PREDICTOR ROLES OF SELF-COMPASSION, PARENTAL REFLECTIVE FUNCTIONING, AND PERFECTIONISM ON PARENTAL STRESS

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ABSTRACT

PREDICTOR ROLES OF SELF-COMPASSION, PARENTAL REFLECTIVE FUNCTIONING, AND PERFECTIONISM ON PARENTAL STRESS

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This study aimed to investigate the predictor roles of self-compassion, sub-dimensions of parental reflective functioning, pre-mentalizing modes, certainty about mental states, interest and curiosity in mental states, and adaptive and maladaptive dimensions of perfectionism on parental stress. In this study, which used a correlational research design, participants were selected using convenience sampling. The sample comprised 579 parents (502 mothers, and 77 fathers) living in Türkiye who have at least one child between the ages of 0-5. The data were collected through the demographic information form, the Parental Stress Scale, the Self-Compassion Scale, the Parental Reflective Functioning Scale-Short Form, and the Revised Almost Perfectionism Scale. Before the main analyses, the validity and reliability of the scales were checked. Although the validity of the scales was confirmed in the current sample, interest and curiosity in mental states and pre-mentalizing modes sub-dimensions of parental reflective functioning did not reveal adequate reliability values. Thus, the only certainty about mental states sub-dimension of parental reflective functioning was included in the model. Simultaneous regression analysis was performed, and results indicated a

significant model, which explained the 27% of the variance in parental stress. The self-compassion and adaptive perfectionism were found as significant negative predictors and maladaptive perfectionism was found as a significant positive predictor of parental stress. Certainty about mental states was found as an insignificant predictor although bivariate correlation analysis revealed a significant negative correlation between these two variables. Semi-partial variances of self-compassion, adaptive perfectionism, and maladaptive perfectionism were 10.4%, 1.7%, and 1.6%, respectively.

Keywords: parental stress, self-compassion, parental reflective functioning, perfectionism

ÖZ

ÖZ-ŞEFKAT, EBEVEYN İÇSEL DÜŞÜNME İŞLEVSELLİĞİ VE MÜKEMMELİYETÇİLİĞİN EBEVEYNLİK STRESİ ÜZERİNDEKİ YORDAYICI ROLÜ

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Bu çalışmada, öz-şefkat, ebeveyn içsel düşünme işlevselliğinin alt boyutları olan zihinselleştirme öncesi modlar, zihinsel süreçler hakkında kesinlik, zihinsel süreçler hakkında ilgi ve merak ve mükemmeliyetçiliğin uyumlu ve uyumsuz boyutlarının ebeveynlik stresi üzerindeki yordayıcı rollerini araştırmak amaçlanmıştır. İlişkisel araştırma deseninin kullanıldığı bu çalışmada, katılımcılar kolayda örnekleme yöntemiyle seçilmiştir. 0-5 yaş arası en az bir çocuğu olan, Türkiye'de yaşayan, 502 anne ve 77 baba olmak üzere toplam 579 ebeveyn bu çalışmanın örneklemini oluşturmaktadır. Araştırmada veriler; demografik bilgi formu, Ebeveyn Stres Ölçeği, Öz-şefkat Ölçeği, Ebeveyn İçsel Düşünme İşlevselliği Ölçeği- Kısa Formu ve RAPS Mükemmeliyetçilik Ölçeği aracılığı ile toplanmıştır. Ana analiz yapılmadan önce ölçeklerin geçerlilik ve güvenirlikleri kontrol edilmiştir. Ölçeklerin geçerliliği doğrulanmıştır fakat ebeveyn içsel düşünme işlevselliğinin zihinselleştirme öncesi modlar ile zihinsel süreçler hakkında ilgi ve merak altboyutlarının yeterli güvenirlik değerlerine sahip olmadığı bulunmuştur. Bu nedenle modele, ebeveyn içsel düşünme işlevselliğinin yalnızca zihinsel süreçler hakkında kesinlik altboyutu eklenmiştir.

Modeli test etmek için eş-zamanlı regresyon analizi yapılmıştır. Sonuçlar, test edilen modelin ebeveynlik stresindeki varyansın %27'sini açıklayan anlamlı bir model olduğunu göstermiştir. Öz-şefkat ve uyumlu mükemmeliyetçilik, anlamlı negatif yordayıcılar olarak bulunurken uyumsuz mükemmeliyetçilik ise anlamlı pozitif yordayıcı olarak bulunmuştur. Bununla birlikte, zihinsel süreçler hakkında kesinliğin, ebeveynlik stresini anlamlı şekilde yordamadığı ancak iki değişken arasında anlamlı negatif bir ilişki olduğu saptanmıştır. Öz-şefkat, uyumlu mükemmeliyetçilik ve uyumsuz mükemmeliyetçiliğin kısmi varyansları sırasıyla %10.4, %1.7 ve %1.6 olarak bulunmuştur.

Anahtar Kelimeler: ebeveynlik stresi, öz-şefkat, ebeveyn içsel düşünme işlevselliği, mükemmeliyetçilik

To Canım Ailem

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CHAPTER 1

INTRODUCTION

1.1. Background to the Study

Stress which is integral to living life can take many forms like fatigue, unrest, nervousness, and low mood (McEwen, 1998). Thereby, it typically refers to a response that a person displays in a challenging situation (Crnic & Low, 2002). Especially in modern living conditions, it is almost impossible to spend a stress-free day. People feel stressed when demands surpass their capacity (Cormier et al., 2009). Thus, stress which has physical, emotional, and behavioral components, can disrupt people's normal functioning (Crnic & Low, 2002). Research indicates that high levels of stress (so-called toxic stress) lead to physiological and psychological deterioration in many domains, such as the immune system, brain functioning, and mental health (Ellis & Giudice, 2014; Shonkoff et al., 2012).

There are numerous models created to make stress, which has the power to cause such negative consequences on people, become more understandable. Some of these are the General Adaptation Syndrome Model (Selye, 1974), the Transactional Stress and Coping Model (Lazarus & Folkman, 1984), and the Psychosomatic Stress Model (Dressler, 1985). In this study, the Transactional Stress and Coping Model (Lazarus & Folkman, 1984), which explains stress from a comprehensive and broad perspective, was preferred while examining the stress.

Lazarus and Folkman (1984) evaluated stress inclusively, not limiting it to the concepts of stimulus and response in their Transactional Stress and Coping Model. According to this model, whether a stimulus and response are related to stress; varies as regards the person's relationship with the environment, individual characteristics,

and environmental characteristics. In their model, Lazarus and Folkman (1984, p. 19) defined psychological stress as "…a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being." Building on this definition, they stated that the stress levels in people's connection to their surroundings depend on their cognitive appraisal as well as coping mechanisms. Therefore, if the people elaborate a demand arising in the connection as stressful and that their coping methods are inadequate (cognitive assessment) or fail to cope with this demand (coping), a stress response occurs (Lazarus & Folkman, 1984).

Stress can be evaluated as a single construct, in a context (e.g., work, poverty, parenting), and in relation to events (e.g., divorce, disaster) (Crnic & Low, 2002). In the literature, the number of studies focused on stress in the context of parenting is quite large (see for a review; Barroso et al., 2018; Biswas et al., 2015). Parenting includes the experiences that bring enjoyment and efficacy in the relationship with the child, as well as the difficulties brought by the child's care demands and the parent's daily responsibilities (Crnic & Low, 2002). Therefore, parents might often face stress concerning their parenting roles and struggle to manage it, in addition to the stressors brought on by their other roles and responsibilities. This kind of stress is included in the literature as parenting stress or parental stress. In the current study centering on the stress experienced by parents who have children in early childhood, the term "parental stress" was preferred use. Parental stress is a complex and dynamic process experienced by parents as negative emotions and beliefs that arise from the parenting role and vary according to their level of adaptation to parenting demands (Deater-Deckard, 2004).

As a prominent researcher working on parental stress, Abidin (1992) developed the "Parenting Stress Model" to figure out the reasons for parental stress and its effects on parental behavior and child outcomes. While designing his inclusive model, Abidin (1992) has also benefited from many related models, such as Lazarus and Folkman's (1984) Transactional Stress Model, Mash and Johnston's (1990) Parent-Child Interaction Stress Model, and Belsky's (1984) Process Model as Determinants of

Parenting. In this way, his model included the most critical determinants of parental stress and behavior.

Drawing upon Lazarus and Folkman's (1984) model, which indicates a person goes through a cognitive evaluation process before a stress response occurs, Abidin (1992) also expressed that parents interpret the situations they encounter as "harm or benefit (p. 410)" while experiencing parenthood. He stated that the parents had gone through many evaluation processes about their parenting roles and their parental stress emerged from these evaluations. Abidin (1992, p. 410) also defined parental stress as "…a motivational variable which energizes and encourages parents to utilize the resources available to them to support their parenting". As can be understood from the definition, according to Abidin (1989), parents' behaviors in stressful situations are shaped by whether they have more or fewer resources (e.g., cognitive coping ability, social support, parenting skill competence). This is because the people need resources to develop coping behavior in stressful situations (Lazarus & Folkman, 1984).

Regarding the factors contributing the parental stress, Abidin (1992) identified three main areas in his model: child characteristics, situational-demographic characteristics (currently referred to as socio-eco-environmental), and parental characteristics. He also emphasized that the determinants in these areas are interrelated and interact. As a first area, the child characteristics include the child's demands, acceptability, mood, and adaptability. In addition, the socio-eco-environmental characteristics area covers topics such as the parents' environment, relationship with their spouse, social relations, work, and events related to their daily life. Finally, the parental characteristics area encompasses many topics, such as the parent's personality, internal processes (e.g., cognitive and belief systems), and psychological and physiological health.

In the context of the Parental Stress Model, it is frequently assumed that parental characteristics are more modifiable than socio-eco-environmental and child characteristics (e.g., socioeconomic background, child's needs and temperament), as a more feasible means of reducing parental stress (Mash & Johnson, 1990). In other words, parental characteristics might potentially be more easily changed through the

parents' effort, and some interventions since most of the determinants in parental characteristics (e.g., personality traits and skills) are under the parents' control. Therefore, this study specifically centers on the personality traits of self-compassion, parental reflective functioning, and self-oriented perfectionism of parents who have children from birth to five years because the traits are prone to change, unlike the other determinants in socio-eco-environmental or child characteristics. In this way, it is aimed to contribute to psychological counseling services or parent support programs that aim to decrease the parental stress by interfering with these personality traits of parents.

As the first predictor of the current study, self-compassion is one of the personality traits that contains many internal resources that can help a person cope with stress. Therefore, self-compassionate people have better emotion regulation soothing systems (Gilbert, 2009). Thus, self-compassion (SC), combined with a positive and inclusive attitude towards oneself, can help reduce stress related to the parenting role. Although studies showed that self-compassionate parents experience low parental stress, most of them include parents of children with disabilities or diagnoses (i.e., Bohadana et al., 2019; Gouveia et al., 2016; Neff & Faso, 2015). In addition, the scarcity of studies to be conducted with large samples, younger children's parents, or more representative parent populations indicates the need for a more comprehensive grasp on the link of self-compassion with parental psychological well-being in the literature (Torbet et al., 2019).

Like self-compassion, parental reflective functioning (PRF) is also characterized as a favorable personality trait to cope with stress. Parental reflective functioning represents parents' aptitude to comprehend and interpret their child's inner world, as well as their own. (Sharp & Fonagy, 2008; Slade, 2005). Parents with improved PRF report not only secure attachment, high parental sensitivity, satisfaction, and competence (e.g., Nijssens et al., 2018; Stacks et al., 2014; Steele et al., 2020) but also report low parental stress (Dollberg et al., 2022; Håkansson et al., 2019; Vismara et al., 2021). While Luyten et al. (2017a) made parental reflective functioning a measurable variable with self-report, they divided it into three dimensions. These are

making negative attributions (pre-mentalizing modes (PM)), having definite thoughts about the child's subjective reality (emotional and cognitive experiences) (certainty about mental states (CMS)), and having a curious interest in the child's subjective reality (interest and curiosity in mental states (IC)) (Luyten et al., 2017b). There are few studies on the association of these dimensions of PRF with parental stress (see; Luyten et al., 2017b; Nijssens et al., 2018; Steele et al., 2020) and they have only found the PM dimension as robustly and positively associated with parental stress. Therefore, this study contributes to illuminating the nature of the relationships between parental stress and the different dimensions of PRF.

Unlike self-compassion and PRF, the contribution of self-oriented perfectionism, a personality trait that includes both negative and positive components, to the stress process varies according to its dimensions. Self-oriented perfectionism means that a person with very high standards is motivated by self-expectations and strives to reach those standards (Frost et al., 1990; Hewitt & Flett, 1991b). There are two dimensions of self-oriented perfectionism: adaptive and maladaptive perfectionism (Slaney et al., 2001). To make it clear, a person with reachable high standards, needing orderliness, low worries, and self-criticism about one's failure has adaptive perfectionism (AP). Also, a person with unreachable high standards, significant concerns, and who is highly critical toward oneself has maladaptive perfectionism (MAP) (Rice et al., 2003).

Related to self-oriented perfectionism and its dimensions, they were revealed to be associated with parental stress; however, the quantity of research in this context is scarce (e.g., Hosseinzadeh-Oskouei et al., 2021; Kawamoto & Furutani, 2018; Lee et al., 2012). Therefore, there is a need for a more in-depth examination of the link of perfectionism with stress arising from the parenting role (Lee et al., 2012). In addition, it is surprising that only one study directly investigated the relationship between adaptive and maladaptive dimensions of self-oriented perfectionism and parental stress (see; Kawamoto & Furutani, 2018). Because maladaptive perfectionists are distressed by the inconsistency between their actual performance and standards, criticize themselves and become worried when they fail (Rice et al., 2003; Slaney et

al., 2001), their expectations from the parenting roles are likely too high. Therefore, the current study claimed that parents with high maladaptive perfectionism will experience high parental stress. However, it is claimed that the opposite, low parental stress, will be valid for parents with adaptive perfectionism, who identify with attainable goals, low self-criticism, low worry about failures, desire for organization, and need for order (Rice et al., 2003).

All in all, the current study analyzed that the personality traits of self-compassion, parental reflective functioning dimensions, and self-oriented perfectionism dimensions, which are determined as predictors of parental stress, have roles in the stress generation process in the parenting role (Abidin, 1992; Lazarus & Folkman, 1984). The variable of reflective functioning, a cognitive component of a parent's personal trait, is related to the cognitive evaluation process before the stress response. Moreover, self-compassion and self-oriented perfectionism, which are broader personality traits of parents, contain coping skills as well as cognitive processes such as self-evaluation, deciding whether internal or external demands (e.g., parental self-expectations, child's expectations, parenting responsibilities) exceed one's resources.

1.2. Purpose of the Study

The purpose of the current study is to examine the predictor roles of personal characteristics of the parents, which are self-compassion, parental reflective functioning (PM, CMS, and IC), and adaptive and maladaptive perfectionism, on parental stress. In line with this purpose, this thesis addresses how well self-compassion, parental reflective functioning (PM, CMS, and IC), AP, and MAP predict the variation in parental stress of parents with children aged 0-5.

1.3. Significance of the Study

The present study aimed to investigate the predictive power of self-compassion, three dimensions of parental reflective functioning (PM, CMS, and IC) adaptive perfectionism, and maladaptive perfectionism for the variation in parental stress of parents with children aged between 0-5 in Türkiye is significant in several respects.

Firstly, it is essential to perform studies that concentrate on modifiable factors that can impact parental stress rather than on factors that are stable or less open to change (Bohadana et al., 2019). As many parental characteristics (e.g., skills and coping mechanisms) fall under the parents' control, the characteristics seem more easily modifiable than children's (e.g., child's temperament or chronic illness) and environmental characteristics (e.g., neighborhood, family finance) (Mash & Johnston, 1990). In this context, this study sheds light on the role of changeable personality traits of parents on parental stress. Moreover, research implies that parental personality traits can buffer the relationship between other factors (environmental, sociological, behavioral, and developmental characteristics) and parental experiences (Abidin, 1989). Thus, parental stress that develops due to other factors may be reduced with the help of the current study's variables (SC, PM, CMS, IC, AP, MAP), which are components of parents' personality traits.

Secondly, this study has centered on the parenting role of parents who have children in early stages of development (ages 0-5), parental stress resulting from this role, and factors determining it. The fundamental reason for this focus is the stress possibility in relation to the parenting role of parents who accompany their baby or young child for most of their time is seen as inevitable (McQuillan et al., 2019). In other words, parents who have children in early childhood may have many sources of stress from being in the early years of parenthood in addition to the stressors of the overall parenting role. Some of these may be irregular sleep patterns, little time for self-care and leisure activities, household chaos, and challenges in meeting a child's needs, such as bathing and feeding (Crnic & Greenberg 1990; Crnic & Low, 2002; Gregory et al., 2012). Therefore, it is essential to support early childhood parents to reduce the stress they experience regarding childcare by finding out certain modifiable personality traits.

Thirdly, in the literature, no research to date was found that has combined self-compassion, PM, CMS, IC, adaptive perfectionism, and maladaptive perfectionism within a single study to test their predictor roles on parental stress. It makes this study unique to examine all of the determinants together. Accordingly, the study's findings

will not only provide an opportunity to compare the predictive power of all these variables in a single model but also contribute to the detailed explanation of the parental characteristics of parental stress models (see; Abidin, 1992; Mash & Johnston, 1990).

Fourthly, parental stress may lead to psychological problems in parents. Literature on parents' psychological well-being and parental stress has consistently indicated inverse correlation between the two (Cramm & Nieboer, 2011; Gerstein et al., 2009; Shenaar-Golan et al., 2021; Stenz et al., 2022; Sullivan et al., 2022). In other words, parents with greater parental stress report more psychological problems such as depression and anxiety (Bitsika & Sharpley, 2004; Bitsika et al., 2013; Kwok & Wong, 2000; Neff & Faso, 2015; Sullivan et al., 2022), self-criticism (Moreira & Canavarro, 2018), less hope (Garcia et al., 2022), and less life satisfaction (Neff & Faso, 2015).

The role of parenting quality in shaping the child's social competencies, intellectual abilities, emotional growth, accomplishments, and well-being is critical (Ludwig & Phillips, 2007). Accordingly, parental stress not only affects the psychology of the parent but may also have detrimental consequences on the psychology of the child. Research indicates that children of parents with higher parental stress have higher negative affections (Casalin et al., 2014; Gartstein et al., 2010), aggressive and antisocial behaviors (Kazdin & Whitley, 2003), internalizing and externalizing behaviors (Barroso et al., 2018; Costa et al., 2006; Östberg & Hagekull, 2013; Shenaar-Golan et al., 2021), social inadequacy (social inhibition, and lack of social aptitudes) (Anthony et al., 2005; Moss et al., 1998; Östberg & Hagekull, 2013), risk of maladaptive development and psychopathology (Deater-Deckard & Panneton, 2017) risk of anxiety disorders (Crawford & Manasis, 2001), less resilience (Cusinato et al., 2020), less quality of life, and well-being (Moreira et al., 2015).

Parental stress, which is likely to cause so many problems in the psychology of the parent and the child, may also, directly and indirectly, cause deterioration in parent-child interaction (Mash & Johnston, 1990). Thus, parental stress is positively associated with many conditions that indicate impairments in child-parent interaction, such as the parents' harsh disciplinary attitudes and adverse reactions toward their

child (i.e., spanking, physical aggression) (Anthony et al., 2005; Riany & Ihsana, 2021; Smith, 2017), attachment insecurity (Fernandes et al., 2021; Teti et al., 1991), and less warmth and consistency in parenting role (Riany & Ihsana, 2021).

In addition to these, high parental stress can cause various problems in the relationship between spouses. Studies report that parents with high parental stress experience increased dissatisfaction with their spouses (Robinson & Neece, 2015; Wang et al., 2022). All in all, substantial research has shown that parental stress may lead to detrimental impacts on the family by influencing the parents, children, parent-child relationship, and marital relationship (e.g., Casalin et al., 2014; Fernandes et al., 2021; Neff & Faso, 2015; Wang et al., 2022). Based on the literature, evaluating the stress linked to responsibilities of parenting and its antecedents is of great importance as it provides information about the correlations that will contribute to preventing the harmful effects of parental stress.

Fifthly, prior research has clearly shown the importance of self-compassion in determining parental stress (Bohadana et al., 2019; Chorão et al., 2022; Fernandes et al., 2021; Garcia et al., 2022; Gouveia et al., 2016; Moreira et al., 2015; Neff & Faso, 2015; Riany & Ihsana, 2021; Shams et al., 2021; Torbet et al., 2019). Nevertheless, there were relatively few studies on this topic with parents of young children (i.e., Fernandes et al., 2021). Also, most studies investigating the link of parental stress with self-compassion had a small sample size. This study will enrich the body of knowledge on parents' self-compassion and parental stress by choosing the parents of young children as the sample and reaching a significant sample size (N = 579).

Sixthly, reflective functioning is suggested as a crucial protective shield in mitigating stress and promoting the ability to bounce back from difficulties (Luyten & Fonagy, 2015). Concerning the parental reflective functioning, it was deemed as one of the essential features for parents to establish a secure attachment with their children (Luyten et al., 2017b). However, the association between the sub-dimensions of parental reflective functioning and parental stress has yet to be sufficiently clarified because it has been nearly six years since PM, CMS, and IC were conceptualized as

sub-dimensions of parental reflective functioning (Luyten et al., 2017a). Therefore, studies examining the relationship between the new concepts and parental stress are very few (see; Luyten et al., 2017b; Nijssens et al., 2018; Steele et al., 2020), and some findings from the studies results of these studies are also contradictory. This study findings regarding the dimensions of parental reflective functioning are essential in terms of clarifying the conflicting results in the limited existing literature.

Seventhly, research is required to gain a deeper understand of the association between parents' perfectionism and parental stress (Lee et al., 2012; Leung, 2022). Although the literature is quite rich in studies examining perfectionistic attitudes of parents in children's psychology, it is poor in studies on parents' own psychology and their perfectionistic attitudes. As far as I know, there is only one study that investigated the correlation between adaptive and maladaptive perfectionism and parental stress (see; Kawamoto & Furutani, 2018). Thus, this study exploring the determining role of parents' adaptive and maladaptive perfectionism on parental stress will contribute to the limited literature on parents' perfectionism and well-being. In this way,

Lastly, extensive research focusing on predictors of parental stress is being carried out globally. However, research in this area is still limited in Türkiye. When the theses conducted in Türkiye were examined, it was seen that the sample of most studies includes parents of children with a symptom (i.e., autism, mental or physical disability, attention deficit and hyperactivity disorder, giftedness). Also, the remaining studies did not reveal the determinants of parental stress. Therefore, this study, which investigates the role of personality traits (SC, AP, MAP, PM, CMS, IC) on parental stress in a more representative parent population, aims to promote literature on parental stress in Türkiye.

1.4. Definition of Terms

Parental stress is "a set of processes that lead to aversive psychological and physiological reactions arising from attempts to adapt to the demands of parenthood" (Deater-Deckard, 2004, p. 6).

Self-compassion is "being open to and moved by one's own suffering, experiencing the feeling of caring and kindness toward oneself, taking an understanding non-judgmental attitude toward one's inadequacies and failures, and recognizing that one's own experience is a part of the common human experience" (Neff, 2003b, p. 224).

Reflective functioning (mentalization) is "the capacity to think and feel about thinking and feeling, to look at oneself from the outside and at others from the inside" (Luyten et al., 2017b, p. 175).

Parental Reflective Functioning (PRF) is the mentalizing capacity of the parents to conceive their children's inner mental states like feelings, cognitions, and wishes and to be capable of reflecting on their own inner mental states about their children, their interaction with their children and how changes in that interaction affect their own internal mental experiences (Sharp & Fonagy, 2008; Slade, 2005).

Pre-mentalizing modes (PM) is one of the sub-dimensions of parental reflective functioning that evaluates parents' incompetence to comprehend their children's inner worlds and the parents' attitudes that makes inappropriate and malicious judgments about their children (Luyten et al., 2017b).

Certainty about mental states (CMS) is one of the sub-dimensions of parental reflective functioning that represents the parents' inability to understand that their children's internal experiences are not transparent (Luyten et al., 2017b).

Interest and curiosity (IC) is one of the sub-dimensions of parental reflective functioning that assesses parents' curiosity about their children's internal experiences and willingness to learn about these experiences (Luyten et al., 2017b).

Perfectionism is setting extremely high personal standards for oneself and striving to reach those standards (Slaney et al., 2002).

Adaptive perfectionism (AP) is having very high-performance expectations, being satisfied with one's achievements, making low self-criticism when one fails (non-

destructive criticism), and having a low level of concern about making a mistake (Rice et al., 2003; Slaney et al., 2001).

Maladaptive perfectionism (MAP) is setting exceptionally high standards for oneself, not getting enough satisfaction from one's accomplishments, being overly self-critical in one's failures, and having high worry about one's mistakes (Rice et al., 2003; Slaney et al., 2001).

CHAPTER 2

LITERATURE REVIEW

The literature review includes six main sections: Transactional Stress and Coping Model, parental stress, self-compassion, parental reflective functioning, perfectionism, and literature summary. The first section elaborates on Transactional Stress and Coping Model to illuminate the stress generation process in people. The second section explains the parental stress and its determinants primarily based on parental characteristics through Parental Stress Model. In the third section, the definition of self-compassion and its dimensions, correlations, outcomes, association with parental stress, and experimental studies investigating the role of self-compassion in reducing parental stress are examined. In the fourth section, the definition of parental reflective functioning and its dimensions, correlations, outcomes, relationship with parental stress, and experimental studies on the role of parental reflective functioning in decreasing parental stress are summarized. In the fifth section, the definition of perfectionism, its types, correlations, consequences, and adaptive and maladaptive perfectionism's relationships with stress and parental stress are reviewed. Lastly, the sixth section briefly summarizes the literature review chapter.

2.1. Transactional Stress and Coping Model

The Transactional Stress and Coping Model was developed by Lazarus and Folkman (1984) to provide a theoretical framework for the stress generation process, which is a part of living life and includes many dynamics. In their model, they suggested that stress is not only an outcome of environmental and individual characteristics but also the interaction between the two (Aneshensel & Sucoff, 1996; Beck, 2011). Therefore, they defined stress as a reaction that occurs due to situations that one perceives as a threat in one's relationship with the environment or as a result of situations that exceed

the resources one has. Besides, they divided the stress generation process into two stages: cognitive appraisal and coping (Lazarus & Folkman, 1984).

The cognitive appraisal, which is the first stage in the formation of stress, is defined by Lazarus and Folkman (1984) as the process of evaluating why an event is stressful and the magnitude of this stress. They stated that the course of this process is affected by the people and their environment. To illustrate, they hypothesized that the individual factors affecting cognitive appraisal are beliefs (what reality is for one, one's perceptions) and commitments (what is important to one). In addition, they exemplified environmental factors such as novelty, predictability, timing, uncertainty, and transience of the event (Lazarus & Folkman, 1984).

The model includes two separate evaluation processes, primary and secondary evaluation. There is no hierarchical link between these processes, and they can be replaced with each other in time (Lazarus & Folkman, 1984). The model states that in the primary evaluation process, the individuals evaluate the existing internal or external demands in three ways. These are requests that are assessed as "not harmful or beneficial" to them (irrelevant), requests that are considered "damaging or threatening" (stressful), and requests that are considered "maintaining or enhancing their well-being" (positive). Finally, in the secondary appraisal process, it was stated that the individuals evaluate what they can and cannot do against the threat. They also added that in the cognitive appraisal process, after the individuals evaluate an event as "stressful" because it exceeds or strains their resources (e.g., social support, culture, material possessions, beliefs, commitments, abilities), they move on to the coping process. Coping, which is the second stage in the formation of stress, is defined by Lazarus and Folkman (1984) as people's cognitive and behavioral effort to try to conduct stressful demands and regulate their emotions arising from these demands.

In this model, there are two types of coping methods. The first is problem-focused coping, which means changing or managing the external problem triggering the stress. Research points out that people who perceive the sources of stress as challenging are likely to adopt problem-focused coping strategies to reduce stress (Carver & Scheier,

1981; Tugade & Fredrickson, 2004). The second is emotional coping, which means the people's emotional responses due to the problem are regulated by the people. Research emphasizes the possibility of using emotion-focused coping skills of individuals who perceive the consequences of stress factors as threats (Carver & Scheier, 1981). Ultimately, it can be deduced that both coping methods are influenced by personal resources (e.g., beliefs, values) and each other (Levenson, 1999). Nevertheless, the authors expressed that coping does not just involve overcoming stressful events. It also includes processes such as ignoring, accepting, underestimating, and enduring the event by the people who feel too threatened and cannot use their resources (Lazarus & Folkman, 1984).

As can be seen, Lazarus and Folkman's (1984) model focuses on the stress process rather than the outcome of stressful events. In connection with this dynamic perspective, this model also claimed that as the stressful events or situations that people encounter change, their thoughts and behaviors and, therefore, their stress levels might change. Similarly, this model also highlights the role of personal characteristics, such as personality traits, expectations, and values, in shaping an individual's assessment of stressors and coping strategies (McCrae & Costa, 1987). So, the nature of stress may change when the personality traits or its components change (Beck, 2011). Therefore, Lazarus and Folkman's (1984) model forms the basis for the current study focusing on the parents' changeable personality traits (SC, PM, CMS, IC, AP, and MAP) to explore ways to reduce their stress levels.

2.2. Parenting Process and Parental Stress

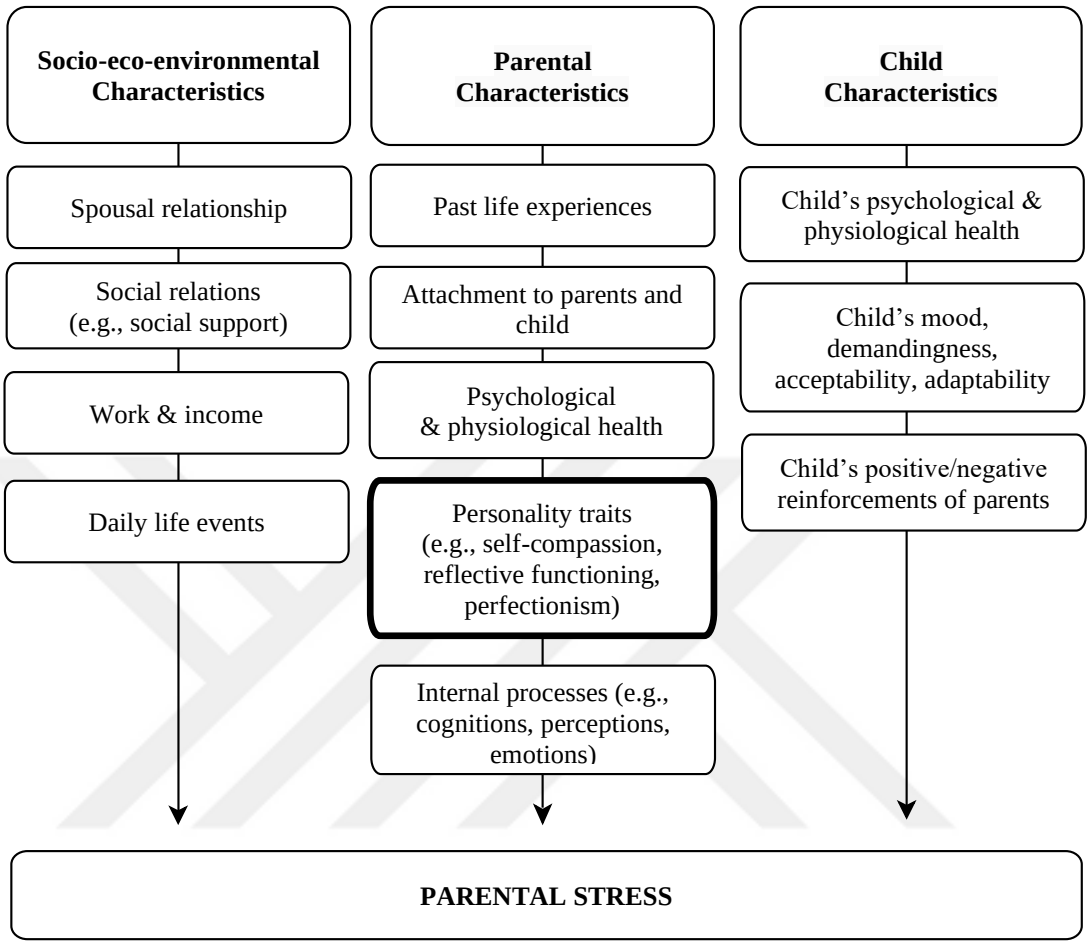
In the most general sense, parenting means the experience of raising and caring for the child (Crnic & Low, 2002). The parenting process encompasses many responsibilities like meeting emotional needs of the child such as compassion and safety in addition to physical needs such as eating and shelter, supporting cognitive needs such as communication and playing educational games, creating an environment for social needs such as making friends and maintaining the friendship (WHO, 2020). Especially in early childhood, children are dependent on their parents to meet these needs. Therefore, early childhood is a crucial period for meeting the children's needs,

especially care and nutrition, which are necessary for their development (WHO, 2020). As a result, parenting process, which include many attitudes such as discipline, help, and affection, have multifaceted effects on children's development (Belsky et al., 2007; Maccoby et al., 1983). Thus, being a parent brings with it the responsibility of caring for a child who is vulnerable, in need of protection and help, and who often encounters challenging experiences (Moreira et al., 2015). Parental stress occurs when these responsibilities and other demands of parenting exceed parents' resources (Abidin, 1992; Lazarus & Folkman, 1984). Elevated levels of parental stress, an up-to-date topic at every age of children, are strongly associated with a decrease in parents' quality of life and well-being (Bohadana et al., 2019; Neff & Faso, 2015).

According to Parental Stress Model (Abidin, 1992), determinants that directly or indirectly influence parental stress can be grouped under three main domains: socio-eco-environmental, child, and parental characteristics. The determinants in these domains are interrelated but also separate. Significant and apparent effects of environmental characteristics (e.g., social support, marital relationship, sociocultural background, daily hassles, and significant adverse life events) and child characteristics (e.g., child's temperament, behaviors, psychological and physiological health status, cognitive or physical characteristics) on parental stress are known (Abidin, 1992; Mash & Johnston, 1990). However, since self-compassion, parental reflective functioning (PM, CMS, and IC), and perfectionism (AP and MAP), which are the predictive variables of the current study, were included under the parental characteristics domain, the focus of the current study is on the parental characteristics.

Figure 1. 1.

Determinants of Parental Stress



Note. This table was inspired by Abidin's Parenting Stress Model (1992). The original model has not been used due to copyright issues.

Parental characteristics influence parents' approach to stressful situations in their lives (Abidin, 1992; Neff & Faso, 2015) and may make it easier or more difficult for them to protect themselves from highly stressful situations. Some of the characteristics are parents' past life experiences, attachment styles, psychological health status, cognitive processes, and character traits (Abidin, 1992; Mash & Johnston, 1990). To clarify, the overall level of stress in the parenting experience and what kind of parent one will be depends on one's bad experiences, such as neglect and abuse as an infant (Cicchetti et al., 2006; Ethier et al., 1995; Pereira et al., 2012; Steele et al., 2016; Steele et al., 2020) attachment style with their parents (Moreira et al., 2015; Nygren et al., 2012; Rholes

et al., 2006), self-perceptions such as self-criticism (Casalin et al., 2014; Moreira & Canavarro, 2018) and self-efficacy (Bohadana et al., 2019; Crnic & Ross, 2017; Hassall et al., 2005; Kwok & Wong, 2000; Raikes & Thompson, 2005); perceptions of the child's temperament or development, such as "difficult child" (Bohadana et al., 2019; Crnic & Booth, 1991; Creasey & Jarvis,1994; Hastings et al., 2005; Kwok & Wong, 2000; Mash & Johnston, 1990; McPherson et al., 2009; Östberg & Hagekull, 2000). Also, it depends on one's psychological problems, such as depression and anxiety (Delvecchio et al., 2015; Farmer & Lee, 2011; Huizink et al., 2017; Thomason et al., 2014) or psychological well-being (Ethier et al., 1995; Steele et al., 2020; Sullivan et al., 2022).

In light of the research, stress is a subjective experience that depends on one's evaluation of the situation as dangerous, neutral, or good for a person's well-being (Lazarus & Folkman, 1987). Literature indicates that parental characteristics (past life experiences, attachment style, psychological health status, and cognitive states), which are sources of this subjectivity, play a critical role in determining parental stress.

2.3. Self-Compassion

Self-compassion is the ability to experience one's trouble without avoiding or detaching from it, displaying a gentle attitude towards oneself, taking an unprejudiced and understanding approach to one's inefficacies or unsuccesses, and having the awareness that one's own experiences are under the umbrella of the shared human condition (Neff, 2003b).

Self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification are the three primary constructs composing self-compassion. While self-kindness is the ability to approach oneself with a kind and understanding attitude when experiencing suffering and failure, self-judgment is the opposite of kind attitudes toward oneself and being harshly self-critical. Common humanity is the ability to see the painful difficulties one experiences as part of the shared sense of humanity, and isolation is expressed as a perspective that isolates oneself from others, perceiving these experiences as only happening to oneself.

Moreover, mindfulness refers to a balanced attitude in which one is aware of one's compelling and painful feelings and thoughts. In contrast, over-identification refers to an excessive focus on one's feelings and thoughts and being closed to other possible emotions and thoughts (Neff, 2003b).

2.3.1. Self-Compassion and Parental Stress

Research shows that self-compassion is a powerful determinant of elevating psychological well-being and quality of life (Baer et al., 2012; Van Dam et al., 2011). Besides, self-compassion, which expresses a positive attitude towards oneself in general (Neff, 2003b), is associated with decreased stress (Hall et al., 2013; MacBeth & Gumley, 2012; Sirois, 2014; de Souza et al., 2020). In light of the findings, studies examining the role of self-compassion as one of the parental characteristics on parental stress have increased recently (e.g., Bohadana et al., 2019; Neff & Faso, 2015). Similarly, research with parents shows that there is an inverse correlation between self-compassion and parental stress (Bohadana et al., 2019; Chorão et al., 2022; Gouveia et al., 2016; Moreira et al., 2015; Neff & Faso, 2015; O'Boyle-Finnegan et al., 2022; Stenz el al., 2022; Torbet et al., 2019; Wang et al., 2022). Thus, it was proven that self-compassion has the power to improve the quality of life and well-being of parents, as in other sample groups (Bohadana et al., 2019; Neff & Faso, 2015).

The first study, which investigated the association between self-compassion and parental stress in a general parent population, was conducted by Moreira et al. (2015). Aside from the finding that self-compassion and parental stress were negatively correlated, it was also found that this correlation was mediated by the positive association between self-compassion and the child's well-being. Another study that covered parents of children or adolescents (N = 333) was conducted by Gouveia et al. (2016). The study's findings showed that the direct effect of self-compassion on parental stress is significantly negative, and the indirect effect of self-compassion on parental stress was mediated by mindful parenting. That is, as parents' self-compassion rises, their mindful parenting also increases, which in turn reduces their parental stress.

The main focus of the present study was research with more representative samples. However, in the existing literature examining self-compassion and parental stress, specific samples, such as parents raising an abnormally developing child (diagnosed, disabled, or preterm), seem to outweigh them. The weight of research with these sample groups may be due to the researchers' aim to reduce the intense stress related to the parenting roles experienced by the parents of abnormally developed children due to various factors such as the child's behavioral problems and symptom severity level (Hayes & Watson, 2013; Neff & Faso, 2015; Stenz et al., 2022; Torbet et al., 2019). Neff and Faso (2015) had conducted such a study with parents of children with autism spectrum disorder and explored the correlation between parents' self-compassion and well-being. In the study, self-compassion, a positive and robust predictor of life satisfaction, hope, and reconnection to the goal, was found to be a negative and strong predictor of parental stress. This finding shows that even if parental stress increases due to different reasons (e.g., an increase in a child's problematic behaviors), parents' stress levels can be reduced by improving self-compassion.

Similarly, Bohadana and his colleagues (2019) investigated the determinants of parental stress among parents of children with autism. In this study, besides determinants such as child characteristics, demand stack, external and internal resources, coping, parental perceptions, self-compassion was also examined in its negative (self-judgment, isolation, and over-identification) and positive (self-kindness, common humanity, and mindfulness) dimensions. The results displayed that both negative and positive dimensions of self-compassion significantly predicted parental stress. As the positive dimension of self-compassion increases, the level of parental stress decreases. However, as its negative dimension increases, parental stress also increases. It was also found that the effect of child symptoms and negative behaviors on parental stress decreased with the increase in self-compassion, like the study by Shenaar-Golan et al. (2021).

Torbet et al. (2019) have done a similar study with a larger parent sample of children with autism (N = 237). Their study demonstrated that self-compassion was a

significant and negative predictor of parental stress after controlling the child's symptom severity and social support, which were previously known predictors of parental stress. Moreover, the negative predictive role of self-compassion on parental stress was confirmed by Shenaar-Golan et al. (2021) with the sample of parents of children having mental health problems and by Robinson et al. (2018) with the sample of parents of young and adults with intellectual and developmental disabilities.

In a comprehensive study comparing the parents of children with (N = 81) and without psychological disorders (N = 139), Stenz et al. (2022) found that self-compassion was a significant and negative predictor of parental stress for both groups of parents. Moreover, they also found that self-compassion explained a greater proportion of the variance in parental stress of parents of children with psychological disorders (attention deficit and hyperactivity, depression, anxiety, autism spectrum, and conduct disorder) than in parental stress of parents without the disorder. The explained higher variance in parents with diagnosed children and with more intense stressful emotions might be explained by self-compassion being more effective when strong emotions are experienced (Preuss et al., 2021).

As noted in the significance of the present study, this study focused on modifiable parental characteristics' determinant role on parental stress. There are many experimental studies in the literature that support that self-compassion is an attitude that can be increased in parents and may then be transformed into a personality trait (being modifiable) on the long view (e.g., Potharst et al., 2022; Preuss et al., 2021; Shams et al., 2021). For example, in a related study, Preuss and his colleagues (2021) examined parents' self-compassion and parental stress with an experimental method in the context of the pandemic. Based on the fact that pandemic restrictions cause stress in the parent and distress in the child-parent relationship, they focused on the effect of two emotion regulation strategies (self-compassion and cognitive appraisal) on reducing the parents' individual and parental stress. In their study, self-compassion was handled as a strategy that supports the reaction change by approaching oneself with compassion after giving an emotional reaction. On the other hand, cognitive reappraisal was considered a strategy that supports cognitive change by recognizing

dysfunctional thinking patterns and replacing them with a more functional thought before a possible emotional reaction. While self-compassion strategies (N = 90) were taught to one of the groups, cognitive reappraisal strategies (N = 88) were taught to another group with eight days of online video training related to pandemic experiences, and one group was placed on a waiting list (N = 87). At the end of the study, it was concluded that both emotion regulation strategies reduced individual stress and parental stress. High-stress parents in the self-compassion and cognitive reappraisal groups were found to benefit from the strategies they were taught. In addition, it was found that low-stress parents in the cognitive reappraisal group benefited more from the strategies they learned than those in the self-compassion group. Discussing the results, the authors stated that the stress level might moderate the emotion regulation strategies' effectiveness. Therefore, they suggested that the parent's self-compassion strategy would reduce high-stress levels more effectively than low-stress.

In another experimental study, Shams et al. (2021) organized an eight-week self-compassion-based training for mothers with visually impaired children to reduce their parental stress severity. Training content on the axis of feelings about being a parent of a visually impaired child covers topics such as sensitivity to pain, awareness of one's feelings and behaviors, being careful and sensitive, empathy, ability to endure distress, sympathy, and not judging oneself and one's child. Fifteen mothers were included in the self-compassion training, while the other 15 were kept as a control group and did not receive this training. After the training, it was found that the parental stress level of the mothers in the experimental group was significantly lower than those in the control group.

Similar to the self-compassion-based studies above, there are many experimental studies in the literature that aim to test the effectiveness of mindfulness-based parenting programs by measuring the change in the variables of self-compassion and parental stress (e.g., Potharst et al., 2021; Ridderinkhof et al., 2018; Short et al., 2017). As mentioned previously, mindfulness is one of the positive and integral parts of self-compassion (Neff, 2003a). Moreover, mindful parenting, which is included in the literature as a new concept, means that the parents can remain aware of their

experiences and their child's experiences without being judgmental and remain in the current moment (Kabat-Zinn & Kabat-Zinn, 1997; Potharst et al., 2019). The mindfulness-based studies were carried out with various parent samples, such as infant parents (Potharst et al., 2017; Potharst et al., 2022), toddler parents (Potharst et al., 2019; Potharst et al., 2021), autistic infant and adolescent parents (Ridderinkhof et al., 2018; Weitlauf et al., 2020), parents who have relational problems with their children (Bögels et al., 2014), infant parents undergoing substance abuse treatment (Short et al., 2017) and have reached conclusions that parents who develop mindful parenting skills have increased self-compassion and reduced parental stress. Therefore, it has been proven by the experimental studies that mindfulness, the mainstay of self-compassion (Neff, 2022), has a vital role in decreasing parental stress.

When the recent literature on parental stress and self-compassion was examined, it was seen that many studies center on the COVID-19 pandemic, which has a global impact and has psychological and physiological some damages to individuals (Garcia et al., 2022). Looking at these studies, it is noteworthy that there were findings where the consistent predictor role of self-compassion on parental stress has not changed (Chorão et al., 2022; Garcia et al., 2022), as well as findings showing that self-compassion did not have a predictor role on parental stress (Wang et al., 2022; O'Boyle-Finnegan et al., 2022). For instance, Garcia et al. (2022) concluded that parents with higher levels of self-judgment, isolation, and over-identification (negative sub-dimensions of self-compassion) had higher parental stress like Bohadana and his colleagues' (2019) study findings. However, unlike Bohadana et al. (2019), they did not find positive sub-dimensions of self-compassion (mindfulness, self-kindness, and common humanity) as significant predictors of parental stress. Moreover, they found that the hope level of parents moderated the association between self-compassion and parental stress (Garcia et al., 2022). Congruently, Chorão et al. (2022) found self-compassion as a negative predictor of parental stress. In their study, adaptive parents' mindfulness, psychological resilience, and self-compassion significantly predicted parental stress by controlling many of the variables related to child, parent, and adoption (i.e., the child's behavioral problem, the impact of COVID-19 on the child's life) (Chorão et al., 2022).

Unlike the findings of most studies so far, Wang et al. (2022) and O'Boyle-Finnegan et al. (2022) concluded that self-compassion did not predict parental stress in their studies conducted during the COVID-19 pandemic. Looking at Wang et al.'s (2022) study measuring these variables at three different time points, it was that the study found that self-compassion did not predict Chinese parents' parental stress at any time point, even though it negatively and significantly correlated with parental stress. The authors explained this result through two possibilities. First, the possibility that the parents in the sample group entered the burnout period of their long-standing marriage and had a conflictual relationship with their children in middle childhood made it difficult for them to use self-compassion skills. The second explanation is related to the influence of Chinese culture, which cares about people's awareness of their own mistakes and correcting them. So, Chinese parents may have high self-criticism and, therefore, low self-compassion levels, which may not be enough to reduce parental stress (Wang et al., 2022). Also, in a study with similar results, O'Boyle-Finnegan and her colleagues (2022) stated that although there was a significant and negative relationship between preterm infant parents' self-compassion and parental stress, parental stress was not predicted by self-compassion.

All in all, the vast majority of studies show that self-compassion is a predictor of parental stress or self-compassion and parental stress have a negative and robust link. Also, there are research demonstrated that increased self-compassion was related to fewer ratings of depressive and anxious symptoms (Neff, 2003b; Stutts et al., 2018; Terry et al., 2013). Thus, it is inevitable to suggest that self-compassion can protect parents from stressful experiences and psychological outcomes (Bohadana et al., 2019; Chorão et al., 2022; Stenz et al., 2022; Wong et al., 2016).

2.4. Parental Reflective Functioning

Another promising positive parenting factor that may lead to the reduction of parental stress is parental reflective functioning (PRF). PRF is a relatively new concept referring to the parents' ability to represent their child's internal mental states like thoughts, emotions, desires, and beliefs and to interact with the child by considering their child's and their own inner mental experiences (Slade, 2005; Sharp & Fonagy,

2008). PRF is one of the terms indicating the parental mentalization process. Parental mentalization is the tendency of parents to evaluate their child's actions in terms of the child's internal states (e.g., emotion, thought, intention, desire) (Sharp & Fonagy, 2008). Other terms describing parental mentalization are parental mind-mindedness (Meins, 1997) and parental insightfulness (Oppenheim & Koren-Karie, 2002). These terms, which are used interchangeably from time to time, have emerged with an increasing number of studies on parental mentalization (Zeegers et al., 2017). In this study, parental mentalization was indicated and measured by parental reflective functioning. In addition, studies on two other concepts that express parental mentalization are also included in the literature review section.

In general terms, PRF enables parents to offer their children a peaceful environment consisting of a combination of safety and comfort (Slade, 2005) because it makes it easier for parents to make sense of the reasons for their child's actions (Turner, 2018). It was also utilized as a sign of child attachment security in the literature (Zeegers et al., 2017). Thus, parental mentalization has importance in understanding the "intergenerational transmission of attachment" and also psychopathology (Luyten et al., 2017b; Slade, 2005, p. 275).

PRF has three dimensions which are pre-mentalizing modes (PM), certainty about mental states (CMS), and interest and curiosity (IC). PM is the parent's tendency to make inappropriate and malicious attributions to the child's actions due to the inability to evaluate the child's mental processes. So, a higher PM level indicates reduced parental reflective functioning. CMS is the parents' tendency to make sure that they understand their children's inner world by overlooking the opaque mental processes of their children. A very high CMS-level parent may have overly precise ideas about the child's mental process (intrusive or hyper-mentalization). In contrast, a parent with a deficient CMS level may have insufficient ability to be sure about the child's inner world (hypo-mentalization). Both situations indicate that the parent's PRF skill needs improvement (Luyten et al., 2017a).

Also, IC, the third dimension of parental reflective functioning, is the parent's tendency to have an active interest and curiosity in their child's mental processes (Luyten et al., 2017b). Although assuming IC has a positive role in PRF, a similar situation with CMS also applies to IC. A parent with a very high IC may hyper-mentalize. This kind of hyper-mentalizing parents make cognitive and detailed assessments of their children's inner worlds, and their children perceive them as very interfering parents. In contrast, a parent with a very low IC may hypo-mentalize. The parents with very low IC are not curious about their child's mental processes (hypo-mentalization). As a result, hyper-mentalization and hypo-mentalization are indicators of insufficient PRF skill or maladaptive mentalization (Luyten et al., 2017a). Therefore, the following deduction can be made that the optimum IC and CMS values are closer to the average.

PRF, an essential and integral part of providing sensitive and responsive care for parents (Slade, 2005), is also associated with many positive outcomes for parents (e.g., Ensink & Mayes, 2010; Nijssens et al., 2018; Steele et al., 2020; Suchman et al., 2010) and children (see; Ensink & Mayes, 2010). Firstly, the association between PRF and children's psychosocial development will be focused on PRF contributes to the children's emotion regulation skills (Heron-Delaney et al., 2016), mentalization capacity, development of secure attachment (Ensink et al., 2015; Kelly et al., 2005), social skills, reduction of externalizing (Smaling et al., 2016) and internalizing behaviors and negative emotionality (see for reviews; Camoirano, 2017, Ensink & Mayes, 2010). Thus, the parent's ability to represent the child's inner world imaginatively (adequate PRF) not only plays a facilitating role in the child's positive psychosocial development process but also plays a protective role against the psychological disorders that may occur when the child grows up (Luyten et al., 2017b; Slade, 2005). Therefore, children of parents with low reflective functioning capacity are more likely to face psychopathological problems such as borderline personality disorder in adulthood (Nijssens et al., 2012; Sharp & Fonagy, 2008).

Secondly, the relationship between PRF and both parent-child interaction and parental outcomes will be focused on. Adequate PRF is positively related to a parents'

psychological well-being, secure attachment to their child, positive parent-child interaction, adequate caregiving, higher tolerance for the child's distress, parental satisfaction, parental efficacy, parental sensitivity, and executive functioning skills. In addition, weak PRF is linked with many psychological and relational adverse outcomes, such as parents' difficulty in interacting with their child, impaired emotional communication with the child, higher sensitivity to stressful experiences, parental distress, negative parenting attitudes, "difficult child" perception, intolerance for the child's distress, and insecure attachment to their child and parents (Camoirano, 2017; Kelly et al., 2005; Kolomeyer et al., 2016; Krink et al., 2018; Luyten et al., 2017a; Nijssens et al., 2018; Rostad & Whitaker, 2016; Rutherford et al., 2013; Slade, 2005; Slade et al., 2005; Stacks et al., 2014; Steele et al., 2020). Studies also support low PRF's positive relationship with parents' adverse childhood experiences and psychological problems such as depression, borderline personality disorder, and substance use disorder (Håkansson et al., 2018; Katznelson, 2014; Smaling et al., 2015; Stacks et al., 2014; Steele et al., 2020).

2.4.1. Parental Reflective Functioning and Parental Stress

It is a laborious and confusing process for parents to understand and respond to their infant's or toddler's signals (Kelly et al., 2005), which may lead parents to experience stress. Stress increase or decreases through parents' cognitive structures (Mash & Johnston, 1990). A vast majority of studies have found a strong and negative relationship between parental stress and PRF, which is one of the cognitive structures of parents (e.g., Håkansson et al., 2019; Steele et al., 2020). For example, in a study of first-time parents, the association between self-reported parental reflective functioning and parental stress was examined. As a result of the research, it was found that CMS and IC were not associated with parental stress. However, PM, which indicates weak PRF, has a significant and positive relationship with all dimensions of parental stress (role restriction, social isolation, problems in spousal relationships, and parental competence) (Luyten et al., 2017b).

Conducting a longitudinal study with first-time biological parents, Nijssens et al. (2018) investigated mediating role of all dimensions of self-reported PRF (PM, CMS,

IC) in the relationship between parental attachment styles and parental stress. As a result of the research, only the pre-mentalization mode (PM) fully mediated the association between attachment anxiety and parental stress dimensions (marital relationship, role restriction, and social isolation). It was also found that PM partially mediated the relationship between avoidant and anxious attachment and distrust of parental efficacy, one of the dimensions of parental stress. Moreover, Vismara et al., (2021) assessed prospective first-time parents' general reflective functioning capacity with semi-structured interviews and stated that parents with low reflective functioning had high parental stress. In line with these results, a study reported that parental insightfulness (mentalization) plays a moderator role between the postpartum stress experienced by mothers and the quality of interaction with their infants. The findings of the longitudinal study showed that parents with a high level of insightfulness maintain a positive relationship with their babies regardless of their stressful experiences (Martinez-Torteya et al., 2018).

Different from other studies, McMahon and Meins (2012) measured the mentalization level of parents by assessing their verbal statements about their preschool children's thoughts, feelings, and intentions. They found that parents who used more mental state words (indicating higher verbal mentalization) when describing their children reported less parental stress and were less hostile in their interactions with their children. Congruently, parents who used more positive mental state words when describing their children reported less parental stress and were less hostile.

There are also studies in the literature testing the relationship between PRF and parental stress with parents at risk of experiencing high stress (e.g., Dollberg et al., 2022; Håkansson et al., 2019). For instance, parents with preterm children have more parental stress than those with full-term children (e.g., Brummelte et al. 2011; Suttora et al., 2014). Based on this fact, Dolberg et al. (2022) investigated the relationship between parental stress and PRF in parents of premature and full-term babies. As a result, in the regression analysis in which birth status and PRF were included together, it was found that child-rearing stress was significantly predicted by birth status but not by PRF. Aside from this, it was found that mothers' PRF moderates the relationship

between premature birth and personal parental stress, while fathers' PRF mediates the relationship between premature birth and child-rearing parental stress. Håkansson et al. (2019) also conducted a study with similar high stress- risk group (infant mothers with substance use disorders). The study results show that parental reflective functioning correlates significantly and inversely with parental stress. Also, parental reflective functioning has mediated the association between mothers' executive functioning (working memory, inhibition, and cognitive flexibility) and parental stress.

In another study, parents with high Borderline Personality Disorder traits (BPDT) were found to have high parental stress and low PRF. Moreover, the findings of the overall sample (parents with low and high BPDT) demonstrated that the PM positively predicted all dimensions of parental stress (parenting stress, parenting distress, difficult child, and difficult parent-child relationship). On the other hand, the CMS was found to significantly and negatively predict all dimensions of parental stress except the parenting distress sub-dimension (no prediction). Finally, it was found that the IC was negatively, significantly, but low-level associated with parental stress and all its dimensions. However, it did not predict any dimension of parental stress. In summary, this study concluded that insufficient PRF capacity (indicating increased PM and excessive CMS) was strongly associated with high parental stress (Steele et al., 2020).

It has been emphasized in previous chapters that the present study examined the determinant role of modifiable parental characteristics on parental stress. When the literature on PRF and parental stress is investigated in this regard, it was seen that there are many up-to-date experimental studies supporting that PRF is modifiable (e.g., Adkins et al., 2018; Byrne et al., 2018; Frolli et al., 2021; Høifødt et al., 2020; Suchman et al., 2016). These studies, which include mentalization-based parenting programs, aim to enable parents to better understand their children's inner world and signals, thereby supporting positive parent-child relationships and fostering the children's psychosocial development (see; Frolli et al., 2021; Suchman et al., 2016). Adkins et al. (2018), who ran such a quasi-experimental study, aimed to increase the mentalization skills of foster parents. Findings from the study named "Family Minds,"

a newly developed psycho-educational intervention program, indicated that the reflective functioning levels of the parents included in this program increased significantly, and their parental stress levels tended to decrease. Thus, the authors have suggested that such interventions effectively reduce parental stress. Similar results were obtained in a different study that assessed a mentalization-based parenting intervention. The results of parents of children aged 2-3 years with anger problems showed that the children's externalizing behavior problems and parental stress levels were reduced by increasing parents' reflective functioning levels (Frolli et al., 2021).

Another experimental study named "Lighthouse MBT Parenting Programme" with parents who are more likely to mistreat their children aimed to reduce parents' misunderstanding of their children and hostile behaviors toward the children by developing the parents' evaluation capacity of the children's inner worlds. As a result of the study, it was found that there was a decrease in parents' parental stress levels and an increase in their parental efficacy and sensitivity levels (Byrne et al., 2018). Like the study, Suchman et al. (2016) also conducted the "Mothering from the Inside Out" mentalization-based intervention program with mothers receiving services from mental health centers. After evaluating the results of the mothers participating in the 12-session program, it was found that there was a significant decrease in parental stress levels as well as an increase in PRF levels. Høifødt et al. (2020), on the other hand, obtained results that did not coincide with the findings of the above studies indicating PRF as a functional way to reduce parental stress. The study, including a longitudinal intervention program called "Newborn Observation", aimed to increase non-clinical parents' reflective functioning capacity, sensitize them to their babies' signals, and thus increase positive parent-baby interaction. However, the results did not show a reduction in parents' depression and parental stress. Moreover, in follow-up evaluations, parents in the intervention group were found to have greater parental stress than parents who were not included in the program. The authors discussed that the participants' low initial stress and depression values, and high mother-infant bond values, as well as their good functioning in terms of educational status and social support may have caused the program not to provide a meaningful change in the participants.

In sum, researchers characterize PRF as a vital capacity, an indicator of parent resilience, or a buffer that helps parents regulate their emotions in stressful experiences of parenthood (Fonagy & Bateman, 2016; Kelly et al., 2005). In connection with this, the reviewed literature also proves the existence of an inverse and significant relationship between parental stress and PRF.

2.5. Perfectionism

Perfectionism is a multidimensional personality trait that refers to having very high standards, feeling under pressure, and striving to reach them (Frost et al., 1990; Slaney et al., 2002). According to Hewitt and Flett (1991a), perfectionism has three types: socially prescribed, self-oriented, and other-oriented perfectionism. While socially prescribed perfectionism is a person's belief that others have expectations of his perfection, self-oriented perfectionism is having expectations of perfection from oneself. Also, other-oriented perfectionism is expecting others to be perfect and striving for their perfectionism (Hewitt & Flett, 1991b; Stoeber, 2015). Besides these, not being perfectionistic is characterized by not having high expectations (Rice & Ashby, 2007).

Perfectionism as a whole was positively correlated with tiring ways of thinking and compelling emotions and goals, such as having unobtainable self-standards, self-criticism, and self-doubt (Flett & Hewitt, 2012; Hewitt & Flett, 1991; James et al., 2015; Olson & Kwon, 2008), social comparison thoughts (Wyatt & Gilbert, 1998) rumination, musing (Blankstein & Lumley, 2008; Randles et al., 2010; Xie et al., 2019), shame, and guilt (Klibert et al., 2005).

Research also shows that perfectionism is positively associated with stress-related psychological outcomes, such as depression (Affrunti & Woodruff-Borden, 2014; Klibert et al., 2005; Smith et al., 2016), dysphoria (dissatisfaction and restlessness) (Blankstein & Lumley, 2008), anxiety and worry (Blankstein & Lumley, 2008; Randles et al., 2010), anger problems (Blankstein & Lumley, 2008; Hewitt et al., 2002; Öngen, 2009), eating disorders (Boone et al., 2014), insomnia (Azevedo et al., 2010), burnout (Chang, 2012; Jowett et al., 2016), and suicide proneness (Flett &

Hewitt, 2012; Klibert et al., 2005). Besides the correlation with all the adverse outcomes, perfectionism is positively associated also with some positive personal outcomes, such as self-efficacy (Mills & Blankstein, 2000), high motivation to achieve (Klibert et al., 2005; Randles et al., 2010), life satisfaction (Stoeber & Otto, 2006), and positive affections (Frost et al., 1993).

2.5.1. Adaptive Perfectionism and Maladaptive Perfectionism

The fact that perfectionism is associated with negative and positive personal variables has led researchers to dimension perfectionism as adaptive (so-called healthy, functional, positive, normal) and maladaptive (so-called unhealthy, dysfunctional, negative, neurotic) (Hamachek, 1978; Slaney et al., 2001). Thus, self-oriented perfectionism, which is the tendency of a person to set high goals for oneself and to strive hard for them (Hewitt & Flett, 1991b), had adaptive and maladaptive dimensions (Slaney et al., 2001). Adaptive perfectionism is setting attainable higher goals, having a desire for organization, and need for orderliness, and low levels of self-criticism and worry about failure. Maladaptive perfectionism is having unattainable goals, being worried, and being extremely self-critical of failure. The inconsistency between maladaptive perfectionists' unrealistic goals and their performance causes them distress (Rice et al., 2003; Slaney et al., 2001).

While adaptive and maladaptive perfectionism share characteristics (e.g., striving for high goals), they differ in many respects (see for a review; Stoeber & Otto, 2006). Compared to adaptive perfectionism, maladaptive perfectionism is linked with higher anxiety, depression, neuroticism, hopelessness, procrastination, burnout, doubt, self-criticism, advocacy, maladaptive coping and emotion regulation skills, social problems, and negative somatization. In addition, adaptive perfectionism is associated with higher life satisfaction, self-esteem, hopefulness, agreeableness, positive social and family relationships, academic achievement, satisfaction with success, and conscientiousness compared to maladaptive perfectionism (Aldea & Rice, 2006; Ashby & Bruner, 2005; Ashby et al., 2011; Chang, 2000; DiPrima et al., 2011; Gnilka et al., 2012; Magnusson et al., 1996; Moate et al., 2016; Rice et al., 2006; Rice et al., 2012; Rice & Ashby, 2007; Richardson et al., 2014; Stoeber & Otto, 2006; Ulu, 2007).

2.5.2. Adaptive Perfectionism, Maladaptive Perfectionism, and Parental Stress

Similar to the findings above, studies indicate that maladaptive perfectionists have excessive stress load, chronic stress patterns, maladaptive coping skills with stress, and negative emotion regulation skills (e.g., avoidant coping and suppression). (Ashby et al., 2012; Chang, 2000; Chang et al., 2004; Dunkley et al., 2003; Rice et al., 2006; Richardson et al., 2014). Moate et al.'s (2016) study findings support the previous research by showing that maladaptive perfectionist teachers had higher levels of stress and burnout (work-related, student-related, and personal) than adaptive and non-perfectionist teachers. Likewise, the results of Ashby et al.'s (2012) study with female university students showed that adaptive perfectionists had lower levels of stress and depression than non-adaptive perfectionists. Moreover, this study found that stress plays a mediating role in the relationship between maladaptive perfectionism and depression. Another study's result in congruence with the study shows that daily hassles (everyday minor stressors) mediated the relationship between maladaptive perfectionism and psychological distress (Dunn et al., 2006).

Unlike other studies, Richardson et al. (2014) conducted an experimental study to test cortisol levels (the main stress hormone) of an adaptive perfectionist, maladaptive perfectionist, and non-perfectionist groups in a challenging performance situation. In that stressful performance moment, maladaptive perfectionists gave a blunted cortisol response (chronic stress response). In contrast, adaptive perfectionists experienced lower stress than non-perfectionists and managed stress with more functional methods (e.g., reappraisal) (Richardson et al., 2014).

In sum, research indicate that the maladaptive dimension of perfectionism is more associated with stress levels, stress-related experiences, and maladaptive coping skills, while adaptive perfectionism is associated more with lower stress levels, positive life experiences, and adaptive coping skills (see; Ashby et al., 2012; Moate et al., 2016; Richardson et al., 2014; Stoeber & Otto, 2006). Despite all the studies addressing the relationship of perfectionism to stress and stress-related psychological outcomes, the contribution of adaptive and maladaptive perfectionism to parental stress remains

unclear. A few studies on perfectionism and stress related to the parental role are examined in detail below.

The earliest known study in the literature on parental stress and perfectionism belongs to Mitchelson and Burns (1998). The study found that negative perfectionism and socially prescribed perfectionism were positively associated with working mothers' parenting distress at home. Hosseinzadeh-Oskouei et al. (2021) also ran a study on perfectionism and parental stress among mothers of preschool children. The study results indicate that socially prescribed perfectionism increased parental stress. Moreover, parental stress mediated the correlation between mothers' perfectionism and child behavior problems. However, parental stress was not significantly associated with self-oriented and other-oriented perfectionism.

Unlike the previous study, Kawamoto and Furutani (2018) found a relationship between self-oriented perfectionism and parents' stress about child-rearing. They analyzed the unique and shared effects of higher personal standards and concerns over mistakes, dimensions of self-oriented perfectionism, on mothers' psychological adjustment in Japan. Different findings were obtained for the two sub-dimensions. Personal standards, a sub-dimension of adaptive perfectionism, were not associated with mothers' child-rearing stress. However, concern about making mistakes, a sub-dimension of maladaptive perfectionism, is associated with higher child-rearing stress (Kawamoto & Furutani, 2018).

Research showed that mothers with high pressure to be a perfect parent, which is a perfectionist tendency, had higher stress and anxiety levels than mothers who experienced this pressure less (Henderson, 2012; Meeussen & Laar, 2018). There are very few perfectionism studies on a particular social role like parenting (Lee et al., 2012). Thus, Lee et al. (2012) and Leung (2022) focused on parenting perfectionism in their studies.

Leung (2022) conducted a study with a large sample of Chinese parents to examine parenting perfectionism. The study's overall conclusion was that self-oriented

parenting perfectionism (adaptive and maladaptive) is associated with decreased life satisfaction, increased depression, anxiety, and parental stress. When the study is looked into in detail it is seen that different results are obtained for the link between dimensions of self-oriented parenting perfectionism and parental stress. That is, it was found that the increase in high personal parenting standards (adaptive parental perfectionism dimension) and "concern over mistakes" and "doubts about action" (maladaptive perfectionism dimensions) increase parental stress. Also, higher organization desire (dimension of adaptive perfectionism) is associated with less parental stress for fathers but higher parental stress for mothers.

Another study on parenting self-oriented perfectionism was conducted with new parents in the US by Lee et al. (2012). In this longitudinal study, findings on parental stress vary by gender. For mothers, there is no significant association between their perfectionistic attitudes and parental stress. The same finding is not valid for fathers. Fathers' parental stress increases while their socially prescribed parenting perfectionism increases. Nevertheless, their parental stress decreases while their self-oriented parenting perfectionism increases.

Unlike the studies mentioned above, Piotrowski et al. (2020) examined only other-oriented perfectionism and separated it into two different domains: child-oriented (inconsistency between the parent's expectation and the child's behavior) and partner-oriented (inconsistency between the husbands'/wives' expectation from their partner's behavior). In this study, it was found that the parental stress determined by child-oriented perfectionism in mothers was higher than that of fathers. However, parental stress predicted by partner-oriented perfectionism in fathers is more than that of mothers (Piotrowski, 2020). This study and other studies, which obtained different findings from mothers and fathers, indicate that gender is a determining factor in the relationship between perfectionism and parental stress (see; Lee et al., 2012; Leung, 2022; Piotrowski, 2020).

In summary, some studies have indicated that self-oriented perfectionism is positively related to parental stress (Leung, 2022; Mitchelson & Burns, 1998; Piotrowski, 2020)

Kawamoto and Furutani (2018), who examined self-oriented perfectionism, also found a positive relationship between maladaptive perfectionism and parental stress among mothers. On the other hand, Hosseinzadeh-Oskouei et al. (2021) did not find a significant relationship between self-oriented perfectionism and parental stress in the mother sample. Kawamoto and Furutani (2018) also did not find a significant relationship between the adaptive dimension of mothers' self-oriented perfectionism and parental stress. Finally, Lee et al. (2012) found that self-oriented parenting perfectionism was not significantly related to mothers' parental stress but negatively related to fathers' parental stress.

Only two known studies are available on the relationship between adaptive and maladaptive perfectionism and parental stress (Leung, 2022; Kawamoto & Furutani, 2018). The first study found that parental stress did not have a significant relationship with adaptive perfectionism. In contrast, it was found to have a positive and significant relationship with maladaptive perfectionism (Kawamoto & Furutani, 2018). The second study belongs to Leung (2022), who deals with perfectionism in the context of the parenting role. In this study, both adaptive and maladaptive dimensions were positively associated with parental stress. Shared findings of both studies show that as maladaptive perfectionism increases, parental stress also increases. This situation is an expected result of maladaptive perfectionism, which is previously found as related to adverse psychological outcomes like stress, anxiety, and depression (Stoeber & Otto, 2006).

2.6. Literature Summary

Firstly, the literature section explained the two processes in stress generation through the Transactional Stress and Coping Model: cognitive appraisals (primary and secondary) and copings (emotion-focused and solution-focused). Secondly, the general definition and dynamics of parenting were presented briefly, and parental stress, which is the sum of the negative feelings and beliefs in the parenting role, was clarified through the Parental Stress Model with three areas (parental characteristics, child characteristics, and socio-eco-environmental characteristics). Thirdly, in the context of the purpose of this study, parental personality traits, which are self-

compassion, parental reflection functioning and its sub-dimensions (PM, CMS, IC), perfectionism, and its sub-dimensions (AP, MAP), were expressed in detail as determinants of the parental stress. In the literature, research has linked high self-compassion and parental reflective functioning with low parental stress. Concerning the sub-dimensions of parental reflective functioning, it has been implied that sufficient IC or CMS levels (not too high or too low) may contribute to parental well-being. However, most studies have not found these variables (IC and CMS) to be significant predictors of parental stress. Also, another sub-dimension, PM, was generally found to indicate insufficient PRF and was associated with increased parental stress or decreased parental well-being. In addition, there are scarcely any studies of adaptive perfectionism in the parent-child context and studies supporting each other's findings on the determining role of maladaptive perfectionism on parental stress. However, there are studies indicating that adaptive perfectionism is positively associated with some variables that will contribute to the individual's well-being. Similarly, although studies of parenting or, specifically, parental stress on maladaptive perfectionism are limited, many studies show that increased maladaptive perfectionism is associated with reduced psychological well-being. In summary, the literature with significant relational evidence has emphasized that parents' personality traits are essential in the generation, reduction, or increase of parental stress.

CHAPTER 3

METHOD

In this chapter, the methodological procedures of the study were introduced. The overall design of the study, research question, operational definitions of the predictor and outcome variables, population and sampling, data collection instruments, data collection procedures, and data analysis were explained, respectively.

3.1. Research Design

A correlational research design was used to determine whether there is a relationship between the variables in the present study. It is also aimed to make predictions about the criterion variable by examining its relationships with predictor variables via the research design (Fraenkel et al. 2012). In addition, this research was a cross-sectional survey study, as the information on the variables will be collected only once and then analyzed.

3.2. Research Question and Hypotheses

The following research question has been examined in the present study.

> **Research question.** How well do self-compassion, parental reflective functioning (PM, CMS, and IC), and perfectionism (AP, MP) predict the variation in parental stress of parents with 0-5-year children?

Based on the research findings mentioned in the literature, the current study has expected the following hypotheses to be confirmed:

> H1. Self-compassion will predict the parental stress of parents with 0-5-year children negatively.

H2. Pre-mentalizing modes will predict the parental stress of parents with 0-5-year children positively.

H3. Certainty about mental states will predict parental stress of parents with 0-5-year children.

H4. Interest and curiosity will predict parental stress of parents with 0-5-year children.

H5. Adaptive perfectionism will predict the parental stress of parents with 0-5-year children negatively.

H6. Maladaptive perfectionism will predict the parental stress of parents with 0-5-year children positively.

3.3. Description of Variables

This section presented a description of the outcome variable (parental stress) and predictor variables (self-compassion, and parental reflective functioning, which have three subdimensions named pre-mentalizing modes, certainty about mental states, and interest and curiosity about mental states, adaptive perfectionism, and maladaptive perfectionism).

3.3.1. Outcome Variable

Parental Stress: The mean scores measured by the Parental Stress Scale.

3.3.2. Predictor Variables

Self-Compassion: The mean scores measured by Self-Compassion Scale.

Parental Reflective Functioning:

Pre-mentalizing Modes (PM): The mean scores of PM items measured by the Parental Reflective Functioning Questionnaire Short-Form.

Certainty About Mental States (CMS): The mean scores of CMS items measured by the Parental Reflective Functioning Questionnaire Short-Form.

Interest and Curiosity About Mental States (IC): The mean scores of IC items measured by the Parental Reflective Functioning Questionnaire Short-Form.

Perfectionism:

Adaptive Perfectionism: The mean scores of adaptive perfectionism items measured by the Revised Almost Perfect Scale.

Maladaptive Perfectionism: The mean scores of maladaptive perfectionism items measured by the Revised Almost Perfect Scale.

3.4. Participants

In this study, the target population was all parents in Türkiye with at least one child aged 0-5. The eligibility criteria for involvement in this study were to be a parent of at least one child between the ages of 0-5 and live in Türkiye for the sample participants. Participants were selected using the convenience sampling method due to greater accessibility.

A total of 661 parents participated in the study, but during the data screening and cleaning process 77 participants were excluded because 15 failed to complete one or more than one scale of the survey; seven did not participate voluntarily in the study; 46 did not have children under 60 months of age; and nine lived outside of Türkiye. While testing assumptions with the remaining 584 participants, five people were also removed from the sample because of being multivariate outliers. As a result, the analysis of the study was conducted with the remaining data from 579 participants.

Table 3.1 summarized participants' demographic information. Five hundred and two (86.7%) of the participants were mothers, and 77 (13.3%) were fathers. The age of the participants varied from 23 to 49, with a mean age of 32.99 (SD = 4.74) and three of them did not answer the question. Regarding the education level of participants, one (0.2%) was literate, eight (1.4%) graduated from primary school, ten (1.7%) graduated from secondary school, 82 (14.2%) graduated from high school, 363 (62.7%) completed undergraduate education, and 115 (19.9%) completed graduate education.

While 309 (53.4%) of them were working, 267 (46.4%) were not. Also, three of them did not answer the question. The participants' incomes were categorized based on the minimum wage level in Türkiye. Seventy-seven (13.3%) participants had a total

monthly family income between 0 ₺ and 5.500 ₺. Two hundred (34.5%) had an income between 5501 ₺ and 11.000 ₺. One hundred and thirteen (19.5%) had an income between 11001 ₺ and 16.500 ₺. Ninety (15.5%) had an income between 16501 ₺ and 22.000 ₺. Ninety-nine (17.1%) had an income of 22.001 ₺ and above.

Five hundred and seventy-one (98.6%) of the participants were married, seven (1.2%) of them were divorced, and one (0.2%) of them was widowed. Three hundred and twenty-seven (56.5%) had one child, 193 (33.3%) had two children, and 59 (10.2%) had three or more children. The average age of the children whom the participants thought of when filling out the questionnaire was 32.42 months (*SD* = 17.44).

While 487 (84.1%) parents defined themselves as the main caregiver of the child, 92 (15.9%) did not. Moreover, 226 (39.0%) have one source of support available for childcare (i.e. spouse, family, kindergarten, caregiver),;163 (28.2%) have two or more sources of support, while 190 (32.8%) have no support source 317 (54.7%), 130 (22.5%), 96 (16.6%), and 41 (7.1%) of the parents are supported by their spouses, members of their family of origin, kindergartens, and babysitters, respectively, regarding childcare. Ninety-five (16.4%) parents reported that at least one of the family members had a chronic physiological illness or disability and 68 (11.7%) reported that at least one of the family members had a psychological disorder.

Table 3. 1.

Participants' Demographic Characteristics

	N	*%*	*M*	*SD*
Gender				
Female	502	86.7		
Male	77	13.3		
Age			32.99	4.74
Education level				
Literate	1	0.2		
Primary school	8	1.4		
Secondary school	10	1.7		
High school	82	14.2		
Undergraduate	363	62.7		
Graduate	115	19.9		
Working Status				
Not working	267	46.1		
Working at home	31	5.4		
Working at workplace	226	39.0		
Flexible working conditions (the opportunity to work both at home and workplace)	52	9.0		
Marital status				
Married	571	98.6		
Never married	0	0		
Divorced	7	1.2		
Widowed	1	0.2		
Child Number			1.55	0.71
Having one child	327	56.5		
Having two children	193	33.3		
Having three or more children	59	10.2		
Parents' childcare status				
Parents who did not define themselves as the main caregiver of the child	92	15.9		
Parents who define themselves as the main caregiver of the child	487	84.1		
Parents' number of support resources for childcare			1.01	0.89
Having no support resource	190	32.8		
Having one support resource	226	39.0		
Having two or more support resources	163	28.2		
Parents' support resources for childcare				
Partner	317	54.7		
Family of origin	130	22.5		
Kindergarten	96	16.6		
Babysitter	41	7.1		
Health Status in Family Members				
Chronic illness in the family members	95	16.4		
Psychological disorders in family members	68	11.7		

3.5. Data Collection Instruments

In the current study, the demographic information form developed by the researcher, the Parental Stress Scale, the Self-Compassion Scale, the Parental Reflective Functioning Questionnaire Short-Form, and the Revised Almost Perfect Scale were administered to participants.

3.5.1. Demographic Information Form

The demographic information form (see Appendix A) developed by the researcher included questions covering personal (i.e., age, gender, marital status, education level, city of residence, income, working status), child-related (i.e., number and age of children, number of awakenings for childcare at night, support resources for childcare, reasons for parental stress), and familial information (i.e., number of family members, the health status of family members, partners' working status and childcare time).

3.5.2. Parental Stress Scale (PSS)

Berry and Jones developed the Parental Stress Scale (see Appendix B) in 1995 to measure the stress experienced by parents. The scale factors include parental rewards, parental stressors, lack of control, and parental satisfaction. The items are rated on a 5-point scale ranging from absolutely not suitable (1) to exactly appropriate (5). PSS includes items such as "My biggest source of stress in my life is my child."; "It is difficult to balance between my child and my other responsibilities in life." There were seven reverse-coded items (items 1, 3, 4, 5, 6, 15, 16). Greater total scores obtained from the scale indicate higher parental stress.

PSS was adapted into Turkish by Aslan-Gördesli and Aydın-Sünbül (2021). Consistent with the original scale (Berry and Jones, 1995), the Turkish PSS is a four-factor instrument with 16 items. In the original study, Berry and Jones (1995) calculated Cronbach's alpha value as .83. Aslan-Gördesli and Aydın-Sünbül (2021) found the value as .81 for the Turkish version of the scale.

3.5.2.1. Validity and Reliability Studies of the PSS for the Present Study

For the current study, the four-factor structure of the Turkish Adaptation of PSS (Aslan-Gördesli & Aydın-Sünbül, 2021) was checked with confirmatory factor analysis (CFA) on the sample data. Results indicated a poor fit of the four-factor model to the sample data, so error covariance was added between errors 2 and 5, errors 6 and 11, and errors 7 and 10 according to suggestions on modification indices. However, results did not yield good model fit indices again. Thus, CFA was run with Satorra-Bentler correction to the sample data, and the four-factor structure of PSS with a good fit was confirmed ($\chi2$ (95) = 287.14, p = .00, $\chi2$/df = 3.02; SRMR = .06, RMSEA = .06 CFI = .91; TLI = .89). Standardized factor loadings ranged between .41 and .82. The path diagram of the scale was presented in Appendix F. Reliability analyses were also conducted, and Cronbach's alpha value was .84 for the total scale, which indicates high internal consistency.

3.5.3. Self-Compassion Scale (SCS)

Neff (2003b) designed the Self-Compassion Scale (see Appendix C) to measure how compassionate a person can be in a relationship with oneself. The six-factor scale consisted of 26 items. Items are rated by the participants on a 5-point scale ranging from almost never (1) to almost always (5). Self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification are the sub-dimensions of the scale. "I am tolerant of my flaws and inadequacies." and "I try to be loving towards myself when I am feeling emotional pain." are sample items of SCS. Items 1, 3, 5, 7, 10, 12, 15, 17, 19, 22, and 23 are reverse coded. Greater total scores from the scale indicate having higher self-compassion (Neff, 2003b).

Deniz et al. (2008) carried out the adaptation study of the scale into Turkish. As a result, two items with a total item correlation of less than .30 were removed from the scale. The remaining 24 items were loaded on a single factor. Thus, the Turkish version of the scale has a unidimensional factor structure, while the original scale has a six-factor structure (Neff, 2003b; Deniz et al., 2008).

In the original study, Neff (2003b) calculated Cronbach's alpha value as .92 and the test-retest reliability coefficient as .93 for the overall scale. Deniz et al. (2008) found Cronbach's alpha value as .89 and the test-retest reliability coefficient as .83 for the Turkish version of the overall scale.

3.5.3.1. Validity and Reliability Studies of the SCS for the Present Study

The current study checked the one-factor structure of the Turkish adaptation of SCS (Deniz et al., 2008) with CFA. Results did not yield good model fit indices, so the random sampling item parceling technique was used to form three parcels with six items in each parcel. One-factor structure of SCS with a good fit to the sample data was confirmed [($\chi 2$ (2) = 8.79, p = .01, $\chi 2$/df = 4.39, SRMR = .01, RMSEA = .078; CFI = .997; TLI = .99)]. Standardized factor loadings for each item ranged between .43 and .73. Squared multiple correlations for each parcel were also calculated, and they were in the range between .71 and .85. The path diagram of the scale was presented in Appendix G. For the current study, reliability analyses were also conducted for the total scale, and Cronbach's alpha was calculated as .94, indicating high internal consistency.

3.5.4. Parental Reflective Functioning Questionnaire Short-Form (PRFQ-SF)

The Parental Reflective Functioning Questionnaire Short-Form (see Appendix E) was designed by Luyten et al. (2017a) to assess the ability and interest of 0-5-year-old children's parents to reflect and understand their own and their children's internal mental states. The scale consists of 18 items, including three factors which are "interest and curiosity in mental states (IC)," "certainty of mental states (CMS)," and "pre-mentalizing modes (PM)." These factors describe different aspects of parental reflective functioning (PRF), and scores are calculated separately for each sub-dimension. So, this scale does not have a total score for an overall PRF concept.

PRFQ-SF includes the items rated on a 7-point (from "strongly disagree (1)" to "strongly agree (7)"). "When my child is being difficult, he or she does that just to annoy me.", "I try to see situations through the eyes of my child." sentences are sample

scale items. There are no reverse items on the scale. Higher mean scores in each subscale indicate higher IC, CMS, or PM. To make it clear, high scores in the subdimension of PM indicate that the parents cannot mentalize, while low scores show they are capable of mentalization. For the CMS dimension, too-high scores indicate that there may be hyper-mentalization in the parents, while too-low scores mean that the parents are not interested in their children's inner world. For the last dimension, IC, too-high scores show maladaptive or excessive mentalization (hyper-mentalizing), while having too low means hypo-mentalizing (lack of certainty) Luyten et al. (2017a).

Arıkan et al. (2020) adapted the scale to Turkish. As a result of the factor analyses, it was seen that the Turkish version of the scale was compatible with the three-factor structure as in the original scale. In the Turkish version, item 11 and item 18 were removed from the scale because they showed low loading (<.30). Thus, the number of items in the Turkish version of the scale was determined as 16. In the original study, Luyten et al. (2017) calculated Cronbach's alpha value as .75, .82, and .70 for IC, CMS, and PM, respectively. Arıkan et al. (2020) found the value as .72, .75, and .77 for the Turkish version of the scale for IC, CMS, and PM, respectively.

3.5.4.1. Validity and Reliability Studies of the PRFQ-SF for the Present Study

For the current study, the three-factor structure of the Turkish adaptation of the PRFQ-SF (Arıkan et al., 2020) was checked with CFA on the current sample data. Results indicated a poor fit of the three-factor model to the sample data, so error covariance was added between errors 15 and 16 and errors 13 and 14 according to suggestions on modification indices. However, results did not yield good model fit indices again. Thus, CFA was run with Satorra-Bentler correction to the sample data, and the three-factor structure of PRF-SF with a good fit was confirmed [($\chi 2$ (99) = 231.21, p = .00, $\chi 2$/df = 2.34; SRMR = .07, RMSEA = .05; CFI = .91; TLI = .89)]. Standardized factor loadings ranged between .21 and .76. The path diagram of the scale was presented in Appendix I.

Reliability analyses were also conducted for each subscale, and Cronbach's alpha value was .57 for PM, .83 for CMS, and .60 for IC. Since the internal consistency

values of the PM and IC sub-dimensions were not high enough, these two dimensions were not included in the further analysis.

3.5.5. Revised Almost Perfect Scale (RAPS)

Slaney et al. (2001) developed "The Revised Almost Perfect Scale" (see Appendix D) to determine individuals' perfectionism tendencies and distinguish between the negative and positive aspects of perfectionism. The scale consists of 23 items and has three sub-dimensions: high standards (perfectionistic strivings), order (need for order), and contradiction (inconsistency between one's standards and performance). High standards and order specify the sub-dimensions of "adaptive perfectionism," and contradiction determines the sub-dimension of "maladaptive perfectionism." So, the scale gives essential information about the two virtually independent dimensions of perfectionism instead of a general concept of perfectionism. RAPS contains the items rated on a 7-point (from "totally disagree (0)" to "agree completely (7)"). "I try to do my best at everything I do." and "I hardly ever feel that what I have done is good enough." sentences are sample scale items. There are no reverse items on the scale. Higher mean scores in each subscale refer to higher maladaptive and adaptive perfectionism (Slaney et al., 2001).

Sapmaz (2006) adapted the scale to Turkish. As a result of the factor analyses, explainable factors increased from three to four with the addition of the "dissatisfaction" factor. Adaptive perfectionism includes high standards and order sub-dimensions, and maladaptive perfectionism has dissatisfaction and contradiction sub-dimensions on this scale (Sapmaz, 2006).

In the original study, Slaney et al. (2001) calculated Cronbach's alpha values as .85, .82, and .91 for high standards, order, and contradiction, respectively. Sapmaz (2006) found the values as .72, .83, .72, and .81 for high standards, order, contradiction, and dissatisfaction, respectively for the Turkish version of the scale.

3.5.5.1. Validity and Reliability Studies of the RAPS for the Present Study

In the current study, the four-factor structure of the Turkish adaptation of the RAPS (Sapmaz, 2006) was examined with CFA. Results showed a poor fit of the four-factor model to the sample data, so the random sampling item parceling technique was used to form nine parcels with three or two items. Then, an error covariance was added between the 6th and 7th error terms according to suggestions on modification indices. Results did not yield good model fit indices again. Thus, CFA was run with Satorra-Bentler correction to the sample data, and the four-factor structure of RAPS with a good fit was confirmed [($\chi 2$ (20) = 97.15, p = .00, $\chi 2/df$ = 4.86; SRMR = .05, RMSEA = .087; CFI = .97; TLI = .94)]. Standardized factor loadings ranged between .32 and .88. Squared multiple correlations for each parcel were also calculated, and they were in the range between .45 and .93. The path diagram of the scale was given in Appendix H.

Reliability analyses were also conducted for each subscale. Cronbach's alpha value was .87 for dissatisfaction, .81 for contradiction, and .90 for maladaptive perfectionism, which is the general title of these two sub-dimensions. Also, Cronbach's alpha value was .77 for high standards, .81 for order, and .81 for adaptive perfectionism, which is the general title of these two sub-dimensions.

3.6. Data Collection Procedures

After getting permission from the Middle East Technical University Human Subjects Ethics Committee with the protocol number 0133-ODTUİAEK-2022 (see Appendix J), the researcher invited parents of 0-5 aged children to participate in the research via both online and paper-pencil formats between April 2022 and June 2022. No incentive was presented to participants. The survey packet consisted of an informed consent form, demographic information form, Parental Stress Scale, Self-Compassion Scale, Parental Reflective Functioning Questionnaire Short-Form, and Revised Almost Perfect Scale. Before responding to the survey, the participants read and approved or rejected the informed consent form (see Appendix K). It takes approximately 20 minutes for participants to fill out the survey. An invitation text was prepared for

parents with children between 0-5 to participate in the study and shared with the survey link on online platforms such as Instagram, WhatsApp, and Telegram. Also, researchers, educators, preschool teachers, and mental health professionals working with parents from various institutions were invited to distribute the survey link to broader parent masses. In addition, to collect data from parents by hand, a kindergarten principal was interviewed for permission. After obtaining permission, the purpose of the research was shared with the parents who came to pick up their children after school, and they were invited to the study face-to-face. Consent forms and questionnaires were given to parents who volunteered to participate in the study. These documents were requested to be filled and returned within a week. The documents were given in a sealed envelope and received as such to protect confidentiality and anonymity.

3.7. Data Analysis

The data analyses and statistics of the current study were conducted via IBM Statistical Package for the Social Sciences (SPSS) v22 (IBM Corp, 2013). Before analyzing the data, missing values and multivariate and univariate outliers were checked, and data were cleaned. Also, .05 was preferred as the significance level in the current study.

Firstly, the reliability of the scales was checked by calculating Cronbach's Alpha coefficients, and confirmatory factor analyses were performed to test the validity of the scales via AMOS version 26 (Arbuckle, 2022) and STATA version 14 (StataCorp, 2015).

Secondly, assumptions of the simultaneous regression analysis (sample size, normally distributed errors, homoscedasticity, independent errors, linearity, multicollinearity, influential observations) (Tabachnick & Fidell, 2007) were checked, and all the assumptions were satisfied. Thirdly, descriptive statistics and Pearson correlation analyses were performed by examining the mean, standard deviation, minimum and maximum values of the variables, and the correlation between all the variables.

Fourthly and lastly, a simultaneous regression analysis was performed to examine how well self-compassion, certainty about the mental states, adaptive perfectionism, maladaptive perfectionism of parents with children aged 0-5 predicted the variation in parental stress. The regression model in the study aims to clarify the concept of parental stress. Parental stress (Y) was the outcome variable and predicted by self-compassion (X1), , and parental reflective functioning [PM (X2), CM (X3), and IC (X4)], adaptive perfectionism (X5), maladaptive perfectionism (X6). $Y = \beta0 + \beta1X1 + \beta2X2 + \beta3X3 + \beta4X4 + \beta5X5 + \beta6X6 + e$ (where $\beta0$ is the constant value and *e* is the amount of error) is the formulation of the model.

3.8. Limitations of the Study

This study has some limitations which should be considered when evaluating its results. The first limitation of the study is related to the sample selection procedure. In order to obtain a more significant amount of data, participants were selected with a convenience sampling method, which is one of the nonrandom sampling methods. Thus, the sample is not statistically representative of the parent population with children aged 0-5 in Türkiye, and the generalizability of the study was compromised. Moreover, this method might have caused a biased sample. For instance, the low participation rate of fathers and inhomogeneous distribution of parents according to their marital status (almost all the participants are married parents) limits the generalizability of the results to a broader population range.

The second limitation of the study is the measurement type. In this study, even if the data were collected on the condition of anonymity, individuals may tend to respond to questionnaires in a socially acceptable and politically correct manner because scales include questions about participants' feelings, thoughts, and behaviors about their child. Thus, using self-report instruments might cause social desirability bias, preventing the participants from reflecting on their actual feelings and thoughts. This may threaten internal validity. However, in this study which examines the effect of individual characteristics on parental stress, it is obvious that it is difficult to find a better source than self-rating.

The third limitation of the study was using the Turkish version of the PRF Short Form. According to the confirmatory factor analysis results, good fit and acceptable reliability values were obtained, but high reliability values could not be obtained for PM and IC dimensions. This should be taken into account when evaluating the results regarding PRF.

The fourth limitation of the study was related to the data collection method. The vast majority of the data was collected online due to the COVID-19 pandemic conditions. Although participants' belief that online surveys protect their anonymity better, makes answers more reliable (Ward et al., 2012), using online surveys prevented the participants from asking questions to the researcher, and the environmental conditions could not be controlled. The possibility of instrument decay (Fraenkel et al. 2012), which may occur due to collecting online data, may also affect internal validity. Collecting data on online platforms might cause participation restrictions for those who do not have access to the internet or any smart devices. Therefore, the study's results cannot be generalized to the low SES group.

The time to complete the questionnaires is the fifth limitation of the study. The ideal completion time of the survey is thirteen minutes or less to achieve a good response rate (Handwerk et al., 2000). Similar to these results, the study conducted by Revilla and Ochoa (2017) found the ideal time for a survey to take 10 minutes, while the maximum time was 20 minutes. The current study's high number of survey questions take about 20 minutes, which may increase the likelihood of respondent fatigue and decrease the data quality and internal validity. The sixth limitation of the study is using a cross-sectional survey design. That is, the data were collected at a certain time. Therefore, unlike longitudinal studies, the study cannot provide information about causal relationships between parental stress and its predictors.

The age range of the children (0 to 5 years) of the parents included in the study may be seventh limitation. The age range includes newborns (0 to 1 month), infants (1 to 12 months), toddlers (1 to 2 years), and preschoolers (2 to 6 years) (Kail & Barnfield, 2007) with different developmental (physical, emotional, and behavioral and mental)

characteristics and needs. According to Erikson (1982), a child's primary need during the infancy period (Trust vs. Mistrust Stage) is stable, consistent, and reliable care, while the prominent need of a child in the play age period (Initiative vs. Guilt Stage) is to be able to reveal themselves by making choices or doing activities with others. Thus, the participants' parental stress and parental reflective functioning levels may be affected by a wide distribution of the children's ages. In addition, although parents who have more than one child were asked to answer questions considering only one child in the study, there is a possibility that their feelings, thoughts, and experiences about their other children may affect their answers.

The last limitation of the study is related to uncontrolled variables. Some variables that could explain different parental stress levels, such as children's temperament, psychological or physiological problems, and other stress sources of parents (i.e. work, stress, relational problems, illness, Covid-19 pandemic), were not included and could not be controlled in this study.

CHAPTER 4

RESULTS

This chapter contains five sections in which the results of the study are reported. In the first section, preliminary analyses are presented. In the second section, descriptive statistics of the study variables are stated in detail. In the third section, correlations among the variables are given. The fourth and last section provides information about the results of the main analysis in line with the study's aims.

4.1. Preliminary Analysis

4.1.1. Data Screening and Cleaning

Before the main analysis was carried out, the data were reviewed carefully, and 82 cases were excluded from the study for several reasons which were explained in detail in the participant section of the method chapter. Then, the accuracy of data entry and missing values in the study were checked. After correcting some erroneous data, missing data in some cases were determined. The missing value rate of these cases is below 5%. Since less than 5% missing value will not cause significant changes in regression analysis results, this is not perceived as a critical problem, and therefore missing value analysis is not needed (Tabachnick & Fidell, 2007).

4.1.2. Assumption Checks for The Simultaneous Regression Analysis

Before the simultaneous regression analysis, certain assumptions should be controlled to verify whether the data is suitable for simultaneous regression analysis or not. These are sample size, normally distributed errors, homoscedasticity, independent errors, linearity, multicollinearity, and influential observations (Tabachnick & Fidell, 2007).

4.1.2.1. Sample Size

Green (1991) suggested that the sample size of a study should be determined according to the criterion of $N \geq 50 + 8m$ (m is the number of predictors). Based on this criterion, the study sample size with four predictors is sufficient ($584 \geq 50 + 32$).

4.1.2.2. Normally Distributed Errors

Normally distributed errors were checked by the histogram and p-p plot of residuals. As a result, it was seen that the errors were normally distributed. It is presented in Figure 4.1 that there is a normal error distribution, and it is shown in Figure 4.2 that there is no deviation from the straight line.

Figure 4. 1.

Histogram for Parental Stress

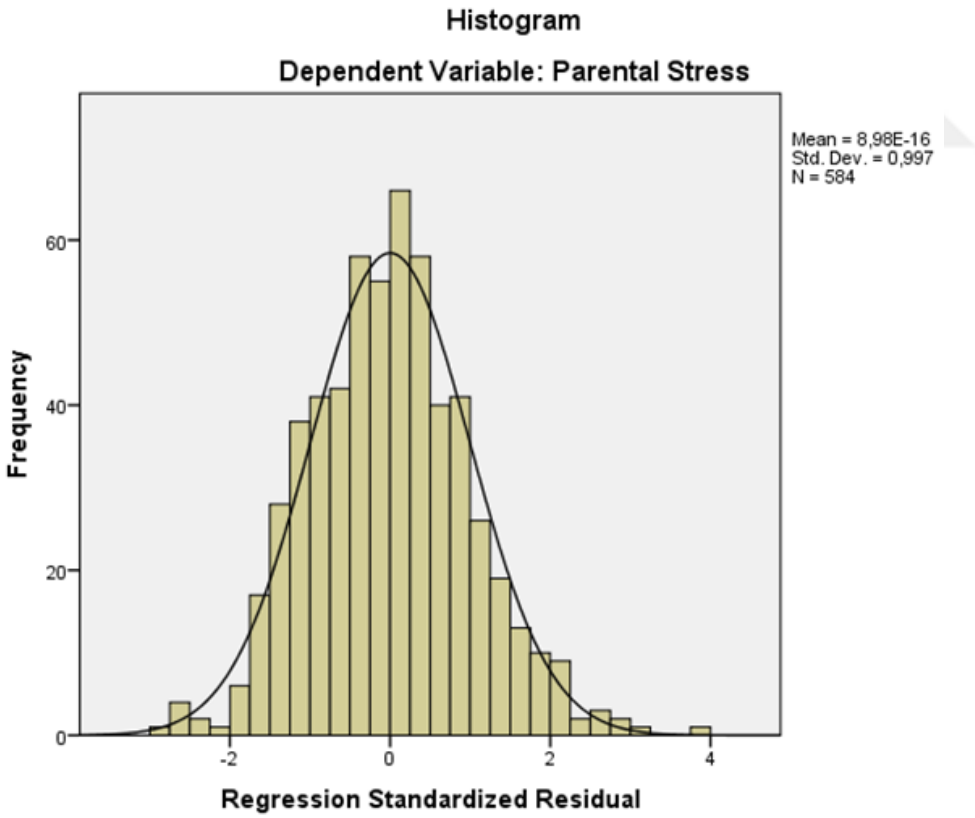
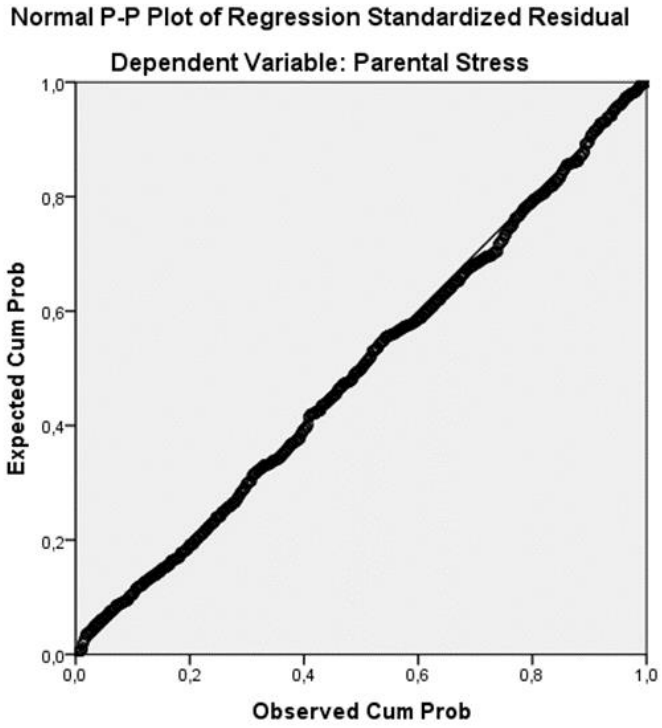


Figure 4. 2.

P-P Plot for Parental Stress

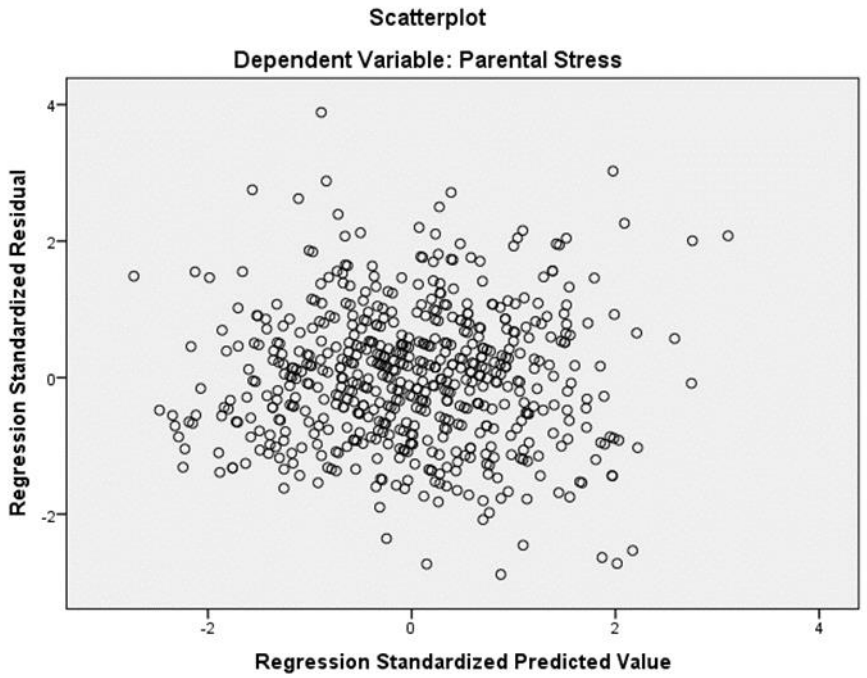


4.1.2.3. Homoscedasticity

According to the homoscedasticity assumption, which means uniformity of variance, independent variables' standard deviations of errors should be constant for each value of dependent variables (Tabachnick & Fidell, 2007). It can be checked by examining whether there is a systemic pattern on the scatter plot, which means the points of the dependent variable have nearly equal and random distribution around the zero point (Field, 2009). The scatter plot in Figure 4.3 showed that a systemic pattern did not exist since the points were evenly and randomly spread out. Therefore, the homoscedasticity assumption is not violated.

Figure 4. 3.

Scatter Plot for Parental Stress



4.1.2.4. Independence of Errors

The assumption of independence of errors accepts that the residuals should not be correlated and do not have a systemic pattern from case to case. Durbin-Watson statistic value indicates whether this assumption has been met or not. The acceptable range for the value is 1-3 (Field, 2009). The Durbin-Watson statistic value found in the study is 2.08, which approved that the independence of the residuals assumption was met.

4.1.2.5 Linearity

The linearity assumption was controlled by partial regression scatterplots to inspect the linearity of residuals. A visual examination of the plots presented a close to a linear relationship between parental stress as an outcome variable and all the predictor variables.

Figure 4. 4.

Scatterplots of Residuals in The Relationship Between Parental Stress and Self-Compassion

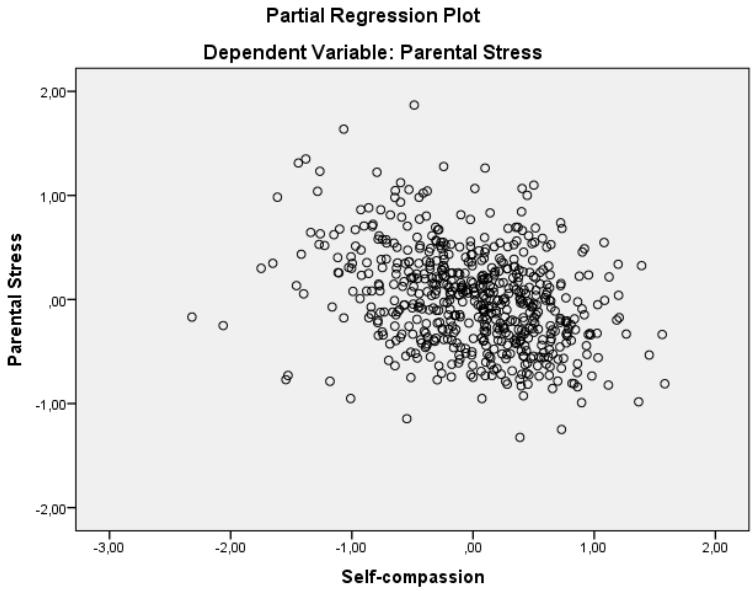


Figure 4. 5.

Scatterplots of Residuals in the Relationship Between Parental Stress and Certainty About Mental States

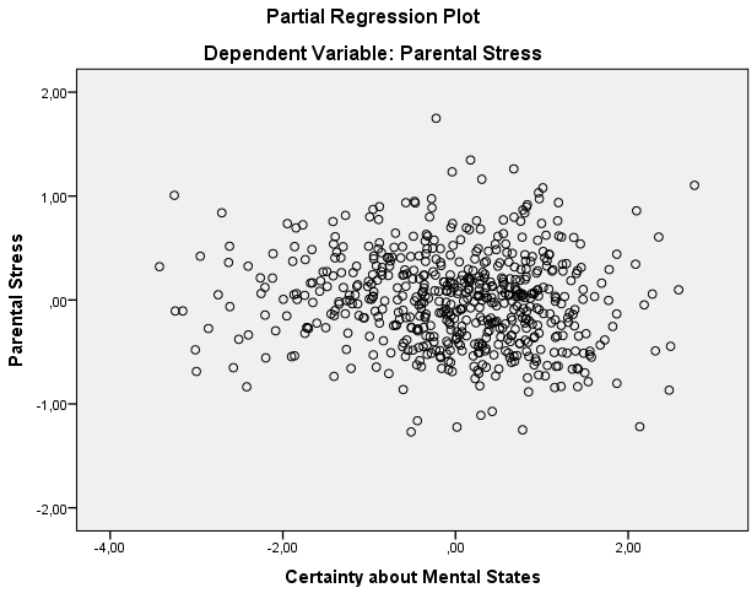


Figure 4. 6.

Scatterplots of Residuals in the Relationship Between Parental Stress and Adaptive Perfectionism

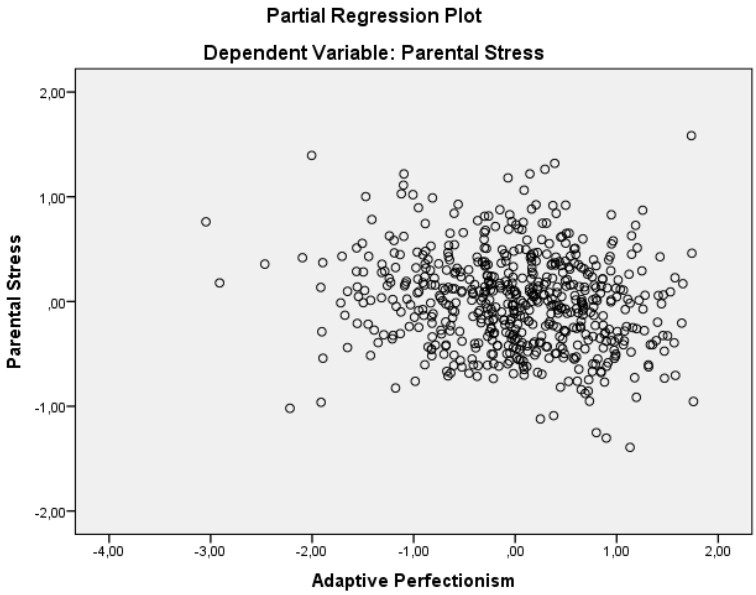
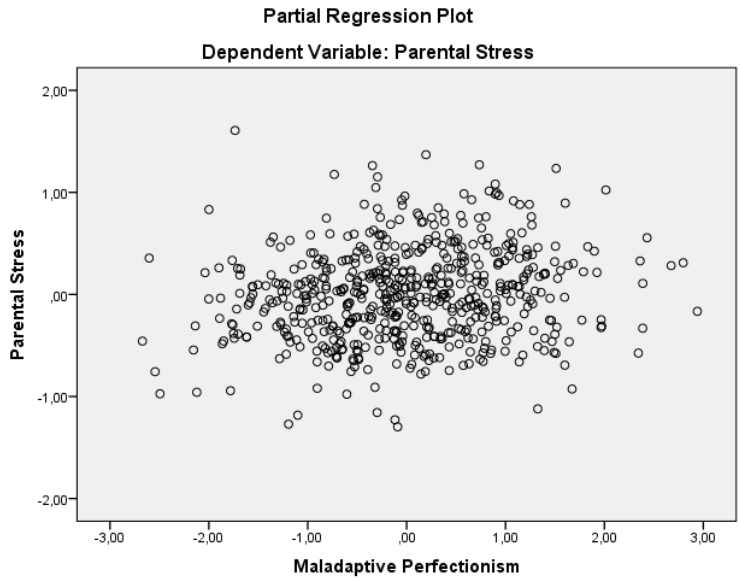


Figure 4. 7.

Scatterplots of Residuals in the Relationship Between Parental Stress and Maladaptive Perfectionism



4.1.2.6. Multicollinearity

Another assumption in a regression model is multicollinearity. This assumption which could be measured by a variance inflation factor (VIF) and tolerance, expects that there will not be a strong correlation between two or more predictor variables (Field, 2009). As seen in Table 4.3, none of the VIF values were more than 4, and no tolerance values were smaller than .20. The results displayed that the assumption was met (Tabachnick & Fidell, 2007).

Table 4. 1.

Tolerance and VIF Values of Predictor Variables for Multicollinearity

Variables	*Tolerance*	*VIF*
Self-Compassion	.69	1.45
Certainty About Mental States (CMS)	.89	1.13
Adaptive Perfectionism	.78	1.28
Maladaptive Perfectionism	.61	1.64

4.1.2.7. Influential Observation Assumption

The influential observation assumption is checked to test the effect of certain cases on the regression model or the model's suitability for the entire sample. This assumption involves determining multivariate outliers by the Leverage test, Cook's distance test, and standardized DFBETA intercept values.

Firstly, outliers in the whole data were determined by the Leverage test. Critical centered Leverage value was defined by the formula of 3(k+1)/n (k is the number of the predictors, n is the number of participants), and all the cases should not be higher than this value (Stevens, 2002). In the study, the critical centered Leverage value was calculated as .026. Five cases had values more than .026. Since they are multivariate outliers that could cause problems in the regression model, they were excluded from the study, and the assumption of influential observation was satisfied.

Secondly, the overall influence of a case on the model was examined by Cook's Distance test (Field, 2009). Cook's values should not be higher than 1 (Cook & Weisberg, 1982). In the study, all the values stay under the value of 1, and there is no outlier.

After checking Leverage and Cook's Distance values, Standardized DFBETA intercept values, which present the difference between before and after excluding the outlier on the regression model, were controlled. Cases with values greater than 1 can be considered outliers (Field, 2009). Since all the cases had Standardized DFBETA intercept values, which were smaller than 1, there is no outlier. Both Cook's Distance and Standardized DFBETA intercept values satisfied the assumption in the study.

After extracting some cases with multivariate outliers, the sample size decreased from 584 to 579. This size is sufficient according to Green's (1991) $N \geq 50 + 8m$ criterion (2007). Hence, for further analyses, the remaining data were used.

4.2. Descriptive Statistics for the Major Study Variables

Descriptive analyses, including mean, standard deviation, minimum, and maximum scores of the outcome variable (parental stress) and predictor variables (self-compassion, certainty about mental states, adaptive and maladaptive perfectionism), were shown in Table 4. 2.

Table 4. 2.

Descriptive Statistics for the Major Study Variables (N = 579)

Variables	*M*	*SD*	Possible Range	Actual Range
Parental Stress	2.19	0.52	1-5	1.00- 4.06
Self-Compassion	3.23	0.70	1-5	1.04- 4.96
Certainty About Mental States (CMS)	4.83	1.13	0-7	1.40- 7.00
Adaptive Perfectionism	5.30	0.87	0-7	2.00- 7.00
Maladaptive Perfectionism	3.59	1.23	0-7	1.00- 6.92

Note. Possible and actual range values of the variables were based on total mean scores.

The mean score of parental stress was 2.19, with a standard deviation of 0.52. The mean score of self-compassion was 3.23, with a standard deviation of 0.70. The mean score of certainty about mental states was 4.83, with a standard deviation of 1.13. The mean score of adaptive perfectionism was 5.30, with a standard deviation of 0.87. The mean score of maladaptive perfectionism was 3.59, with a standard deviation of 1.23.

4.3. Correlation Matrix of the Major Study Variables

The intercorrelation of the study variables using the Pearson correlation coefficient was presented in Table 4. 3. The outcome variable (parental stress) was significantly correlated with predictors, which are self-compassion, certainty about mental states, perfectionism (adaptive and maladaptive). In the study, the highest correlation coefficient (r = -.53) was found between maladaptive perfectionism and self-compassion; the lowest correlation coefficient (r = -.04) was found between self-compassion and adaptive perfectionism.

Table 4. 3.

Correlation Matrix of the Major Study Variables

Variables	*1*	*2*	*3*	*4*	*5*
Parental Stress	1.00				
Self-Compassion	-.49**	1.00			
Certainty About Mental States	-.21**	.24**	.22**	-.09*	1.00
Adaptive Perfectionism	-.09*	.04	1.00		
Maladaptive Perfectionism	.32**	-.53**	.37**	1.00	

Note. *p < .05, **p < .01, one-tailed.

4.4. Results of Simultaneous Regression Analysis

After checking the assumptions, simultaneous regression analysis was carried out to test determined hypotheses and to assess how well parents' self-compassion, certainty about mental states, adaptive and maladaptive perfectionism predicted parental stress together. In Table 4.4., a summary of the regression analysis results was presented.

Table 4. 4.

Summary of Simultaneous Regression Analysis for Variables Predicting Parental Stress (N = 579)

Variable	*B*	*SEB*	*β*	*t*	*p*	sr^2	R^2
							.27
Constant	3.50	.17		20.83	.00**		
Self-Compassion	-.29	.03	-.39	-9.08	.00**	10.4	
Certainty About Mental States	-.03	.02	-.07	-1.88	.06	0.5	
Adaptive Perfectionism	-.09	.02	-.15	-3.64	.00**	1.7	
Maladaptive Perfectionism	.07	.02	.16	3.53	.00**	1.6	

Note. *$p < .05$, **$p < .01$. sr^2 is the amount of unique variance that each predictor variable brings to the regression model. R^2 is the rate of variance explained by all the predictor variables in the regression model in the outcome variable.

Self-compassion, certainty about mental states, adaptive and maladaptive perfectionism were simultaneously entered into the model. The results reported that the tested model is significant (F (4, 574) = 54.12, $p < .01$, R^2 =.27). While self-compassion (β = -.39, $p < .01$) and adaptive perfectionism (β = -.15, $p < .01$) were found as a significant negative predictors of parental stress, maladaptive perfectionism (β = .16, $p < .01$) was found as a significant positive predictor of parental stress as hypothesized. However, certainty about mental states (β = -.07, $p > .05$) did not reveal as a significant predictor and the relevant hypothesis was rejected.

In sum, the model clearly indicated that the predictor of self-compassion contributed the most to parental stress. The overall model explained the 27% of the variance in parental stress, whereas semi-partial variances of self-compassion, adaptive perfectionism, and maladaptive perfectionism were 10.4%, 1.7%, and 1.6%, respectively. The formulation of the model was Y= 3.50- (0.29) X1- (0.09) X2 + (0.07) X3. + ϵ

CHAPTER 5

DISCUSSION

5.1. Discussion of the Findings

This study investigated whether self-compassion, certainty about mental processes, adaptive perfectionism, and maladaptive perfectionism predict parental stress. The results showed that all predictive variables except certainty about mental processes were significant predictors and explained 27% of the variance in parental stress. The explained partial variance rate was 10.4% for self-compassion, 1.7% for adaptive perfectionism, and 1.6% for maladaptive perfectionism. The findings are discussed in the next section.

5.1.1. Self-Compassion and Parental Stress

Having cruel and harsh attitudes towards oneself makes one feel under constant threat and increases the level of stress. On the contrary, having a self-compassionate attitude helps the person's soothing system to work in case of a possible threat (Gilbert & Procter, 2006). The findings of the current study presented evidence for the soothing effect of self-compassion. Hence, the first hypothesis of the current study was supported by the findings in which self-compassion and parental stress were negatively and strongly related and that self-compassion was the strongest predictor of parental stress compared to other variables. This result may be related to the self-compassionate parents' better functioning of the self-soothing system in times of threat and therefore less stress in the parenting experience.

These results on the strong and negative predictive role of self-compassion on parental stress are consistent with the findings of studies conducted with parent groups who are

less at risk for stress (e.g., parents of typically developing children) (Gouveia et al., 2016; Moreira et al., 2015); with the findings of studies of more risky groups (e.g., parents of children with autism) (Bohadana et al., 2019; Neff & Faso, 2015; Robinson et al., 2018; Shenaar-Golan et al., 2021; Torbet et al., 2019), with the findings of studies comparing risky and less risky groups (Stenz et al., 2022). Moreover, the current study findings are congruent with the results of the experimental studies where the effect of parents' self-compassion or mindfulness improvement on their parental stress was examined (Bögels et al., 2014; Potharst et al., 2019; Potharst et al., 2022; Preuss et al., 2021; Ridderinkhof et al., 2018; Shams et al., 2021; Short et al., 2017).

Some studies conducted during the COVID-19 pandemic have similar results with the current study (see; Chorão et al., 2022; Garcia et al., 2022). However, Wang et al. (2022) and O'Boyle-Finnegan et al.'s (2022) studies on COVID-19 did not find self-compassion as a significant predictor of parental stress. Thus, the findings are not consistent with the present study findings. Wang et al. (2022) attributed their study's inconsistent results with the literature to the Chinese culture and the family problems of the participants. The inconsistency of the results of these two studies with current research and literature may be related to the fact that these studies collected data from parents during the times when the impact of COVID-19, which is a stressful period for people (Garcia et al., 2022), was felt more intensely. Therefore, social and parenting problems at that period (e.g., increased responsibilities at home due to social isolation) may have prevented participating parents from using self-compassion skills.

All in all, self-compassion can stimulate positive affect in the person by directing the person to self-kindness while suffering (Neff et al., 2007). Therefore, it is likely that parents' adopting an attitude of self-compassion in the challenging and painful situations associated with the responsibility of being a parent will reduce their parental stress and increase their psychological well-being (Bohadana et al., 2019; Neff & Faso, 2015).

5.1.2. Parental Reflective Functioning and Parental Stress

In the current study, the reliability value of the CMS dimension of the PRFQ Short Form (Luyten et al., 2017a) was high enough. However, the other two sub-dimensions, PM and IC, did not have sufficiently high-reliability values. Therefore, only the CMS dimension was included in the analysis of the study. Hence, the second hypothesis related to the PM variable and the fourth hypothesis related to the IC variable could not be tested.

CMS refers to the tendency of parents to have firm or precise beliefs about their children's inner world (e.g., intention, thought, emotion) (Luyten et al., 2017b). Although greater (hyper-mentalization) and minimal values of CMS (hypo-mentalization) may be indicative of maladjustment in parenting, CMS is expected to be at a certain level (e.g., levels close to the mean) for parenting functionality (Luyten et al., 2017a).

The third hypothesis of the current study was rejected by the finding that CMS does not significantly predict parental stress. However, it was found that CMS has a negative and significant relationship with parental stress. In general, this finding is consistent with the findings of previous correlational studies (e.g., Håkansson et al., 2019; Vismara et al., 2021; McMahon & Meins, 2012) and those of experimental studies that mentalization-based parent support programs reduce parental stress (e.g., Adkins et al., 2018; Byrne et al., 2018; Suchman et al., 2016). However, when the results of this study were evaluated with other studies in terms of specifically CMS sub-dimension, more contradictory results were obtained. For instance, Luyten et al. (2017b) did not find a significant relationship between CMS and parental stress. Similarly, Nijssens et al. (2018) did not find CMS significantly associated with any of the sub-dimensions of parental stress. Although the current study results are consistent with these studies in terms of CMS's not predicting parental stress, they are inconsistent regarding the significance of the relationship.

Moreover, Steele et al. (2020) found a positive relationship between CMS and parental stress, unlike the current study with the inverse relationship. These results may be the

opposite because the current study has a more representative sample; however, the other study's almost half of the sample consists of parents with a borderline personality disorder. The fact that parents with borderline features are prone to intrusive mentalization (excessive levels of CMS) may have enhanced parental stress. To put it simply, too many thoughts like "I always know what my child wants." in the parents may lead the parents to ignore their child's original intention or desire, deteriorate the interaction with their child, and experience high parental stress.

The current study's finding of a negative relationship between CMS and parental stress is reasonable, assuming that parents have less parental stress and more moderate CMS in the current study with a more general sample than clinical groups. Although the relationship between CMS and parental stress remained relational (no prediction), this finding draws attention to the possibility that the parents' estimating at a certain level to determine why their child does something and what the child wants can reduce parental stress. However, further studies in different parent samples are needed to clarify the relationship between PRF's relatively new conceptualized dimensions (CMS, IC, PM) and parental stress.

5.1.3. Adaptive Perfectionism and Parental Stress

Like maladaptive perfectionists, adaptive perfectionists have high goals and, therefore, high expectations of themselves. In addition, adaptive perfectionists differ from maladaptive perfectionists in setting higher goals that are more attainable, avoiding being overly critical of themselves when they fail to achieve their goals, and having fewer concerns about failure (Rice et al., 2003; Stoeber & Otto, 2006). Consistent with these characteristics of adaptive perfectionists, this study found an inverse and significant relationship between adaptive perfectionism and parental stress. Moreover, the fifth hypothesis of the current study was supported by the finding that adaptive perfectionism was a significant and negative predictor of parental stress. These results are in line with the findings of previous studies stating that adaptive perfectionism is associated with lower levels of anxiety, stress, and self-criticism (e.g., Moate et al., 2016; Rice et al., 2003; Rice & Ashby, 2007; Richardson et al., 2014; Stoeber & Otto, 2006). Also, consistent results were obtained with the findings of Leung (2022) on

fathers, which indicated that the increase in desire for order and organization (the sub-dimension of adaptive perfectionism) decreases parental stress levels.

Adaptive perfectionism associated with reduced stress may be explained by the components of Lazarus and Folkman's (1984) Stress Model and Abidin's (1992) Parenting Stress Model. Adaptive perfectionist parents who set achievable goals may not make parenting demands that exceed their resources. Therefore, they may evaluate the situations they encounter in parenting as more neutral or positive (cognitive appraisal). In addition, it can be said that they can use their coping skills in situations they deem threatening. As a result, all these traits may protect them from the high stress of the parenting role.

In addition, the negative and significant relationship between adaptive perfectionism and parental stress is almost inconsistent with the findings of a few other studies that have tested the relationship between adaptive perfectionism and parental stress (see; Kawamoto & Furutani, 2018; Leung, 2022). There can be some explanations for the inconsistency. Firstly, Kawamoto and Furutani (2018) addressed adaptive perfectionism only with the high standards dimension, while the current study addressed adaptive perfectionism with order and organization and high standards dimensions. Also, Kawamoto and Furutani (2018) measured child-rearing stress, while the current study measured parental stress, a more comprehensive term.

Secondly, the fact that Leung's (2022) study only measures adaptive perfectionism related to the parenting role (parenting perfectionism), while the current study measures adaptive perfectionism as a general attitude, may have led to these studies to have obtained inconsistent results. In the study that examined specifically adaptive parenting perfectionism (Leung, 2022), adaptive perfectionist parents' attainable but high expectations and need for order and organization in parenting roles may be undermined for many reasons, such as their children's reluctance, stubbornness, and disorganization of toys and clothes. All of this is sufficient to increase their stress level.

In the current study, parents with higher adaptive perfectionism may have adopted order and organization in many areas (e.g., work, and social life). In this way, they may avoid the stress of the chaos and confusion in their lives. Thus, order and organization, which is a general attitude of their life, may enable them to devote time and energy to what they need to do as a parent (e.g., playing with the child) and to experience parenting with pleasure rather than with stress. Also, their parental stress is not high, probably because their high goals are not unattainable in their parenting role.

5.1.4. Maladaptive Perfectionism and Parental Stress

The present study showed a positive and significant association between maladaptive perfectionism and parental stress. Furthermore, the sixth and last hypothesis of the current study was supported by the finding that maladaptive perfectionism significantly and positively predicted parental stress. Accordingly, as parents' maladaptive perfectionistic attitudes increase, their parental stress also increases. These results are consistent with previous studies indicating maladaptive perfectionism's positive link with stress (Ashby et al., 2012; Dunn et al., 2006; Henderson, 2012; Meeussen & Laar, 2018; Mitchelson & Burns, 1998; Moate et al., 2016; Richardson et al., 2014; Stoeber & Otto, 2006) and parental stress (Kawamoto & Furutani, 2018; Leung, 2022). In addition, current results are inconsistent with some studies examining the relationship between self-directed perfectionism and parental stress in terms of direction and significance of the relationship (see; Hosseinzadeh-Oskouei et al., 2021; Lee et al., 2012). The inconsistency may be because these studies examine perfectionism as a whole (self-oriented perfectionism) rather than separately examining adaptive and maladaptive.

There may be several explanations for why maladaptive perfectionism significantly and positively predicts parental stress. One of them is maladaptive perfectionists' excessively high self-expectations (Slaney et al., 2001; Stoeber & Otto, 2006). The expectations mean that the person makes excessive demands on oneself and naturally cannot meet or cope with them; accordingly, stress occurs (see; Abidin, 1992; Lazarus & Folkman, 1984). Assuming that maladaptive perfectionistic parents can set

unrealistic goals for their parenting roles (e.g., “I will be a mother who will never be angry with her child.” and “My child should eat completely organic.”), not being able to achieve these goals may also increase their parental stress. Also, the predictor role of maladaptive perfectionism on higher parental stress may result from their distinguishing feature, self-criticism (Rice & Ashby, 2007). Parents with a self-critical attitude have difficulty accepting their mistakes and shortcomings in their parenting role, which may make them feel dissatisfied and threatened (Gilbert, 2009; Moreira & Canavarro, 2018). Thus, it is natural for maladaptive perfectionist parents who are characterized by self-criticism to have higher levels of parental stress.

In summary, the inconsistent results with some other studies on parents may indicate that adaptive and maladaptive perfectionism might be correlated differently with parental stress when it is a role-specific (e.g., parenting perfectionism, perfectionism in the workplace) or more general attitude. Moreover, the present study, which found parental stress to be predicted by adaptive perfectionism negatively and maladaptive perfectionism positively, supports the distinction between adaptive and maladaptive perfectionism (see for a review; Stoeber & Otto, 2006) and expands the findings on parents’ perfectionism and well-being in the literature.

5.2. Implications of the Findings

The findings obtained from this study have implications that can guide parents, especially parents with young children, mental health professionals working with parents, and professionals who organize preventive and intervention programs to increase child and parent well-being.

Parent self-relation is negatively associated with increased parental stress. As parental stress increases, the decrease in parental self-efficacy and self-compassion can be cited as evidence for the association (Bohadana et al., 2019; Neff & Faso, 2015). In addition, rising parental stress causes the quality of the parent-child relationship to develop negatively and insecurely (Fernandes et al., 2021; Gerdes et al., 2007). The parents’ stress in their parenting role also adversely affects the relationship of parents with their partners (Robinson & Neece, 2015; Wang et al., 2022). This study contributes to

parents' awareness of their relationship with themselves, their children, and their partners by providing illuminating information about parental stress and the correlates that reduce or increase it.

The present study indicated that parents' self-compassion made the most substantial contribution to parental stress. Similarly, results of self-compassion-based and mindfulness-based studies in the literature show that developing self-compassion skills have a positive effect on reducing parental stress (e.g., Bögels et al., 2014; Potharst et al., 2017; Potharst et al., 2021; Shams et al., 2021; Short et al., 2017). Therefore, there is a need to expand such programs with parents in municipalities and non-governmental organizations that aim to improve the psychological health of parents and, thus, society. In this way, parents who can recognize their stress signals, accept their feelings and situations, stay away from impulsivity, regulate their emotions, make conscious decisions, be emotionally accessible to their children, and become aware of their children's signals (Potharst et al., 2019) may be ensured in the society.

The current study's conclusion that increased CMS (indicating confidence in a child's mental processes) is associated with reduced parental stress also implies that CMS is a partially positive dimension of PRF. It also indicates that parental stress may be reduced by increasing the PRF or its positive dimensions to an adequate level. Similarly, previous studies investigating the effectiveness of mentalization-based parental programs also show that an increase in parents' PRF decreases parental stress (e.g., Adkins et al., 2018; Frolli et al., 2021; Suchman et al., 2016). All these findings are meaningful for parental stress training, parent counseling, and parent support programs to improve parental reflective functioning skills. In addition, this study found that parental stress decreased with the increase in adaptive perfectionism and the decrease in maladaptive perfectionism of parents. In parenting guidance or psychological counseling sessions, replacing maladaptive perfectionism with adaptive perfectionism may be a therapeutic goal. Also, it would be beneficial to conduct the sessions toward this goal.

Change in the parents themselves may be easier than changing the environment and the child (Mash & Johnston, 1990). From this perspective, these study results focusing on some of the parents' modifiable personal characteristics (self-compassion, certainty about mental processes, perfectionism) may help grasping the inner world of the parents with high parental stress. In this way, the effectiveness of intervention programs in which the modifiable variables are integrated to reduce parental stress may increase.

Finally, since the difficulties experienced by the parents differ from each other according to the age of their child (Crnic & Ross, 2017), parental stress, parents' certainty about their child's mental states, self-compassion, and perfectionism may vary according to the child's developmental stage. Therefore, while generalizing the results on parental stress, it should be kept in mind that this study was conducted with parents who have children between 0-5 years of age.

5.3. Recommendations for Further Research

Based on the findings, the following recommendations are presented for future studies:

The current model explained 27% of the variance of parental stress. It is suggested to expand the scope of this model by focusing on what other parental characteristics explain parental stress.

Future studies may contribute to the generalizability of the study by using the random sampling method, reaching more paternal participants, and participants with heterogenous marital status. In future studies, investigators might travel to low-income households and collect data face-to-face to reach parents who do not have internet access due to financial strains. In this way, they can obtain a more generalizable study.

Longitudinal studies are needed to confirm the causality of this study's findings and determine the direction of the relationships between outcome and predictor variables over time.

The data collection method may influence the participants' answers to some questions (Bowling, 2005). Therefore, when two different data collection methods are used in a study, it is essential to compare their data and test the impact of these methods on the results. In the current study, such a comparison was not made, as the proportion of data collected by hand (about 7%) was considerably lower than those collected online. However, it is recommended that future studies test the effect of data collection methods on responses.

The measurement tools in the current study are self-report measurement scales. The findings obtained from the study need to be replicated more with reports of other family members, interviews, and observer-based measurements to get more comprehensive and valid information in future studies.

The determinants of parental stress are the focus of the current study. Future studies should also explore the consequences of parental stress for parents with children in early development. Also, it may be fruitful to compare parents of normally and abnormally developing children in the model.

In this study, two subdimensions of PRFQ Short-Form (Luyten et al., 2017a), PM and IC, did not have sufficiently high-reliability values. According to these reliability results, it was seen that the short 18-item form of the scale is not effective enough to represent the phenomena related to PRF in the sample living in Türkiye. Therefore, there is a need to develop a scale more suitable for Turkish culture to evaluate PRF. In addition, other assessment ways based on direct observation or in-depth interviews (Fonagy et al., 1991) may continue to be used in future studies to measure PRF. Thus, more reliable findings may be obtained about parents' PRF.

Future research on parental stress or parenting may limit the children of the participants to be included in the research according to narrower age groups or Erikson's (1982) psychosocial developmental periods. In this way, parental stress sources arising from the child's developmental period may be controlled easily, and parental stress may be analyzed better.

In the future, other researchers may conduct studies with single-child parents or in observation settings with only the parent and the child included in the study to prevent the probable influence of the other children on their parental stress. Thus, they can obtain more specific information about parents with more than one child.

Future studies may choose shorter questionnaires to reduce the likelihood of respondent fatigue or may identify participants who carelessly fill in questions by placing bogus items, explicitly instructed response items, item manipulation checks, self-reported measures attention check items in the questionnaire (Shamon & Berning, 2020).

It would be interesting to explore in future studies if helping parents reduce maladaptive perfectionism and developing a self-compassionate approach, adaptive perfectionism, parental reflective functioning in parenting could help them decrease their parental stress. Thus, experimental studies, including intervention programs for parental stress, are needed.

The current study examined the determining roles of parents' general self-compassion and perfectionism traits. It is also recommended to explore these traits as parenting role-specific concepts (parental self-compassion and parental perfectionism) in order to obtain more detailed information about parenthood.

Also, replications of the current study may test the same model with groups of parents with lower self-compassion, parental reflective functioning, and adaptive perfectionism, higher maladaptive perfectionism by performing a pre-screening test at the beginning of the research.

Lastly, the current study participants were asked open-ended questions about the factors that increased their parental stress the most. Parents mainly stated that their worries about their children's future (e.g., getting sick, not getting a good education), inadequacy thoughts on their parenting role (e.g., not spending time productively with the child), inability to set aside enough time for oneself, insomnia, their children's

needs (e.g., healthy nutrition, socialization), stubbornness, not eating attitudes, getting sick, and lack of social and familial support in addition to workload and excessive housework enhance their parental stress levels. These answers can give an idea about the topics on which researchers may focus in future studies.

REFERENCES

Abidin, R. R. (1989). *The determinants of parenting: What variables do we need to look at?* [Paper presentation]. Annual Meeting of the American Psychological Association (97th, New Orleans, LA, August 11-15, 1989).

Abidin, R. R. (1990). Introduction to the special issue: The stresses of parenting. *Journal of Clinical Child Psychology*, *19*(4), 298-301. https://doi.org/10.1207/s15374424jccp1904_1

Abidin, R. R. (1992). The determinants of parenting behavior. *Journal of Clinical Child Psychology*, *21*(4), 407-412. https://doi.org/10.1207/s15374424jccp2104_12

Adkins, T., Luyten, P., & Fonagy, P. (2018). Development and preliminary evaluation of family minds: A mentalization-based psychoeducation program for foster parents. *Journal of Child and Family Studies*, *27*(8), 2519-2532. https://doi.org/10.1007/s10826-018-1080-x

Affrunti, N. W., & Woodruff-Borden, J. (2014). Parental perfectionism and overcontrol: Examining mechanisms in the development of child anxiety. *Journal of Abnormal Child Psychology, 43*(3), 517-529. https://doi.org/10.1007/s10802-014-9914-5

Aldea, M. A., & Rice, K. G. (2006). The role of emotional dysregulation in perfectionism and psychological distress. *Journal of Counseling Psychology, 53*(4), 498-510. https://doi.org/10.1037/0022-0167.53.4.498

Aneshensel, C. S., & Sucoff, C. A. (1996). The neighborhood context of adolescent mental health. *Journal of Health and Social Behavior*. *37*(4), 293-310. https://doi.org/10.2307/2137258

Anthony, L. G., Anthony, B. J., Glanville, D. N., Naiman, D. Q., Waanders, C., & Shaffer, S. (2005). The relationships between parenting stress, parenting behaviour and preschoolers' social competence and behaviour problems in the classroom. *Infant and Child Development, 14*(2), 133-154. https://doi.org/10.1002/icd.385

Arbuckle, J. L. (2022). Amos (Version 26.0). IBM SPSS.

Arıkan, G., Acar, İ., & Üstündağ-Budak, M. (2020). *Türkiye'deki annelerde içsel düşünme işlevselliği kısa-formunun geçerliliği [The validity of the reflective functioning short-form for mothers in Turkey]*. [Paper presentation], First International Baby, Child and Adolescent Congress, 69-71. https://bcepk.com/1-bcepk-tr/

Ashby, J. S., & Bruner, L. P. (2005). Multidimensional perfectionism and obsessive-compulsive behaviors. *Journal of College Counseling*, *8*(1), 31-40. https://doi.org/10.1002/j.2161-1882.2005.tb00070.x

Ashby, J. S., Dickinson, W. L., Gnilka, P. B., & Noble, C. L. (2011). Hope as a mediator and moderator of multidimensional perfectionism and depression in middle school students. *Journal of Counseling & Development, 89*(2), 131-139. https://doi.org/10.1002/j.1556-6678.2011.tb00070.x

Ashby, J. S., Noble, C. L., & Gnilka, P. B. (2012). Multidimensional perfectionism, depression, and satisfaction with life: Differences among perfectionists and tests of a stress-mediation model. *Journal of College Counseling, 15*(2), 130-143. https://doi.org/10.1002/j.2161-1882.2012.00011.x

Azevedo, M. H., Bos, S. C., Soares, M. J., Marques, M., Pereira, A. T., Maia, B., Gomes, A. A., & Macedo, A. (2010). Longitudinal study on perfectionism and sleep disturbance. *The World Journal of Biological Psychiatry, 11*(2), 476-485. https://doi.org/10.3109/15622970903304467

Baer, R. A., Lykins, E. L. B., & Peters, J. R. (2012). Mindfulness and self-compassion as predictors of psychological wellbeing in long-term meditators and matched nonmeditators. *The Journal of Positive Psychology, 7*(3), 230-238. https://doi.org/10.1080/17439760.2012.674548

Barroso, N. E., Mendez, L., Graziano, P. A., & Bagner, D. M. (2018). Parenting stress through the lens of different clinical groups: A systematic review & meta-analysis. *Journal of Abnormal Child Psychology, 46*(3), 449-461. https://doi.org/10.1007/s10802-017-0313-6

Beck, C. T. (2011). Secondary traumatic stress in nurses: A systematic review. *Archives of Psychiatric Nursing, 25*(1), 1-10. https://doi.org/10.1016/j.apnu.2010.05.005

Belsky, J. (1984). The determinants of parenting: A process model. *Child Development, 55*(1), 83-96. https://doi.org/10.2307/1129836

Belsky, J., Bell, B., Bradley, R. H., Stallard, N., & Stewart-Brown, S. L. (2007). Socioeconomic risk, parenting during the preschool years and child health age

6 years. *European Journal of Public Health, 17*(5), 508-513. https://doi.org/10.1093/eurpub/ckl261

Biswas, S., Moghaddam, N., & Tickle, A. (2015). What are the factors that influence parental stress when caring for a child with an intellectual disability? A critical literature review. *International Journal of Developmental Disabilities, 61*(3), 127-146. https://doi.org/10.1179/2047387714Y.0000000043

Bitsika, V., & Sharpley, C. F. (2004). Stress, anxiety and depression among parents of children with autism spectrum disorder. *Australian Journal of Guidance and Counselling, 14*(2), 151-161. https://doi.org/10.1017/S1037291100002466

Bitsika, V., Sharpley, C. F., & Bell, R. (2013). The buffering effect of resilience upon stress, anxiety and depression in parents of a child with an autism spectrum disorder. *Journal of Developmental and Physical Disabilities, 25*(5), 533-543. https://doi.org/10.1007/s10882-013-9333-5

Blankstein, K. R., & Lumley, C. H. (2008). Multidimensional perfectionism and ruminative brooding in current dysphoria, anxiety, worry, and anger. *Journal of Rational-Emotive & Cognitive-Behavior Therapy, 26*(3), 168-193. https://doi.org/10.1007/s10942-007-0068-z

Blankstein, K. R., Lumley, C. H., & Crawford, A. (2007). Perfectionism, hopelessness, and suicide ideation: Revisions to diathesis-stress and specific vulnerability models. *Journal of Rational-Emotive & Cognitive-Behavior Therapy, 25*(4), 279-319. https://doi.org/10.1007/s10942-007-0053-6

Bögels, S. M., Hellemans, J., van Deursen, S., Römer, M., & van der Meulen, R. (2014). Mindful parenting in mental health care: Effects on parental and child psychopathology, parental stress, parenting, coparenting, and marital functioning. *Mindfulness, 5*(5), 536-551. https://doi.org/10.1007/s12671-013-0209-7

Bohadana, G., Morrissey, S., & Paynter, J. (2019). Self-compassion: A novel predictor of stress and quality of life in parents of children with autism spectrum disorder. *Journal of Autism and Developmental Disorders, 49*(10), 4039-4052. https://doi.org/10.1007/s10803-019-04121-x

Boone, L., Soenens, B., & Luyten, P. (2014). When or why does perfectionism translate into eating disorder pathology? A longitudinal examination of the moderating and mediating role of body dissatisfaction. *Journal of Abnormal Psychology, 123*(2), 412. https://doi.org/10.1037/a0036254

Bowling, A. (2005). Mode of questionnaire administration can have serious effects on data quality. *Journal of Public Health*, *27*(3), 281-291. https://doi.org/10.1093/pubmed/fdi031

Brummelte, S., Grunau, R. E., Synnes, A. R., Whitfield, M. F., & Petrie-Thomas, J. (2011). Declining cognitive development from 8 to 18months in preterm children predicts persisting higher parenting stress. *Early Human Development*, *87*(4), 273-280. https://doi.org/10.1016/j.earlhumdev.2011.01.030

Byrne, G., Sleed, M., Midgley, N., Fearon, P., Mein, C., Bateman, A., & Fonagy, P. (2018). Lighthouse parenting programme: Description and pilot evaluation of mentalization-based treatment to address child maltreatment. *Clinical Child Psychology and Psychiatry*, *24*(4), 680-693. https://doi.org/10.1177/1359104518807741

Camoirano, A. (2017). Mentalizing makes parenting work: A review about parental reflective functioning and clinical interventions to improve it. *Frontiers in Psychology*, *8*(14), 1-12. https://doi.org/10.3389/fpsyg.2017.00014

Carver, C. S., & Scheier, M. F. (1981). Self-consciousness and reactance. *Journal of Research in Personality*, *15*(1), 16-29. https://doi.org/10.1016/0092-6566(81)90003-9

Cook, R. D., & Weisberg, S. (1982). *Residuals and influence in regression*. Chapman and Hall.

Cormier, S., Nurius, P. S., & Osborn, C. J. (2009). *Interviewing and change strategies for helpers: Fundamental skills and cognitive-behavioral interventions.* Brooks/Cole.

Creasey, G. L., & Jarvis, P. A. (1994). Relationships between parenting stress and developmental functioning among 2-year-olds. *Infant Behavior and Development, 17*(4), 423-429. https://doi.org/10.1016/0163-6383(94)90034-5

Crnic, K. A., & Greenberg, M. T. (1990). Minor parenting stresses with young children. *Child Development*, *61*(5), 1628-1637. https://doi.org/10.1111/j.1467-8624.1990.tb02889.x

Casalin, S., Luyten, P., Besser, A., Wouters, S., & Vliegen, N. (2014). A longitudinal cross-lagged study of the role of parental self-criticism, dependency, depression, and parenting stress in the development of child negative

affectivity. *Self and Identity, 13*(4), 491-511. https://doi.org/10.1080/15298868.2013.873076

Chang, E. C. (2000). Perfectionism as a predictor of positive and negative psychological outcomes: Examining a mediation model in younger and older adults. *Journal of Counseling Psychology, 47*(1), 18-26. https://doi.org/10.1037/0022-0167.47.1.18

Chang, E. C., Watkins, A., & Banks, K. H. (2004). How adaptive and maladaptive perfectionism relate to positive and negative psychological functioning: Testing a stress-mediation model in black and white female college students. *Journal of Counseling Psychology, 51*(1), 93-102. https://doi.org/10.1037/0022-0167.51.1.93

Chang, Y. (2012). The relationship between maladaptive perfectionism with burnout: Testing mediating effect of emotion-focused coping. *Personality and Individual Differences, 53*(5), 635-639. https://doi.org/10.1016/j.paid.2012.05.002

Childs, J. H., & Stoeber, J. (2012). Do you want me to be perfect? Two longitudinal studies on socially prescribed perfectionism, stress and burnout in the workplace. *Work & Stress, 26*(4), 347-364. https://doi.org/10.1080/02678373.2012.737547

Chorão, A. L., Canavarro, M. C., & Pires, R. (2022). Explaining parenting stress among adoptive parents: The contribution of mindfulness, psychological flexibility, and self-compassion. *International Journal of Environmental Research and Public Health, 19*(21), 1-20. https://doi.org/10.3390/ijerph192114534

Cicchetti, D., & Blender, J. A. (2006). A multiple-levels-of-analysis perspective on resilience: Implications for the developing brain, neural plasticity, and preventive interventions. *Annals of the New York Academy of Sciences, 1094*(1), 248-258. https://doi.org/10.1196/annals.1376.029

Costa, N. M., Weems, C. F., Pellerin, K., & Dalton, R. (2006). Parenting stress and childhood psychopathology: An examination of specificity to internalizing and externalizing symptoms. *Journal of Psychopathology and Behavioral Assessment, 28*(2), 113-122. https://doi.org/10.1007/s10862-006-7489-3

Cox, B. J., Clara, I. P., & Enns, M. W. (2009). Self-criticism, maladaptive perfectionism, and depression symptoms in a community sample: A longitudinal test of the mediating effects of person-dependent stressful life events. *Journal of Cognitive Psychotherapy, 23*(4), 336-349. https://doi.org/10.1891/0889-8391.23.4.336

Cramm, J. M., & Nieboer, A. P. (2011). Psychological well-being of caregivers of children with intellectual disabilities: Using parental stress as a mediating factor. *Journal of Intellectual Disabilities*, *15*(2), 101-113. https://doi.org/10.1177/1744629511410922

Crawford, A. M., & Manassis, K. (2001). Familial predictors of treatment outcome in childhood anxiety disorders. *Journal of the American Academy of Child & Adolescent Psychiatry*, *40*(10), 1182-1189. https://doi.org/10.1097/00004583-200110000-00012

Crnic, K., & Booth, C. L. (1991). Mothers' and fathers' perceptions of daily hassles of parenting across early childhood. *Journal of Marriage and the Family*, *53*(4), 1042-1050. https://doi.org/10.2307/353007

Crnic, K., & Low, C. (2002). Everyday stresses and parenting. In *Handbook of parenting: Practical issues in parenting*, H. Bornstein (Ed.) (p. 243-267). Lawrence Erlbaum Associates Publishers.

Crnic, K., & Ross, E. (2017). Parenting stress and parental efficacy. In *Parental Stress and Early Child Development* (pp. 263-284). Springer International Publishing. https://doi.org/10.1007/978-3-319-55376-4_11

Cusinato, M., Iannattone, S., Spoto, A., Poli, M., Moretti, C., Gatta, M., & Miscioscia, M. (2020). Stress, resilience, and well-being in Italian children and their parents during the Covid-19 pandemic. International Journal of Environmental *Research and Public Health*, *17*(22), 1-17. https://doi.org/10.3390/ijerph17228297

D'Souza, F., Egan, S. J., & Rees, C. S. (2011). The relationship between perfectionism, stress and burnout in clinical psychologists. *Behaviour Change*, *28*(1), 17-28. https://doi.org/10.1375/bech.28.1.17

de Souza, L. K., Policarpo, D., & Hutz, C. S. (2020). Self-compassion and symptoms of stress, anxiety, and depression. *Trends in Psychology*, *28*(1), 85-98. https://doi.org/10.1007/s43076-020-00018-2

Deater-Deckard, K. (2004). *Parenting stress*. Yale University Press. https://doi.org/10.12987/yale/9780300103939.001.0001

Deater-Deckard, K., & Panneton, R. (2017). *Parental stress and early child development - adaptive and maladaptive outcomes*. Springer International Publishing. https://doi.org/10.1007/978-3-319-55376-4

Delvecchio, E., Sciandra, A., Finos, L., Mazzeschi, C., & Riso, D. D. (2015). The role of co-parenting alliance as a mediator between trait anxiety, family system maladjustment, and parenting stress in a sample of non-clinical Italian parents. *Frontiers in Psychology, 6*, 1177. https://doi.org/10.3389/fpsyg.2015.01177

Deniz, M., Kesici, Ş., & Sümer, A. S. (2008). The validity and reliability of the Turkish version of the Self-Compassion Scale. *Social Behavior and Personality: An International Journal, 36*(9), 1151-1160. https://doi.org/10.2224/sbp.2008.36.9.1151

DiPrima, A. J., Ashby, J. S., Gnilka, P. B., & Noble, C. L. (2011). Family relationships and perfectionism in middle-school students. *Psychology in the Schools, 48*(8), 815-827. https://doi.org/10.1002/pits.20594

Dollberg, D. G., Harlev, Y., Malishkevitch, S., & Leitner, Y. (2022). Parental reflective functioning as a moderator of the link between prematurity and parental stress. *Frontiers in Psychiatry, 13*(804694), 1-14. https://doi.org/10.3389/fpsyt.2022.804694

Dressler, W. W. (1985). Psychosomatic symptoms, stress, and modernization: A model. *Culture, Medicine and Psychiatry, 9*(3), 257-286. https://doi.org/10.1007/BF00048501

Dunn, J. C., Whelton, W. J., & Sharpe, D. (2006). Maladaptive perfectionism, hassles, coping, and psychological distress in university professors. *Journal of Counseling Psychology, 53*(4), 511-523. https://doi.org/10.1037/0022-0167.53.4.511

Ellis, B. J., & Giudice, M. (2014). Beyond allostatic load: Rethinking the role of stress in regulating human development. *Development and Psychopathology, 26*(1), 1-20. https://doi.org/10.1017/S0954579413000849

Ensink, K., & Mayes, L. C. (2010). The development of mentalisation in children from a theory of mind perspective. *Psychoanalytic Inquiry, 30*(4), 301-337. https://doi.org/10.1080/07351690903206504

Ensink, K., Normandin, L., Target, M., Fonagy, P., Sabourin, S., & Berthelot, N. (2015). Mentalization in children and mothers in the context of trauma: An initial study of the validity of the Child Reflective Functioning Scale. *British Journal of Developmental Psychology, 33*(2), 203-217. https://doi.org/10.1111/bjdp.12074

Ethier, L. S., Lacharite, C., & Couture, G. (1995). Childhood adversity, parental stress, and depression of negligent mothers. *Child Abuse & Neglect, 19*(5), 619-632. https://doi.org/10.1016/0145-2134(95)00020-9

Farmer, A. Y., & Lee, S. K. (2011). The effects of parenting stress, perceived mastery, and maternal depression on parent-child interaction. *Journal of Social Service Research, 37*(5), 516-525. https://doi.org/10.1080/01488376.2011.607367

Fernandes, D. V., Canavarro, M. C., & Moreira, H. (2021). The mediating role of parenting stress in the relationship between anxious and depressive symptomatology, mothers' perception of infant temperament, and mindful parenting during the postpartum period. *Mindfulness, 12*(2), 275-290. https://doi.org/10.1007/s12671-020-01327-4

Flett, G. L., & Hewitt, P. L. (2012). Perfectionism and cognitive factors in distress and dysfunction in children and adolescents: Introduction to the special issue. *Journal of Rational-Emotive & Cognitive-Behavior Therapy, 30*(2), 53-61. https://doi.org/10.1007/s10942-011-0134-4

Flett, G. L., Hewitt, P. L., Blankstein, K. R., & Mosher, S. W. (1995). Perfectionism, life events, and depressive symptoms: A test of a diathesis-stress model. *Current Psychology, 14*(2), 112-137. https://doi.org/10.1007/BF02686885

Fonagy, P., & Bateman, A. W. (2016). Adversity, attachment, and mentalizing. *Comprehensive Psychiatry, 64*(1), 59-66. https://doi.org/10.1016/j.comppsych.2015.11.006

Fonagy, P., Steele, H., & Steele, M. (1991). Maternal representations of attachment during pregnancy predict the organization of infant-mother attachment at one year of age. *Child Development, 62*(5), 891-905. https://doi.org/10.1111/j.1467-8624.1991.tb01578.x

Fraenkel, J. R., Wallen, N. E., & Hyun, H. H. (2012). *How to design and evaluate research in education*. McGraw-Hill.

Frolli, A., Cavallaro, A., Oduro, S., Bosco, A., Lombardi, A., Di Carmine, F., & Ricci, M. C. (2021). *DDAA and maternal reflective functions*. Current Psychology. https://doi.org/10.1007/s12144-021-01818-0

Frost, R. O., Heimberg, R. G., Holt, C. S., Mattia, J. I., & Neubauer, A. L. (1993). A comparison of two measures of perfectionism. *Personality and Individual Differences, 14*(1), 119-126. https://doi.org/10.1016/0191-8869(93)90181-2

Frost, R. O., Marten, P., Lahart, C., & Rosenblate, R. (1990). The dimensions of perfectionism. *Cognitive Therapy and Research, 14*(5), 449-468. https://doi.org/10.1007/BF01172967

Garcia, A. S., Born, S. L., Carotta, C. L., Lavender-Stott, E. S., & (Stella) Liu, H.-L. (2022). Hope and self-compassion to alleviate parenting stress in the context of the Covid-19 pandemic. *The Family Journal, 30*(2), 164-173. https://doi.org/10.1177/10664807211040836

Gartstein, M. A., Bridgett, D. J., Rothbart, M. K., Robertson, C., Iddins, E., Ramsay, K., & Schlect, S. (2010). A latent growth examination of fear development in infancy: Contributions of maternal depression and the risk for toddler anxiety. *Developmental Psychology, 46*(3), 651-668. https://doi.org/10.1037/a0018898

Gerdes, A. C., Hoza, B., Arnold, L. E., Pelham, W. E., Swanson, J. M., Wigal, T., & Jensen, P. S. (2007). Maternal depressive symptomatology and parenting behavior: Exploration of possible mediators. *Journal of Abnormal Child Psychology, 35*(5), 705-714. https://doi.org/10.1007/s10802-007-9134-3

Gerstein, E. D., Crnic, K. A., Blacher, J., & Baker, B. L. (2009). Resilience and the course of daily parenting stress in families of young children with intellectual disabilities. *Journal of Intellectual Disability Research, 53*(12), 981-997. https://doi.org/10.1111/j.1365-2788.2009.01220.x

Gilbert, P. (2009). Introducing compassion-focused therapy. *Advances in Psychiatric Treatment, 15*(3), 199-208. https://doi.org/10.1192/apt.bp.107.005264

Gilbert, P., & Procter, S. (2006). Compassionate mind training for people with high shame and self-criticism: Overview and pilot study of a group therapy approach. *Clinical Psychology & Psychotherapy: An International Journal of Theory & Practice, 13*(6), 353-379. https://doi.org/10.1002/CPP.507

Gnilka, P. B., Ashby, J. S., & Noble, C. M. (2012). Multidimensional perfectionism and anxiety: Differences among individuals with perfectionism and tests of a coping-mediation model. *Journal of Counseling & Development, 90*(4), 427-436. https://doi.org/10.1002/j.1556-6676.2012.00054.x

Gouveia, M. J., Carona, C., Canavarro, M. C., & Moreira, H. (2016). Self-compassion and dispositional mindfulness are associated with parenting styles and parenting stress: The mediating role of mindful parenting. *Mindfulness, 7*(3), 700-712. https://doi.org/10.1007/s12671-016-0507-y

Green, S. B. (1991). How many subjects does it take to do a regression analysis. *Multivariate Behavioral Research, 26*(3), 499-510. https://doi.org/10.1207/s15327906mbr2603_7

Gregory, A. M., Moffitt, T. E., Ambler, A., Arseneault, L., Houts, R. M., & Caspi, A. (2012). Maternal insomnia and children's family socialization environments. *Sleep, 35*(4), 579-582. https://doi.org/10.5665/sleep.1750

Håkansson, U., Watten, R. G., Söderström, K., & Øie, M. G. (2019). The association between executive functioning and parental stress and psychological distress is mediated by parental reflective functioning in mothers with substance use disorder. *Stress and Health, 35*(4), 407-420. https://doi.org/10.1002/smi.2868

Håkansson, U., Watten, R., Söderström, K., Skårderud, F., & Øie, M. G. (2018). Adverse and adaptive childhood experiences are associated with parental reflective functioning in mothers with substance use disorder. *Child Abuse & Neglect, 81*, 259-273. https://doi.org/10.1016/j.chiabu.2018.05.007

Hall, C. W., Row, K. A., Wuensch, K. L., & Godley, K. R. (2013). The role of self-compassion in physical and psychological well-being. *The Journal of Psychology*, *147*(4), 311-323. https://doi.org/10.1080/00223980.2012.693138

Hamachek, D. E. (1978). Psychodynamics of normal and neurotic perfectionism. *Psychology: A Journal of Human Behavior, 15*(1), 27-33.

Handwerk, P. G., Carson, C., & Blackwell, K. M. (2000). On-line vs. paper-and-pencil surveying of students: A case study. In *40th Annual Meeting of the Association of Institutional Research*. https://eric.ed.gov/?id=ED446512

Hassall, R., Rose, J., & McDonald, J. (2005). Parenting stress in mothers of children with an intellectual disability: The effects of parental cognitions in relation to child characteristics and family support. *Journal of Intellectual Disability Research, 49*(6), 405-418. https://doi.org/10.1111/j.1365-2788.2005.00673.x

Hastings, R. P., Kovshoff, H., Ward, N. J., Espinosa, F. D., Brown, T., & Remington, B. (2005). Systems analysis of stress and positive perceptions in mothers and fathers of pre-school children with autism. *Journal of Autism and Developmental Disorders, 35*, 635-644. https://doi.org/10.1007/s10803-005-0007-8

Hayes, S. A., & Watson, S. L. (2013). The impact of parenting stress: A meta-analysis of studies comparing the experience of parenting stress in parents of children with and without autism spectrum disorder. *Journal of Autism and Developmental Disorders, 43*(3), 629-642. https://doi.org/10.1007/s10803-012-1604-y

Heron-Delaney, M., Kenardy, J. A., Brown, E. A., Jardine, C., Bogossian, F., Neuman, L., de Dassel, T., & Pritchard, M. (2016). Early maternal reflective functioning and infant emotional regulation in a preterm infant sample at 6 months corrected age. *Journal of Pediatric Psychology, 41*(8), 906-914. https://doi.org/10.1093/jpepsy/jsv169

Hewitt, P. L., Caelian, C. F., Flett, G. L., Sherry, S. B., Collins, L., & Flynn, C. A. (2002). Perfectionism in children: associations with depression, anxiety, and anger. *Personality and Individual Differences, 32*(6), 1049-1061. https://doi.org/10.1016/S0191-8869(01)00109-X

Hewitt, P. L., & Flett, G. L. (1991a). Perfectionism in the self and social contexts: Conceptualization, assessment, and association with psychopathology. *Journal of Personality and Social Psychology, 60*(3), 456-470. https://doi.org/10.1037/0022-3514.60.3.456

Hewitt, P. L., & Flett, G. L. (1991b). Dimensions of perfectionism in unipolar depression. *Journal of Abnormal Psychology, 100*(1), 98-101. https://doi.org/10.1037/0021-843X.100.1.98

Hewitt, P. L., & Flett, G. L. (1993). Dimensions of perfectionism, daily stress, and depression: A test of the specific vulnerability hypothesis. *Journal of Abnormal Psychology, 102*(1), 58-65. https://doi.org/10.1037/0021-843X.102.1.58

Hewitt, P. L., Flett, G. L., & Ediger, E. (1996). Perfectionism and depression: Longitudinal assessment of a specific vulnerability hypothesis. *Journal of Abnormal Psychology, 105*(2), 276-280. https://doi.org/10.1037/0021-843X.105.2.276

Høifødt, R. S., Nordahl, D., Landsem, I. P., Csifcsák, G., Bohne, A., Pfuhl, G., Rognmo, K., Braarud, H. C., Goksøyr, A., Moe, V., Slinning, K., & Wang, C. E. A. (2020). Newborn Behavioral Observation, maternal stress, depressive symptoms and the mother-infant relationship: results from the Northern Babies Longitudinal Study (NorBaby). *BMC Psychiatry, 20*(1), 1-14. https://doi.org/10.1186/s12888-020-02669-y

Hosseinzadeh-Oskouei, A., Zamani-Zarchi, M. S., Habibi-Asgharabad, M., & Khoshkonesh, A. (2021). Parenting stress mediates the relationship between mothers' perfectionism and behavioral problems in Iranian pre-school children. *International Journal of Behavioral Sciences, 15*(1), 8-13. https://doi.org/10.30491/IJBS.2021.228147.1253

Huizink, A. C., Menting, B., De Moor, M. H. M., Verhage, M. L., Kunseler, F. C., Schuengel, C., & Oosterman, M. (2017). From prenatal anxiety to parenting stress: A longitudinal study. *Archives of Women's Mental Health, 20*, 663-672. https://doi.org/10.1007/s00737-017-0746-5

IBM Corp. (2013). IBM SPSS Statistics for Windows (Version 22.0.). IBM Corp.

James, K., Verplanken, B., & Rimes, K. A. (2015). Self-criticism as a mediator in the relationship between unhealthy perfectionism and distress. *Personality and*

Individual Differences, 79, 123-128. https://doi.org/10.1016/j.paid.2015.01.030

Jowett, G. E., Hill, A. P., Hall, H. K., & Curran, T. (2016). Perfectionism, burnout and engagement in youth sport: The mediating role of basic psychological needs. *Psychology of Sport and Exercise, 24*, 18-26. https://doi.org/10.1016/j.psychsport.2016.01.001

Kabat-Zinn, M., & Kabat-Zinn, J. (1997). *Everyday blessings: The inner work of mindful parenting*. Hyperion.

Kail, R. V., & Barnfield, A. (2007). *Children and their development*. Pearson Prentice Hall.

Katznelson, H. (2014). Reflective functioning: A review. *Clinical Psychology Review, 34*(2), 107-117. https://doi.org/10.1016/j.cpr.2013.12.003

Kawamoto, T., & Furutani, K. (2018). The mediating role of intolerance of uncertainty on the relationships between perfectionism dimensions and psychological adjustment/maladjustment among mothers. *Personality and Individual Differences, 122*, 62-67. https://doi.org/10.1016/j.paid.2017.10.008

Kazdin, A. E., & Whitley, M. K. (2003). Treatment of parental stress to enhance therapeutic change among children referred for aggressive and antisocial behavior. *Journal of Consulting and Clinical Psychology, 71*(3), 504-515. https://doi.org/10.1037/0022-006X.71.3.504

Kelly, K., Slade, A., & Grienenberger, J. F. (2005). Maternal reflective functioning, mother-infant affective communication, and infant attachment: Exploring the link between mental states and observed caregiving behavior in the intergenerational transmission of attachment. *Attachment & Human Development, 7*(3), 299-311. https://doi.org/10.1080/14616730500245963

Klibert, J. J., Langhinrichsen-Rohling, J., & Saito, M. (2005). Adaptive and maladaptive aspects of self-oriented versus socially prescribed perfectionism. *Journal of College Student Development, 46*(2), 141-156. https://doi.org/10.1353/csd.2005.0017

Kolomeyer, E., Renk, K., Cunningham, A., Lowell, A., & Khan, M. (2016). Mothers' adverse childhood experiences and negative parenting behaviors: Connecting mothers' difficult pasts to present parenting behavior via reflective functioning. *Zero to Three, 37*(1), 5-12. https://eric.ed.gov/?id=EJ1123775

Krink, S., Muehlhan, C., Luyten, P., Romer, G., & Ramsauer, B. (2018). Parental reflective functioning affects sensitivity to distress in mothers with postpartum depression. *Journal of Child and Family Studies, 27*(5), 1671-1681. https://doi.org/10.1007/s10826-017-1000-5

Kwok, S., & Wong, D. (2000). Mental health of parents with young children in Hong Kong: the roles of parenting stress and parenting self-efficacy. *Child & Family Social Work, 5*(1), 57-65. https://doi.org/10.1046/j.1365-2206.2000.00138.x

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

Lazarus, R. S., & Folkman, S. (1987). Transactional theory and research on emotions and coping. *European Journal of Personality, 1*(3), 141-169. https://doi.org/10.1002/per.2410010304

Lee, M. A., Schoppe-Sullivan, S. J., & Kamp Dush, C. M. (2012). Parenting perfectionism and parental adjustment. *Personality and Individual Differences, 52*(3), 454-457. https://doi.org/10.1016/j.paid.2011.10.047

Leung, J. T. Y. (2022). Conceptualization of self-oriented parenting perfectionism and its associations with parents' wellbeing among Chinese parents. *Applied Research in Quality of Life, 17*(6), 3517-3540. https://doi.org/10.1007/s11482-022-10077-5

Levenson, R. W. (1999). The intrapersonal functions of emotion. *Cognition & Emotion, 13*(5), 481-504. https://doi.org/10.1080/026999399379159

Ludwig, J., & Phillips, D. A. (2007). *The benefits and costs of Head Start. Society for Research on Child Development,* Social Policy Report. Volume XXI, Number 3. https://doi.org/10.3386/w12973

Luyten P., & Fonagy P. (2015). The neurobiology of mentalizing. *Personal Disord, 6*(4), 366-79. https://doi.org/10.1037/per0000117

Luyten, P., Mayes, L. C., Nijssens, L., & Fonagy, P. (2017a). The parental reflective functioning questionnaire: Development and preliminary validation. *PLoS ONE, 12*(5), e0176218. https://doi.org/10.1371/journal.pone.0176218

Luyten, P., Nijssens, L., Fonagy, P., & Mayes, L. C. (2017b). Parental reflective functioning: Theory, research, and clinical applications. *The Psychoanalytic Study of the Child, 70*(1), 174-199. https://doi.org/10.1080/00797308.2016.1277901

MacBeth, A., & Gumley, A. (2012). Exploring compassion: A meta-analysis of the association between self-compassion and psychopathology. *Clinical Psychology Review, 32*(6), 545-552. https://doi.org/10.1016/j.cpr.2012.06.003

Magnusson, A. E., Nias, D. K. B., & White, P. D. (1996). Is perfectionism associated with fatigue? *Journal of Psychosomatic Research, 41*(4), 377-383. https://doi.org/10.1016/S0022-3999(96)00189-4

Martinez-Torteya, C., Rosenblum, K. L., Beeghly, M., Oppenheim, D., Koren-Karie, N., & Muzik, M. (2018). Maternal insightfulness protects against the detrimental effects of postpartum stress on positive parenting among at-risk mother-infant dyads. *Attachment & Human Development, 20*(3), 272-286. https://doi.org/10.1080/14616734.2018.1446735

Mash, E. J., & Johnston, C. (1990). Determinants of parenting stress: Illustrations from families of hyperactive children and families of physically abused children. *Journal of Clinical Child Psychology, 19*(4), 313-328. https://doi.org/10.1207/s15374424jccp1904_3

McCrae, R. R., & Costa, P. T. (1987). Validation of the five-factor model of personality across instruments and observers. *Journal of Personality and Social Psychology, 52*(1), 81-90. https://doi.org/10.1037/0022-3514.52.1.81

McMahon, C. A., & Meins, E. (2012). Mind-mindedness, parenting stress, and emotional availability in mothers of preschoolers. *Early Childhood Research Quarterly, 27*(2), 245-252. https://doi.org/10.1016/j.ecresq.2011.08.002

McPherson, A. V., Lewis, K. M., Lynn, A. E., Haskett, M. E., & Behrend, T. S. (2009). Predictors of parenting stress for abusive and nonabusive mothers. *Journal of Child and Family Studies, 18*, 61-69. https://doi.org/10.1007/s10826-008-9207-0

McQuillan, M. E., Bates, J. E., Staples, A. D., & Deater-Deckard, K. (2019). Maternal stress, sleep, and parenting. *Journal of Family Psychology, 33*(3), 349-359. https://doi.org/10.1037/fam0000516

Meeussen, L., & Van Laar, C. (2018). Feeling pressure to be a perfect mother relates to parental burnout and career ambitions. *Frontiers in Psychology, 9*(2113). https://doi.org/10.3389/fpsyg.2018.02113

Meins, E. (1997). Security of attachment and maternal tutoring strategies: Interaction within the zone of proximal development. *British Journal of Developmental Psychology, 15*(2), 129-144. https://doi.org/10.1111/j.2044-835X.1997.tb00730.x

McEwen, B. S. (1998). Protective and damaging effects of stress mediators. *New England journal of Medicine, 338*(3), 171-179. https://doi.org/10.1056/NEJM199801153380307

Mills, J. S., & Blankstein, K. R. (2000). Perfectionism, intrinsic vs extrinsic motivation, and motivated strategies for learning: A multidimensional analysis of university students. *Personality and Individual Differences, 29*(6), 1191-1204. https://doi.org/10.1016/S0191-8869(00)00003-9

Mitchelson, J. K., & Burns, L. R. (1998). Career mothers and perfectionism: Stress at work and at home. *Personality and Individual Differences, 25*(3), 477-485. https://doi.org/10.1016/S0191-8869(98)00069-5

Moate, R. M., Gnilka, P. B., West, E. M., & Bruns, K. L. (2016). Stress and burnout among counselor educators: differences between adaptive perfectionists, maladaptive perfectionists, and nonperfectionists. *Journal of Counseling & Development, 94*(2), 161-171. https://doi.org/10.1002/jcad.12073

Maccoby, E. E., & Martin, J. A. (1983). Socialization in the context of the family: Parent-child interaction. In *Handbook of child psychology: formerly Carmichael's Manual of child psychology*. Paul H. Mussen (Ed.) (p. 1-102). Willey.

Moreira, H., & Canavarro, M. C. (2018). The association between self-critical rumination and parenting stress: The mediating role of mindful parenting. *Journal of Child and Family Studies, 27*, 2265-2275. https://doi.org/10.1007/s10826-018-1072-x

Moreira, H., Gouveia, M. J., Carona, C., Silva, N., & Canavarro, M. C. (2015). Maternal attachment and children's quality of life: The mediating role of self-compassion and parenting stress. *Journal of Child and Family Studies, 24*(8), 2332-2344. https://doi.org/10.1007/s10826-014-0036-z

Moss, E., Rousseau, D., Parent, S., St-Laurent, D., & Saintonge, J. (1998). Correlates of attachment at school age: Maternal reported stress, mother-child interaction, and behavior problems. *Child Development, 69*(5), 1390-1405. https://doi.org/10.1111/j.1467-8624.1998.tb06219.x

Neff, K. (2003a). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity, 2*(2), 85-101. https://doi.org/10.1080/15298860309032

Neff, K. (2003b). The development and validation of a scale to measure self-compassion. *Self and Identity, 2*(3), 223-250. https://doi.org/10.1080/15298860309027

Neff, K. (2022). Self-compassion: Theory, method, research, and intervention. *Annual Review of Psychology, 74*(7), 1-26. https://doi.org/10.1146/annurev-psych-032420-031047

Neff, K., & Faso, D. J. (2015). Self-compassion and well-being in parents of children with autism. *Mindfulness, 6*(4), 938-947. https://doi.org/10.1007/s12671-014-0359-2

Nijssens, L., Bleys, D., Casalin, S., Vliegen, N., & Luyten, P. (2018). Parental attachment dimensions and parenting stress: The mediating role of parental reflective functioning. *Journal of Child and Family Studies, 27*(6), 2025-2036. https://doi.org/10.1007/s10826-018-1029-0

Nijssens, L., Luyten, P., & Bales, D. L. (2012). Mentalization-based treatment for parents (MBT-P) with borderline personality disorder and their infants. In *Minding The Child Mentalization-Based Interventions with Children, Young People and Their Families* (pp. 79-97). Routledge Taylor & Francis Group.

Nygren, M., Carstensen, J., Ludvigsson, J., & Sepa Frostell, A. (2012). Adult attachment and parenting stress among parents of toddlers. *Journal of Reproductive and Infant Psychology, 30*(3), 289-302. https://doi.org/10.1080/02646838.2012.717264

O'Boyle-Finnegan, Ú., Graham, C. D., Doherty, N., & Adair, P. (2022). Exploring the contribution of psychological flexibility processes and self-compassion to depression, anxiety and adjustment in parents of preterm infants. Journal of *Contextual Behavioral Science, 24,* 149-159. https://doi.org/10.1016/j.jcbs.2022.05.002

Olson, M. L., & Kwon, P. (2008). Brooding perfectionism: Refining the roles of rumination and perfectionism in the etiology of depression. *Cognitive Therapy and Research, 32*(6), 788-802. https://doi.org/10.1007/s10608-007-9173-7

Öngen, D. E. (2009). The relationships between perfectionism and aggression among adolescents. *Procedia - Social and Behavioral Sciences, 1*, 1073-1077. https://doi.org/10.1016/j.sbspro.2009.01.193

Oppenheim, D., & Koren-Karie, N. (2002). Mothers' insightfulness regarding their children's internal worlds: The capacity underlying secure child-mother relationships. *Infant Mental Health Journal, 23*(6), 593-605. https://doi.org/10.1002/imhj.10035

Östberg, M., & Hagekull, B. (2000). A Structural modeling approach to the understanding of parenting stress. *Journal of Clinical Child Psychology, 29*(4), 615-625. https://doi.org/10.1207/S15374424JCCP2904_13

Östberg, M., & Hagekull, B. (2013). Parenting stress and external stressors as predictors of maternal ratings of child adjustment. *Scandinavian Journal of Psychology, 54*(3), 213-221. https://doi.org/10.1111/sjop.12045

Pereira, J., Vickers, K., Atkinson, L., Gonzalez, A., Wekerle, C., & Levitan, R. (2012). Parenting stress mediates between maternal maltreatment history and maternal sensitivity in a community sample. *Child Abuse & Neglect, 36*(5), 433-437. https://doi.org/10.1016/j.chiabu.2012.01.006

Piotrowski, K. (2020). Child-oriented and partner-oriented perfectionism explain different aspects of family difficulties. *PLoS ONE, 15*(8), e0236870. https://doi.org/10.1371/journal.pone.0236870

Potharst, E. S., Aktar, E., Rexwinkel, M., Rigterink, M., & Bögels, S. M. (2017). Mindful with your baby: Feasibility, acceptability, and effects of a mindful parenting group training for mothers and their babies in a mental health context. *Mindfulness, 8*(5), 1236-1250. https://doi.org/10.1007/s12671-017-0699-9

Potharst, E. S., Boekhorst, M. G. B. M., Cuijlits, I., van Broekhoven, K. E. M., Jacobs, A., Spek, V., Nyklíček, I., Bögels, S. M., & Pop, V. J. M. (2019). A randomized control trial evaluating an online mindful parenting training for mothers with elevated parental stress. *Frontiers in Psychology, 10*(1550), 1-17. https://doi.org/10.3389/fpsyg.2019.01550

Potharst, E. S., Veringa-Skiba, I., van Broekhuizen, E., & Bögels, S. M. (2022). Mindful with your baby for mothers of infants with (parental) stress in a non-clinical setting: a wait-list controlled pilot trial. *BMC Pregnancy and Childbirth, 22*(298), 1-11. https://doi.org/10.1186/s12884-022-04640-z

Preuss, H., Capito, K., van Eickels, R. L., Zemp, M., & Kolar, D. R. (2021). Cognitive reappraisal and self-compassion as emotion regulation strategies for parents during COVID-19: An online randomized controlled trial. *Internet Interventions, 24*, 100388. https://doi.org/10.1016/j.invent.2021.100388

Raikes, H. A., & Thompson, R. A. (2005). Efficacy and social support as predictors of parenting stress among families in poverty. *Infant Mental Health Journal: Official Publication of The World Association for Infant Mental Health, 26*(3), 177-190. https://doi.org/10.1002/imhj.20044

Randles, D., Flett, G. L., Nash, K. A., McGregor, I. D., & Hewitt, P. L. (2010). Dimensions of perfectionism, behavioral inhibition, and rumination. *Personality and Individual Differences, 49*(2), 83-87. https://doi.org/10.1016/j.paid.2010.03.002

Revilla, M., & Ochoa, C. (2017). Ideal and maximum length for a web survey. *International Journal of Market Research, 59*(5), 557-565. https://doi.org/https://doi.org/10.2501/IJMR-2017-039

Rholes, W. S., Simpson, J. A., & Friedman, M. (2006). Avoidant attachment and the experience of parenting. *Personality and Social Psychology Bulletin, 32*(3), 275-285. https://doi.org/10.1177/0146167205280910

Riany, Y. E., & Ihsana, A. (2021). Parenting stress, social support, self-compassion, and parenting practices among mothers of children with ASD and ADHD. *Psikohumaniora: Jurnal Penelitian Psikologi, 6*(1), 47-60. https://doi.org/10.21580/pjpp.v6i1.6681

Rice, K. G., & Ashby, J. S. (2007). An efficient method for classifying perfectionists. *Journal of Counseling Psychology, 54*(1), 72-85. https://doi.org/10.1037/0022-0167.54.1.72

Rice, K. G., Bair, C. J., Castro, J. R., Cohen, B. N., & Hood, C. A. (2003). Meanings of perfectionism: A quantitative and qualitative analysis. *Journal of Cognitive Psychotherapy*, *17*(1), 39-58. https://doi.org/10.1891/jcop.17.1.39.58266

Rice, K. G., Leever, B. A., Christopher, J., & Porter, J. D. (2006). Perfectionism, stress, and social (dis)connection: A short-term study of hopelessness, depression, and academic adjustment among honors students. *Journal of Counseling Psychology*, *53*(4), 524-534. https://doi.org/10.1037/0022-0167.53.4.524

Rice, K. G., Richardson, C. M. E., & Clark, D. (2012). Perfectionism, procrastination, and psychological distress. *Journal of Counseling Psychology, 59*(2), 288-302. https://doi.org/10.1037/a0026643

Richardson, C. M. E., Rice, K. G., & Devine, D. P. (2014). Perfectionism, emotion regulation, and the cortisol stress response. *Journal of Counseling Psychology, 61*(1), 110-118. https://doi.org/10.1037/a0034446

Ridderinkhof, A., de Bruin, E. I., Blom, R., & Bögels, S. M. (2018). Mindfulness-based program for children with autism spectrum disorder and their parents: Direct and long-term improvements. *Mindfulness, 9*(3), 773-791. https://doi.org/10.1007/s12671-017-0815-x

Robinson, M., & Neece, C. L. (2015). Marital satisfaction, parental stress, and child behavior problems among parents of young children with developmental delays. *Journal of Mental Health Research in Intellectual Disabilities, 8*(1), 23-46. https://doi.org/10.1080/19315864.2014.994247

Robinson, S., Hastings, R. P., Weiss, J. A., Pagavathsing, J., & Lunsky, Y. (2018). Self-compassion and psychological distress in parents of young people and adults with intellectual and developmental disabilities. *Journal of Applied Research in Intellectual Disabilities, 31*(3), 454-458. https://doi.org/10.1111/jar.12423

Rostad, W. L., & Whitaker, D. J. (2016). The Association between reflective functioning and parent-child relationship quality. *Journal of Child and Family Studies, 25*(7), 2164-2177. https://doi.org/10.1007/s10826-016-0388-7

Rutherford, H. J. V., Goldberg, B., Luyten, P., Bridgett, D. J., & Mayes, L. C. (2013). Parental reflective functioning is associated with tolerance of infant distress but not general distress: Evidence for a specific relationship using a simulated baby paradigm. *Infant Behavior and Development, 36*(4), 635-641. https://doi.org/10.1016/j.infbeh.2013.06.008

Sapmaz, F. (2006). *Üniversite öğrencilerinin uyumlu ve uyumsuz mükemmeliyetçilik özelliklerinin psikolojik belirti düzeyleri açısından incelenmesi [The investigation of adaptive and maladaptive perfcetionism and psychological symtoms at university students]* (Master Thesis). Sakarya Üniversitesi, Eğitim Bilimleri Enstitüsü: Sakarya.

Selye H. *Stress without distress*. New American Library, 1974.

Shamon, H., & Berning, C. (2020). Attention check items and instructions in online surveys with incentivized and non-incentivized samples: Boon or bane for data quality? *Survey Research Methods, 14*(1), 55-77. https://doi.org/https://doi.org/10.18148/srm/2020.v14i1.7374

Shams, Z., Meshkati, Z., & Madanian, L. (2021). Effectiveness of self-compassion training on parenting stress of mothers with visually impaired children. *Journal of Rehabilitation Sciences & Research, 8*(4), 176-181. https://doi.org/https://doi.org/10.30476/jrsr.2021.91696.1183

Sharp, C., & Fonagy, P. (2008). The parent's capacity to treat the child as a psychological agent: Constructs, measures and implications for developmental psychopathology. *Social Development, 17*(3), 737-754. https://doi.org/10.1111/j.1467-9507.2007.00457.x

Shenaar-Golan, V., Wald, N., & Yatzkar, U. (2021). Parenting a child with mental health problems: The role of self-compassion. *Mindfulness, 12*(11), 2810-2819. https://doi.org/10.1007/s12671-021-01744-z

Sheppard, L., & Hicks, R. (2017). Maladaptive perfectionism and psychological distress: The mediating role of resilience and trait emotional intelligence.

International Journal of Psychological Studies, 9(4), 65. https://doi.org/10.5539/ijps.v9n4p65

Shonkoff, J. P., Garner, A. S., Siegel, B. S., Dobbins, M. I., Earls, M. F., Garner, A. S., McGuinn, L., Pascoe, J., & Wood, D. L. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics, 129*(1), 232–246. https://doi.org/10.1542/peds.2011-2663

Short, V. L., Gannon, M., Weingarten, W., Kaltenbach, K., LaNoue, M., & Abatemarco, D. J. (2017). Reducing stress among mothers in drug treatment: A description of a mindfulness based parenting intervention. *Maternal and Child Health Journal, 21*(6), 1377-1386. https://doi.org/10.1007/s10995-016-2244-1

Sirois, F. M. (2014). Procrastination and stress: Exploring the role of self-compassion. *Self and Identity, 13*(2), 128-145. https://doi.org/10.1080/15298868.2013.763404

Slade, A. (2005). Parental reflective functioning: An introduction. *Attachment & Human Development, 7*(3), 269-281. https://doi.org/10.1080/14616730500245906

Slade, A., Grienenberger, J., Bernbach, E., Levy, D., & Locker, A. (2005). Maternal reflective functioning, attachment, and the transmission gap: A preliminary study. *Attachment & Human Development, 7*(3), 283-298. https://doi.org/10.1080/14616730500245880

Slaney, R. B., Rice, K. G., & Ashby, J. S. (2002). A programmatic approach to measuring perfectionism: The Almost Perfect Scales. In *Perfectionism: Theory, research, and treatment* (pp. 63-88). American Psychological Association. https://doi.org/10.1037/10458-003

Slaney, R. B., Rice, K. G., Mobley, M., Trippi, J., & Ashby, J. S. (2001). The revised almost perfect scale. *Measurement and Evaluation in Counseling and Development, 34*(3), 130-145. https://doi.org/10.1080/07481756.2002.12069030

Smaling, H. J. A., Huijbregts, S. C. J., Suurland, J., Van Der Heijden, K. B., Van Goozen, S. H. M., & Swaab, H. (2015). Prenatal reflective functioning in primiparous women with a high-risk profile. *Infant Mental Health Journal, 36*(3), 251-261. https://doi.org/10.1002/imhj.21506

Smaling, H. J. A., Huijbregts, S. C. J., van der Heijden, K. B., van Goozen, S. H. M., & Swaab, H. (2016). Maternal reflective functioning as a multidimensional construct: Differential associations with children's temperament and

externalizing behavior. *Infant Behavior and Development, 44*, 263-274. https://doi.org/10.1016/j.infbeh.2016.06.007

Smith, E. D. (2017). *The role of parental self-efficacy, hardiness, and parenting stress in predicting parenting behaviors* [Doctoral dissertation], The University of Southern Mississippi. http://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE=reference&D=psyc14&NEWS=N&AN=2018-09133-139

Smith, M. M., Sherry, S. B., Rnic, K., Saklofske, D. H., Enns, M., & Gralnick, T. (2016). Are perfectionism dimensions vulnerability factors for depressive symptoms after controlling for neuroticism? A meta-analysis of 10 longitudinal studies. *European Journal of Personality*, *30*(2), 201-212. https://doi.org/10.1002/per.2053

Stacks, A. M., Muzik, M., Wong, K., Beeghly, M., Huth-Bocks, A., Irwin, J. L., & Rosenblum, K. L. (2014). Maternal reflective functioning among mothers with childhood maltreatment histories: links to sensitive parenting and infant attachment security. *Attachment & Human Development, 16*(5), 515-533. https://doi.org/10.1080/14616734.2014.935452

StataCorp. (2015). *Stata Statistical Software (Release 14)*. StataCorp LP.

Steele, H., Bate, J., Steele, M., Dube, S. R., Danskin, K., Knafo, H., Nikitiades, A., Bonuck, K., Meissner, P., & Murphy, A. (2016). Adverse childhood experiences, poverty, and parenting stress. *Canadian Journal of Behavioural Science / Revue Canadienne Des Sciences Du Comportement*, *48*(1), 32-38. https://doi.org/10.1037/cbs0000034

Steele, K. R., Townsend, M. L., & Grenyer, B. F. S. (2020). Parenting stress and competence in borderline personality disorder is associated with mental health, trauma history, attachment and reflective capacity. *Borderline Personality Disorder and Emotion Dysregulation, 7*(8), 1-14. https://doi.org/10.1186/s40479-020-00124-8

Stenz, C. F. H., Breitmeyer, A. M., & Jansen, K. L. (2022). Parenting stress and self-compassion in parents of children with and without psychological disorders. *The Family Journal: Counseling and Therapy for Couples and Families, 74*, 1-6. https://doi.org/10.1177/10664807221123557

Stevens, J. (2002). *Applied multivariate statistics for the social sciences*. Springer.

Stoeber, J. (2015). How other-oriented perfectionism differs from self-oriented and socially prescribed perfectionism: Further findings. *Journal of Psychopathology and Behavioral Assessment, 37*(4), 611-623. https://doi.org/10.1007/s10862-015-9485-y

Stoeber, J., & Otto, K. (2006). Positive conceptions of perfectionism: Approaches, evidence, challenges. *Personality and Social Psychology Review, 10*(4), 295-319. https://doi.org/10.1207/s15327957pspr1004_2

Stutts, L. A., Leary, M. R., Zeveney, A. S., & Hufnagle, A. S. (2018). A longitudinal analysis of the relationship between self-compassion and the psychological effects of perceived stress. *Self and Identity, 17*(6), 609-626. https://doi.org/10.1080/15298868.2017.1422537

Suchman, N. E., DeCoste, C., Leigh, D., & Borelli, J. (2010). Reflective functioning in mothers with drug use disorders: Implications for dyadic interactions with infants and toddlers. *Attachment & Human Development, 12*(6), 567-585. https://doi.org/10.1080/14616734.2010.501988

Suchman, N. E., Ordway, M. R., de las Heras, L., & McMahon, T. J. (2016). Mothering from the Inside Out: results of a pilot study testing a mentalization-based therapy for mothers enrolled in mental health services. *Attachment & Human Development, 18*(6), 596-617. https://doi.org/10.1080/14616734.2016.1226371

Sullivan, J. A., Zvara, B. J., Keim, S. A., Andridge, R., & Anderson, S. E. (2022). Knowledge of infant development and parent well-being: Cross-sectional analysis of toddlers. *Journal of Developmental & Behavioral Pediatrics, 42*(6), 442-449. https://doi.org/10.1097/DBP.0000000000000918

Suttora, C., Spinelli, M., & Monzani, D. (2014). From prematurity to parenting stress: The mediating role of perinatal post-traumatic stress disorder. *European Journal of Developmental Psychology, 11*(4), 478-493. https://doi.org/10.1080/17405629.2013.859574

Tabachnick, B. G., & Fidell, L. S. (2007). *Using multivariate statistics.* Allyn & Bacon.

Terry, M. L., Leary, M. R., & Mehta, S. (2013). Self-compassion as a buffer against homesickness, depression, and dissatisfaction in the transition to college. *Self and Identity, 12*(3), 278-290. https://doi.org/10.1080/15298868.2012.667913

Teti, D. M., Nakagawa, M., Das, R., & Wirth, O. (1991). Security of attachment between preschoolers and their mothers: Relations among social interaction, parenting stress, and mother's sorts of the Attachment Q-Set. *Developmental Psychology*, *27*(3), 440-447. https://doi.org/10.1037/0012-1649.27.3.440

Thomason, E., Volling, B. L., Flynn, H. A., McDonough, S. C., Marcus, S. M., Lopez, J. F., & Vazquez, D. M. (2014). Parenting stress and depressive symptoms in postpartum mothers: Bidirectional or unidirectional effects?. *Infant Behavior and Development*, *37*(3), 406-415. https://doi.org/10.1016/j.infbeh.2014.05.009

Torbet, S., Proeve, M., & Roberts, R. M. (2019). Self-compassion: A protective factor for parents of children with autism spectrum disorder. *Mindfulness*, *10*(12), 2492-2506. https://doi.org/10.1007/s12671-019-01224-5

Tugade, M. M., & Fredrickson, B. L. (2004). Resilient individuals use positive emotions to bounce back from negative emotional experiences. *Journal of personality and social psychology*, *86*(2), 320. https://doi.org/10.1037/0022-3514.86.2.320

Turner, B. (2018). *Raising awareness of reflective functioning among African American single mothers*. [Doctoral dissertation], Fielding Graduate University.

Ulu, İ. P. (2007). *An investigation of adaptive and maladaptive dimensions of perfectionism in relation to adult attachment and big five personality traits*. [Doctoral dissertation], Middle East Technical University.

Van Dam, N. T., Sheppard, S. C., Forsyth, J. P., & Earleywine, M. (2011). Self-compassion is a better predictor than mindfulness of symptom severity and quality of life in mixed anxiety and depression. *Journal of Anxiety Disorders*, *25*(1), 123-130. https://doi.org/10.1016/j.janxdis.2010.08.011

Vismara, L., Sechi, C., & Lucarelli, L. (2021). Reflective function in first-time mothers and fathers: Association with infant temperament and parenting stress. *European Journal of Trauma & Dissociation*, *5*(1), EJTD-100147. https://doi.org/10.1016/j.ejtd.2020.100147

Wang, D., Xie, R., Ding, W., Yuan, Z., Kayani, S., & Li, W. (2022). Bidirectional longitudinal relationships between parents' marital satisfaction, parenting stress, and self-compassion in China. *Family Process*, e12785. https://doi.org/10.1111/famp.12785

Ward, P., Clark, T., Zabriskie, R., & Morris, T. (2012). Paper/Pencil versus online data collection: An exploratory study. *Journal of Leisure Research, 44*(4), 507-530. https://doi.org/10.1080/00222216.2012.11950276

Weitlauf, A. S., Broderick, N., Stainbrook, J. A., Taylor, J. L., Herrington, C. G., Nicholson, A. G., Santulli, M., Dykens, E. M., Juárez, A. P., & Warren, Z. E. (2020). Mindfulness-based stress reduction for parents implementing early intervention for autism: An RCT. *Pediatrics, 145*(1), 81-92. https://doi.org/10.1542/peds.2019-1895K

World Health Organization. (2020). *Framework on Early Childhood Development in the WHO European Region* (No. WHO/EURO: 2020-504-40239-53897). World Health Organization. Regional Office for Europe. https://apps.who.int/iris/handle/10665/332068

Wong, C. C. Y., Mak, W. W. S., & Liao, K. Y.-H. (2016). Self-Compassion: a potential buffer against affiliate stigma experienced by parents of children with autism spectrum disorders. *Mindfulness, 7*(6), 1385-1395. https://doi.org/10.1007/s12671-016-0580-2

Wyatt, R., & Gilbert, P. (1998). Dimensions of perfectionism: A study exploring their relationship with perceived social rank and status. *Personality and Individual Differences, 24*(1), 71-79. https://doi.org/10.1016/S0191-8869(97)00146-3

Xie, Y., Kong, Y., Yang, J., & Chen, F. (2019). Perfectionism, worry, rumination, and distress: A meta-analysis of the evidence for the perfectionism cognition theory. *Personality and Individual Differences, 139*, 301-312. https://doi.org/10.1016/j.paid.2018.11.028

Zeegers, M. A. J., Colonnesi, C., Stams, G.-J. J. M., & Meins, E. (2017). Mind matters: A meta-analysis on parental mentalization and sensitivity as predictors of infant-parent attachment. *Psychological Bulletin, 143*(12), 1245-1272. https://doi.org/10.1037/bul0000114

APPENDICES

A. DEMOGRAPHICS INFORMATION FORM IN TURKISH

1. Cinsiyetiniz : ☐ Kadın ☐ Erkek

2. Doğum yılınız : _____

3. Eğitim durumunuz:
☐Okur-yazar ☐ İlkokul mezunu ☐ Ortaokul mezunu
☐ Lise mezunu ☐ Üniversite mezunu ☐ Lisansüstü mezunu

4. Yaşadığınız şehir : _____

5. Ailenizin aylık toplam geliri: _____ (TL)

6. Yaşadığınız evdeki toplam kişi sayısı: _____

7. Beş yaşından küçük olan çocuklarınızın yaşlarını ay cinsinden (Örnek: 36 aylık); beş yaşından büyük olan çocuklarınızın yaşlarını yıl cinsinden (Örnek: 8 yaş) belirtiniz:
1. Çocuk _____ 2. Çocuk _____ 3. Çocuk _____ 4. Çocuk _____
5. Çocuk _____ 6. Çocuk _____ 7. Çocuk _____ 8. Çocuk _____

8. Medeni haliniz:

☐ Evli ☐ Bekar (Evlenmemiş) ☐ Boşanmış
☐ Eşi hayatını kaybetmiş ☐ Diğer (Lütfen belirtiniz) _____

9. Çalışma durumunuz: (Sizin için en uygun seçeneği işaretleyiniz.)

☐Çalışmıyorum. ☐Evden çalışıyorum. ☐İş yerinden çalışıyorum.
☐Çalışma koşullarım esnek, hem evden hem de iş yerinden çalışıyorum.
☐Diğer (Lütfen belirtiniz) _____

10. Eşinizin çalışma durumu: (Eşiniz yoksa bu soruyu geçebilirsiniz.)

☐ Çalışmıyor. ☐ Evden çalışıyor. ☐ İş yerinden çalışıyor.
☐ Çalışma koşulları esnek, hem evden hem de iş yerinden çalışıyor.
☐ Diğer (Lütfen belirtiniz) _____

11. Aşağıda belirtilen aktivitelere bir gün içinde ne kadar vakit ayırdığınızı saat cinsinden belirtiniz. (Örnek: 3 saat)

İşinize ayırdığınız süre _____ saat

Ev işlerine ayırdığınız süre _____ saat

Çocuklarınızla ilgilendiğiniz süre _____ saat

Uyku süreniz _____ saat

B. SAMPLE ITEMS FOR PSS

Bu bölümde ANNE/BABA olmanızla ilgili yaşadığınız STRESE ilişkin maddeler bulunmaktadır. Her bir maddeye ne ölçüde katıldığınızı verilen 5'li derecelendirme ölçeğini kullanarak işaretleyiniz.
1=Kesinlikle katılmıyorum 2=Katılmıyorum 3=Kararsızım 4=Katılıyorum 5=Kesinlikle katılıyorum

* Bu soruları formun başında yaşını belirttiğiniz çocuğunuzu düşünerek cevaplayınız.

		Kesinlikle katılmıyorum	Katılmıyorum	Kararsızım	Katılıyorum	Kesinlikle katılıyorum
		1	**2**	**3**	**4**	**5**
1	Bir ebeveyn olarak bu rolden mutluyum.					
2	Çocuğuma bakmak bazen gerektiğinden çok daha fazla zaman ve enerjimi alıyor.					
3	Çocuğuma oldukça yakın hissediyorum.					
4	Çocuğumla vakit geçirmekten hoşlanıyorum.					
5	Çocuğum benim için önemli bir mutluluk kaynağıdır.					
6	Çocuğumun olması bana gelecek hakkında daha net ve daha iyimser bir bakış açısı sağlıyor.					
7	Hayatımdaki en büyük stres kaynağım çocuğumdur.					
8	Çocuk sahibi olmak hayatımda çok az zaman ve hareket alanı bırakır.					
9	Çocuk sahibi olmak maddi açıdan büyük bir yüktür.					

C. SAMPLE ITEMS FOR SCS

Lütfen her bir maddeyi dikkatlice okuyarak, belirtilen durumda ne sıklıkla hareket ettiğinizi verilen 5'li derecelendirme ölçeğini kullanarak belirtiniz.
1=Hemen hemen hiçbir zaman 2=Nadiren 3=Ara sıra 4=Çoğu zaman 5=Hemen hemen her zaman

		Hemen hemen hiçbir zaman	Nadiren	Ara sıra	Çoğu zaman	Hemen hemen her zaman
		1	**2**	**3**	**4**	**5**
1	Kendimi kötü hissettiğimde, kötü olan her şeye takılma eğilimim vardır.					
2	İşler benim için kötü gittiğinde zorlukların yaşamın bir parçası olduğunu ve herkesin bu zorlukları yaşadığını görebilirim.					
3	Yetersizliklerimi düşünmek kendimi daha yalnız ve dünyadan kopuk hissetmeme neden olur.					
4	Duygusal olarak acı yaşadığım durumlarda kendime sevgiyle yaklaşmaya çalışırım.					
5	Benim için önemli bir şeyde başarısız olduğumda, yetersizlik hisleriyle tükenirim.					
6	Kötü hissettiğimde, dünyada benim gibi kötü hisseden pek çok kişi olduğunu kendi kendime hatırlatırım.					
7	Zor zamanlar geçirdiğimde kendime daha katı (acımasız) olma eğilimindeyim.					
8	Herhangi bir şey beni üzdüğünde hislerimi dengede tutmaya çalışırım.					

D. SAMPLE ITEMS FOR PRFQ-SF

Aşağıda siz ve çocuğunuz hakkında birtakım ifadeler yer almaktadır. Her maddeyi dikkatlice okuyunuz ve her bir maddeye ne oranda katıldığınızı, 7'li derecelendirme ölçeğini kullanarak belirtiniz.
1=Kesinlikle katılmıyorum 2= Katılmıyorum 3=Biraz katılmıyorum 4=Kararsızım 5=Biraz katılıyorum 6=Katılıyorum 7=Kesinlikle katılıyorum

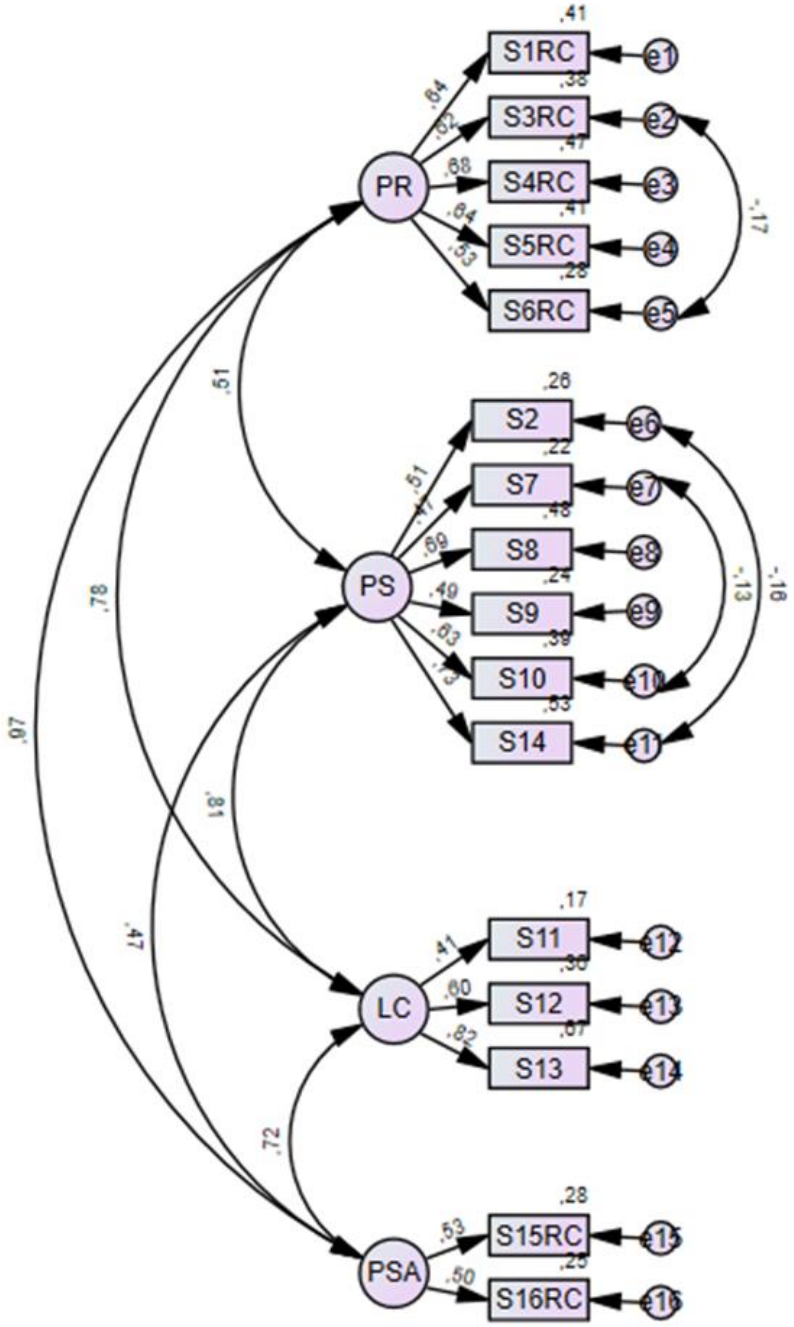
* Bu soruları formun başında yaşını belirttiğiniz çocuğunuzu düşünerek cevaplayınız.

		Kesinlikle katılmıyorum	Katılmıyorum	Biraz katılmıyorum	Kararsızım	Biraz katılıyorum	Katılıyorum	Kesinlikle katılıyorum
		1	**2**	**3**	**4**	**5**	**6**	**7**
1	Çocuğumun beni sevdiğinden yalnızca o bana gülümsediği zaman emin olurum.							
2	Çocuğumun ne istediğini her zaman bilirim.							
3	Çocuğumun duygu ve davranışlarının altındaki sebepleri anlamak isterim.							
4	Çocuğum yabancıların yanında beni mahcup etmek için ağlar.							
5	Çocuğumun aklından geçenleri tamamıyla okuyabilirim.							
6	Çocuğumun ne düşündüğünü ve hissettiğini çok merak ederim.							
7	Çocuğumun evcilik, doktorculuk ve benzeri oyunlarına aktif bir şekilde katılmakta zorlanırım.							
8	Çocuğumun ne yapacağını her zaman tahmin edebilirim.							
9	Çocuğumun nasıl hissettiğini genellikle merak ederim.							
10	Çocuğum bazen yapmak istediğim şeyden beni alıkoymak için hasta olur.							

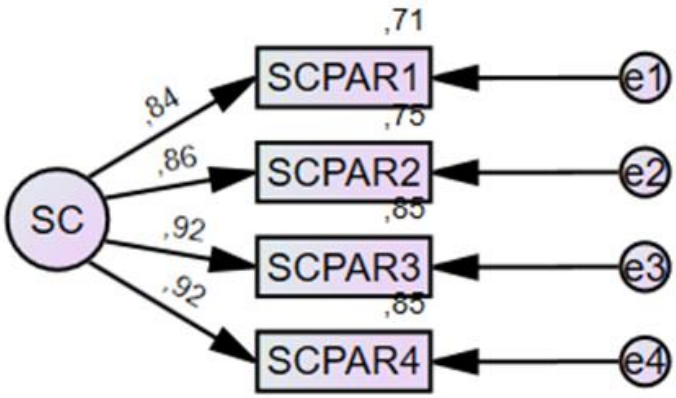
E. SAMPLE ITEMS FOR RAPS

Aşağıdaki maddeler, insanların kendilerine, performanslarına ve diğer insanlara karşı tutumlarını ölçmek için hazırlanmıştır. Doğru ya da yanlış cevap diye bir şey yoktur. Lütfen tüm maddeleri yanıtlayınız. Maddeler üzerinde çok fazla zaman kaybetmeden, aklınıza ilk gelen ve sizin için doğru olan cevabı veriniz. Her bir maddeye ne oranda katıldığınızı, 7'li derecelendirme ölçeğini kullanarak belirtiniz. 1=Kesinlikle katılmıyorum 2= Katılmıyorum 3=Biraz katılmıyorum 4=Kararsızım 5=Biraz katılıyorum 6=Katılıyorum 7=Kesinlikle katılıyorum		Kesinlikle katılmıyorum	Katılmıyorum	Biraz katılmıyorum	Kararsızım	Biraz katılıyorum	Katılıyorum	Kesinlikle katılıyorum
		1	**2**	**3**	**4**	**5**	**6**	**7**
1	İşyerindeki ya da okuldaki performansıma ilişkin standartlarım yüksektir.							
2	Düzenli bir insanım.							
3	Hedeflerime ulaşamadığım için çoğu kez hayal kırıklığı yaşarım.							
4	Tertip(düzen) benim için önemlidir.							
5	Eğer kendinizden daha fazlasını beklemezseniz asla başarılı olamazsınız.							
6	En iyi yaptığım şeyler bile hiçbir zaman bana yeterli görünmez.							
7	Her eşya yerli yerine konmalıdır.							
8	Kendimden beklentilerim yüksektir.							
9	Yüksek standartlarıma nadiren ulaşırım.							

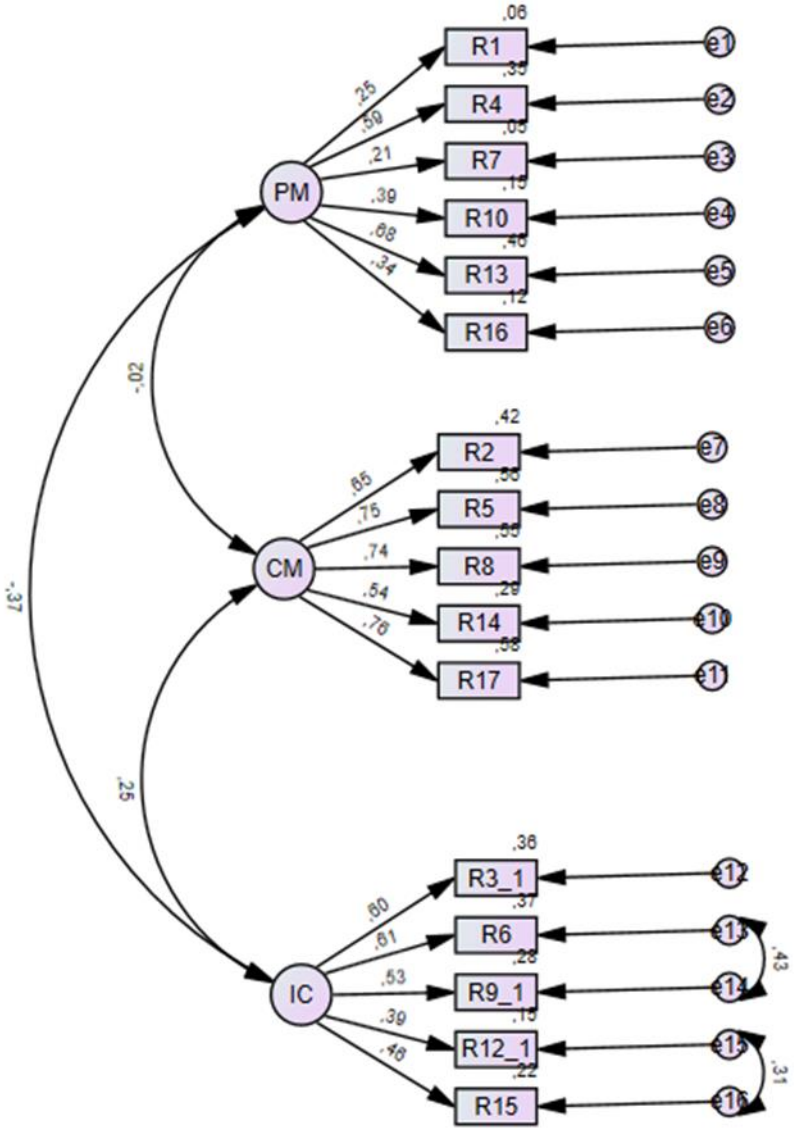
F. PATH DIAGRAM OF PSS



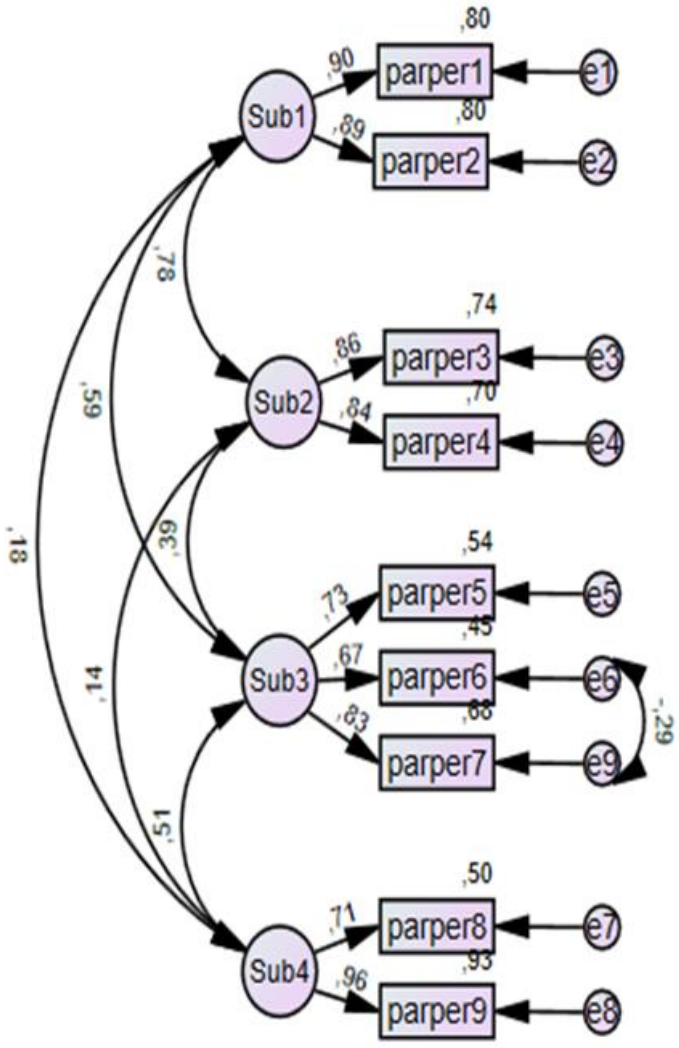
G. PATH DIAGRAM OF SCS



H. PATH DIAGRAM OF PRFQ-SF



I. PATH DIAGROM OF RAPS



J. APPROVAL OF THE METU HUMAN SUBJECTS ETHICS COMMITTEE

UYGULAMALI ETİK ARAŞTIRMA MERKEZİ
APPLIED ETHICS RESEARCH CENTER

ORTA DOĞU TEKNİK ÜNİVERSİTESİ
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Sayı: 28620816 /

14 MART 2022

Konu : Değerlendirme Sonucu

Gönderen: ODTÜ İnsan Araştırmaları Etik Kurulu (İAEK)

İlgi : İnsan Araştırmaları Etik Kurulu Başvurusu

Sayın Kadriye Funda Barutçu-YILDIRIM

Danışmanlığını yürüttüğünüz Azize Büşra Özbilgin'in "Ebeveynlik Stresinde Ebeveynin Öz-Şefkati, Mükemmeliyetçiliği ve Ebeveynin İçsel Düşünme İşlevselliğinin Rolünün İncelenmesi" başlıklı araştırmanız İnsan Araştırmaları Etik Kurulu tarafından uygun görülmüş ve **0133-ODTUİAEK-2022** protokol numarası ile onaylanmıştır.

Saygılarımızla bilgilerinize sunarız.

Prof.Dr. Mine MISIRLISOY
İAEK Başkan

K. INFORMED CONSENT FORM IN TURKISH

Araştırmaya Gönüllü Katılım Formu

EBEVEYNLİK DENEYİMLERİ VE DEĞİŞKENLERİ

Değerli Katılımcı,

Bu araştırma, Orta Doğu Teknik Üniversitesi Eğitim Bilimleri Bölümü, Psikolojik Danışma ve Rehberlik Programı yüksek lisans öğrencisi Psk. Dan. Azize Büşra Özbilgin tarafından Dr. Öğr. Üyesi Funda Barutçu-Yıldırım danışmanlığında yürütülmektedir. Araştırmanın amacı, **0-5 yaş aralığında çocuğu olan** katılımcıların ebeveyn olarak yaşadıkları tecrübeleri etkileyen faktörleri incelemektir. Bu amaçla sizlere, kendiniz ve çocuğunuz hakkında, yaklaşık 20 dakika içinde cevaplayabileceğiniz sorular sorulmaktadır. Sizden soruları eksiksiz ve samimi bir şekilde doldurmanız beklenmektedir. Verdiğiniz bilgiler gizli tutulacak ve sadece araştırmacı tarafından değerlendirilip bilimsel yayımlarda kullanılacaktır. Anket genel olarak, kişisel rahatsızlık verecek sorular içermemektedir. Ancak katılım sırasında herhangi bir nedenden ötürü kendinizi rahatsız hissederseniz anketi yarıda bırakabilirsiniz. Araştırmayla ilgili sorularınız için azize.ozbilgin@metu.edu.tr adresine yazabilirsiniz.

Bu çalışmaya tamamen gönüllü olarak katıldığımı, verdiğim bilgilerin bilimsel amaçlı yayınlarda kullanılmasını,

☐ Onaylıyorum.

☐ Onaylamıyorum.

L. TURKISH SUMMARY / TÜRKÇE ÖZET

ÖZ-ŞEFKAT, EBEVEYN İÇSEL DÜŞÜNME İŞLEVSELLİĞİ, UYUMLU MÜKEMMELİYETÇİLİK VE UYUMSUZ MÜKEMMELİYETÇİLİĞİN EBEVEYNLİK STRESİ ÜZERİNDEKİ YORDAYICI ROLÜ

GİRİŞ

Yaşamın ayrılmaz bir parçası olan stres; yorgunluk, huzursuzluk ve sinirlilik gibi pek çok biçimde kendini gösterir (McEwen, 1998). Bu nedenle genel anlamda stres, bir kişinin zorlu bir durumda gösterdiği tepkiyi ifade eder (Crnic ve Low, 2002). Araştırmalar, fiziksel, duygusal ve davranışsal bileşenlerden oluşan stresin yüksek seviyelerinin; bağışıklık sistemi, beyin işleyişi ve zihinsel sağlık gibi birçok alanda fizyolojik ve psikolojik bozulmaya yol açabildiğini göstermektedir (bk. Ellis ve Giudice, 2014; Shonkoff vd., 2012).

Lazarus ve Folkman'ın (1984) geliştirdiği Transaksiyonel Stres ve Başa Çıkma Modeli'ne göre, bir uyaran ve tepkinin stresle ilgili olup olmadığı; kişinin çevre ile olan ilişkisine, bireysel özelliklerine ve çevresel özelliklere göre değişir. Lazarus ve Folkman (1984) psikolojik stresi "…kişi tarafından kaynaklarını zorlayıcı, aşan ve refahını tehlikeye atıyor olarak değerlendirilen, kişi ve çevre arasındaki belirli bir ilişki" olarak tanımlar. Dolayısıyla modelde, kişinin deneyimlediği stres oranının, kişinin bilişsel değerlendirmesi ve başa çıkma mekanizması olmak üzere iki sürece bağlı olduğu belirtilmektedir.

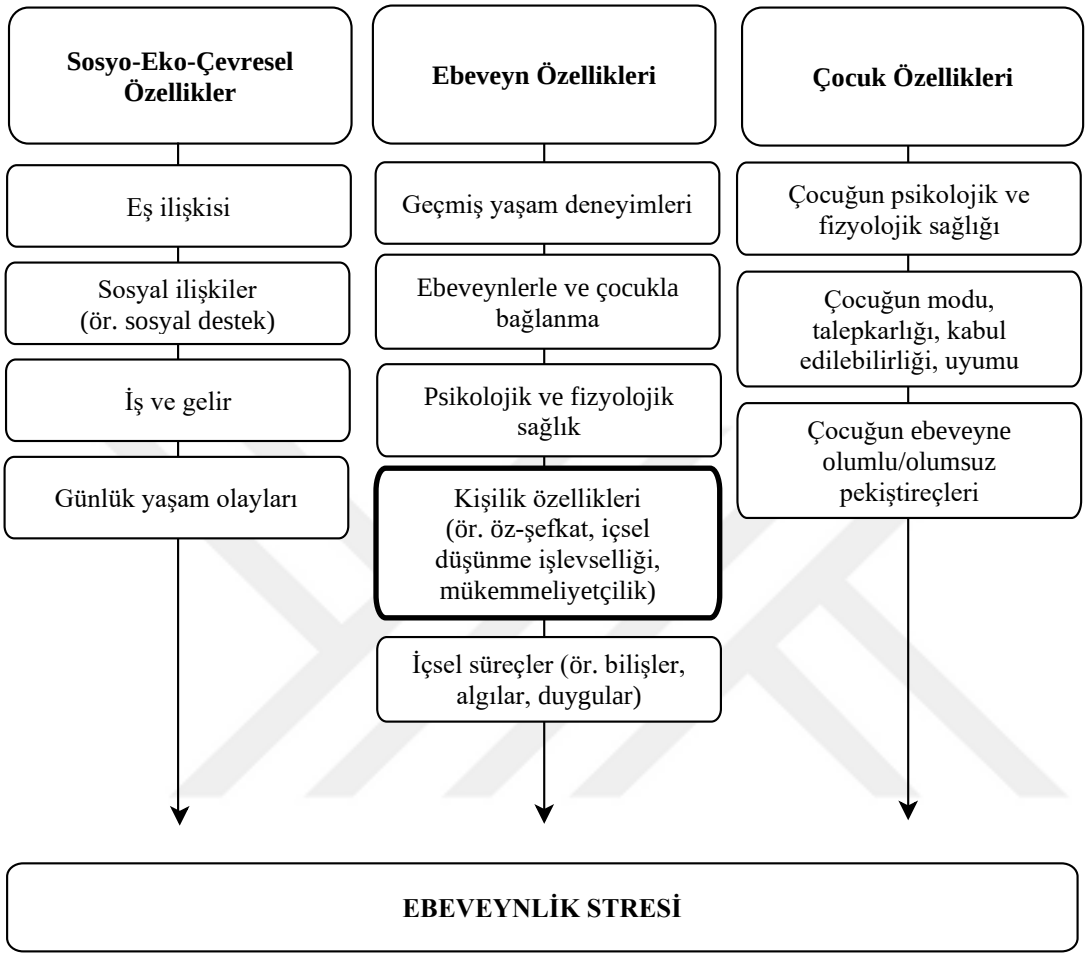
Ebeveynler; iş, sosyal ilişkiler gibi hayatlarının diğer alanlarındaki rollerinin getirdiği strese ek olarak ebeveynlik rolleriyle ilgili de stres yaşarlar. Literatürde ebeveynlik stresi olarak yer alan bu stres türü, ebeveynlerin ebeveynliğin taleplerine uyum düzeylerine göre değişen olumsuz duygu ve inançlar nedeniyle yaşadıkları karmaşık ve dinamik bir süreç olarak tanımlanır (Deater-Deckard, 2004). Abidin (1992),

ebeveynlik stresinin nedenlerini ve bunun ebeveyn davranışı ve çocuklar üzerindeki etkisini anlamak için "Ebeveynlik Stresi Modelini" geliştirmiştir. Bu modelde, ebeveynlik stresinin belirleyicileri üç ana alana ayrılmıştır: ebeveyn özellikleri, çocuk özellikleri ve sosyo-eko-çevresel özellikler.

Abidin (1992), ebeveynlerin ebeveynlik deneyimlerinde karşılaştıkları durumları "zarar veya fayda (s. 410)" olarak yorumlamalarının (bilişsel değerlendirme süreci) sonucunda ebeveynlik stresinin ortaya çıktığını belirtmiştir. Ayrıca, ebeveynlik stresini; ebeveynleri, ellerindeki kaynakları kullanmaya teşvik eden ve onlara enerji veren bir motivasyon değişkeni olarak tanımlamıştır (Abidin, 1992). Tanımdan da anlaşılacağı üzere Abidin'e (1989) göre, ebeveynlerin stresli durumlardaki davranışları; yeterince kaynağa (ör. bilişsel başa çıkma becerisi, sosyal destek, ebeveyn yetkinliği) sahip olup olmamalarına göre şekillenmektedir.

Figür 1. 2.

Ebeveynlik Stresinin Belirleyicileri



Not. Bu tablo Abidin'in Ebeveynlik Stres Modeli'nden (1992) esinlenerek düzenlenmiştir. Orijinal model, telif hakkı nedeniyle kullanılmamıştır.

Öz-şefkat, bir kişinin stresle başa çıkmasına yardımcı olabilecek birçok iç kaynağı içeren bir kişilik özelliğidir. Kendine karşı olumlu bir tutum benimsemek, sıkıntılardan kaçmadan yaşayabilmek, kendi yaşadıklarının ortak insanlık deneyiminin bir parçası olduğunun bilincinde olmak olarak tanımlanan öz-şefkat (Neff, 2003b), azalan stresle (ör. Hall vd., 2013; Sirois, 2014; de Souza vd., 2020 ve düşük ebeveynlik stresi ile (ör. Bohadana vd., 2019; Gouveia vd., 2016; Neff ve Faso, 2015) ilişkili olduğunu gösteren pek çok çalışma mevcuttur. Bu çalışmaların bulguarı, öz- şefkatin ebeveynlerin yaşam

kalitelerini ve iyilik hallerini iyileştirme gücüne sahip olduğunu kanıtlanmaktadır (Bohadana vd., 2019; Neff ve Faso, 2015).

Öz-şefkat gibi, ebeveyn içsel düşünme işlevselliğinin de olumlu bir kişilik özelliği olduğu söylenebilir. Ebeveyn içsel düşünme işlevselliği, ebeveynin çocuğunun iç dünyasını yorumlayabilme ve kendi iç dünyasının farkında olma eğilimidir (Slade, 2005; Sharp ve Fonagy, 2008). Pek çok araştırma, gelişmiş ebeveyn içsel düşünme işlevselliğine sahip ebeveynlerin; güvenli bir bağlanma stiline, yüksek ebeveyn duyarlılığına, ebeveyn memnuniyetine ve yeterliliğine sahip olduğunu bildirmektedir (ör. Nijssens vd., 2018; Stacks vd., 2014; Steele vd., 2020). Ayrıca araştırmalar, yüksek ebeveyn içsel düşünme işlevselliğine sahip ebeveynlerin ebeveynlik stresinin düşük olduğuna da işaret etmektedir (ör. Dollberg vd., 2022; Håkansson vd., 2019; Vismara vd., 2021).

Kişinin kendisinden yüksek beklentilerinin olması ve bu beklentilere ulaşmak için çabalaması anlamına gelen mükemmeliyetçilik (Hewitt ve Flett, 1991b), hem olumlu hem de olumsuz bileşenleri içeren çok boyutlu bir kişilik özelliğidir. Mükemmeliyetçiliğin uyumlu ve uyumsuz olmak üzere iki boyutu vardır (Slaney vd., 2001). Ulaşılabilir yüksek standartlara sahip, düzene ihtiyaç duyan, başarısızlıkları hakkında düşük özeleştiriye ve kaygıya sahip bir kişi, uyumlu mükemmeliyetçiliğe sahiptir. Bunun yanında, ulaşılamaz yüksek standartlara sahip olan, başarısızlıkları hakkında oldukça kaygılı ve kendine karşı oldukça eleştirel olan bir kişi, uyumsuz mükemmeliyetçiliğe sahiptir (Rice vd., 2003).

Pek çok çalışma, mükemmeliyetçiliğin stresle ilişkili olduğunu gösterir (ör. Blankstein vd., 2007; D'Souza vd., 2011; Moate vd., 2016). Bunun yanında konuya dair bilinen az sayıdaki çalışma, mükemmeliyetçiliğin ebeveynlik stresiyle ilişkili olduğunu da işaret etmektedir (ör. Hosseinzadeh-Oskouei vd., 2021; Kawamoto ve Furutani, 2018; Lee vd., 2012).

Bu çalışmada, ebeveynlik stresinin yordayıcıları olarak belirlenen kişilik özelliklerinin (öz-şefkat, ebeveyn içsel düşünme işlevselliği, uyumlu ve uyumsuz mükemmeliyetçilik) stres oluşum sürecinde nasıl rol oynadığı, Abidin'in (1992)

Ebeveynlik Stresi Modeli ve Lazarus ve Folkman'ın (1984) Transaksyonel Stres ve Baş Etme Modeli kapsamında değerlendirilmiştir.

Araştırmanın Amacı

Bu çalışmanın amacı, ebeveynlerin kişilik özelliklerinden öz-şefkat, ebeveyn içsel düşünme işlevselliği (EİDİ) boyutları (zihinselleştirme öncesi modlar (ZÖM), zihinsel durumlar hakkında kesinlik (ZDHK) ve ilgi ve merak (ZDİM)) ve uyumlu ve uyumsuz mükemmeliyetçiliğin ebeveynlik stresi üzerindeki yordayıcı rollerini araştırmaktır.

Araştırma Sorusu

Türkiye'de yaşayan, 0-5 yaş arası en az bir çocuğu bulunan ebeveynlerin sahip olduğu öz-şefkat, ebeveyn içsel düşünme işlevselliği (ZÖM, ZDHK ve ZDİM), uyumlu mükemmeliyetçilik ve uyumsuz mükemmeliyetçilik, ebeveynlik stresindeki değişimi ne kadar iyi yordamaktadır?

Araştırmanın Önemi

Öz-şefkatin, ebeveyn içsel düşünme işlevselliğinin üç boyutunun (ZÖM, ZDHK ve ZDİM) ve uyumlu ve uyumsuz mükemmeliyetçiliğin 0-5 yaş arası çocuğu olan Türkiye'deki ebeveynlerin ebeveynlik stresi üzerindeki yordayıcı rolünü araştırmayı amaçlamış olan bu çalışma:

- Çocuk özellikleri ve çevresel özelliklerden daha kolay değiştirilebilir görülen ebeveyn özelliklerinin (Mash & Johnston, 1990) ebeveynlik stresi üzerindeki rolüne ışık tutması

- Öz-şefkat, ZÖM, ZDHK, ZDİM, uyumlu mükemmeliyetçilik ve uyumsuz mükemmeliyetçiliğin ebeveynlik stresi üzerindeki yordayıcı rollerini tek bir modelde test eden ilk çalışma olması

- Literatüre dayalı olarak, ebeveynlik rolü ve öncüllerine bağlı stresi değerlendirmesi ve ebeveynlik stresinin ebeveynin kendisine, çocuklarına, eşine ve onlarla ilişkisine zararlı etkilerinin önlenmesine katkı sağlayacak ilişkiler hakkında bilgi vermesi

-Erken çocukluk dönemi ebeveynlerini örneklem olarak seçerek ve önemli bir örneklem büyüklüğüne (N = 579) ulaşarak; sınırlı ve büyük bir bölümü küçük örneklemli çalışmalardan oluşan literatüre katkı sunması

-Ebeveyn içsel düşünme işlevselliğinin nispeten yeni olan boyutlarına (ZÖM, ZSHK ve ZDİM) dair sınırlı literatürü genişletmesi ve bu boyutlara dair çelişkili sonuçların açıklığa kavuşturulması

-Uyumlu ve uyumsuz mükemmeliyetçilik ile ebeveyn stresi arasındaki ilişkiyi inceleyen sınırlı literatür (bk. Kawamoto ve Furutani, 2018) bulgularını genişletmesi

-Ebeveynlik stresi ve onun öncüllerini daha temsili bir ebeveyn popülasyonunda araştırarak; genel anlamda fiziksel veya psikolojik bir tanısı olan çocukların ebeveynlerinin ebeveynlik stresine odaklanan Türkçe literatüre katkı sunması açısından önem arz etmektedir.

METOT

Araştırma Deseni

Bu çalışmada korelasyonel araştırma deseni kullanılarak, ölçüt değişkeninin yordayıcı değişkenlerle olan ilişkileri incelenmiştir. Ayrıca bu değişkenlere ilişkin bilgiler, yalnızca bir kez toplandığı için mevcut çalışma, kesitsel bir tarama çalışmasıdır.

Katılımcılar

Çalışmanın hedef kitlesi, 0-5 yaş arası en az bir çocuğu olan ve Türkiye'de yaşayan tüm ebeveynlerdir. Örneklem katılımcıları için 0-5 yaş arası en az bir çocuğu olan

ebeveyn olmak ve Türkiye'de yaşıyor olmak kriter olarak kullanılmıştır. Katılımcılar, kolayda örnekleme yöntemi kullanılarak seçilmiştir.

Araştırmaya toplam 661 ebeveyn katılmıştır. Bu katılımcılardan bir kısmı, çeşitli nedenlerle (ör. çocuğunun beş yaşından büyük olması) örneklemden çıkarılmıştır. Sonuç olarak çalışmanın analizi 579 katılımcı verileriyle gerçekleştirilmiştir.

Bu katılımcıların 502'si (%86,7) anne, 77'si (%13,3) babadır. Katılımcıların yaşları 23 ile 49 arasında değişmekle birlikte ve yaş ortalamaları 32.99'dur (SD = 4.74). Üç katılımcı yaşını belirtmemiştir. Katılımcıların eğitim düzeylerine bakılırsa; biri (%0,2) okur-yazar, sekizi (%1,4) ilkokul mezunu, onu (%1,7) ortaokul mezunu, 82'si (%14,2) lise mezunu, 363'ü (%62,7) lisans mezunu ve 115'i (%19,9) ise lisansüstü mezunudur.

Katılımcıları 309'u (%53,4) çalışırken, 267'si (%46,4) çalışmamaktadır. Üç katılımcı çalışma durumlarını belirtmemiştir. Katılımcıların gelirleri, Türkiye'deki 2022 yılı asgari ücret düzeyine göre kategorize edilmiştir. 77 katılımcının (%13,3) toplam aylık aile geliri 0 ₺ ile 5.500 ₺ arasında, 200 katılımcının (%34,5) 5501 ₺ ile 11.000 ₺ arasında, 113 katılımcının (% 19,5) 11001 ₺ ile 16.500 ₺ arasında, 90 katılımcının (%15,5) 16501 ₺ ile 22.000 ₺ arasında, 99 katılımcının ise (% 17,1) 22.001 ₺ ve üzeri geliri bulunmaktadır.

Katılımcıların 571'i (%98,6) evli, yedisi (%1,2) boşanmıştır. Birinin (%0,2) ise eşi vefat etmiştir. 327 katılımcı (%56,5) bir çocuğa, 193 katılımcı (%33,3) iki çocuğa, 59 katılımcı (%10,2) ise üç ve daha fazla çocuğa sahiptir. Katılımcıların anketi doldururken düşündükleri çocukların yaş aralığı 1 ila 60 ay arasında değişmekte olup çoçukların yaş ortalaması 32,42 aydır (*SD* = 17,44).

487 (% 84,1) ebeveyler kendilerini çocuğunun esas bakım veren olarak nitelendirirken, 92 (% 15,9) ebeveyn esas bakım veren olmadığını belirtmiştir. Ayrıca, katılımcıların 190'ı (%32,8) çocuk bakımı için herhangi bir destek kaynağına (eş, aile, kreş, bakıcı) sahip değilken, 226'sı (%39,0) bir, 163'ü (%28,2) iki ve daha fazla destek kaynağına sahiptir. Çocuk bakımı konusunda ebeveynlerin 317'si (%54,7) eşlerinden,

130’u (%22,5) aile fertlerinden, 96’sı (%16,6) kreşlerden ve 41’i (%7,1) bebek bakıcılarından destek almaktadır.

95 (%16,4) ebeveynin aile üyelerinden en az birinde kronik fiziksel hastalık veya engel, 68 (%11,7) ebeveynin aile üyelerinden en az birinde ise psikolojik rahatsızlık bulunmaktadır.

Veri Toplama Araçları

Bu çalışmada katılımcılara araştırmacı tarafından geliştirilen demografik bilgi formu, Ebeveyn Stres Ölçeği, Ebeveyn İçsel düşünme İşlevsellik Anketi Kısa Formu, Revize Edilmiş Neredeyse Mükemmeliyetçilik Ölçeği ve Öz-Şefkat Ölçeği uygulanmıştır.

Demografik Bilgi Formu

Araştırmacı tarafından geliştirilen demografik bilgi formu (bk. Ek A), araştırma değişkenlerine ilişkin soruları içermektedir. Bu sorular kişisel (ör. yaş, cinsiyet, medeni durum, eğitim düzeyi, ikamet edilen şehir, gelir, çalışma durumu), çocukla ilgili (ör. çocukların sayısı ve yaşları, çocuk bakımı için gece uyanma sayısı, çocuk bakımı için destek kaynakları, ebeveynlik stresinin nedenleri) ve aile bilgileri (yani, aile üyelerinin sayısı, aile üyelerinin sağlık durumu, partnerin çalışma durumu ve çocuk bakım süresi) sorularından oluşmaktadır.

Ebeveyn Stres Ölçeği (PSS)

Berry ve Jones (1995), ebeveynlerin yaşadığı stresi ölçmek için Ebeveyn Stres Ölçeği’ni geliştirmişlerdir. 16 maddelik ölçeğin faktörleri; ebeveynlik ödülleri, ebeveyn stres etkenleri, ebeveyn kontrol eksikliği ve ebeveyn memnuniyeti olmak üzere dört tanedir. Maddeler, kesinlikle uygun değil (1) ile kesinlikle uygun (5) arasında değişen 5’li ölçek ile derecelendirilir. Ölçekte ters kodlanan yedi madde (1, 3, 4, 5, 6, 15, 16. maddeler) bulunmaktadır. Ölçekten alınan daha yüksek toplam puanlar, daha yüksek ebeveynlik stresini göstermektedir. Ölçeğin Türkçe adaptasyonu, Aslan-Gördesli ve Aydın-Sünbül (2021) tarafından yapılmıştır. Türkçe

ölçek de 16 maddeden oluşan dört faktörlü yapıdan oluşur. Ölçeğin orijinali için Cronbach alfa değeri .83 (Berry ve Jones, 1995), Türkçe versiyonu için .81 (Aslan-Gördesli ve Aydın-Sünbül, 2021) olarak bulunmuştur. Bu çalışmada ise Cronbach alfa değeri .84 olarak bulunmuştur.

Öz-Şefkat Ölçeği (SCS)

Neff (2003b), bir kişinin kendisiyle olan ilişkisinde ne kadar şefkatli olabileceğini ölçmek için Öz-Şefkat Ölçeği'ni geliştirmiştir. Altı faktörlü ölçek, 26 maddeden oluşmakta ve maddeler asla (1) ile her zaman (5) arasında değişen beşli ölçek ile değerlendirilir. Öz-sevecenlik, öz-yargılama, paylaşımların bilincinde olma, izolasyon, bilinçlilik ve aşırı-özdeşleşme ölçeğin alt boyutlarıdır. Ölçekte 1, 3, 5, 7, 10, 12, 15, 17, 19, 22 ve 23 numaralı maddeler ters kodlanmıştır. Ölçekten alınan toplam puanların artması öz-şefkatin yüksek olduğunu göstermektedir. Ölçeğin Türkçe'ye uyarlamasını Deniz ve arkadaşları (2008) yapmıştır. Bu çalışmada toplam madde korelasyonu .30'un altında olan iki madde ölçekten çıkarılmış, kalan 24 madde ise tek faktöre yüklenmiştir. Böylece özgün ölçek çok boyutlu faktör yapısına sahipken, ölçeğin Türkçe versiyonu tek boyutlu faktör yapısına sahip olmuştur (Deniz vd., 2008). Ölçeğin orijinali için Cronbach alfa değeri .92 ve test-tekrar test güvenirlik katsayısı .93 olarak hesaplanmıştır (Neff, 2003b). Ölçeğin Türkçe versiyonu için Cronbach alfa değeri .89 ve test-tekrar test güvenirlik katsayısını .83 olarak bulunmuştur (Deniz vd., 2008). Mevcut çalışmada ise ölçeğin Cronbach alfa değeri .94 olarak bulunmuştur.

Ebeveyn İçsel düşünme İşlevsellik Anketi Kısa Formu (PRFQ-SF)

Ebeveyn İçsel düşünme İşlevselliği Anketi Kısa Formu, 0-5 yaş arası çocukların ebeveynlerinin, kendilerinin ve çocuklarının içsel zihinsel durumlarını anlama becerilerini ve ilgilerini değerlendirmek için Luyten ve arkadaşları (2017a) tarafından tasarlanmıştır. Ölçek, "zihinsel durumlara ilgi ve merak (ZDİM)", "zihinsel durumlar hakkında kesinlik (ZDHK)" ve "zihinselleşme öncesi modlar (ZÖM)" olmak üzere üç faktör içeren 18 maddeden oluşmaktadır. Bu faktörler ebeveyn içsel düşünme

işlevselliğinin farklı yönlerini tanımlamakta ve puanlar her faktör için ayrı ayrı hesaplanmaktadır. Dolayısıyla, bu ölçeğin genel bir PRF becerisi için toplam puanı yoktur. Ölçek, "kesinlikle katılmıyorum (1)" ile "kesinlikle katılıyorum (7)" arasında değişen yedili ölçek ile değerlendirilir. 11 ve 18. maddeler ters kodlanmıştır. ZÖM alt boyutundan alınan yüksek puanlar ebeveynlerin zihinselleştiremediklerini, düşük puanlar ise zihinselleştirebildiklerini göstermektedir. ZDHK altboyutu için çok yüksek puanlar ebeveynlerde aşırı zihinselleşme olabileceğini, çok düşük puanlar ise ebeveynlerin çocuklarının iç dünyasıyla ilgilenmediklerini göstermektedir. Son boyut olan ZDİM için ise çok yüksek puanlar uyumsuz veya aşırı zihinselleştirmeyi (hiper-zihinselleştirme), çok düşük puanlar ise hipo-zihinselleştirmeyi (kesinlik eksikliği) gösterir (Luyten vd., 2017a). Bu nedenle, ZÖM alt boyutu için düşük değerler, diğer iki alt boyut için ise ortalamaya yakın değerler, ebeveyn içsel düşünme işlevselliği becerisinin yeterliliğine işaret eder. Ölçeğin Türkçeye uyarlamasını, Arıkan ve arkadaşları (2020) yapmıştır. Orijinal ölçekteki gibi üç faktörlü yapı ile uyumlu buldukları ölçekte, DFA'da 11. ve 18. madde düşük yük (<.30) gösterdiği için ölçekten çıkarılmış ve Türkçe ölçekteki madde sayısı 16'ya düşmüştür. Orijinal ölçeğin Cronbach alfa değeri ZDİM, ZDHK ve ZÖM için sırasıyla .75, .82 ve .70 (Luyten vd., 2017a), Türkçe ölçek için ise sırasıyla .72, .75 ve .77 (Arıkan vd., 2020); mevcut çalışmada ise .60, .83 ve .57 olarak bulunmuştur. Mevcut çalışmada, ZÖM ve ZDİM alt boyutlarının iç tutarlılık değerleri yeterince yüksek olmadığı için bu iki boyut sonraki analizlere dahil edilmemiştir.

Revize Edilmiş Neredeyse Mükemmeliyetçilik Ölçeği (RAPS)

Slaney ve arkadaşları (2001), bireylerin mükemmeliyetçilik eğilimlerini belirlemek ve mükemmeliyetçiliğin olumlu ve olumsuz yönlerini ayırt etmek için "Revize Edilmiş Neredeyse Mükemmeliyetçilik Ölçeği"ni geliştirmiştir. Ölçek 23 maddeden oluşan, üç faktörlü bir yapıya sahiptir. Ölçek, "kesinlikle katılmıyorum (0)" ile "tamamen katılıyorum (7)" arasında değişen değişen yedili ölçek ile değerlendirilir. Ölçekte ters kodlanan madde yoktur. Her alt ölçekteki daha yüksek ortalama puanlar, daha yüksek uyumsuz veya uyumlu mükemmeliyetçiliği ifade eder (Slaney vd., 2001). Sapmaz (2006) ölçeği Türkçeye uyarlamış ve faktör analizleri sonucunda açıklanabilir

faktörler; “memnuniyetsizlik” faktörünün eklenmesiyle üçten dörde çıkmıştır. Uyumlu mükemmeliyetçilik “yüksek standartlar” ve “düzen” alt boyutlarını; uyumsuz mükemmeliyetçilik ise “çelişki” ve “memnuniyetsizlik” alt boyutlarını içermektedir. Orijinal çalışmada, Slaney vd. (2001) yüksek standartlar, düzen ve çelişki için Cronbach alfa değerlerini sırasıyla .85, .82 ve .91 olarak hesaplamıştır. Sapmaz (2006) ise ölçeğin Türkçe versiyonunda yüksek standartlar, düzen, çelişki ve memnuniyetsizlik için sırasıyla .72, .83, .72 ve .81 değerlerini bulmuştur. Mevcut çalışmada ise Cronbach alfa değerleri; Memnuniyetsizlik, Çelişki ve bu iki boyutun genel başlığı olan Uyumsuz Mükemmeliyetçilik için sırasıyla .87, .81 ve .90; Yüksek Standartlar, Düzen ve bu iki boyutun genel başlığı olan Uyumlu Mükemmeliyetçilik için ise sırasıyla .77, .81 ve .81 olarak bulunmuştur.

Verilerin Toplanması

ODTÜ İnsan Araştırmaları Etik Kurulu’ndan izin alındıktan sonra, Nisan-Haziran 2022 tarihleri arasında veriler toplanmıştır. 0-5 yaş arasında en az bir çocuğu olan ebeveynler, bilgilendirilmiş onam formunu okuyup onayladıktan sonra araştırmaya çevrimiçi veya kağıt-kalem formatında katılmıştır. Katılımcıların anketi doldurması, yaklaşık 20 dakika sürmüştür.

Verilerin Analizi

Mevcut çalışmanın veri analizleri ve istatistikleri, SPSS v22 (IBM Corp, 2013), AMOS v26 (Arbuckle, 2022) ve STATA v14 (StataCorp, 2015) aracılığıyla yapılmıştır. Veriler analiz edilmeden önce kayıp değerler, uç değerler kontrol edilmiş ve veriler ayıklanmıştır. Ölçeklerin güvenirlik ve geçerlilik değerleri test edildikten sonra eş zamanlı regresyon analizinin varsayımları kontrol edilmiş, tanımlayıcı istatistik analizleri ve mevcut çalışmanın değişkenleri arasında Pearson korelasyon analizleri yapılmıştır. Son olarak, oluşturulan modeli test etmek için eş zamanlı regresyon analizi yapılmıştır.

Sınırlılıklar

Bu çalışma, bazı sınırlılıklara sahiptir. İlk olarak, katılımcıların kolayda örnekleme yöntemi ile seçilmiş olması, babaların çalışmaya katılım oranının düşük olması, ebeveynlerin medeni durumlarına göre homojen olmayan dağılımı ve internete erişimi olmayanların çalışmaya katılımının kısıtlılığı çalışmanın genellenebilirliğini tehlikeye düşürmektedir. İkinci olarak, sosyal beğenirlik yanlılığına neden olabilecek olan öz-bildirim araçlarının kullanılmış olması, çalışmanın iç geçerliliğini tehdit etmektedir. Üçüncü olarak, EİDİ-Kısa Formundaki ZDİM ve ZÖM alt boyutları için yeterince yüksek güvenirlik değerlerinin elde edilememesinden dolayı bu boyutların sonraki analizlere dahil edilmemesi ve EİDİ'nin kapsamlı bir şekilde ölçülememiş olması diğer bir sınırlılıktır. Dördüncü olarak, Covid-19 pandemisi nedeniyle verilerin çevrimiçi toplanması ve anket tamamlama süresinin yaklaşık 20 dakika olması çalışmanın iç geçerliliğini tehlikeye düşürmektedir. Beşinci olarak, kesitsel anket deseninin kullanılmış olması, ebeveynlik stresi ve yordayıcıları arasında nedensel ilişki kurulmasını engelleyen bir sınırlılıktır. Yedinci olarak, kontrol edilememiş veya araştırmaya dahil edilmemiş değişkenler (ör. çocuk yaşlarının geniş dağılımı (0-5 yaş), çocukların sağlık sorunları, ebeveynlerin diğer stres kaynakları) bu çalışmanın son sınırlılığıdır.

BULGULAR

Betimleyici İstatistik Bulguları

Yordanan (ebeveynlik stresi) ve yordayıcı değişkenlere (öz-şefkat, ZDHK, uyumlu ve uyumsuz mükemmeliyetçilik) dair betimleyici analizler Tablo 4.2.'de gösterilmiştir.

Tablo 4. 5.

Ana Değişkenler için Betimleyici İstatistikler (N = 579)

Değişkenler	*Ort.*	*SS*	Olası Aralık	Gerçek Aralık
Ebeveynlik stresi	2.19	0.52	1-5	1.00- 4.06
Öz-şefkat	3.23	0.70	1-5	1.04- 4.96
Zihinsel durumlar hakkında kesinlik (ZDHK)	4.83	1.13	0-7	1.40- 7.00
Uyumlu mükemmeliyetçilik	5.30	0.87	0-7	2.00- 7.00
Uyumsuz mükemmeliyetçilik	3.59	1.23	0-7	1.00- 6.92

Not. Değişkenlerin olası ve gerçek aralık değerleri toplam puan ortalamalarına dayanmaktadır.

Ebeveynlik stresinin, öz-şefkatin, ZDHK'nin, uyumlu ve uyumsuz mükemmeliyetçiliğin ortalama puanları sırasıyla 0.52'lik standart sapma ile 2.19; 0.70'lik standart sapma ile 3.23; 1.13'lük standart sapma ile 4.83; 0.87'lik standart sapma ile 5.30; 1.23'lük standart sapma ile 3.59 olarak bulunmuştur.

Korelasyon Matrisi Bulguları

Tablo 4.3.'te değişkenlerin karşılıklı korelasyonu, Pearson korelasyon katsayısı kullanılarak sunulmuştur. Yordanan değişken olan ebeveynlik stresi, yordayıcıları olan öz-şefkat, ZDHK ve mükemmeliyetçilik (uyumlu ve uyumsuz) ile anlamlı şekilde ilişkilidir.

Tablo 4. 6.

Korelasyon Matrisi Bulguları

Değişkenler	*1*	*2*	*3*	*4*	*5*
Ebeveynlik stresi	1.00				
Öz-şefkat	-.49**	1.00			
Uyumlu mükemmeliyetçilik	-.09*	-.04	1.00		
Uyumsuz mükemmeliyetçilik	.32**	-.53**	.37**	1.00	
Zihinsel durumlar hakkında kesinlik (ZDHK)	-.21**	.24**	.22**	-.09*	1.00

Not. *p < .05, **p < .01, tek yollu.

Eş Zamanlı Regresyon Analizi Bulguları

Varsayımlar kontrol edildikten sonra, ebeveynlerin öz-şefkat, ZDHK, uyumlu ve uyumsuz mükemmeliyetçiliğinin ebeveynlik stresini ne kadar iyi yordadığını değerlendirmek için eş zamanlı regresyon analizi yapılmıştır. Tablo 4.4'te, regresyon analizi sonuçlarının bir özeti sunulmuştur.

Tablo 4. 7.

Ebeveynlik Stresini Yordayan Değişkenler için Eşzamanlı Regresyon Analizinin Özeti (N = 579)

Değişken	*B*	*SEB*	*β*	*t*	*p*	sr^2	R^2
							.27
Sabit	3.50	.17		20.83	.00**		
Öz-Şefkat	-.29	.03	-.39	-9.08	.00**	10.4	
Zihinsel durumlar hakkında kesinlik (ZDHK)	-.03	.02	-.07	-1.88	.06	0.5	
Uyumlu mükemmeliyetçilik	-.09	.02	-.15	-3.64	.00**	1.7	
Uyumsuz mükemmeliyetçilik	.07	.02	.16	3.53	.00**	1.6	

Not. $*p < .05$, $**p < .01$. sr^2 her yordayıcı değişkenin regresyon modeline getirdiği benzersiz varyans miktarıdır. R^2, yordanan değişkenin tüm yordayıcı değişkenler tarafından açıklanan varyans oranıdır.

Öz-şefkat, ZDHK, uyumlu ve uyumsuz mükemmeliyetçilik aynı anda modele dahil edilmiştir. Sonuçlar, test edilen modelin anlamlı olduğunu göstermiştir (F (4, 574) = 54.12, $p < .01$, R^2 =.27). Öz-şefkat (β = -.39, $p < .01$) ve uyumlu mükemmeliyetçilik (β = -.15, $p < .01$) ebeveynlik stresinin anlamlı bir negatif yordayıcısı; uyumsuz mükemmeliyetçilik (β = .16, $p < .01$) ise ebeveynlik stresinin anlamlı bir pozitif yordayıcısı olarak bulunmuştur. Ancak, zihinsel durumlar hakkında kesinliğin (β = -.07, $p > .05$) anlamlı bir yordayıcı olmadığı bulunmuştur.

Model, ebeveynlik stresine en çok, öz-şefkat yordayıcısının katkıda bulunduğunu açıkça göstermiştir. Genel model, ebeveynlik stresindeki varyansın %27'sini açıklamıştır. Öz-şefkat, uyumlu ve uyumsuz mükemmeliyetçiliğin yarı kısmi

varyansları sırasıyla %10.4, %1.7 ve %1.6'dır. Modelin formülasyonu ise Y= 3.50- (0.29) X_1- (0.09) X_2 + (0.07) X_3. + ϵ'dir.

TARTIŞMA

Bu çalışma öz-şefkat, zihinsel süreçler hakkında kesinlik (ZDHK), uyumlu mükemmeliyetçilik ve uyumsuz mükemmeliyetçiliğin ebeveynlik stresini yordayıp yordamadığını araştırmayı amaçlamıştır. Sonuçlar, ZDHK dışındaki tüm yordayıcı değişkenlerin, ebeveynlik stresindeki varyansın %27'sini açıkladığını göstermiştir.

Bulgular, öz-şefkat ve ebeveynlik stresinin negatif ve güçlü bir şekilde ilişkili olduğunu ve diğer değişkenlere kıyasla öz-şefkatin ebeveynlik stresinin en güçlü yordayıcısı olduğunu göstermiştir. Öz-şefkatin ebeveynlik stresi üzerindeki güçlü ve negatif yordayıcı rolüne ilişkin bu sonuçlar; ebeveyn gruplarıyla benzer konuda yapılan diğer çalışmaların bulgularıyla tutarlıdır (bk. Bögels vd., 2014; Gouveia vd. 2016; Moreira vd., 2015; Neff ve Faso, 2015). Bununla birlikte, Wang vd. (2022) ile O'Boyle-Finnegan vd.'nin (2022) çalışmaları, öz-şefkati ebeveynlik stresi ile negatif ve anlamlı bir şekilde ilişkili bulması açısından mevcut çalışma ile benzer sonuçlar elde etmiş olsa da öz-şefkatin ebeveynlik stresinin önemli bir yordayıcısı olarak bulmamaları bakımından mevcut çalışmadan farklılık göstermektedir. Sonuç olarak öz-şefkat, acı çekerken kişiyi öz-şefkatli olmaya yönlendirerek kişide olumlu duygulanım uyandırabilir (Neff vd., 2007). Bu nedenle, ebeveynliğin zorlu deneyimlerinde ebeveynlerin öz-şefkatli bir tutum benimsemeleri; öz-yatıştırma sistemlerinin aktifleştirip (Gilbert, 2009) ebeveynlik streslerinin azalmasını ve psikolojik iyi oluşlarının artmasını sağlayabilir (Bohadana vd., 2019; Neff ve Faso, 2015).

Mevcut çalışmada ZDHK, ebeveynlik stresini anlamlı bir şekilde yordamamakta fakat ebeveynlik stresi ile negatif ve anlamlı bir ilişki içerisinde bulunmaktadır. Bu bulgu, ZDHK'nin ebeveynlik stresiyle anlamlı ilişkili olmadığını ve ebeveynlik stresini yordamadığını bulan Luyten vd. (2017b) ve Nijssens vd.'nin (2018) çalışmaları ile bu ilişkinin anlamlılığı yönünden uyumsuz, ZDHK'nin yordayıcı olarak bulunmaması

açısından uyumludur. Ayrıca, ZDHK'nin ebeveynlik stresi ile pozitif ve anlamlı ilişkili olduğunu ve ebeveynlik stresini yordadığını bulan Steele vd.'nin (2020) çalışması, mevcut çalışma bulguları ile bu iki değişkenin ilişkisel yönü açısından ve ZDHK'nin yordayıcılığı açısından uyumsuzdur. Sonuç olarak, ZDHK ile ebeveyn stresi arasındaki negatif ve anlamlı ilişkiye dair bulgu, ebeveynlerin çocuğun ne istediğini ve bir şeyi neden yaptığını belirlemek için belirli bir düzeyde tahminde bulunmasının ebeveynlik stresini azaltabileceği ihtimaline dikkat çekmekte, ayrıca ZDHK'nin EİDİ'nin kısmen pozitif bir boyutu olduğuna işaret etmektedir.

Mevcut çalışmada uyumlu mükemmeliyetçiliğin ebeveynlik stresinin anlamlı ve negatif bir yordayıcısı olduğu bulunmuştur. Bu sonuçlar, uyumlu mükemmeliyetçiliğin daha düşük kaygı, stres ve özeleştiri düzeyleriyle ilişkili olduğunu belirten önceki çalışmalarla uyumludur (ör. Rice vd., 2003; Rice ve Ashby, 2007; Moate vd., 2016). Ayrıca Leung'un (2022) babaların düzen ve organizasyon arzusundaki artışın (uyumlu mükemmeliyetçiliğin alt boyutu) ebeveynlik stres düzeylerini azalttığına ilişkin bulgusuyla da tutarlı sonuçlar elde edilmiştir. Bu sonuçlar, uyumlu mükemmeliyetçilerin; kaynaklarını aşan ebeveynlik taleplerinde bulunmamalarıyla, ebeveynlik deneyimlerine dair daha tarafsız ve olumlu bilişsel değerlendirme yapmalarıyla, tehdit altındayken baş etme becerilerini daha etkin kullanmalarıyla, düzeni bir tutum olarak benimsemelerinden dolayı karmaşanın ve sonuç olarak ebeveynliğin stresinden korunmalarıyla açıklanabilir. Bunun yanında mevcut çalışma sonuçları, ebeveyn gruplarıyla benzer konuda yürütülmüş, kısıtlı çalışmaların bulgularının büyük kısmıyla neredeyse tamamen tutarsızdır (bk. Kawamoto ve Furutani, 2018; Leung, 2022).

Bu çalışma, uyumsuz mükemmeliyetçiliğin aebeveynlik stresini anlamlı ölçüde ve pozitif olarak yordadığını göstermiştir. Bu sonuçlar, uyumsuz mükemmeliyetçiliğin stresle (ör. Ashby vd., 2012; Henderson, 2012; Moate vd., 2016; Stoeber ve Otto, 2006) ve ebeveynlik stresiyle (Kawamoto ve Furutani, 2018; Leung, 2022) olumlu ilişkisini gösteren önceki çalışmalarla tutarlıdır. Ek olarak, mevcut sonuçlar, kendi odaklı mükemmeliyetçilik ile ebeveynlik stresi arasındaki ilişkiyi inceleyen bazı çalışmalarla, ilişkinin yönü ve anlamlılığı açısından tutarsızdır (bk. Hosseinzadeh-

Oskouei vd., 2021; Lee vd., 2012;). Uyumsuz mükemmeliyetçiliğin ebeveynlik stresini anlamlı ve olumlu bir şekilde yordaması; uyumsuz mükemmeliyetçilerin kendilerinden aşırı yüksek beklentileri, bu beklentileri karşılayamamaları (bk. Slaney vd., 2001; Stoeber ve Otto, 2006), özeleştirel tutumlarından dolayı (bk. Rice ve Ashby, 2007) kendilerini tatminsiz ve tehdit altında hissetmeleri (Gilbert, 2009; Moreira ve Canavarro, 2018) ile açıklanabilir. Sonuç olarak bu çalışmanın mükemmeliyetçiliğe dair bulguları, uyumlu ve uyumsuz mükemmeliyetçilik arasındaki ayrımı desteklemekte (bk. Stoeber ve Otto, 2006) ve ebeveynlerin mükemmeliyetçiliği ve iyi oluşuna ilişkin literatür bulgularını genişletmektedir.

Çıkarımlar

Ebeveynlik stresini azaltan veya artıran ilişkiler hakkında aydınlatıcı bilgiler sunan bu çalışma bulguları, ebeveynlerin kendileri ve aile bireyleriyle etkileşimlerine dair farkındalık kazanmalarına, ebeveynlik stresi yüksek olan ebeveynlerin, birtakım müdahaleler veya ebeveynin çabasıyla değiştirilebilir olan kişilik özelliklerinin daha iyi anlaşılmasına katkıda bulunur. Ayrıca, psikolojik danışmanlar ve diğer ruh sağlığı uzmanları; ebeveynlerin öz-şefkat, uyumlu mükemmeliyetçilik ve ZDHK'yi geliştirecek ve uyumsuz mükemmeliyetçi tutumlarını azaltacak faaaliyetlerde bulunarak ebeveynlik stresinin ebeveynlerin işlevselliğini olumsuz anlamda etkilemeyecek bir seviyeye düşmesini sağlayabilirler. Tüm bunların yanında, değiştirilebilir olan kişilik özelliklerinin ebeveyn müdahale programlarına entegre edilmesi, bu programların etkinliğini yükseltebilir.

Sonraki Çalışmalar İçin Öneriler

Mevcut model, ebeveynlik stresinin varyansının %27'sini açıklamıştır. Gelecekteki çalışmalar, ebeveynlik stresini açıklayan diğer ebeveyn kişilik özelliklerinin neler olduğuna odaklanarak bu modelin kapsamını genişletebilir. Bunun yanında, tesadüfi örnekleme yönteminin kullanarak, daha fazla baba katılımcıya, tek ebeveyne ve internet erişimi olmayan ebeveyne ulaşarak bu çalışmanın genellenebilirliğine katkı sağlayabilirler. Bu çalışmadaki değişkenleri değerlendirmek için, ölçüm araçlarını

genişleterek, diğer aile üyelerinin raporlarını, gözleme dayalı ölçümleri kullanabilir ve katılımcılarla yüz yüze veya online olan, çeşitli görüşmeler düzenleyebilirler. Böylelikle öz bildirime dayalı ölçme araçlarıyla elde edilen bilgilerin kapsamını ve geçerliliğini artırabilirler. Benzer olarak, ebeveyn içsel düşünme işlevselliğini değerlendirmek için Türk kültürüne daha uygun bir ölçek geliştirebilir veya önceden geliştirilmiş olan görüşme ve gözleme dayalı ölçüm tekniklerinden (bk. Fonagy et al., 1991) yararlanabilirler.

Gelecek çalışmalar, erken gelişim dönemindeki çocukların ebeveynlerinin ebeveynlik stresinin belirleyicileri yerine sonuçlarını araştırabilir; normal ve anormal gelişim gösteren çocukların ebeveynlerine dair bulguları karşılaştırabilirler. Ayrıca, katılımcıların çocuklarının yaş grupları ile ilgili olarak, Erikson'un (1982) psikososyal gelişim dönemlerini temel alabilirler. Böylece, çocuğun gelişim döneminden kaynaklanan ebeveynlik stresi kaynaklarını daha kolay kontrol edebilir ve ebeveynlik stresini daha iyi analiz edebilirler. Tüm bunların yanında, tek çocuklu ebeveynlerle veya bir ebeveyn ve bir çocuğun dahil edildiği gözlem ortamlarında çalışmalar yaparak ebeveynin diğer çocuklarının ebeveynlik stresi üzerindeki olası etkisini önleyebilir. Son olarak, gelecek çalışmalar, ebeveynlerin uyumsuz mükemmeliyetçi özelliklerinin azalması ve öz-şefkat, ebeveyn içsel düşünme işlevselliği ve uyumlu mükemmeliyetçi özelliklerinin gelişmesinin ebeveynlik stresini azaltmaya yardımcı olup olmayacağına yönelik kapsamlı müdahale programları geliştirebilirler.

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