilerarası duygu düzenleme). İkinci olarak kişilerarası duygu düzenlemenin başkasının belirli bir tepkisine bağlı olduğu (tepkiye bağlı) ve kişilerarası duygu düzenlemenin başkasının tepkisi ile ilişkili olmadığı (tepkiden bağımsız) durumlar ayrıştırılmıştır. Böyle bir ayrıma gidilerek kavramsallaştırılmada kolaylık sağlansa da insan davranışının tek bir kategoriye uymayacak derecede karmaşık olduğu vurgulanmaktadır. Araştırmacılar pratikte çoğu durumda içsel ve dışsal duygu düzenlemenin ve tepkiye bağımlı ve tepkiden bağımsız duygu düzenlemenin bir arada kullanılabildiğine işaret etmektedir (Zaki ve Williams, 2013).

İçsel duygu düzenleme ile benzer şekilde kişilerarası duygu düzenleme alanında da uyumlu ve uyumsuz stratejileri belirlemek amacıyla çalışmalar yürütülmüştür. En genel bağlamda, kişilerarası duygu düzenlemenin stresi azalttığı durumlarda uyumlu, problemin devamında rolü olduğu durumlarda uyumsuz olduğu söylenebilir (Hofman, 2014). İçsel kişilerarası duygu düzenlemenin kavramsallaştırılması ve uygun ölçeklerin geliştirilmesi son yıllarda tamamlandığı için bu alanda literatürdeki bilgiler kısıtlıdır. Eldeki bulgular yaş ile olumsuz duyguları kişilerarası bağlamda düzenleme çabaları arasında ters yönde anlamlı bir ilişki olduğuna işaret etmektedir. Psikopatoloji ile kişilerarası duygu düzenlemenin ilişkisini araştıran çalışmalarda tavsiye arama gibi bazı stratejilerin psikolojik sağlık ile ilişkili olabileceği belirtilirken, onay arama gibi bazı içsel kişilerarası duygu düzenleme stratejilerinin psikopatoloji ile ilişkili olabileceği belirtilmiştir (Hofmann, 2014; Aldao ve Dixon-Gordon, 2014). Son olarak, Hofmann ve ark.'nın (2016) çalışması olumsuz duyguların kişilerarası bağlamda düzenlenmesinin içsel duygu düzenleme becerilerinde problemlere işaret edebileceğini ortaya çıkarmıştır.

Çalışmanın Amacı

Mevcut literatür ışığında, bu çalışmanın amacı, algılanan ebeveyn ilişkileri, reddedilme duyarlılığı, duygu düzenleme, kişilerarası duygu düzenlemesi ve kişilik bozuklukları arasındaki ilişkileri incelemektir.

Çalışmanın hipotezleri şu şekildedir:

1. Algılanan ebeveyn yetiştirme biçimlerinin reddedilme duyarlılık düzeyleri ile ilişkisi olması beklenmektedir.
2. Algılanan ebeveyn yetiştirme biçimlerinin reddedilme duyarlılığına etkisinin kadın ve erkekler için farklı olması beklenmektedir.
3. Algılanan ebeveyn yetiştirme biçimlerinin kişilik bozuklukları semptomatolojisi ile ilişkili olması beklenmektedir.
4. Reddedilme duyarlılığının kişilik bozuklukları semptomatolojisi ile ilişkili olması beklenmektedir.
5. İçsel duygu düzenleme ve içsel kişilerarası duygu düzenlemenin algılanan ebeveyn yetiştirme biçimleri ve reddedilme duyarlılığı ile ilişkili olması beklenmektedir.
6. İçsel duygu düzenlemenin reddedilme duyarlılığı ve kişilik bozuklukları semptomatolojisi arasındaki ilişkide aracı rolü olması beklenmektedir.
7. İçsel kişilerarası duygu düzenlemenin reddedilme duyarlılığı ve kişilik bozuklukları semptomatolojisi arasındaki ilişkide aracı rolü olması beklenmektedir.

YÖNTEM

Örneklem

Çalışmada 583 üniversite lisans öğrencisi katılımcıdan toplanan bilgiler yer almıştır. Katılımcılardan 450 kişi kadın, 133 kişi ise erkektir. Katılımcıların yaşları 18 ile 28 arasında değişmektedir (*Ort* = 21.24, *S* = 1.89).

Ölçüm Araçları

Çalışmadaki veriler araştırmacılar tarafından hazırlanmış olan demografik bilgi formu, Algılanan Ebeveyn Tutumları-Kısa Formu, Reddedilme Duyarlılığı Ölçeği,

Duygu Düzenlemede Güçlükler Ölçeği, Kişilerarası Duygu Düzenleme Ölçeği ve Kişilik İnanç Ölçeği Kısa Formu kullanılarak toplanmıştır. Bu çalışmanın öncesinde 547 kişiden oluşan farklı bir örneklem ile Kişilerarası Duygu Düzenleme Ölçeği'nin Türkçe adaptasyonu tamamlanmış ve ölçeğin geçerlik ve güvenirliğinin iyi düzeyde olduğu bulunmuştur.

İşlem

Veri toplamadan önce hem ölçek çeviri çalışması için hem de ana çalışma için Orta Doğu Teknik Üniversitesi İnsan Araştırmaları Etik Kurulu' ndan Etik kurul izni alınmıştır. Her iki çalışma için de veriler Qualtrics programı üzerinden toplanmıştır. Birinci çalışmada Kişilerarası Duygu Düzenleme Ölçeğinin yeterli düzeyde geçerlik ve güvenirliğe sahip olduğu görüldükten sonra ana çalışmaya başlanmıştır.

İstatistiksel Analizler

Araştırma kapsamında analizler SPSS ile yürütülmüştür. Birinci çalışma kapsamında geçerlik ve güvenirlik analizleri yapılmıştır. Ana çalışma için ise demografik değişkenlerin araştırmanın ölçekleri üzerindeki etkisini araştırmak amacıyla bir dizi varyans analizi uygulanmıştır. Bunun ardından çalışmanın hipotezlerini test etmek amacı ile bir dizi hiyerarşik çoklu regresyon analizleri yürütülmüştür. Son olarak ise aracı değişkenlerin rolüne bakmak ve tüm modeli test etmek amacıyla LISREL 9.2 kullanılarak path analizi yürütülmüştür.

BULGULAR ve TARTIŞMA

Hiyerarşik Regresyon Analizleri

Çalışmanın hipotezlerini test edebilmek amacıyla toplamda on bir regresyon analizi yürütülmüştür. Birinci analiz algılanan ebeveyn yetiştirme stillerinin reddedilme duyarlılığı üzerindeki etkisini araştırmak amacıyla yapılmıştır. Sonrasında aynı analiz kadın ve erkek katılımcılar için ayrı ayrı yürütülmüş ve hipotez test edilmiştir. İkinci kısımda, algılanan ebeveyn yetiştirme stillerinin ve reddedilme duyarlılığının aracı değişkenler olan duygu düzenleme güçlükleri ve kişilerarası duygu düzenleme değişkenleri üzerindeki etkisine bakılmıştır. Üçüncü kısımda ise tüm diğer

değişkenlerin (algılanan ebeveyn yetiştirme stilleri, reddedilme duyarlılığı, duygu düzenleme güçlükleri ve kişilerarası duygu düzenleme) kişilik semptomatolojisindeki etkisi araştırılmıştır. Kadın ve erkekler için ayrı yapılan analizler dışında tüm analizlerde yaş ve cinsiyet kontrol değişkeni olarak birinci adımda analize sokulmuştur.

İlk analizde reddedilme duyarlılığı ile algılanan ebeveyn yetiştirme stillerinin ilişkisini belirlemek amaçlanmıştır. Sonuçlara göre, yaşın (β = -.10, t[580] = -2.35, p < .05) ve babadan algılanan duygusal sıcaklığın (β = -.15, t[580] = -3.72, p < .001) reddedilme hassasiyetini negatif yönde anlamlı olarak yordadığı bulunmuştur. Kadın ve erkek katılımcılar için ayrı ayrı yürütülen analizlerde ise, kadınlar için babadan algılanan duygusal sıcaklığın (β = -17., t[448] = -3.62, p < .001) reddedilme hassasiyeti ile negatif yönde ilişkisi bulunurken; erkek katılımcılar için ise babadan algılanan reddin (β = 20., t[131] = 2.31, p < .05) reddedilme hassasiyeti ile pozitif yönde ilişkisi olduğu bulgusu elde edilmiştir. Yaş arttıkça reddedilme duyarlılığının azalması bulgusunun kimlik oluşumu ile ilişkili olabileceği düşünülmektedir. Daha küçük yaştaki katılımcıların kendilerine dair algılarının ve kabullerinin daha büyük yaştakilere göre daha belirsiz olması beklenebileceğinden, başkalarının da kendilerini kabul etmeyeceğine dair inançlarının daha yüksek olabileceği düşünülmüştür. Literatürdeki çalışmaların sonuçları genellikle erken dönemde yaşanan reddedilme deneyimlerinin, sonraki ilişkilerden beklentileri şekillendirdiğini belirtmektedir. Diğer bir deyişle ailede algılanan reddedilme deneyimlerinin yetişkinlikteki reddedilme düzeyleri ile ilişkili olduğuna dair bulgular mevcuttur (örn. Downey ve Feldman, 1996; Levy ve ark., 2001). Bu çalışmada ise tüm örneklem için sonuçlar babadan algılanan duygusal sıcaklığın yokluğunun reddedilme düzeyindeki yükseklik ile ilişkili olduğuna işaret etmektedir. Duygusal sıcaklığın çocuklar için önemine bağlanma teorisi, ebeveyn kabul-red kuramı gibi birçok teoride yer verilmiştir. Özellikle de son yıllarda anne ve babanın çocuklar üzerindeki farklı etkileri araştırmaların konusu olmaktadır. Her ne kadar 1970'li yıllara kadar babaların rolü üzerine çalışmalar az olsa da son yıllarda yapılan çalışmalar babaların çocuklar üzerinde anneden farklı ve biricik etkileri olduğunu göstermektedir. Babadan algılanan sıcaklığın düşük stres düzeyleri ile, daha az

depresif belirtiler ve davranış problemleri ile ilişkili olduğuna dair çalışmalar vardır (Leung, Yeung ve Wong, 2010; Storch ve ark., 2003; Marsiglio, Amato, Day, ve Lamb, 2000). Paquette (2004) babaların annelerden farklı olarak çocukları dış dünyaya açan bir rolü olduğunu belirtmektedir. Literatürde, babanın duygusal sıcaklığının dış dünya ile ilişki kurmada önemi olan kişilerarası beceriler ile ve sosyal beceriler ile de ilişkili olduğu bulunmuştur (Bugental ve Grusec, 2006; Amato, 1994). Bu bağlamda duygusal olarak sıcak bir babanın yardımı ile çocuk dış dünyanın da kabul edici olacağına dair bir şema geliştirebilir. Fakat baba duygusal sıcaklık bakımından eksik olduğunda, çocuk bunun sebeplerini kendisinde arayabilir ve öz güven duygusu zarar görebilir. Bu da diğer insanlar tarafından reddedilmeyi beklemesi konusunda bir risk faktörü oluşturabilir.

Duygu düzenleme güçlükleri ile algılanan ebeveyn yetiştirme stilleri ve reddedilme hassasiyeti arasındaki ilişkiyi belirlemek amacıyla regresyon analizi yürütülmüştür. Analizin sonuçlarına göre algılanan anne yetiştirme stillerinin tamamı ve reddedilme hassasiyeti duygu düzenleme güçlüklerini ile ilişkili bulunmuştur. Anneden algılanan red (β = .23, t[579] = 5.64, p < .001), anneden algılanan aşırı koruma/kontrol (β = .10, t[578] = 2.28, p < .05) ve reddedilme duyarlılığı (β = .22, t[576] = 5.45, p < .001) duygu düzenleme güçlükleri ile pozitif yönde ilişkili bulunurken, anneden algılanan duygusal sıcaklık (β = -.12, t[577] = -2.49, p < .05) ise duygu düzenleme güçlükleri ile negatif yönde ilişkili bulunmuştur. Bu bulgular duyguların sosyalleşmesinde özellikle annenin rolüne vurgu yapması bakımında literatür ile uyumludur. Babanın rolü aileler içinde giderek artsa da, anne hala çoğu ailede temel bakım veren ve çocukla en çok zaman geçiren kişidir. Anne belirli duygu düzenleme stratejilerini modelleyerek ya da çocuğun belli stratejileri kullanmasını teşvik ederek ona duygu düzenlemeyi öğretebilir (Calkins ve Johnson, 1998). Mevcut çalışmalarda çocuğun dikkatinin stres kaynağından uzaklaştırılmasına dair annenin çabalarının çocukta bu yöntemin içselleştirilmesine katkıda bulunabileceğine vurgu yapılmaktadır. Bununla birlikte eğer anne agresif davranır ve ceza verirse bu tutum çocukta stresi arttıracak ve duyguların düzenlenmesine yardımcı olmayacaktır. Annenin reddedici, aşırı koruyucu ve kontrolcü algılandığı durumlarda annenin duygu düzenleme açısından çocuğun stresini yatıştırmakta zorluk yaşaması

beklenebilir. Fakat duygusal olarak sıcak bir anne çocuğun duygularını düzenlemesinde ona yardımcı olarak model olabilmektedir. Bir diğer bulgu duygu düzenlemede yaşanan güçlüğün reddedilme duyarlılığı ile ilişkili olmasıdır Literatürdeki bulgular da bu çalışma ile benzer şekilde reddedilme duyarlılığı olan kişilerin daha çok duygu düzenleme güçlüğü yaşadığını savunmaktadır (Kross ve ark., 2007; Velotti ve ark., 2015). Reddedilme duyarlılığı olan bireylerin, nötr olayları bile reddedilme işareti olarak algılayıp aşırı tepki verebileceği vurgulanmaktadır (Downey ve Feldman, 1996). Bu reddedilme algısının yarattığı yoğun duygular düzenlenemediğinde kişi bu durumla baş etmek için karşı saldırı, içe çekilme veya karşıyı memnun etmeye çabalama gibi yollara başvurabilmektedir.

Kişilerarası duygu düzenleme ile algılanan ebeveyn yetiştirme stilleri ve reddedilme hassasiyeti arasındaki ilişkiyi belirlemek amacıyla regresyon analizi yürütülmüştür. Analiz sonucunda kadınların (β = .09, t[581] = -2.20, p < .05) erkeklere kıyasla daha çok kişilerarası duygu düzenleme stratejilerini kullandığı bulunmuştur. Cinsiyet değişkeni kontrol edildikten sonra babadan algılanan aşırı koruma/kontrol (β = .11, t[580] = 2.59, p < .01), anneden algılanan duygusal sıcaklık (β = .11, t[579] = 2.62, p < .01) ve anneden algılanan red (β = .13, t[578] = 2.51, p < .05) kişilerarası duygu düzenleme ile pozitif yönde ilişkili bulunmuştur. Kişilerarası duygu düzenleme nispeten yeni bir kavram olduğu için bu çalışmanın sonuçlarını karşılaştırmak için literatürdeki çalışmalar yetersiz olsa da teorik altyapının ve ilgili birkaç çalışmanın yol gösterici olabileceği düşünülmüştür. Bulgular kadınların erkeklere göre daha yüksek kişilerarası duygu düzenleme puanları aldığına işaret etmiştir. Cinsiyet rolleri bağlamında erkeklere kıyasla kadınların duygularını ifade etmesi daha kabul edilir görülmekte ve sıklıkla da teşvik edilmektedir. Kadınların duygu ifadeleri kültürün beklentileri ve cinsiyet rolleri ile kısıtlanmadığı için, kadınların kişilerarası bağlamda duygu düzenlemeye erkeklere kıyasla daha rahat başvurabilecekleri varsayılabilir. Çalışmanın bulguları ayrıca babadan algılanan aşırı korumanın, anneden algılanan reddin ve duygusal sıcaklığın da kişilerarası duygu düzenleme puanlarındaki artışla ilişkili olduğunu göstermiştir. Aile tarafından uygulanan aşırı koruma ve kontrol sıklıkla çocuğun yeni ve zorlayıcı durumlara girmesini engellemektedir. Bu durumun bireyin öz güven, sağlıklı duygu regülasyonu ve baş etme stratejilerinin gelişiminde

de etkisi olabileceği söylenebilir. Hofmann ve ark. (2016) kişinin içsel duygu düzenlemede yaşadığı zorluğun duygu düzenleme için daha sıklıkla kişilerarası bağlamı kullanma ile ilişkili olduğunu belirtmiştir. Buradan yola çıkarak, reddedilmiş, aşırı kontrol edilmiş ve korunmuş bireylerin bireyselliklerinin, kendi baş etme stratejilerinin ve duygu düzenleme stratejilerinin yeterince gelişmemiş olabileceği ve bunun da duygu düzenlemede daha çok başkalarına yönelme ile ilişkili olabileceği düşünülmüştür. Diğer bir taraftan anneden algılanan duygusal sıcaklığın kişilerarası duygu düzenleme ile pozitif yönde ilişkisi bulunmuştur. Annesini duygusal olarak sıcak algılayanların dünyaya dair daha pozitif bir beklenti içinde olabilecekleri, ihtiyaçları olduğunda başkalarına yönelmek konusunda daha az sıkıntı yaşayacakları varsayılabilir. Bu bağlamda anneden algılanan sıcaklık, başkalarına güven ile ilişkilendirilebilir. Ebeveynlerden algılanan aşırı koruma ve red kişilerarası duygu düzenlemeyi probleme katkıda bulunacak şekilde kullanma ile ilişkilendirilirken, anneden algılanan sıcaklık kişilerarası duygu düzenlemenin daha uyumlu tarafına işaret edebilmektedir.

A küme kişilik bozuklukları ile algılanan ebeveyn yetiştirme stilleri, reddedilme hassasiyeti, duygu düzenleme ve kişilerarası duygu düzenleme arasındaki ilişkiyi belirlemek amacıyla regresyon analizi yürütülmüştür. Sonuçlara göre babadan algılanan red (β = .29, t[581] = 7.32, p < .001) ve aşırı koruma/kontrolün (β = .18, t[580] = 4.08, p < .001) ve anneden algılanan reddin (β = .15, t[579] = 2.95, p < .01); ayrıca duygu düzenleme güçlüklerinin (β = .20, t[577] = 5.05, p < .001), A küme kişilik bozuklukları ile pozitif yönde anlamlı ilişkisi bulunmuştur. Kişilerarası duygu düzenlemenin (β = -.11, t[576] = 2.88, p < .01) ise A küme kişilik bozuklukları ile negatif yönde ilişkili olduğu sonucu elde edilmiştir. DSM-5'te A Küme kişilik bozuklukları diğer insanlara karşı güvensizlik ve şüphe, kısıtlı duygusal ifade, diğer insanlarla birlikteyken rahatsızlık, olumsuz özellikleri karşıya atfetme ve ilişkilere karşı isteksizlik belirtilerini paylaşmaktadır (APA, 2013). Bu çalışmanın sonuçları her iki ebeveynden algılanan reddin A Küme kişilik bozuklukları ile ilişkisine işaret etmiştir. Dünyaya ve ilişkilere dair ilk şemalar aile içinde oluştuğundan, annenin de babanın da reddedici olduğu bir ortamda çocuğun benliğini koruyabilmesi ve mevcut durumla baş edebilmesi için kötü olanı diğerlerine atfedebileceği düşünülmüştür.

Buna ek olarak sonuçlar babanın aşırı korumacılığı ve kontrolünün de A Küme kişilik bozuklukları ile ilişkisini göstermiştir. Baba, çocuk için dış dünyanın bir temsili sayıldığından, A küme kişilik bozukluğuna sahip kişilerin babanın aşırı korumacılığını dış dünyanın tehlikeli olduğuna dair bir mesaj olarak yorumlayabilecekleri düşünülmüştür. Buna ek olarak A kime kişilik bozukluklarında duygu düzenleme güçlüklerinin anlamlı etkisi bulunmuştur. Başarılı duygu düzenlemede en önemli faktör esneklik iken A kime kişilik bozukluklarının hem bilişsel hem duygu dünyalarında katı olmalarının, bu zorluk ile ilişkili olabileceği düşünülmüştür. A küme kişilik bozukluklarının en temel özelliklerinden birisi de başka insanlarla ilişkilerinin çok kısıtlı olmasıdır. Diğer insanlara güvenmedikleri ve onlardan şüphe ettikleri için kişilerarası bağlamda duygularını düzenlemeye daha az yatkın olmaları beklenti ile uyumludur.

B küme kişilik bozuklukları ile algılanan ebeveyn yetiştirme stilleri, reddedilme hassasiyeti, duygu düzenleme ve kişilerarası duygu düzenleme arasındaki ilişkiyi belirlemek amacıyla regresyon analizi yürütülmüştür. Analiz sonuçları erkeklerin (β = .15, t[581] = 3.54, p < .001) kadınlara göre anlamlı olarak daha yüksek B küme kişilik bozuklukları puanları aldığını göstermiştir. Diğer değişkenlerden ise anneden algılanan red (β = .32, t[580] = 8.27, p < .001), babadan algılanan aşırı koruma/kontrol (β = .21, t[579] = 5.17, p < .001), duygu düzenleme güçlükleri (β = .42, t[577] = 11.66, p < .001), ve kişilerarası duygu düzenleme (β = .15, t[576] = 4.34, p < .001) B küme kişilik bozuklukları ile pozitif yönde ilişkili bulunmuştur. Literatürde narsisistik ve antisosyal kişilik bozukluklarının daha çok erkeklerde görüldüğüne dair bulgular mevcuttur. Bu bağlamda B küme kişilik bozukluklarının erkek katılımcılarda daha yüksek olması literatür ile uyumludur. DSM-5'e göre B küme kişilik bozuklukları empati yoksunluğu, aşırı ve dengesiz duygu durumları, stabil olmayan ilişkiler, dürtüsellik, sosyal normları ve başkalarının haklarını ihlal ve huzursuzluk gibi özellikleri paylaşmaktadır. B küme kişilik bozukluklarının güvensiz bağlanma ile ilişkisi literatürdeki birçok çalışmada desteklenmektedir.Güvenli bağlanma kurulabilmesi için tutarlı, sabit ve ilgili bir ebeveyn tutumu önemlidir (Bowlby, 1973). Bununla birlikte Bateman ve Fonagy (2010) duyguların anlamlandırılması ve ilişkilerde karşılıklılığın anlaşılması için aynalanmanın

önemine işaret etmektedir. Annenin reddedici olduğu bir aile ortamında bu ihtiyaçların karşılanmayabileceği ve duygu düzenleme, baş etme, mentalizasyon gibi becerilerin gelişiminin olumsuz yönde etkileneceği düşünülmektedir. Buna ek olarak aşırı koruma ve kontrol bireyselliğin ve öz güvenin gelişmesine olumsuz etki edebileceği için, B küme kişilik bozukluklarına sahip kişilerin sabit olmayan benlik algıları ile ilişkilendirilebilir. Duygu düzenleme becerileri literatürde ve bu çalışmada annenin ebeveynlik stilleri ile ilişkilendirilmiştir. Reddedici bir annenin çocuğun dikkatini stres yaratan etmenden uzaklaştırmakta, ona duygu düzenleme becerileri kazandırmakta başarılı olamayabileceği; tam tersine çocukta olumsuz duyguları daha da şiddetlendirebileceği düşünülmektedir. Bu bağlamda B küme kişilik bozukluklarının duygu düzenleme zorlukları ile ilişkisi de anlamlıdır. Kişilerarası duygu düzenleme daha önce de bahsedildiği gibi duruma göre uyumlu ya da uyumsuz olabilmektedir. B küme kişilik bozukluklarında birçok belirti kişilerarası ilişkiler ile alakalıdır. Bu bağlamda kişilerarası duygu düzenlemenin çok kullanılmasının problemin kendisi ile yakından ilişkili olabileceği düşünülmüştür. Örneğin narsisistik özellikleri olan bir birey başkalarını kendi neşe ve mutluluk duygularını arttırmak için kullanabilir, ya da borderline özelliklere sahip bir kişi diğerini idealize ettiğinde onun görüşlerini almaya çok istekli olabilir.

C küme kişilik bozuklukları ile algılanan ebeveyn yetiştirme stilleri, reddedilme hassasiyeti, duygu düzenleme ve kişilerarası duygu düzenleme arasındaki ilişkiyi belirlemek amacıyla regresyon analizi yürütülmüştür. Analiz sonuçları erkeklerin (β = .13, t[581] = 3.23, p < .01) kadınlara göre anlamlı olarak daha yüksek C küme kişilik bozuklukları puanları aldığını göstermiştir. Diğer değişkenlerden ise anneden algılanan red (β = .29, t[580] = 7.33, p < .001), babadan algılanan aşırı koruma/kontrol (β = .20, t[579] = 4.78, p < .001), reddedilme duyarlılığı (β = .14, t[578] = 3.59, p < .001), duygu düzenleme (β = .47, t[577] = 13.14, p < .001), ve kişilerarası duygu düzenleme (β = .16, t[576] = 4.82, p < .001) C küme kişilik bozuklukları ile pozitif yönde ilişkili bulunmuştur. Bu çalışmada literatürde de olduğu gibi erkek katılımcılarda obsesif kompulsif kişilik özelliklerinin daha yüksek olduğu bulunmuştur. Bu anlamlı farkın küme bazında da etkisini göstermiş olabileceği düşünülmektedir.

DSM-5 'e göre C küme kişilik bozuklukları sosyal içe çekilme ya da yapışma; olumsuz değerlendirilme, eleştiri ve reddedilmeye karşı hassasiyet; güven eksikliği ve aşırı mükemmelliyetçilik gibi özellikleri içermektedir (APA, 2013). Çocuğun öz güveninin, bireyselliğinin ve kendini düzenleme becerilerinin gelişmesi için ailenin sağladığı ilişkiselliğin ve otonominin dengeli bir biçimde olması gerekmektedir (Southam-Gerow ve Kendall, 2002). Fakat geleneksel Türk kültüründe her iki cins için de desteklenen özellik uyumluluktur (Sunar, 2002). Bu bağlamda annenin reddi ile ilişkiselliğin, babanın aşırı kontrolü ile de otonominin engellendiği düşünülebilir. Bu durumun C küme kişilik bozukluklarına sahip kişilerde kendi kaynaklarındansa başkalarının kaynaklarına güvenmeye yol açabileceği düşünülmektedir. B küme kişilik bozukluklarında olduğu gibi kişilerarası duygu düzenlemenin C küme kişilik bozukluğu belirtileri olumlu yönde ilişkisi bulunmuştur. Bu ilişkinin C kümedeki bazı bozuklukların doğası ile ilişkili olabileceği düşünülmektedir. Örneğin bağımlı kişilik özelliklerine sahip bir kişi hayatı için önemli bir karar almak durumunda kaldığında başkalarının görüşüne kendisininkinden daha çok önem verebilir, ya da obsesif kompulsif kişilik özellikleri olan bir kişi mükemmel sonuçlara ulaşabilmek için perspektif alma ya da sosyal modellemeyi kullanabilir.

Kişilik bozukluklarının farklı kümelerinde duygu düzenleme ve kişilerarası duygu düzenlemenin hangi alt ölçeklerinin anlamlı olarak ilişkili olduğunu tespit etmek amacıyla üç ek regresyon analizi daha yürütülmüştür.Bu analizde ilk basamakta yine yaş ve cinsiyet, ikinci basamakta algılanan ebeveyn yetiştirme stilleri ve üçüncü basamakta reddedilme duyarlılığı eşitliğe sokulmuş bir önceki analizlerden farklı olarak son basamakta duygu düzenleme ve kişilerarası duygu düzenlemenin alt ölçekleri eşitliğe sokulmuştur. *A küme kişilik bozukluklarında* duygu düzenleme güçlüklerinden stratejide güçlük (β = .26, t[578] = 6.58, p < .001), ve kabulde güçlük (β =.11, t[574] = 2.24, p < .05) A küme kişilik bozuklukları ile pozitif yönde ilişkili bulunurken, farkındalıkta güçlük (β = -.13, t[576] = -3.40, p < .001) A küme kişilik bozuklukları ile negatif yönde ilişkili bulunmuştur. Kişilerarası duygu düzenlemede ise olumlu duyguları arttırma (β = -.12, t[577] = -3.27, p < .001) ve yatıştırılma (β = -.09, t[575] = -2.06, p < .05) için kişilerarası bağlamı kullanma A küme kişilik bozuklukları ile negatif yönde ilişkili bulunmuştur.

B küme kişilik bozukluklarında duygu düzenleme güçlüklerinden stratejide güçlük (β = .44, t[578] = 12.64, p < .001), dürtü kontrolde güçlük (β = .19, t[576] = 3.84, p < .001) ve kabulde güçlük (β = .11, t[574] = 2.66, p < .01) B küme kişilik bozuklukları ile pozitif yönde ilişkili bulunurken, farkındalıkta güçlük (β = -.08, t[575] = -2.06, p < .01) B küme kişilik bozuklukları ile negatif yönde ilişkili bulunmuştur. Kişilerarası duygu düzenlemede ise perspektif almak (β = .15, t[577] = 4.47, p < .001) için kişilerarası bağlamı kullanmanın B küme kişilik bozuklukları ile pozitif yönde ilişkisi olduğu bulunmuştur.

C küme kişilik bozukluklarında duygu düzenleme güçlüklerinden stratejide güçlük, dürtü kontrolde güçlük (β = .15, t[574] = 3.00, p < .01) ve kabulde güçlük (β = .21, t[576] = 4.94, p < .001) C küme kişilik bozuklukları ile pozitif yönde ilişkili bulunurken, kişilerarası duygu düzenlemede ise perspektif almak (β = .14, t[575] = 4.19, p < .001) için kişilerarası bağlamı kullanmanın C küme kişilik bozuklukları ile pozitif yönde ilişkisi olduğu bulunmuştur.

Bu sonuçlar tüm kişilik bozuklukları kümelerinde strateji bulma zorluğunun anlamlı etkisine işaret etmiştir. Bu kişiler olumsuz duyguların çok uzun süreceğine ve bu duyguları çözmek için hiçbir şeyin yardımcı olamayacağına inanma eğiliminde olmaktadır. Duygu düzenleme becerileri annenin yetiştirme tarzı ile anlamlı olarak ilişkili bulunduğundan ve tüm kişilik bozukluklarında da anne reddinin anlamlı ilişkisi olduğundan, bu kişilerin duygu düzenlemede sağlıklı stratejileri bulma becerilerinin yeterince gelişmemiş olabileceği düşünülmüştür. A ve B küme kişilik bozukluklarında duygu farkındalığında güçlüğün az olması belirtiler ile olumlu yönde ilişkili bulunmuştur. B küme kişilik bozuklukları duygusal yoğunluk ile yakından ilişkili olduğundan, bu kişilerin duygularının oldukça farkında olduğu fakat bu karmaşık duyguları anlamlandırmakta zorluk yaşadıkları düşünülebilir. A küme kişilik bozukluklarında ise örneğin paranoid kişilik özellikleri olan bir kişinin hissettiği korkunun oldukça farkında olduğu fakat problemin bu duygunun gerçek durum ile uyumsuz olması olduğu söylenebilir. Tüm kişilik bozukluğu kümelerinde duyguların kabul edilmesinde yaşanan zorluk belirtiler ile pozitif yönde anlamlı ilişkili bulunmuştur. Duyguların kabul edilmesinde yaşanan zorluk, o duygulara sahip olunduğu için kendini suçlama, utanma, ve rahatsız hissetme ile ilişkilidir. A

küme kişilik bozukluklarına sahip kişilerde duygulardan utanma ve suçlu hissetme beklenenin dışındadır çünkü bu kişiler kendi görüşlerinde katı olmaları ve kötü özellikleri başkalarına atfetmeleri ile tanınmaktadır. Bu sonuçlarda örneklemin klinik örneklem olmamasının etkili olmuş olabileceği düşünülmüştür. Bu çalışmadaki katılımcılar her ne kadar A küme kişilik bozukluklarına dair inançlar gösterseler de katılımcıların gerçeği değerlendirmeleri klinik bir örneklemdeki kadar bozulmuş olmayacaktır. Bu nedenle, başkalarından şüphe etmeleri ve güvensizliklerinin bu kişilerde suçluluk, utanç gibi duygularla ilişkili çıkmış olabileceği düşünülmüştür. B küme ve C küme kişilik bozukluklarında dürtü kontrol zorluğunun anlamlı etkisi bulunmuştur. Bu alanda yaşanan zorluk duygulara karşı töleransın olmaması ve tepki olarak dürtüsellik ile tanımlanmaktadır. A küme ve B küme kişilik bozukluklarına sahip bireyler içsel duygu düzenlemede zorluk yaşadıkları için bu duygular ile davranışsal tepkileri ile başa çıkmaya çalıştıkları iddia edilebilir. Örneğin borderline özelliklere sahip bir kişi benliğine dair karşıdan ufak bir tehdit aldığından bu durumla dürtüsel ve agresif bir şekilde, karşıyı değersizleştirerek baş etmeye çalışabilir. Fakat B ve C küme kişilik bozuklukları için dürtüsellik farklı şekillerde olabilir. Örneğin bağımlı kişilik özelliklerine sahip bir kişi yalnız kalmaktan ve başkalarının desteğini kaybetmekten çok korktuğu için dürtüsel bir şekilde istemediği bir teklifi kabul edebilir. Kişilerarası duygu düzenleme bağlamında düşünüldüğünde olumlu duyguları arttırma ve yatıştırma gibi kişilerarası duygu düzenleme stratejilerinin A küme kişilik bozuklukları ile negatif yönde ilişkisi beklenti ile uyumludur. A küme kişilik bozukluklarına sahip kişilerin diğer kişilerle ilişkisi kısıtlı olduğundan ve başkalarına güvenmediklerinde, duygularını bu alanda düzenlemeyi tercih etmedikleri düşünülmüştür.

Model Testi

Modeli test etmek amacıyla reddedilme hassasiyeti, duygu düzenleme güçlükleri ve kişilerarası duygu düzenlemenin algılanan ebeveyn yetiştirme stilleri ve kişilik bozukluğu kümeleri arasındaki aracı etkisi path analizi ile incelenmiştir. Literatürdeki bulgular tutarsız olduğundan öncelikle model tüm ilişkilerle test edilmiştir. Sonrasında, yordayıcı değişkenden aracı değişkene, aracı değişkenden sonuç değişkenine ve yordayıcı değişkenden sonuç değişkenine giden anlamsız oklar

modelden çıkarılmıştır.Sonuçlar ebeveyn yetiştirme tutumlarının kişilik semptomatolojisini aracı değişkenler yoluyla doğrudan ve dolaylı olarak yordadığını göstermiştir. Algılanan ebeveyn yetiştirme tutumlarından anneden algılanan reddin doğrudan B küme ve C küme kişilik bozukluğu semptomlarını; babadan algılanan aşırı korumanın doğrudan A küme kişilik bozukluğu semptomlarını; ve babadan algılanan reddin A küme kişilik bozukluğu semptomlarını yordadığı bulunmuştur. Buna ek olarak, iki aracı değişken modeli elde edilmiştir. Birinci modelde kişilerarası duygu düzenlemenin algılanan ebeveyn tutumları ve kişilik bozukluğu kümeleri arasında düzenleyici etkisi olduğu, ikinci modelde reddedilme hassasiyeti ve duygu düzenleme güçlüğünün algılanan ebeveyn tutumları ve kişilik bozukluğu kümeleri arasındaki düzenleyici etkisi olduğu bulunmuştur.

Çalışmanın Önemi

Bilindiği kadarıyla bu çalışma içsel ve kişilerarası duygu düzenleme stratejilerinin kişilik bozukluğu kümeleri üzerindeki etkisini aynı anda inceleyen ilk çalışmadır. Ayrıca kişilerarası duygu düzenleme ölçeğinin bu çalışma kapsamında Türkçe' ye çevrilmiş olması ve Türkçe adaptasyon çalışmalarının yapılması da bu çalışmanın katkılarındandır.

Çalışmanın sonuçları kişilerarası duygu düzenlemeye sıklıkla başvurmanın içsel duygu düzenleme sisteminde bir eksikliğe işaret edebileceğini göstermektedir. Duygu düzenlemede içsel kaynakları yeterli olmayanlar kişilerarası kaynaklara başvurabilmektedir. Fakat, içsel duygu düzenlemenin aksine, kişilerarası duygu düzenleme kişilik bozuklukları ile ilişkili bulunmuştur. Kişilerarası duygu düzenlemenin daha erken yaşlarda faydası olabileceği fakat yetişkinlik döneminde başkalarının kaynaklarına güvenmenin psikolojik sağlığa kötü etkileri olabileceği belirtilebilir. Eğer zaman içerisinde başkalarının duygu düzenleme stratejileri içselleştirilebiliyorsa, içsel duygu düzenleme kaynakları zenginleştirilip bu alanda başkalarına bağımlılığın azalabileceği söylenebilir.

Duygu düzenleme kapasitesinin arttırılması terapinin de amaçlarından biridir. Çalışmanın sonuçlarına göre, kişilerarası kaynaklara bağlı olmak psikolojik sağlığı kötü yönde etkilemektedir. Bu bağlamda terapi sürecinde terapistin danışanın içsel

kaynaklarının ne ölçüde geliştiğini takip ederek, kişilerarası bağlama bağımlılığı azaltmayı hedefleyebileceği söylenebilir.

Bu çalışma ayrıca reddedilme hassasiyetine dair de önemli bilgiler ortaya koymuştur. Literatürde reddedilme hassasiyeti sıklıkla borderline kişilik bozukluğu ile çalışılmışken, bu çalışmanın sonuçları reddedilme hassasiyetinin C küme kişilik bozuklukları ile ilişkisine işaret etmektedir. Ek olarak bu çalışma kendilik gelişimi ve duygu düzenlemede annenin hayati rolüne ek olarak babanın da etkisine işaret etmektedir. Çalışmanın sonuçlarına göre, reddedilme hassasiyet düzeyleri babadan algılanan duygusal sıcaklık ve babadan algılanan red ile ilişkili bulunmuştur. Son olarak bu çalışma duygu düzenleme gelişiminde annenin büyük etkisine işaret etmektedir. duygu düzenleme psikolojik sağlık ile yakından ilişkili olduğundan annelerin çocuklarının duygusal dünyaları üzerindeki etkilerini azımsamamaları gerektiği belirtilebilir.

Çalışmanın Kısıtlılıkları

Bu çalışmanın mevcut literatüre katkılarına ek olarak, bazı kısıtlılıkları da mevcuttur. Öncelikle, bu çalışma kesitsel bir çalışma olduğundan sonuçlardan nedensellik çıkarılamamaktadır. İkinci olarak, algılanan ebeveyn yetiştirme stillerine dair bilgiler katılımcıların hafızalarına dayalı olduğundan tarafsız olmayabileceği düşünülmektedir. Üçüncü olarak, bu çalışmanın katımcıları büyük ölçüde orta gelir düzeyine sahip üniversite öğrencilerinden oluşmaktadır. Ayrıca çalışmadaki kadın katılımcıların sayısı erkek katılımcılara oranla oldukça fazladır. Son olarak bu çalışmanın örneklemi klinik örneklemden oluşmamaktadır. Sonuçlar bu bilgiler ışığında değerlendirilmelidir.

Çalışmada reddedilme hassasiyeti tek bir yapı olarak ele alınmıştır. Fakat aileden ve arkadaşlardan algılanan reddin farklı bilgiler verebileceği düşünülmektedir. Gelecekte bu iki alandaki reddin ayrı ayrı etkilerinin incelenmesinin faydalı olabileceği düşünülmektedir.

Bu çalışmada kişilik bozuklukları küme bazında ele alınmıştır. Küme sistemi araştırma ve eğitim alanında faydalı olabilirken, bu kümelerin geçerliliğinin tutarlı

olmadığı belirtilmektedir (APA, 2013). Kişilik bozuklukları karmaşık bozukluklar olduğundan ayrı ayrı çalışılmasının daha direkt bilgiler verebileceği düşünülmektedir. Ayrıca, babadan algılanan aşırı korumanın ve anneden algılanan reddin tüm kişilik bozukluğu kümelerini anlamlı yordadığı bulunmuştur. Bu yetiştirme stillerinin farklı kişilik bozukluklarına nasıl katkıda bulunduğunun derinlikli görüşmeler ve niteliksel çalışmalarla incelenmesinin alandaki bilgiye katkıda bulunacağı düşünülmektedir.

Son olarak bu çalışmanın sonuçları kişilerarası duygu düzenlemenin direkt zarar ya da yararına dair bilgi vermemiştir. Kişilerarası duygu düzenlemenin problemin kendisi ile de ilişkili olabileceği düşünülmektedir. Bu sebeple gelecekteki çalışmalarda kişilerarası duygu düzenleme ve psikolojik bozukluklar arasındaki aracı ve düzenleyici değişkenlerin araştırılmasının faydalı olabileceği düşünülmektedir.

APPENDIX O: CURRICULUM VITAE

Personal Information

Surname, Name: Sarısoy, Gizem
Nationality: Turkey (TC)
Date and Place of Birth: 19 August 1986, Ayancık
Marital Status: Married
Phone: 0544 484 7185
Email: sarisoygizem@gmail.com

Education

2013-2017	Ph.D in Clinical Psychology, Middle East Technical University, Ankara
2009-2012	M.A. in Clinical Psychology, Hacettepe University, Ankara
2004-2009	B.S. in Department of Psychology, Middle East Technical University, Ankara

Work Experience

Year	Place	Enrollment
2010-2011	Gölbaşı Bahçelievler Special Education Center	Psychologist
2011-2014	Atılım University	Research Assistant

Foreign Languages

Advanced English

Research Interests

Personality Disorders, Emotion Regulation Strategies, Rejection Sensitivity, Grief and Loss

Computer Skills

Microsoft Office Applications
SPSS
Amos
Lisrel

Internships & Experiences

February 2016 - January 2017	Giving Supervision Ayna Clinical Psychology Unit, Middle East Technical University (METU), Ankara, TURKEY
July 2015- February 2017	Volunteer Therapist Ayna Clinical Psychology Unit, METU, Ankara, TURKEY
September 2014 - June 2015	Supervised Clinical Practicum Ayna Clinical Psychology Unit, METU, Ankara, TURKEY
March 2009- June2009	Volunteer Internship Gazi University, Fac. of Medicine, Dept. of Adult Psychiatry, Ankara, TURKEY
June 2008- August 2008	Internship Gazi University, Fac. of Medicine, Dept. of Adult Psychiatry, Ankara, TURKEY

Clinical Training

Transactional Analysis, Assoc. Prof. Azmi Varan (20 hours)

Application of Cognitive- Behavioral Therapy in the Treatment of Obsessive-Compulsive Disorder, Prof. Dr. David Clark (as a part of I. Clinical Psychology Symposium Organized by UYAREM Clinical Psychology Unit ,2009)

Thematic Apperception Test, Workshop in IV. Işık Savaşır Clinical Psychology Symposium, 2009, Assoc. Prof. Azmi Varan

Publications & Presentations

Sarısoy, G. (2016). The analysis of the episode named "Be right back" of the TV series black mirror within the scope of loss and denial. *AYNA Clinical Psychology Journal, 3* (3), 36-44.

Sarısoy, G. (2016). A review of Winnicott's concepts of true self and false self in terms of a case and therapeutic relationship. *AYNA Clinical Psychology Journal, 3* (1), 1-15.

Sarısoy , G. (2012). An investigation of posttraumatic growth rate and factors that predict posttraumatic growth in breast cancer patients. Unpublished Master Thesis, Hacettepe University, Ankara.

Conference Presentations

Sarısoy, G., Gündoğan, H., Yılmaz, D., Cihan, B., Ünlü- Baştuğ,B. (2015, May). The mediator role of parental acceptance/ rejection between creativity and subjective well being. Paper presented in the VII. Işık Savaşır Clinical Psychology Symposium, Ankara.

Bozo. Ö., Özatlı, İ., & **Sarısoy, G**. (2007, July). The Association Between the Big Five Personality Dimensions, Industrialization and Subjective Well Being. Poster presented in the X th European Congress of Psychology, Prague.

Translated Works

Sarisoy, G. (Translator). "Chapter 6, Major Depressive Disorder". Şahin, M (ed.), 1st edition, Case Studies in Abnormal Psychology (Translated from 10th edition). Nobel Yayıncılık, 63-75.

Sarisoy, G. (Translator). "Chapter 7, Panic Disorder, Agoraphobia, and Generalized Anxiety Disorder". Şahin, M (ed.), 1st edition, Case Studies in Abnormal Psychology (Translated from 10th edition). Nobel Yayıncılık, 76-91.

Sarisoy, G. (Translator). "Chapter 8, Panic Obsessive Compulsive Disorder". Şahin, M (ed.), 1st edition, Case Studies in Abnormal Psychology (Translated from 10th edition). Nobel Yayıncılık , 92-106.

Sarisoy, G. (Translator). "Chapter 9, Hoarding Disorder". Şahin, M (ed.), 1st edition, Case Studies in Abnormal Psychology (Translated from 10th edition). Nobel Yayıncılık, 107-117.

Sarisoy, G. (Translator). "Chapter 10, Posttraumatic Stress Disorder: Rape Trauma". Şahin, M (ed.), 1st edition, Case Studies in Abnormal Psychology (Translated from 10th edition). Nobel Yayıncılık, 118-131.

Sarisoy, G. (Translator). “Chapter 11, Mental Status Exam I: Bahavioral Aspects ” .Uluç, S., Gülüm, İ. V., Ataman, E. (eds), 1st edition, The First Interview (Translated from the 4th edition). Nobel Akademik Yayıncılık (2016), 123-135.

Sarisoy, G. (Translator). “Chapter 12, Mental Status Exam II: Cognitive Aspects ".Uluç, S., Gülüm, İ. V., Ataman, E. (eds), 1st edition, The First Interview (Translated from the 4th edition). Nobel Akademik Yayıncılık (2016), 136-159.

Sarisoy, G. (Translator). “Chapter 20, Communicating Your Findings to Others".Uluç, S., Gülüm, İ. V., Ataman, E. (eds), 1st edition, The First Interview (Translated from the 4th edition). Nobel Akademik Yayıncılık (2016), 261-271.

Sarisoy, G. & Pulatlı, N. (Translator). “Appendix D, A Semistructured Interview".Uluç, S., Gülüm, İ. V., Ataman, E. (eds), 1st edition, The First Interview (Translated from the 4th edition). Nobel Akademik Yayıncılık (2016), 327-345.

Reviewer

2015 July - present Turkish Journal of Psychiatry

2016 May- present Journal of Traumatic Stress

Hobbies

Yoga, Travel, Cultures, Playing Ukulele, Movies, Photography

APPENDIX P:TEZ FOTOKOPİSİ İZİN FORMU

ENSTİTÜ

Fen Bilimleri Enstitüsü	
Sosyal Bilimler Enstitüsü	X
Uygulamalı Matematik Enstitüsü	
Enformatik Enstitüsü	
Deniz Bilimleri Enstitüsü	

YAZARIN

Soyadı : Sarısoy
Adı : Gizem
Bölümü : Psikoloji

TEZİN ADI (İngilizce) : PERSONALITY DISORDERS IN RELATION TO EARLY CHILDHOOD EXPERIENCES, REJECTION SENSITIVITY, AND EMOTION REGULATION PROCESSES

TEZİN TÜRÜ : Yüksek Lisans [ ] Doktora [X]

1. Tezimin tamamından kaynak gösterilmek şartıyla fotokopi alınabilir.	
2. Tezimin içindekiler sayfası, özet, indeks sayfalarından ve/veya bir bölümünden kaynak gösterilmek şartıyla fotokopi alınabilir.	
3. Tezimden bir bir (1) yıl süreyle fotokopi alınamaz.	X

TEZİN KÜTÜPHANEYE TESLİM TARİHİ: