

INVESTIGATING THE ROLES OF ADVERSE CHILDHOOD EXPERIENCES AND  
FATHER INVOLVEMENT ON THE TRANSMISSION OF EARLY MALADAPTIVE  
SCHEMAS

A THESIS SUBMITTED TO THE GRADUATE SCHOOL OF TED UNIVERSITY

BY

ZEYNEP ZEYNEL

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR  
THE DEGREE OF MASTER OF ARTS  
IN  
THE DEPARTMENT OF PSYCHOLOGY

JULY, 2019

Approval of the Graduate School of TEDU

Prof. Dr. Kezban Çelik  
Director

I certify that this thesis satisfies all the requirements as a thesis for the degree of Master of Science.

  
Assoc. Prof. Dr. Ilgın Gökler Danışman  
Head of Department

This is to certify that we have read this thesis and that in our opinion it is fully adequate, in scope and quality, as a thesis for the degree of Master of Science.

  
Assoc. Prof. Dr. Tuğba Uzer Yıldız  
Supervisor

**Examining Committee Members**

Assoc. Prof. Dr. Tuğba Uzer Yıldız (TEDU, PSY)



Assoc. Prof. Dr. Ilgın Gökler-Danışman (TEDU, PSY)



Assoc. Prof. Dr. Sait Uluç (Hacettepe University, PSY)





**All information in this thesis has been gathered and presented properly with all ethical principles and academic rules. I have also fully acknowledged and cited all materials and results that are not original to this work.**

Name, Last Name: Zeynep ZEYNEL

Signature:

## ABSTRACT

### INVESTIGATING THE ROLES OF ADVERSE CHILDHOOD EXPERIENCES AND FATHER INVOLVEMENT ON THE TRANSMISSION OF EARLY MALADAPTIVE SCHEMAS

Zeynep Zeynel

M.A., Department of Psychology

Supervisor: Assoc. Prof. Dr. Tuğba Uzer-Yıldız

July, 2019, 64 pages

Schema Theory (Young, 1990) assumes that early maladaptive schemas (EMSs) are formed due to unsatisfied core emotional needs in childhood. Surprisingly, there is limited research about the association between parent's EMS and child's EMS. The current study investigated the mechanisms underlying the relationship between the parent's disconnection and rejection schemas and the child's disconnection and rejection schemas. 179 mother-late adolescent dyads participated to the study. 179 late adolescents completed Young Schema Questionnaire- Short Form-3 (YSQ-SF3), Childhood Trauma Questionnaire, Father Involvement Scale, and Resilience Scale and their mothers completed only YSQ-SF3. The results demonstrated that mothers' EMSs related to disconnection and rejection schema domain significantly predicted their children's EMSs related to the same domain. Adverse childhood experiences also significantly mediated this relationship only when father involvement was low. The current study provides evidence that EMSs are passed on from one generation to the next through adverse childhood experiences especially when fathers do not provide enough support in child rearing.

*Keywords:* Early Maladaptive Schemas (EMS), Adverse Childhood Experiences, Father Involvement, Schema Transmission

## ÖZ

### Erken Dönem Şemaların Aktarımında Erken Dönem Olumsuz Yaşantıların ve Baba Katılımının Rolünün İncelenmesi

Zeynep Zeynel

Yüksek Lisans, Psikoloji Bölümü

Tez Yöneticisi: Doç. Dr. Tuğba Uzer-Yıldız

Temmuz, 2019, 64 sayfa

Şema Kuramı (Young, 1990), erken dönem uyum bozucu şemaların, çocukluk dönemindeki temel duygusal gereksinimlerin yeterince karşılanmamasından kaynaklandığını öne sürmektedir. Buna rağmen, ebeveynin sahip olduğu erken dönem uyumsuz şemalar ile çocuğun sahip olduğu erken dönem uyumsuz şemalar arasındaki ilişki ile ilgili sınırlı sayıda çalışma yer almaktadır. Bu çalışma, ebeveynin kopukluk ve reddedilme alanındaki şemaları ile çocuğun kopukluk ve reddedilme alanındaki şemaları arasındaki ilişkinin temelini oluşturan mekanizmaları araştırmıştır. Çalışmaya 179 anne-ergen çifti katılmıştır. 179 ergen Young Şema Ölçeği- Kısa Form- 3'ü, Çocukluk Dönemi Örselenme Yaşantıları Ölçeği'ni, Baba Katılımı Ölçeği'ni ve Psikolojik Dayanıklılık Ölçeği'ni ve anneler ise sadece Young Şema Ölçeği- Kısa Form- 3'ü doldurmuştur. Sonuçlar, annelerin kopukluk ve reddedilme şema alanı ile ilgili şemalarının, çocuklarının aynı alanla ilgili şemalarını anlamlı şekilde yordadığını göstermiştir. Çocukluk çağı olumsuz yaşantıları ise, yalnızca baba katılımının düşük olduğu durumda bu ilişkiye aracılık etmiştir. Bu çalışma, erken dönem uyum bozucu şemaların, özellikle babalar çocuk yetiştirme konusunda yeterli destek sağlamadıklarında, çocukluk dönemi olumsuz yaşantıları yoluyla bir nesilden diğerine aktarıldıklarını desteklemektedir.

*Anahtar Sözcükler:* Erken Dönem Uyumsuz Şemalar, Çocukluk Çağı Olumsuz Yaşantıları,  
Baba Katılımı, Şema Aktarımı

To my childhood and my new life ∞...



## ACKNOWLEDGMENTS

Firstly, I would like to offer the special thanks to my supervisor Assoc. Prof. Dr. Tuğba Uzer Yıldız for her perfect guidance, support and knowledge at each stage of this thesis. I have always felt a deepest gratitude to her not only during the thesis process but also throughout my graduate education. I feel so lucky to have the opportunity to work with her. I will miss our conversations and your smiling when coming to your office every time. I would like to declare my special thanks to Asst. Prof. Dr. İbrahim Yiğit who helped in all matters from the creation of this thesis to the end of the thesis and he answered my endless questions all the time. I would also like to thank Assoc. Prof. Dr. Iğın Gökler Danışman and Assoc. Prof. Dr. Sait Uluç for their valuable comments and suggestions during my Thesis Examining Committee. I would like to offer my thanks to Asst. Prof. Dr. Müjde Atabey, Asst. Prof. Dr. Zeynel Baran, and Lecturer Şekip Alpsyoy for their support during data collection.

I am also grateful to the valuable members of Başkent University Psychology Department, my family in Ankara, for their great efforts and supports.

My special thanks go to my “Maya the Bee”, Özlem Kırıl for her precious friendship, affection, psychological and emotional support I needed. You are the most affectionate and responsive friend I have ever met. Also, she read my thesis many times, corrected my mistakes, and made it better. I always want to hear that sentence: “*Zeynep I bought you Redbull, let's drink in the garden*”. Moreover, I know the concept of early maladaptive schemas with you, so you come before Young for me! One of my biggest thanks is for my colleague Sila Deniz sharing a common fate with me, she was a great co-worker and she was always there whenever I needed. It made me feel safe to be with her on this challenging road. I will always remember laughing, crying jags, and burnouts we had together. I am also thankful to the most heartfelt friends, Damla and İlayda (*Damloşkom & İlaydoşkom*), I've ever met. I have always felt your support, great friendships that make my life meaningful, special and funny. The hard times have become more bearable with all of you, I love you all my “sino babies”!

I would really like to express my gratitude to my lovely family members who support and encourage me in every aspect of my life. I owe special thanks to my mother, who always loves me unconditionally, is always on my side whenever I need, and is the strongest and the most altruistic woman I know. You are always my safe haven. I deeply thank my dear father, who has always made me feel special since my childhood and had a great impact on this study related to father involvement, for his love, affection, and support. I will always be your little girl and little rabbit. My sister Pelin and my brother Bahadır also deserves my sincere thanks for their patience, understanding, all kinds of support including physical and psychological ones. It's nice to know that I can lean on you whenever I need to.

My deepest gratitude and special thanks go to Berkay, who is “*the miracle of my life*”. He believed me even when I did not believe in myself. He has provided me the journey that I found myself, and he lighted my way in this journey. Thank you very much for your purest love, deep understanding, and never-ending support. I believed that you are the greatest gift that life gave me, and you will always be “the one” for me. Your existence that makes me bloom! “*You and me, hand in hand, through life's up and downs, together. Today, tomorrow, forever...*”

## TABLE OF CONTENTS

PLAGIARISM.....	iii
ABSTRACT.....	iv
ÖZ.....	v
DEDICATION.....	vi
ACKNOWLEDGMENTS.....	vii
TABLE OF CONTENTS.....	viii
LIST OF TABLES.....	xi
LIST OF FIGURES.....	xii
CHAPTERS	
1. INTRODUCTION.....	1
1.1. Early Maladaptive Schemas and Role of Early Childhood Experiences in Transmission of EMSs... ..	5
1.2. Father Involvement as a Protective Factor... ..	8
1.3. Overview of the Present Study.....	10
2. METHOD.....	13
2.1. Participants.....	13
2.2. Materials.....	13
2.2.1. Demographic Information Form.....	13



2.2.2 Young Schema Questionnaire-Short Form-3 (YSQ-SF3).....	14
2.2.3. Childhood Trauma Questionnaire (CTQ).....	15
2.2.4. Father Involvement Scale (FIS).....	15
2.2.5. Resilience Scale (RS).....	16
2.3. Procedure.....	16
3. RESULTS.....	17
3.1. Statistical Analysis.....	17
3.2. Descriptive Statistics and Correlations of the Measured Variables.....	18
3.3. Test of Moderated-Mediation Model: Father Involvement Moderates the Mediating Role of Adverse Childhood Experience on the Relationship between Mother’s EMS and Child’s EMS .....	20
4.DISCUSSION .....	24
4.1. Main Findings.....	25
4.2. Clinical Implications .....	30
4.3. Limitations and Future Directions... ..	31
REFERENCES.....	33
APPENDIX .....	52
A. Inform Consent for Pre-Participation .....	52
B. Demographic Information Form for Adolescents .....	53

C. Demographic Information Form for Mothers.....	54
D. Young Schema Questionnaire Short Form-3 (YSQ-SF3) .....	55
E. Childhood Trauma Questionnaire (CTQ).....	59
F. Father Involvement Scale (FIS) .....	60
G. Resilience Scale (RS) .....	61
H. Informed Consent for Post-Participation.....	62
I. Ethical Committee Approval .....	63



## LIST OF TABLES

### TABLES

Table 1. Schema Domains and Dimensions According of Young et al. (2003).....	6
Table 2. Demographic Characteristics of the Participants... ..	13
Table 3. Means (M) and Standard deviations (SD) of YSQ-SF3, CTQ, RS, and FIS .....	18
Table 4. Inter-correlations among YSQ-SF3, CTQ, RS and FIS .....	19



## LIST OF FIGURES

### FIGURES

Figure 1. The predicted model... ..	12
Figure 2. Moderated-Mediation model... ..	22
Figure 3. The moderating effect of father involvement on the relationship between adverse childhood experiences and child's disconnection-rejection schema domain... ..	23



## CHAPTER 1

### INTRODUCTION

Parents are not only caregivers, but they also have significant roles in their children's social, emotional, cognitive and physical development. In the early stages of life, a child tries to understand the world around him/her with the help of his/her parents. Through these early experiences with the parent, a child also begins to develop some beliefs and concepts related to him/herself, other people and other objects in life. These beliefs and concepts constitute cognitive structures which organize our thoughts and perceptions, and refer to schemas (Piaget, 1954). Some of these schemas can be very maladaptive, and they include dysfunctional beliefs, cognitions and attitudes towards one's self or others.

In clinical psychology, the concept of maladaptive schema was first proposed by Beck (1967,1979) to explain cognitive mechanisms underlying depression. Young and his colleagues (1999) extended Beck's ideas and developed Schema Theory to emphasize the importance of early adverse experiences in the development of maladaptive beliefs, cognitions and attitudes. According to the schema theory, deprivation of core emotional needs and adverse experiences with the attachment figures in childhood and adolescence lead to formation of early maladaptive schemas (EMSs; Young, Klosko, & Weishar, 2003).

There is plenty of research supporting Young's Schema Theory and indicating negative effects of EMSs on psychological well-being. For example, many studies reported that EMSs predicted personality disorders and mental disorders (Hawke & Provencher, 2012; Jovev & Jackson, 2004; Renner, Lobbestael, Peeters, Arntz, & Huibers, 2012; Sundag, Zens, Ascone, Thome, & Lincoln, 2018; Unoka, Tölgyes, Czobor, & Simon, 2010; Beck, Freeman, & Davis, 2005; Bosmans, Braet, & Van Vlierberghe, 2010; Carr & Francis, 2010; Cecero,

Marmon, Beitel, Hutz, & Jones, 2004; Maçik & Sas, 2015; Young, Rygh, Weinberger, & Beck, 2008).

The impact of adverse childhood experiences on psychological well-being has been emphasized by some major theories in psychology (e.g., attachment theory by Bowlby (1969), and psychoanalytical theory by Freud (1920)). Furthermore, the negative relationship between adverse childhood experiences and psychological well-being is well established in the literature (Anda et al., 2006; Dube, Anda, Felitti, Edwards, & Croft, 2002; Flaherty et al., 2006; Kalmakis & Chandler, 2015; Nurius, Green, Logan-Greene, & Borja, 2015; Schilling, Aseltine, & Gore, 2007). Some of these studies particularly focused on the mechanism underlying the relationship between early adverse experiences and psychological problems, and demonstrated that EMSs mediated the relationship between adverse childhood experiences and later psychopathology in clinical (Lumley & Harkness, 2007) and non- clinical groups (Wright, Crawford, & Del Castillo, 2009). EMSs were also related with people's negative perceptions about their parents' child rearing practices (i.e. rejection, control, anxious rearing and lack of emotional warmth) in some studies (Jalali, Zargar, Salavati, & Kakavand, 2011; Khajouei, Sovani, & Forooshani, 2014; Muris, 2006).

In studying the relationship between early adverse experiences and psychopathology, some researchers investigated whether a child who has been raised by a parent with a mental disorder is more likely to develop a mental disorder than a child who has been raised by a parent without a mental disorder. These studies demonstrated that mental disorders (e.g., schizophrenia, bipolar disorder, major depressive disorder) are transmitted from parents to children (Goodman & Gotlib, 1999; Hammen, Hazel, Brennan, & Najman, 2012; Hammen, Shih, & Brennan, 2004; Goodman, Adamson, Riniti, & Cole, 1994; Jaenicke et al., 1987; Rasic, Hajek, Alda, & Uher, 2014 ). Some of these studies suggest that transmission of mother's negative cognitions to the child might explain how mother's psychopathology (e.g.,

depression) is passed on the child (Goodman & Gotlib, 1999; Hammen et al., 2012; Hammen et al., 2004).

All these findings directed some researchers to test whether EMSs like other negative cognitions transmit from parents to their offsprings. These studies provided conflicting results. Some found that majority of parents' EMSs were not observed in their children (Maçik, Chodkiewicz, & Bielicka, 2016; Shorey, Anderson, & Stuart, 2012). In contrast, Sundag et al. (2018) suggested that parents' early maladaptive schemas (i.e., computed as a total score from the schema questionnaire) significantly predicted schemas of their offsprings. Furthermore, they found that parental coping (i.e., overcompensation) and parenting behaviours mediated the relationship between parents' EMSs and children's EMSs.

Although the influence of adverse childhood experiences on the acquisition of EMSs was demonstrated (McLean, Bailey, & Lumley, 2014; Roemmele & Messman-Moore, 2011; Simard, Moss, & Pascuzzo, 2011), their possible roles in the transmission of EMS have not been studied yet. Furthermore, existing transmission studies did not account for possible protective factors such as to what extent fathers were supportive and involved in child rearing.

In the literature, there is broad evidence for the positive impact of father involvement on the child's physical, cognitive and socio-emotional development (Amato, 1987; Biller, 1993; Cabrera et al., 2004; Cabrera & Tamis-LeMonda, 2013; Cabrera, Tarkow, & Shannon, 2006; Lamb, 2004; Easterbrooks & Goldberg, 1984; Field, Lang, Yando, & Bendell, 1995; Fish & Biller, 1973; Forehand & Nousiainen, 1993; Furstenberg & Harris, 1993; Gottfried, Gottfried, & Bathurst, 1988; Heath & Heath, 1991; Krampe & Fairweather, 1993; Nugent, 1991; Parke, 1996; Pedersen, Rubinstein, & Yarrow, 1979; Pedersen, Anderson, & Cain, 1980; Shannon, TamisLeMonda, London, & Cabrera, 2002; Shannon, Tamis-LeMonda, & Cabrera, 2006; Snarey, 1993; Tamis-LeMonda & Cabrera, 2002; Tamis-LeMonda, Shannon, Cabrera, & Lamb, 2004; Yogman, Kindlon, & Earls, 1995; Zimmerman, Salem, & Maton,

1995). For instance, some of these studies indicated that young adults who had supporting fathers when they were growing up scored better at self-acceptance, personal and social adjustment (Fish & Biller, 1973), perceived themselves as more dependable, trustworthy and friendly (Biller, 1993), and mentally healthy (Heath & Heath, 1991). Father involvement was also positively associated with children's overall social competence, maturity, and capacity to form close relationships (Amato, 1987; Forehand & Nousiainen, 1993; Gottfried et al., 1988; Krampe & Fairweather, 1993; Mischel, Shoda, & Peake, 1988; Parke, 1996; Snarey, 1993).

Ignoring the roles of adverse childhood experiences and possible protective factors could be one possible explanation for the inconsistencies among EMS transmission studies. The present study investigated whether EMSs in parents were passed on their children via adverse childhood experiences. Furthermore, considering its positive effects on child development, father involvement was studied as a possible protective mechanism to avoid accumulation of maladaptive schemas within families.

Understanding the mechanisms underlying transmission of maladaptive schemas has important implications for how parents' beliefs, cognitions and emotions would have an effect on the quality of their child-rearing practices, which in turn would influence children's own beliefs, cognitions and emotions. Furthermore, identifying possible protective factors to prevent transmission of maladaptive schemas is important to demonstrate how support coming from external (i.e., father) resources could be effective to minimize the adverse effects of early childhood experiences. By studying the roles of adverse childhood experiences and father involvement in transmission of EMSs, the present study aimed to contribute to understanding the interactions between parents' negative cognitions, negative parent-child relationships, preventive factors, and children's maladaptive cognitions.



## **1.1. Early Maladaptive Schemas and Role of Early Childhood Experiences in Transmission of EMSs**

Early maladaptive schemas are “self-defeating emotional and cognitive patterns that begin early in our development and repeat throughout life” (Young et al. 2003; p.7). As emphasized by Young and his colleagues (2003), EMSs often uncover themselves by self-defeating behavioural patterns, and they are highly resistant to change. Early maladaptive schemas affect how a person perceives and understands oneself, others, and the world as well as person’s reactions and responses to all stimuli in the environment (Young, 1994). Young and his colleagues (2003) defined 18 different early maladaptive schemas and 5 domains (i.e., “Disconnection and Rejection”, “Impaired Autonomy and Performance”, “Impaired Limits”, “Other Directedness”, and “Overvigilance and Inhibition”). The present study focuses on “Disconnection and Rejection” domain to investigate the link between parents’ EMSs, adverse childhood experiences, and children’s EMSs, because “Disconnection and Rejection” domain is highly associated with increased traumatic experiences in childhood, and with unfulfilled core emotional needs such as secure attachment, autonomy, competence, play, self-control and sense of identity. Furthermore, individuals who have this schema domain are more likely to come from a family environment characterized as detached, withholding, cold, rejecting, violent, explosive, unpredictable, and abusive than those who do not possess this schema domain. Abandonment/instability, mistrust/abuse, emotional deprivation, defectiveness/shame and social isolation/alienation schemas are classified under this domain (Rafaeli, Bernstein, & Young 2011; Young et al., 2003). Abandonment/instability schema basically involves one’s sense that significant others will not be able to continue providing emotional support. Mistrust/abuse schema refers to one’s expectations that others will hurt, abuse or take advantage. People who have emotional deprivation schema feel that their emotions are not met adequately by others. Defectiveness/shame involves one’s feelings of

defectiveness and inferiority. Finally, social isolation/alienation schema refers to one's feeling that s/he is isolated from all other people (Young, 1994; see Table 1 for a brief description of all schemas and schema domains).

**Table 1.** Schema Domains and Dimensions According of Young et al. (2003)

Schema Domains	Early Maladaptive Schemas ("Item example")
<b>Disconnection and Rejection</b>	Abandonment/Instability <i>"I worry that people I feel close to will leave me or abandon me"</i> Mistrust/Abuse <i>"I am quite suspicious of other people's motive"</i> The Emotional Deprivation <i>"I don't feel as if I am a special person to anyone"</i> Defectiveness/Shame <i>"No one would like to be with me after knowing me as I am"</i> Social Isolation/Alienation <i>"I feel isolated and alone"</i>
<b>Impaired Autonomy and Performance</b>	Dependence / Incompetence <i>"I don't feel I can cope well by myself; I do not feel capable of getting by on my own"</i> Vulnerability to Harm or Illness <i>"I can't stop feeling that something bad is going to happen"</i> Enmeshment / Undeveloped Self <i>"I often feel that I don't have a separate identity from my parents or from my partner"</i> Failure <i>"Regarding work or school, I am not as bright as other people"</i>
<b>Impaired Limits</b>	Entitlement/ Grandiosity <i>"I hate to be constrained or kept from doing what I want"</i> Insufficient Self Control / Self Discipline <i>"I easily feel frustrated and give up if I don't accomplish a goal"</i>
<b>Other-directedness</b>	Subjugation <i>"In my relationships, I let the other person dominate me"</i> Self-Sacrifice <i>"I am a good person because I think more about others than on me"</i> Approval-Seeking / Recognition-Seeking <i>"If I make remarks at a meeting or am introduced at a gathering, I look forward to recognition and admiration"</i> Negativity / Pessimism <i>"You can't be too careful; something will almost always go wrong"</i>
<b>Overvigilance and Inhibition</b>	Emotional Inhibition <i>"I think it is embarrassing to express my feeling to other people"</i> Unrelenting standards / Hypercriticalness <i>"I try to do best; I can't settle for good enough"</i> Punitiveness <i>"If I make a mistake, I deserve to be punished"</i>

Previous studies which focused on the relationship between early maladaptive schemas and neglect/abuse experiences demonstrated that emotional abuse was significantly associated with defectiveness/shame, emotional deprivation and mistrust/abuse schemas, and emotional neglect was significantly associated with defectiveness/shame and emotional deprivation schemas (Cecero, Nelson, & Gillie, 2004; Wright et al., 2009). Furthermore, Lumley and Harkness (2007) found that physical abuse significantly predicted emotional deprivation schema.

There are some studies have also been conducted to determine the individuals that could cause maltreatment of a child. Wiehe (2003) reported that perpetrators are narcissistic individuals with lack of self-confidence and impulse control. Their existing relationships with others are also abusive and distressed. Many of them are socially withdrawn. According to Grayston and De Luca (1999) some of the perpetrators are suffering from mental health problems. Another common characteristic of the perpetrator is a history of childhood maltreatment (Brewster, Nelson & Hymel, 1998; Deveci & Aık, 2003; Glasser et al., 2001; Milner & Chilamkurti, 1991). Jespersen, Lalumiere and Seto (2009) compared 17 different studies in terms of the rates of sexual and non-sexual abuses reported and found that adult sex offenders had a higher rate of sexual abuse history than non-sex offenders and controls had. In other words, it is possible that children who have been exposed to maltreatment by their parents become kind of parents who are prone to abuse in the future. The translational relationship between childhood history of assault and adult child abuse has been demonstrated by many other studies (Altıparmak, Yıldırım Yardımcı, & Ergin, 2013; Baldwin & Oliver, 1975; Cappell & Heiner, 1990; Pears & Capaldi, 2001; Simons, Whitbeck, Conger, & Wu, 1991; Tardif, Auclair, Jacob, & Carpentier, 2005).

As discussed above, disconnection and rejection schema domain develop due to negative experiences with primary caregivers and unsatisfied core emotional needs. Related

literature also indicated that emotional abuse was significantly associated with disconnection and rejection schema domain (Cecero et al, 2004; Lumley & Harkness, 2007; Wright et al., 2009). Furthermore, parents with childhood abuse experiences are more likely to abuse their own children as compared to those with no childhood abuse history. Therefore, parents who have been exposed to maltreatments in their childhoods are likely to develop maladaptive schemas associated with disconnection and rejection. Because of their previous maltreatment history and maladaptive schemas, these parents are also likely to maltreat their children. As a result, their children become more vulnerable to develop same dysfunctional beliefs and cognitions.

## **1.2. Father Involvement as a Protective Factor**

Many studies demonstrated that mental disorders and negative cognitions (e.g., schizophrenia, bipolar disorder, major depressive disorder) are transmitted from parents to children (Clark, Cornelius, Wood, & Vanyukov, 2004; Goodman & Gotlib, 1999; Hammen, Hazel, Brennan, & Najman, 2012; Hammen, Brennan, & Najman, 2012; Hammen et al., 2004; Goodman, Adamson, Riniti, & Cole, 1994; Jaenicke et al., 1987; Rasic et al., 2014). A considerable amount of research has also been devoted to understanding the mechanisms underlying this transmission (Fryers & Brugha, 2013; Hettema, Neale, & Kendler, 2001; Morgan, Brugha, Fryers, & Stewart-Brown, 2012; Stewart-Brown, Fletcher, & Wadsworth, 2005; Sullivan, Kendler, & Neale, 2003; Sullivan, Neale, Kendler, 2000). Heredity (Hettema, et al., 2001; Sullivan et al., 2000, 2003) and the quality of parent-child relationship (Fryers & Brugha, 2013; Morgan et al., 2012; Stewart-Brown et al., 2005) are considered as crucial factors in transmission of mental disorders and negative cognitions. But not every child with risk factors develop mental disorders or inherit their parents' negative cognitions. There are possible protective factors that ameliorate the responses of children-at-risk.

One protective factor could be father involvement. Even if the mother has a maladaptive schema, and the child is maltreated by the mother or any other individuals from the environment, the father's involvement, warmth and nurturance could mitigate the adverse effects of negative mother-child relationship and other negative childhood experiences. Father involvement, therefore, could prevent the development of maladaptive schemas in children who have been maltreated.

Researchers have defined father involvement in different dimensions so far. The activities carried out with the child are categorized as instrumental (e.g., bathing, feeding) and affective (e.g., playing with children or reading books) by some researchers (Cook, Jones, Dick, & Singh, 2005). Lamb (2000), on the other hand, discussed the father's involvement in the life of the child in three dimensions: accessibility (physical presence of father), engagement (activities such as reading, doing homework, playing with the child), and responsibility (taking care of the child such as taking them to a doctor or what clothes to wear). All these dimensions are important in determining in which areas fathers should support the child.

There is a substantial literature that establishes the positive effects that a father's involvement has on his child's development. For example, children of supportive fathers performed better on standardized intellectual assessments (Lamb, 1987; Radin, 1994) and have higher IQs (Flouri & Buchanan, 2004; Gottfried et al., 1988; Honzik, 1967; Radin, 1972; Shinn, 1978; Yogman et al., 1995). These kids also have higher grades, more attendance, and less problems at school (Astone & McLanahan, 1991; Brown & Rife, 1991; Mosley & Thompson, 1995; William, 1997). Furthermore, children of supportive fathers become young adults with higher levels of academic achievement, career success, competency at work, and psychological well-being (Amato, 1994; Barber & Thomas, 1986; Barnett, Marshall, & Pleck, 1992; Bell, 1969; Furstenberg & Harris, 1993; Harris, Furstenberg, & Marmer, 1998; Lozoff, 1974; Snarey, 1993).

Father involvement is also correlated with psycho-social variables such as general life

satisfaction, less depression (Field et al., 1995; Furstenberg & Harris, 1993; Zimmerman et al., 1995), less emotional distress (Harris et al., 1998), and fewer expressions of negative emotions such as fear and guilt (Easterbrooks & Goldberg, 1990). Young adults with supporting and available fathers adjust more easily and they have higher self-acceptance (Fish & Biller, 1973; Flouri & Buchanan, 2002, 2004; Wilson & Prior, 2011). They also perceive themselves as more reliable, honest, and kindly (Biller, 1993).

Father involvement is also positively correlated with social competence, maturity, and capacity to form close relationships (Amato, 1987; Forehand & Nousiainen, 1993; Gottfried et al., 1988; Krampe & Fairweather, 1993; Mischel et al., 1988; Parke, 1996; Snarey, 1993) in childhood. Children of supportive fathers become more understanding, (McClelland, Constantian, Regalado, & Stone, 1978), become better socialized adults (Block & van der Lippe, 1973). They also have successful marriages that take longer (Franz, McClelland, & Weinberger, 1991; Lozoff, 1974) and long-term close relationships (Franz et al., 1991; Hooven, Gottman, & Katz, 1995; Lieberman, Doyle, & Markiewicz, 1999).

Considering all its positive effects on children's cognitive, social-emotional development, father involvement was considered as a possible protective factor in preventing the transmission of early maladaptive schema in the present study.

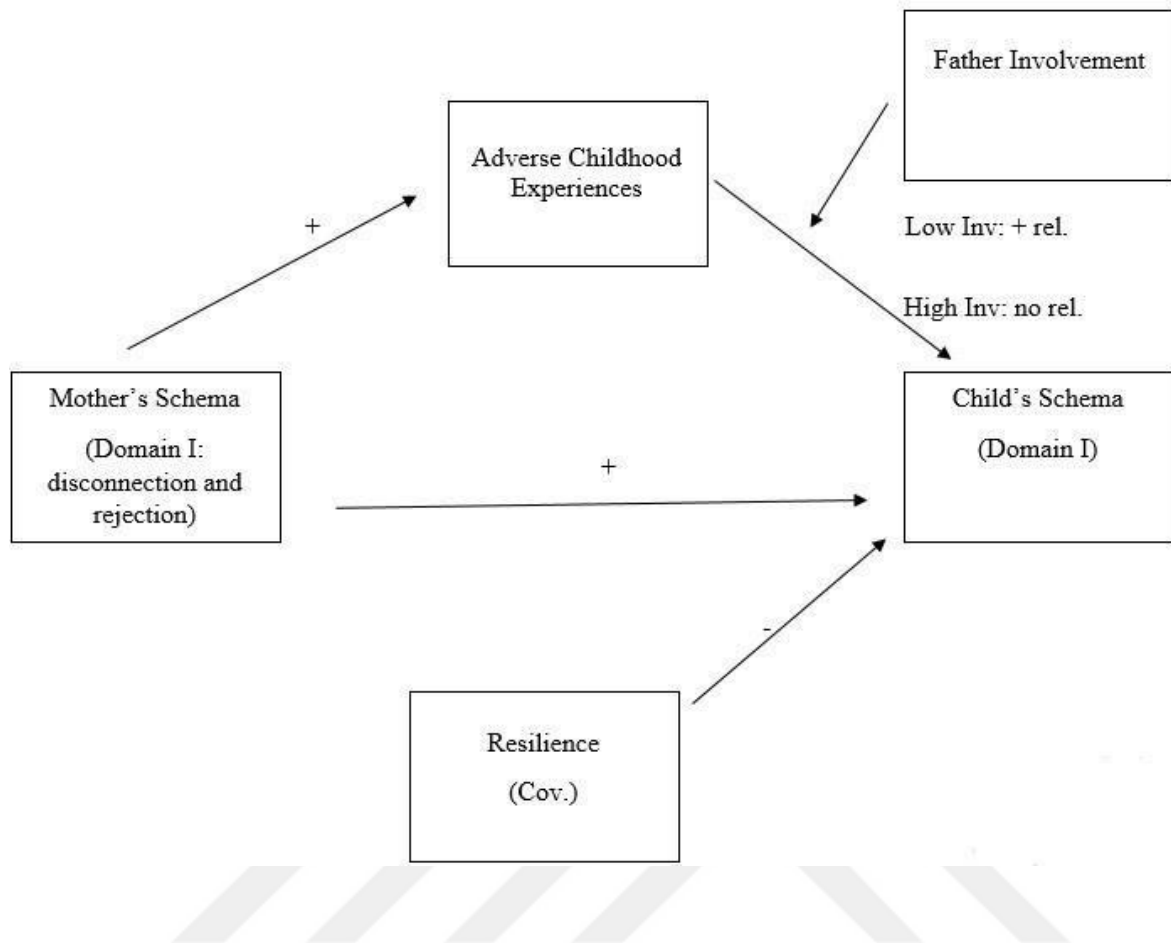
### **1.3. Overview of the Present Study**

There are many studies indicating the positive association between EMSs and psychopathology (Carr & Francis, 2010; Lumley & Harkness, 2007; Roelofs, Onckels, & Muris, 2013). In addition, it has been documented that mental disorders and negative cognitions are transmitted within the family (Hammen et al., 2012; Hammen et al., 2004; Rasic et al., 2014;). However, the number of studies investigating transmission of EMSs are relatively less. In addition, not much is known about which mechanisms would be responsible for the transmission of EMSs within the family. The current study expanded upon previous research to

examine the relationship between early maladaptive schemas of children and their mothers. The main purpose of this study was to examine the transmission of early maladaptive schemas from mother to the child and the mechanism related to transmission. Another aim of the study was to investigate the protective factor that prevents the transmission. We tested whether a-) adverse childhood experiences (M) mediated the relationship between mother's disconnection-rejection schema domain (X) and child's disconnection-rejection schema domain (Y), and b-) father involvement (W) moderated the relationship between adverse childhood experiences (M) and child's disconnection-rejection schema domain (Y). Particularly, we expected that adverse childhood experiences will mediate the relationship between mother's disconnection-rejection schema domain and the child's disconnection-rejection domain only when father involvement is low.

In trauma literature, resilience, the adaptation and coping skills of an individual despite important risks or traumatic experiences, has been considered as an important variable in understanding the relationship between traumatic experiences and psychological well-being. Studies have demonstrated that individuals with high resilience are less likely to develop psychopathology after a traumatic event (Bensimon, 2012; Bonanno, 2005; Sakarya & Güneş, 2013; Lepore & Revenson, 2006). Furthermore, low levels of resilience have been found as a significant risk factor for adverse consequences of childhood maltreatment history (Afifi & MacMillan, 2011; Mrazek & Mrazek, 1987; Walsh, Dawson, & Mattingly, 2010).

Therefore, resilience was considered as a covariate variable in the present study. Figure 1 presents our predicted model.



*Figure 1.* The predicted model: Father Involvement moderates the mediating effect of adverse childhood experiences on the transmission of disconnection and rejection schema domain.



## CHAPTER 2

### METHOD

#### 2.1 Participants

The sample of the present study consisted of 179 mother-late adolescent dyads. Most of the mothers ( $n = 115$ ) were high school graduates or above. Mean age of the mothers was 47. Fifty-three percent of late-adolescents were female. Mothers and/or adolescents with any history of psychiatric and neurological diagnosis as well as alcohol and substance abuse were excluded from the study. Demographic characteristics of the sample is presented in Table 2.

**Table 2.** Demographic Characteristics of the Participants

	Mothers ( $n = 179$ )	Late Adolescents ( $n = 179$ )
<b>Gender</b>		
Female	179	95
Male		83
Unwilling to report		1
<b>Education level</b>		
Primary school	34	
Secondary school	30	
High school	57	18
University	52	158
Postgraduate	6	3
Mean age (SD)	47 (5.31)	20 (1.16)

#### 2.2 Materials

##### 2.2.1 Demographic information form

Mothers and their children completed demographic information form to provide information about their age, educational status and gender (see Appendix B and C).

### 2.2.2 Young Schema Questionnaire-Short Form-3 (YSQ-SF3)

YSQ-SF3 was developed by Young (1999, 2003) to determine early maladaptive schemas. The scale contains 90 items. There are 5 schema domains and 18 different maladaptive schemas. Each item is rated on a 7-point scale ranging from 1 (entirely untrue of me) to 7 (describes me perfectly). Higher scores represent more maladaptive schema formations. The scale was adapted to Turkish by Soygüt, Karaosmanoğlu, and Çakır (2009). In Soygüt et al (2009)'s study, Turkish version of YSQ-SF3 had 5 domains and 14 different schemas. These five domains were disconnection, impaired autonomy, impaired limits, other directedness, and unrelenting standards. Internal consistency coefficients ranged from .63 to .80 and from .53 to .81 for schema dimensions and schema domains, respectively. Test-retest reliability correlations ranged from .66 to .82 and from .66 to .83 for schema dimensions and schema domains, respectively.

In Sarıtaş and Gençöz (2015)'s study, YSQ-SF3 revealed 18 schema dimension and 3 schema domains. Sarıtaş and Gençöz (2015) labelled these domains as impaired autonomy-other directedness, impaired limits-exaggerated standards, and disconnection-rejection. Schemas loaded on impaired autonomy-other directedness domain were dependency, failure, subjugation, enmeshment, abandonment, and vulnerability to harm. Pessimism, entitlement, unrelenting standards, self-sacrifice, approval seeking, and insufficient self-control schemas were loaded on impaired limits-exaggerated standards domain. Finally, emotional deprivation, punitiveness, social isolation, mistrust, emotional inhibition, and defectiveness schemas were covered by disconnection-rejection domain. Internal consistency coefficients were .86, .80 and .80 for impaired autonomy-other directedness, impaired limits-exaggerated standards, and disconnection-rejection domains, respectively (see appendix D).

In the present study, YSQ-SF3 revealed 18 schema dimension and 3 schema domains in consistent with Sarıtaş and Gencöz (2015)'s study. In the present study, internal

consistency coefficients were .88, .87, and .92 for impaired autonomy-other directedness, impaired limits-exaggerated standards, and disconnection-rejection domains, respectively for younger groups' data. Internal consistency coefficients for mothers' data were .92, .87, and .91, respectively.

Based on the literature and related theories discussed in the introduction, transmission of disconnection-rejection domain was predicted. In addition, early childhood adverse experiences are mostly associated with the development of EMSs belonging to disconnection-rejection domain (Young et al., 2003). Therefore, only disconnection-rejection domain was included in the analyses.

### **2.2.3. Childhood Trauma Questionnaire (CTQ)**

The scale was developed by Bernstein et al. (1994) to retrospectively and quantitatively assess the experiences of childhood or adolescent abuse and neglect before the age of 20. CTQ has 28 items. Each item is rated on a 5-point Likert scale ranging from 1 (never) to 5 (very often). CTQ includes five subscales: physical abuse, emotional abuse, sexual abuse, emotional neglect and physical neglect. Separate score for 5 sub-dimensions and total score of a combination of dimensions can be obtained from the scale. The higher the scores the more likely a person has traumatic experiences. The scale was adapted to Turkish by Şar, Öztürk and İkikardeş (2012). Internal consistency coefficient was .93 for the total scores, and the test-retest reliability was .90 in Şar et al (2012)'s study. In the present study, internal consistency coefficient of the total scale was .85 (see appendix E).

### **2.2.4. Father Involvement Scale (FIS)**

This scale was developed by Finley (1998) to assess the emotional support that the father provides for the child. It has 9 items with a 5-point Likert type scale. Internal consistency coefficients were between .88 and .90. Previous research indicated that young

people's retrospective assessments on this scale provide valid results (Finley & Schwartz, 2004). Higher scores represent higher levels of father involvement. Kuzucu and Özdemir (2013) adapted this scale to Turkish. Turkish form's internal consistency coefficient was .88. Test-retest reliability correlation value was .92. In the present study, the internal consistency coefficient was .94 (see appendix F).

### **2.2.5. Resilience Scale (RS)**

RS was developed by Wagnild and Young (1993) to measure psychological resilience. This scale includes items such as "*I have self-discipline*", "*I usually manage, one way or another*", "*when I am difficult situation, I can usually find my way out of it*". It has 24 items rated on a 7-point Likert ranging from 1 (disagree) to 7 (agree). Internal consistency coefficient was .91. The higher the scores the higher the level of resilience. The scale was adapted to Turkish by Terzi (2006). Internal consistency coefficient of the Turkish form was .82, and the test-retest reliability was .84 (Terzi, 2006). In the present study, the internal consistency coefficient was .90 (see appendix G).

### **2.3. Procedure**

Ethical permission was obtained from the ethics committee of TED University (Appendix I). Snowball sampling technique was used to recruit participants. Mothers and their children were provided with inform consent forms separately. Mothers filled out demographic information form and YSQ-SF3. Late adolescents filled out demographic information form, YSQ-SF3, CTQ, RS, and Father Involvement Scale. The survey lasted for approximately 40 minutes.

## CHAPTER 3

### RESULTS

Descriptive statistics and the correlation analyses related to the study variables were presented first. Next, results related to the proposed model were provided.

#### 3.1. Statistical Analysis

In the present study, moderated mediation analysis via PROCESS macro (Hayes, 2013) was used to investigate the role of adverse childhood experience and father involvement in the transmission of disconnection-rejection schema domain from mother to the child. Specifically, using model 14 in Hayes, 2013, it was tested whether a-) adverse childhood experiences (M) mediated the relationship between mother's disconnection- rejection schema domain (X) and child's disconnection-rejection schema domain (Y), and b-) father involvement (W) moderated the relationship between adverse childhood experiences (M) and child's disconnection-rejection schema domain (Y) by including resilience as a covariate. A bias-corrected bootstrap confidence interval calculated based on 10.000 bootstrap samples was used to test the significances of the index of moderated mediation. The confidence interval for the index of moderated mediation was taken as an evidence whether moderated mediation had occurred or not (see Hayes, 2015, for a detailed discussion of choosing index of moderated mediation versus interaction value in the path). When the confidence interval did not include zero, the effect was considered as statistically significant.

Two participants' data were removed from the analyses because both schema and adverse childhood experiences scores of these two participants were above 3 SD of the mean.

### 3.2. Descriptive Statistics and Correlations of the Measured Variables

Table 3 shows the means, standard deviations and Table 4 shows inter-correlations between the study variables. As shown in Table 4, mother's disconnection-rejection domain, child's disconnection-rejection domain and adverse childhood experiences were significantly correlated with each other. Therefore, these variables were included in the model.

**Table 3.** Means (*M*) and Standard deviations (*SD*) of YSQ-SF3, CTQ, RS, and FIS

Variables	Mothers (N = 177)		Late Adolescents (N = 177)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Age	47.64	5.31	20.52	1.16
IA-OD	73.41	24.33	61.40	18.01
IL-ES	92.85	20.95	90.01	19.83
DR	65.62	21.10	68.49	22.69
Total YSQ-SF3	231.88	59.00	219.92	52.4
CTQ	-	-	39.36	7.76
FIS	-	-	33.33	9.23
RS	-	-	129.18	17.88

*Note.* IA-OD: Impaired autonomy-other directedness; IL-ES: Impaired limits-exaggerated standards; DR: Disconnection-rejection; Total YSQ-SF3: Young Schema Questionnaire-Short Form-3; CTQ: Childhood Trauma Questionnaire; FIS: Father Involvement Scale; RS: Resilience Scale

**Table 4.** *Inter-correlations among YSQ-SF3, CTQ, RS and FIS*

<b>Variables for Mothers</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
1. IA-OD	1	.59*	.77*	.45*	.33*	.37*	.19	-.15*	-.23*
2. IL-ES		1	.67*	.44*	.52*	.37*	.21*	-.10*	-.18*
3. DR			1	.45*	.35*	.41*	.34*	-.11	-.20*
<b>Variables for Young People</b>									
4. IA-OD				1	.67*	.64*	.22*	-.11	-.5*
5. IL-ES					1	.58*	.16*	-.08	-.24*
6. DR						1	.37*	-.30*	-.40*
7. CTQ							1	-.47*	-.22*
8. FIS								1	.16*
<b>Covariate Variable</b>									
9. RS									1

*Note.* \*  $p < .05$ ,

IA-OD: Impaired autonomy-other directedness; IL-ES: Impaired limits-exaggerated standards; DR: Disconnection-rejection; CTQ: Childhood Trauma Questionnaire; FIS: Father Involvement Scale; RS: Resilience Scale

### **3.3. Test of Moderated-Mediation Model: Father Involvement Moderates the Mediating Role of Adverse Childhood Experience on the Relationship between Mother's EMS and child's EMS**

We hypothesized that adverse childhood experience will mediate the positive relationship between mother's disconnection-rejection schema domain and child's disconnection-rejection schema domain. Furthermore, we predicted that father involvement will moderate the relationship between adverse childhood experiences and the child's EMSs related to disconnection and rejection domain. Particularly, we expected that adverse childhood experiences will mediate the relationship between mother's disconnection-rejection schema domain and the child's disconnection-rejection domain only when father involvement is low.

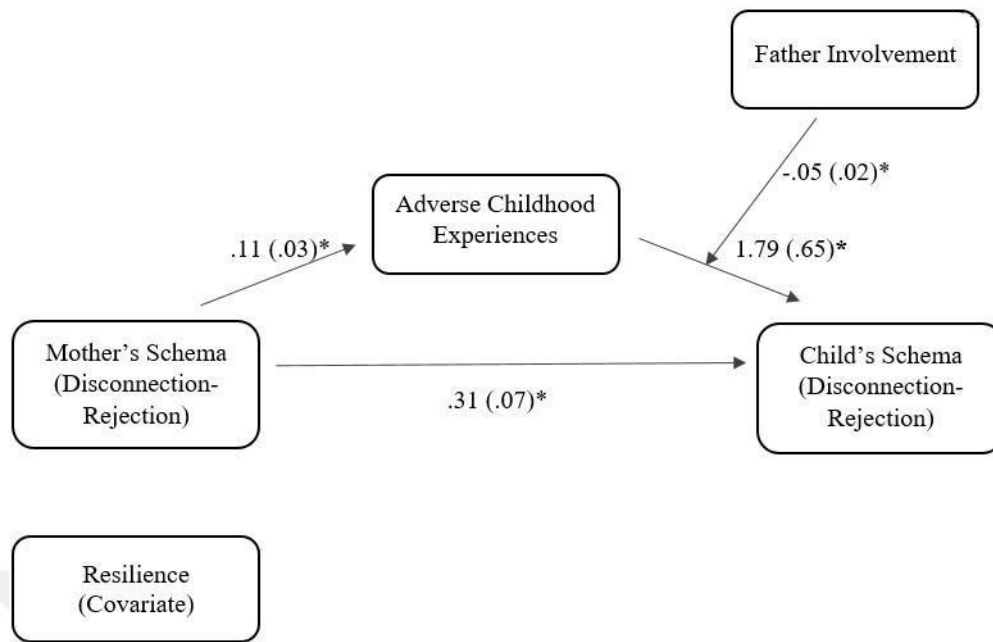
Results demonstrated that our moderated-mediation model (Fig. 2) explained 35% of the variance in child's disconnection-rejection schema domain ( $F(5, 171) = 17.98, p < .05$ ). There was a significant positive relationship between mother's rejection-connection schema domain and adverse childhood experiences ( $\beta = .11, SE = .03, t = 4.23, p < .05; 95\% CI [.06, .16]$ ). There was a significant positive relationship between adverse childhood experiences and child's rejection-connection schema domain ( $\beta = 1.79, SE = .65, t = 2.75, p < .05; 95\% CI [.51, 3.08]$ ). The direct effect of mother's disconnection-rejection domain on child's disconnection-rejection domain was also significant ( $\beta = .31, SE = .07, t = 4.27, p < .05; 95\% CI [.16, .45]$ ).

Father involvement did not have a significant main effect on the relationship between adverse childhood experiences and the child's disconnection-rejection schema domain ( $\beta = 1.47, SE = .84, t = 1.76, p > .05; 95\% CI [-.17, 3.12]$ ). Yet, there was a significant interaction between father involvement and adverse childhood experiences on child's disconnection-rejection domain ( $\beta = -.05, SE = .02, t = -2.27, p < .05; 95\% CI [-.09, -.01]$ ). Analysis of the moderation effect indicated that the relationship between adverse childhood experiences and child's disconnection-rejection domain was significant when father involvement was low (



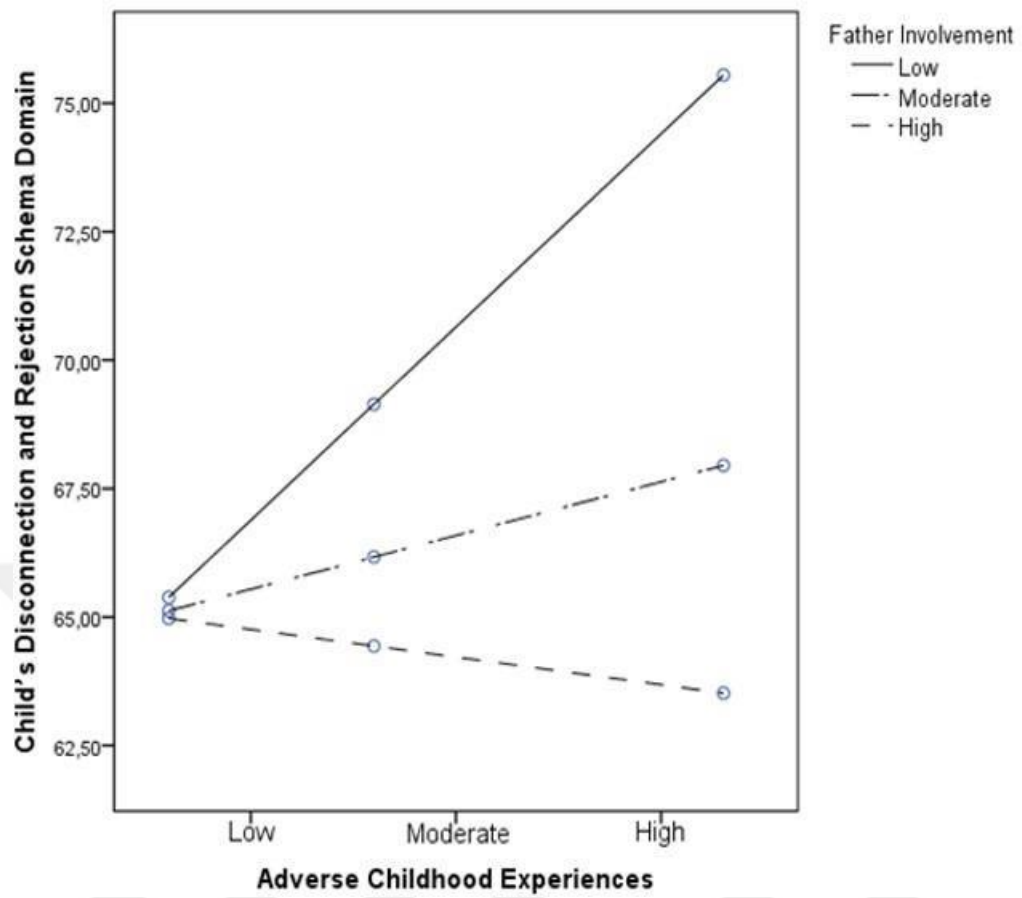
minus 1 SD below the mean;  $\beta = .75$ ,  $SE = .27$ ,  $t = 2.80$ ,  $p < .05$ ; 95%  $CI$  [.22, 1.28]); but was not significant when father involvement was either moderate (mean;  $\beta = .21$ ,  $SE = .23$ ,  $t = .90$ ,  $p > .05$ ; 95%  $CI$  [-.25, .67]) or high (plus 1 SD above the mean;  $\beta = -.11$ ,  $SE = .31$ ,  $t = -.35$ ,  $p > .05$ ; 95%  $CI$  [-.72, .51]; Fig. 3). Index of moderated mediation was also significant ( $\beta = -.005$ ,  $SE = .003$ , 95%  $CI$  [-.0123, -.0001]), indicating that adverse childhood experiences mediated the relationship between mother's disconnection-rejection and child's disconnection-rejection domain when father involvement was low ( $\beta = .08$ ,  $SE = .04$ , 95%  $CI$  [.01, .18]) but did not mediate when father involvement was moderate ( $\beta = .02$ ,  $SE = .03$ , 95%  $CI$  [-.03, .08]) or high ( $\beta = -.01$ ,  $SE = .04$ , 95%  $CI$  [-.09, .05]).

Resilience, which was a covariate in the model, significantly predicted both child's disconnection-rejection schema domain ( $\beta = -.37$ ,  $SE = .08$ ,  $t = -4.52$ ,  $p < .05$ ; 95%  $CI$  [-.53, -.21]) and adverse childhood experiences ( $\beta = -.07$ ,  $SE = .03$ ,  $t = -2.15$ ,  $p < .05$ ; 95%  $CI$  [-.13, -.01]).



Indirect effect/ Father Involvement low:  $\beta = .08 (.04)$ , 95% *CI* [.01, .18]  
 Indirect effect/ Father Involvement moderate:  $\beta = .02 (.03)$ , 95% *CI* [-.03, .08]  
 Indirect effect/ Father Involvement high:  $\beta = -.01 (.04)$ , 95% *CI* [-.09, .05]

*Figure 2.* Moderated-Mediation model. All path coefficients are unstandardized regression weights. Standard errors are in the parentheses. Resilience was a control variable in the model.  $*p < .05$ .



*Figure 3.* The moderating effect of father involvement on the relationship between adverse childhood experiences and child's disconnection-rejection schema domain.

## CHAPTER 4

### DISCUSSION

The relationship between various psychopathologies (e.g., depressive disorders, anxiety disorders, eating disorders, personality disorders) and EMSs has repeatedly been demonstrated by various studies (Cormier, Jourda, Laros, Walburg, & Callahan, 2011; Hedley, Hoffart, & Sexton, 2001; Nordahl, Holthe, & Haugum, 2005; Unoka et al., 2010). Furthermore, there is a considerable amount of evidence on intergenerational transmission of mental illness and negative cognitions within families (Goodman & Gotlib, 1999; Hammen et al., 2004; Rasic et al., 2002). Surprisingly, there are only a few studies related to the intergenerational transmission of early maladaptive schemas (e.g., Maçik et al., 2016; Sundag et al., 2018). At the same time, there is limited information on which mechanisms would be responsible for schema transmission from parents to their children.

The main purpose of this study was to examine the transmission of EMSs from mother to the child and the underlying mechanism of this transmission. Also, for the first time, father involvement, as a protective factor, was included in the present study. More specifically, it was investigated whether mothers' disconnection and rejection schema domains were directly transferred to their children, whether the adverse childhood experiences of the children also facilitated this transmission, and whether the father involvement avoided or alleviated this transmission mechanism.

In the following section, the results of the study will be discussed in the light of previous literature and research findings. Then, the clinical implications of the study will be discussed, and information on the limitations and suggestions for future studies will be presented in the last part.

#### **4.1. Main Findings**

First of all, it was investigated whether adverse childhood experiences of the child mediated the relationship between parents' EMSs and children's EMSs in the present study. The results indicated that adverse childhood experiences account for one mechanism that could explain the relationship between the mother's disconnection and rejection schema domain and the child's disconnection and rejection schema domain. In other words, when the mother has maladaptive beliefs and cognitions related to her own self-worth, emotional needs, and her relationships with intimate others, she becomes more likely to be inadequate in fulfilling her own child's basic emotional needs and in providing a caring and supportive environment for the child. As also emphasized by Young et al.'s (2003) Schema Theory, such an impoverished environment leads the child to develop some maladaptive patterns.

Furthermore, Young et al (2003) propose that "disconnection and rejection" domain is highly related to both unfulfilled core emotional needs and traumatic experiences in childhood.

Previous research indicated that individuals who have this schema domain were more likely to come from a family environment characterized as detached, withholding, cold, rejecting, violent, explosive, unpredictable, and abusive than those who do not possess this schema domain (Rafaeli et al., 2011; Young et al., 2003). Our findings are consistent with other studies supporting the relationship between the adverse childhood experiences (including emotional, physical abuse and neglect) and EMSs (Calvete, 2014; Cecero et al, 2004; Harding, Burns, & Jackson, 2012; Lumley & Harkness, 2007; Roemmele, & Messman- Moore, 2011; Wright et al., 2009). But, the present study, particularly, provided evidence that mother's maladaptive schemas also contribute to formation of these negative experiences for the child, which in turn leads to development of maladaptive schemas in the child.

In sum, consistent with the previous research and Schema Theory, the findings reported above imply that adverse childhood experiences play an important role in the transmission of maladaptive schemas included in disconnection and rejection domain. The positive association between early negative experiences and EMSs has already been shown by some studies (McLean et al., 2014; Roemmele & Messman-Moore, 2011; Simard et al., 2011). The present study expands these existing findings by indicating that mother's quality of child rearing is heavily influenced by her maladaptive cognitions and beliefs, which makes the child adopt these same maladaptive patterns. In other words, our findings indicate that maladaptive schemas are passed on to next generation via adverse childhood experiences.

Although, it was not tested directly in the present study, we can speculate that this transmission mechanism may even be originated from mother's own adverse childhood experiences. Assel et al. (2002)'s study, for instance, indicated that mothers from a harsh and neglected family environment reported less warmth and flexibility to their children than those from a warmer and more supportive family environment.

One important difference between the current study and previous EMSs transmission studies was that father involvement was included to investigate whether it would have a protective role against schema transmission in this study. Our results imply that deficiency in mother's care, protection and love as well as other adverse experiences result in transmission of EMSs only when fathers do not provide enough support for child rearing. When fathers are actively involved in their children's growth process, this involvement compensates for the negative effects of mother's negligence in terms of maladaptive schema formation.

Although there are no studies examining the role of father involvement in schema transmission, there is a substantial literature demonstrating that father involvement is strongly associated with positive outcomes for child's socio-emotional, behavioral, cognitive, and physical development. For example, father involvement is associated with better academic

achievement, better verbal skills, higher IQ, positive peer relations, greater tolerance for stress, and higher physical activity level (Allen & Daly, 2007; Cabrera & Bradley, 2012; Yogman et al., 1995) and less depression, less emotional distress, and fewer expressions of negative emotionality (Field et al., 1995; Furstenberg & Harris, 1993; Harris et al., 1998; Zimmerman et al., 1995). It was also found that father involvement played a protective role against guilty and risky behaviors, externalizing and internalizing problems, aggression and conflict in social relations (Blankenhorn, 1995; Coley & Medeiros, 2007; Mitchell, Booth, & King, 2009).

Furthermore, the positive role of father involvement on child's development is not limited only infancy and childhood; also, it has significant benefits in the periods of adolescence and adulthood. Individuals whose fathers actively got involved in their childhood are more likely to have better psychological health, social and romantic relationships and career in adulthood (Allen & Daly, 2007; Flouri & Buchanan, 2004). All these positive outcomes reported, especially those related to socio-emotional and cognitive domains, are compatible with father's protective role against formation of maladaptive beliefs, emotions and cognitions in children in our study.

Some researchers claimed that father's involvement in the child's life was more strongly associated with the child's psychosocial adjustment in adulthood than the mother's involvement (Lewis & Lamb, 2003). Similarly, Flouri and Buchanan (2003) reported that psychological well-being of adolescents was more strongly associated with paternal involvement than maternal involvement. Although father involvement in child rearing is very significant, our findings also imply that mothers still have substantial role in the formation of the child's maladaptive schemas. Particularly, we also found that mother's disconnection rejection domain had a direct effect on the child's disconnection- rejection domain. In other

words, there is still a strong relationship between mother's and child's maladaptive schemas even the child does not necessarily have an adverse childhood history.

There are some studies on to what extent thinking patterns of parents look like their children's thinking patterns. For example, Stark, Schmidt, and Joiner (1996) found that children's views of self, world, and future (i.e., Beck's cognitive triad) were positively linked with their mother's 'but not fathers' cognitive triads. Similarly, Seligman and Peterson (1986) demonstrated that there was a positive association between mother's and children's cognitions in terms of their attributions for negative events.

There is limited research directly comparing parents' EMSs and their children's EMSs. One study looked at the differences and similarities of EMSs among substance use treatment seekers and their parents, although there were similarities between the two groups in terms of some EMSs, many of EMSs were not correlated (Shorey et al., 2012). One reason why Shorey and his colleagues failed to find correlations between parent and child EMSs could be due to they compared a clinical group to a non-clinical group. Indeed, authors reported that the schema scores were higher in the clinical group. EMSs are reported as more intensive and disruptive in clinical samples than in non-clinical samples (Rusinek, Charbonnier, Boudoukha, Graziani, & Dafonseca, 2013; Shorey, Stuart, & Anderson, 2013; Young et al., 2003). Sundag and her colleagues (2018) found that parents' total EMSs scores were positively associated with total EMSs of their children.

The direct relationship between the mother's and the child's EMSs could be explained by the concept of *identification or selective internalization*. Identification is the process that allows children to acquire learning-based experiences by modeling and internalizing their parents' actions as well as their thoughts and feelings (Bandura, 1969; Knafo & Schwartz, 2012). Children take their parents' emotions, thoughts, behaviours and experiences as models, and they internalize these maladaptive patterns (Young et al., 2003). For example, an overly



anxious and vigilant parent can teach her/his child that the world is a dangerous, unpredictable and uncontrollable place. Therefore, the child raised by a vigilant mother acquires and internalize similar insecurity schemas. Similarly, a mother with a mistrust and defectiveness schema may make her child believe that s/he is also a worthless person. Consistent with selective internalization explanation, some studies suggest that the cognitions or dysfunctional attitudes of parents (especially mothers) affect the child's cognitions, behaviours, attitudes and psychological health (Alloy et al., 2001; Garber & Flynn, 2001; Goodman & Gotlib, 1999; Stark et al., 1996).

Similarly, the direct link between mother's EMS and the child's EMS would be explained by Attachment Theory (Bowlby, 1969; 1973). According Bowlby (1973), the primary figure who meets the needs and care of the baby is usually the mother. The child develops mental representations for herself/himself and others (e.g., Are people trustworthy?, Am I precious?) depending on the quality of attachment that s/he has with his/her primary caregiver. A mother with a high level of disconnection and rejection schema domain may have difficulties in satisfying her child's emotional needs and fail to provide sensitive and responsive parenting to the child. When the infant's basic emotional and physical needs are not met satisfactorily, the infant becomes insecurely attached to his/her mother, and in this way s/he can transmit his/her mother's maladaptive schemas. Consistent with Attachment Theory, previous research demonstrated that insecurely attached individuals are more likely to develop EMSs, especially those related to disconnection and rejection domain than securely attached individuals. (McLean et al., 2014; Simard et al., 2011).

Finally, according to Schema Theory, the interaction between early environment and child's innate biological temperament could also play a role in the relationship between mother's EMSs and the child's EMSs. Temperament refers to "individual differences in behavioural styles, emotions, and characteristic ways of responding" (Santrock, 2013, p.183).

Temperament is biologically based and is associated with an individual's genetic endowment (Posner, Rothbart, & Sheese, 2007). Therefore, the temperament of parents and their children can be similar. In the literature, there are studies suggesting a positive and significant relationship between the child temperament characteristics and maternal personality traits (Aytar, Aksoy, & Kaytez, 2014; Coplan., Reichel, & Rowan, 2009; Muris & Ollendick, 2005). Although research in the area is limited, there are also some findings supporting the relationship between temperament and EMSs. For example, negative affectivity which is one of the temperament characteristics was found to be positively correlated with disconnection and rejection schema domain (Haugh, Miceli, & DeLorme, 2017). In another study, neurotic and introvert personality characteristics were related to the disconnection and rejection schema domain (Mairet, Boag, & Warburton, 2014). If the mother has EMSs related to the disconnection schema domain, this may be related to certain personality traits (e.g., neuroticism, negative affectivity). Considering the genetic structure of the temperament, the child can be born with a temperament similar to the mother's personality traits. Thus, the child with a similar temperament with his/her mother may become more susceptible to develop EMSs related to same domain.

#### **4.2. Clinical Implications**

Young et al. (2003) suggest that EMSs begin to develop during childhood and adolescence, and they continue to negatively influence one's life in adulthood. The current study implies that EMSs formed in childhood may pass on to next generations. Therefore, this study demonstrates the importance of identifying EMSs and performing clinical interventions for children and young people to reduce the negative impacts of schemas not only for the individual him/herself but also for his/her future generations.

In this study, it was also found that caregiver related negative experiences were important in the transmission of EMSs. Therefore, promoting the importance of loving, caring

supporting, and nurturing parenting attitudes and positive parent-child relationships in preventing the transmission of maladaptive schemas between generations should be emphasized for preventive health care practices.

In addition, the present study underlies the significance of the father's protective role in the transmission of EMSs. First, this implies the importance of father's substantial positive impact in child rearing. Parenting programs should definitely emphasize the significance of father's involvement in parenting for the healthy development of the child. Furthermore, the results indicate the importance of including the father in the psychotherapy process for children or adolescents. Working on the adolescent's relationship with his/her father while using different schema therapy techniques could be helpful according to our findings.

#### **4.3. Limitations and Future Directions**

This study has some limitations as well. The first of these limitations is that it was a correlational study. Using longitudinal methods would provide a better approach to explain underlying mechanisms for schema transmission. Furthermore, future qualitative studies (e.g., family interviews) could contribute to observe how mother's maladaptive schemas could directly pass onto children. For example, such extensive interviews with the children could tell us to what extent identification plays a role in this transmission.

In this study, schema transmission between two generations (i.e. from mother to the child) has been examined. It would also be important to see whether same mechanisms could also apply to previous generation (i.e., between grandmother and mother). Identifying this could be important to predict whether this maladaptive pattern will also be passed on to the child's next generation.

We collected data from mother-children dyads only. Studying the interaction between mother's and father's EMSs is also important. Thus, future studies should look at those interactions by collecting data from both fathers and mothers.

Finally, the present sample was a non-clinical sample. Future research should focus on a clinical sample (e.g., depressed children and adolescent and their parents) in studying the role of adverse childhood experiences on schema transmission.



## References

- Afifi, T. O., & MacMillan, H. L. (2011). Resilience following child maltreatment: A review of protective factors. *The Canadian Journal of Psychiatry, 56*(5), 266-272.
- Amato, P. R. (1987). Family processes in one-parent, stepparent, and intact families: The child's point of view. *Journal of Marriage and the Family, 327-337*.
- Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C. H., Perry, B. D., ... & Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood. *European Archives of Psychiatry and Clinical Neuroscience, 256*(3), 174-186.
- Allen, S., & Daly, K. (2007). *The effects of father involvement: an updated research summary of the evidence*. Guelph, ON: University of Guelph, Center for Families, Work & Well-Being.
- Alloy, L. B., Abramson, L. Y., Tashman, N. A., Berrebbi, D. S., Hogan, M. E., Whitehouse, W. G., ... & Morocco, A. (2001). Developmental origins of cognitive vulnerability to depression: Parenting, cognitive, and inferential feedback styles of the parents of individuals at high and low cognitive risk for depression. *Cognitive Therapy and Research, 25*(4), 397-423.
- Altıparmak, S., Yıldırım, G., Yardımcı, F., & Ergin, D. (2013). Annelerden alınan bilgilerle çocuk istismarı ve etkileyen etkenler. *Anadolu Psikiyatri Dergisi, 14*(4), 354-361.
- Assel, M. A., Landry, S. H., Swank, P. R., Steelman, L., Miller- Loncar, C., & Smith, K. E. (2002). How do mothers' childrearing histories, stress and parenting affect children's behavioural outcomes?. *Child: Care, Health and development, 28*(5), 359-368.

- Astone, N. M., & McLanahan, S. S. (1991). Family structure, parental practices and high school completion. *American Sociological Review*, 56(3), 309-320.
- Aytar, A. G., Aksoy, A. B., & Kaytez, N. (2014). Anne kişiliği ve çocuğun mizaç özelliği. *Uşak Üniversitesi Sosyal Bilimler Dergisi*, 7(3), 237-251.
- Baldwin, J. A., & Oliver, J. E. (1975). Epidemiology and family characteristics of severely abused children. *Journal of Epidemiology & Community Health*, 29(4), 205-221.
- Bandura, A. (1969). Social-learning theory of identifiatory processes. In D. A. Goslin (Eds.), *Handbook of socialization theory and research* (pp. 213-262). Chicago: Rand McNally and Company.
- Barber, B. K., & Thomas, D. L. (1986). Dimensions of fathers' and mothers' supportive behavior: The case for physical affection. *Journal of Marriage and the Family*, 48(4), 783-794.
- Barnett, R. C., Marshall, N. L., & Pleck, J. H. (1992). Men's multiple roles and their relationship to men's psychological distress. *Journal of Marriage and the Family*, 54(2), 358-367.
- Beck, A. T. (1967). *Depression: Clinical, experimental, and theoretical aspects*. New York: Hoeber.
- Beck, A. T., Freeman, A., & Davis, D. D. (2005). *Terapia poznawcza zaburzeń osobowości* [Cognitive Therapy of Personality Disorders]. Kraków: Wydawnictwo Uniwersytetu Jagiellońskiego.
- Bell, A. (1969). Role modeling of fathers in adolescence and young adulthood. *Journal of Counseling Psychology*, 16(1), 30-35.

- Bensimon, M. (2012). Elaboration on the association between trauma, PTSD and posttraumatic growth: The role of trait resilience. *Personality and Individual Differences, 52*(7), 782-787.
- Bernstein, D. P., Fink, L., Handelsman, L., Foote, J., Lovejoy, M., Wenzel, K., ... & Ruggiero, J. (1994). Initial reliability and validity of a new retrospective measure of child abuse and neglect. *The American Journal of Psychiatry, 151*(8), 1132-1136.
- Biller, H. B. (1993). *Fathers and families: paternal factors in child development*. Westport: Auburn House.
- Blankenhorn, D. (1995). *Fatherless America: Confronting our most urgent social problem*. New York: Basic Book.
- Block, J. & van der Lippe, A. (1973). Sex role and socialization: Some personality concomitants and environmental antecedents. *Journal of Consulting and Clinical Psychology, 41*(3), 321-341.
- Brewster, A. L., Nelson, J. P., Hymel, K. P., Colby, D. R., Lucas, D. R., McCanne, T. R., & Milner, J. S. (1998). Victim, perpetrator, family, and incident characteristics of 32 infant maltreatment deaths in the United States Air Force. *Child Abuse & Neglect, 22*(2), 91-101
- Brown, C. S., & Rife, J. C. (1991). Social, personality, and gender differences in at-risk and not-at-risk sixth-grade students. *Journal of Early Adolescence, 11*(4), 482-495.
- Bonanno, G. A. (2005). Resilience in the face of potential trauma. *Current Directions in Psychological Science, 14*(3), 135-138.

- Bosmans, G., Braet, C., & Van Vlierberghe, L. (2010). Attachment and symptoms of psychopathology: Early maladaptive schemas as a cognitive link?. *Clinical Psychology & Psychotherapy*, 17(5), 374-385.
- Bowlby, J. (1969). *Attachment and loss: Vol. I. Attachment*. New York: Basic Books.
- Bowlby, J. (1973). *Attachment and loss, Vol. II: Separation*. New York: Basic Books.
- Cabrera, N. J., & Bradley, R. H. (2012). Latino fathers and their children. *Child Development Perspectives*, 6(3), 232–238.
- Cabrera, N. J., Shannon, J. D., Vogel, C., Tamis-LeMonda, C., Ryan, R. M., Brooks-Gunn, J., ... & Cohen, R. (2004). Low-income fathers' involvement in their toddlers' lives: biological fathers from the early head start research and evaluation study. *Fathering: A journal of theory, Research & Practice about Men as Fathers*, 2(1), 5-30.
- Cabrera, N. J., & Tamis-LeMonda, C. S. (Eds.). (2013). *Handbook of father involvement: Multidisciplinary perspectives* (2nd ed.). New York, NY: Routledge/Taylor & Francis.
- Cabrera, N., Tarkow, A., & Shannon, J. (2006). Fathers' and mothers' contribution to their preschoolers' emotional regulation. Presented at World Association of the Infant Mental Health, July, Paris, France
- Calvete, E. (2014). Emotional abuse as a predictor of early maladaptive schemas in adolescents: Contributions to the development of depressive and social anxiety symptoms. *Child Abuse & Neglect*, 38(4), 735-746.
- Cappell, C., & Heiner, R. B. (1990). The intergenerational transmission of family aggression. *Journal of Family Violence*, 5(2), 135-152.



- Carr, S. N., & Francis, A. J. (2010). Early maladaptive schemas and personality disorder symptoms: An examination in a non-clinical sample. *Psychology and Psychotherapy: Theory, Research and Practice*, 83(4), 333-349.
- Cecero, J. J., Marmon, T. S., Beitel, M., Hutz, A., & Jones, C. (2004). Images of mother, self, and God as predictors of dysphoria in non-clinical samples. *Personality and Individual Differences*, 36(7), 1669-1680.
- Cecero, J. J., Nelson, J. D., & Gillie, J. M. (2004). Tools and tenets of schema therapy: toward the construct validity of the early maladaptive schema questionnaire—research version (EMSQ- R). *Clinical Psychology & Psychotherapy: An International Journal of Theory & Practice*, 11(5), 344-357.
- Clark, D. B., Cornelius, J., Wood, D. S., & Vanyukov, M. (2004). Psychopathology risk transmission in children of parents with substance use disorders. *American Journal of Psychiatry*, 161(4), 685-691.
- Cook, J. L., Jones, R. M., Dick, A. J. ve Singh, A. (2005). Revisiting men's role in father involvement: The importance of personal expectations. *Fathering*, 3(2), 165-178.
- Coley, R. L., & Medeiros, B. L. (2007). Reciprocal longitudinal relations between nonresident father involvement and adolescent delinquency. *Child Development*, 78(1), 132 – 147.
- Coplan, R. J., Reichel, M., & Rowan, K. (2009). Exploring the associations between maternal personality, child temperament, and parenting: A focus on emotions. *Personality and Individual Differences*, 46(2), 241-246.
- Cormier, A., Jourda, B., Laros, C., Walburg, V., & Callahan, S. (2011). Influence between early maladaptive schemas and depression. *L'Encephale*, 37(4), 293-298.
- Deveci, S. E., & Açıık, Y. (2003). Çocuk istismarı nedenlerinin incelenmesi. *Arşiv Kaynak Tarama Dergisi*, 12(4), 396-405.

- Dube, S. R., Anda, R. F., Felitti, V. J., Edwards, V. J., & Croft, J. B. (2002). Adverse childhood experiences and personal alcohol abuse as an adult. *Addictive Behaviors, 27*(5), 713-725.
- Easterbrooks, M. A., & Goldberg, W. A. (1984). Toddler development in the family: Impact of father involvement and parenting characteristics. *Child Development, 55*(3) 740-752.
- Easterbrooks, M. A., & Goldberg, W. A. (1990). Security of toddler-parent attachment: Relations to children's sociopersonality functioning during kindergarten. In M. T. Greenberg, D. Cicchetti, & E. M. Cummings (Eds.), *Attachment in the preschool years* (pp. 221-244). Chicago: University of Chicago Press.
- Field, T., Lang, C., Yando, R., & Bendell, R. (1995). Adolescents' intimacy with parents and friends. *Adolescence, 30*(117), 133-140.
- Finley, G. E. (1998). Parental age and parenting quality as perceived by late adolescents. *Journal of Genetic Psychology, 159*, 505-506.
- Finley, G. E., & Schwartz S. J. (2004). The father involvement and nurturant fathering scales: retrospective measures for adolescent and adult children. *Educational and Psychological Measurement, 64*(1), 143–164.
- Fish, K. D., & Biller, H. B. (1973). Perceived childhood paternal relationships and college females' personal adjustment. *Adolescence, 8*(31), 415-420.
- Flaherty, E. G., Thompson, R., Litrownik, A. J., Theodore, A., English, D. J., Black, M. M., ... & Dubowitz, H. (2006). Effect of early childhood adversity on child health. *Archives of Pediatrics & Adolescent Medicine, 160*(12), 1232-1238.
- Flouri, E., & Buchanan, A. (2002). Life satisfaction in teenage boys: The moderating role of father involvement and bullying. *Aggressive Behavior, 28*(2), 126-133.

- Flouri, E., & Buchanan, A. (2003). The role of father involvement and mother involvement in adolescents' psychological well-being. *British Journal of Social Work, 33*(3), 399-406.
- Flouri, E., & Buchanan, A. (2004). Early father's and mother's involvement and child's later educational outcomes. *British Journal of Educational Psychology, 74*(2), 141-153.
- Franz, C. E., McClelland, D. C., & Weinberger, J. (1991). Childhood antecedents of conventional social accomplishment in midlife adults: A 36-year prospective study. *Journal of Personality and Social Psychology, 60*(4), 586-595.
- Freud, S (1943). *A general introduction to psychoanalysis*. (J. Riviere, Trans.). NY: Garden City Publishing Company. (Original work published 1920)
- Fryers, T., & Brugha, T. (2013). Childhood determinants of adult psychiatric disorder. *Clinical Practice and Epidemiology in Mental Health: Clin Pract Epidemiol Ment Health, 9*, 1-50.
- Forehand, R., & Nousiainen, S. (1993). Maternal and paternal parenting: Critical dimensions in adolescent functioning. *Journal of Family Psychology, 7*(2), 213-221.
- Furstenberg, F. F., & Harris, K. (1993). When and why fathers matter: Impacts of father involvement on the children of adolescent mothers. In R. Lerman & T. Ooms (Eds.), *Young unwed fathers: Changing roles and emerging policies* (pp. 150-176). Philadelphia: Temple University
- Garber, J., & Flynn, C. (2001). Predictors of depressive cognitions in young adolescents. *Cognitive Therapy and Research, 25*(4), 353-376.
- Glasser, M., Kolvin, I., Campbell, D., Glasser, A., Leitch, I., & Farrelly, S. (2001). Cycle of child sexual abuse: Links between being a victim and becoming a perpetrator. *The British Journal of Psychiatry, 179*(6), 482-494.

- Goodman, S. H., Adamson, L. B., Riniti, J., & Cole, S. (1994). Mothers' expressed attitudes: Associations with maternal depression and children's self-esteem and psychopathology. *Journal of the American Academy of Child & Adolescent Psychiatry, 33*(9), 1265-1274.
- Goodman, S. H., & Gotlib, I. H. (1999). Risk for psychopathology in the children of depressed mothers: a developmental model for understanding mechanisms of transmission. *Psychological Review, 106*(3), 458-490.
- Gottfried, A. E., Gottfried, A. G., & Bathurst, K. (1988). Maternal employment, family environment, and children's development: Infancy through the school years. In A. E. Gottfried & A. W. Gottfried (Eds.), *Maternal employment and children's development: Longitudinal research* (pp. 11-58). New York: Plenum.
- Knafo, A., & Schwartz, S. H. (2012). Relational identification with parents, parenting, and parent-child value similarity among adolescents. *Family Science, 3*(1), 13-21.
- Hammen, C., Hazel, N. A., Brennan, P. A., & Najman, J. (2012). Intergenerational transmission and continuity of stress and depression: depressed women and their offspring in 20 years of follow-up. *Psychological Medicine, 42*(5), 931-942.
- Hammen, C., Shih, J. H., & Brennan, P. A. (2004). Intergenerational transmission of depression: test of an interpersonal stress model in a community sample. *Journal of Consulting and Clinical Psychology, 72*(3), 511-522.
- Harris, K. M., Furstenberg, F. F., & Marmer, J. K. (1998). Paternal involvement with adolescents in intact families: The influence of fathers over the life course. *Demography, 35*(2), 201-216.

- Harding, H. G., Burns, E. E., & Jackson, J. L. (2012). Identification of child sexual abuse survivor subgroups based on early maladaptive schemas: Implications for understanding differences in posttraumatic stress disorder symptom severity. *Cognitive Therapy and Research, 36*(5), 560-575.
- Haugh, J. A., Miceli, M., & DeLorme, J. (2017). Maladaptive parenting, temperament, early maladaptive schemas, and depression: a moderated mediation analysis. *Journal of Psychopathology and Behavioral Assessment, 39*(1), 103-116.
- Hawke, L. D., & Provencher, M. D. (2012). Early Maladaptive Schemas among patients diagnosed with bipolar disorder. *Journal of Affective Disorders, 136*(3), 803-811.
- Hayes, A. F. (2013). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach*. New York, NY: Guilford Press.
- Hayes, A. F. (2015). An index and test of linear moderated mediation. *Multivariate Behavioral Research, 50*(1), 1-22.
- Heath, D. H., & Heath, H. E. (1991). *Fulfilling lives: Paths to maturity and success*. San Francisco: Jossey-Bass.
- Hedley, L. M., Hoffart, A., & Sexton, H. (2001). Early maladaptive schemas in patients with panic disorder with agoraphobia. *Journal of Cognitive Psychotherapy, 15*(2), 131-135.
- Hettema, J. M., Neale, M. C., & Kendler, K. S. (2001). A review and meta-analysis of the genetic epidemiology of anxiety disorders. *American Journal of Psychiatry, 158*(10), 1568-1578.
- Honzik, M. (1967). Environmental correlates of mental growth: Prediction from the family setting at 21 months. *Child Development, 38*(2), 337-364.

- Hooven, C., Gottman, J. M., & Katz, L. F. (1995). Parental meta-emotion structure predicts family and child outcomes. *Cognition & Emotion, 9*(2-3), 229-264.
- Lewis, C., & Lamb, M. E. (2003). Fathers' influences on children's development: The evidence from two-parent families. *European Journal of Psychology of Education, 18*(2), 211-228.
- Jaenicke, C., Hammen, C., Zupan, B., Hiroto, D., Gordon, D., Adrian, C., & Burge, D. (1987). Cognitive vulnerability in children at risk for depression. *Journal of Abnormal Child Psychology, 15*(4), 559–572.
- Jalali, M. R., Zargar, M., Salavati, M., & Kakavand, A. R. (2011). Comparison of early maladaptive schemas and parenting origins in patients with opioid abuse and non-abusers. *Iranian Journal of Psychiatry, 6*(2), 54-60.
- Jespersen, A. F., Lalumière, M. L., & Seto, M. C. (2009). Sexual abuse history among adult sex offenders and non-sex offenders: A meta-analysis. *Child Abuse & Neglect, 33*(3), 179-192.
- Jovev, M., & Jackson, H. J. (2004). Early maladaptive schemas in personality disordered individuals. *Journal of Personality Disorders, 18*(5), 467-478.
- Kalmakis, K. A., & Chandler, G. E. (2015). Health consequences of adverse childhood experiences: a systematic review. *Journal of the American Association of Nurse Practitioners, 27*(8), 457-465.
- Khajouei Nia, M. K., Sovani, A., & Forooshani, G. R. S. (2014). Exploring correlation between perceived parenting styles, early maladaptive schemas, and depression among women with depressive symptoms in Iran and India-Role of early maladaptive schemas as mediators and moderatos. *Iranian Red Crescent Medical Journal, 16*(12).

- Krampe, E. M., & Fairweather, P. D. (1993). Father presence and family formation: A theoretical reformulation. *Journal of Family Issues*, *14*(4), 572-591.
- Kuzucu, Y., & Özdemir, Y. (2013). Ergen ruh sağlığının anne ve baba katılımı açısından yordanması. *Eğitim ve Bilim*, *38*(168), 96-112.
- Lamb, M. E. (1987). Introduction: The emergent American father. In M. E. Lamb (Eds.), *The father's role: Cross-cultural perspectives* (pp. 3-25). New York: Wiley.
- Lamb, M. E. (2000). The history of research on father involvement. *Marriage & Family Review*, *29*(2-3), 23-42.
- Lamb, M. E. (Eds.). (2004). *The role of the father in child development*. John Wiley & Sons.
- Lepore, S. J., & Revenson, T. A. (2006). Resilience and posttraumatic growth recovery, resistance and reconfiguration. In L. G. Calhoun & R. G. Tedeschi (Eds.), *Handbook of posttraumatic growth: Research and practice* (pp. 264–290). Mahwah, NJ: Erlbaum
- Lieberman, M., Doyle, A. B., & Markiewicz, D. (1999). Developmental patterns in security of attachment to mother and father in late childhood and early adolescence: Associations with peer relations. *Child Development*, *70*(1), 202-213.
- Lozoff, M. M. (1974). Fathers and autonomy in women. In R. B. Kundersin (Eds.), *Women and success* (pp. 103-109). New York: Morrow.
- Lumley, M. N., & Harkness, K. L. (2007). Specificity in the relations among childhood adversity, early maladaptive schemas, and symptom profiles in adolescent depression. *Cognitive Therapy and Research*, *31*(5), 639-657.
- Maçık, D., Chodkiewicz, J., & Bielicka, D. (2016). Trans-generational transfer of early maladaptive schemas—a preliminary study performed on a non-clinical group. *Current Issues in Personality Psychology*, *4*(3), 132-14.

- Maçik, D., & Sas, E. (2015). Therapy of anorexia and Young's early maladaptive schemas. Longitudinal study. *Current Issues in Personality Psychology*, 3(4), 203-213.
- Morgan, Z., Brugha, T., Fryers, T., & Stewart-Brown, S. (2012). The effects of parent-child relationships on later life mental health status in two national birth cohorts. *Social Psychiatry and Psychiatric Epidemiology*, 47(11), 1707-1715.
- Mosley, J., & Thompson, E. (1995). Fathering Behavior and Child Outcomes: The role of race and poverty. In W. Marsiglio, (Eds.), *Fatherhood: Contemporary theory, research, and social policy* (pp. 148-165). Thousand Oaks, CA: Sage, 1995.
- Mrazek, P. J., & Mrazek, D. A. (1987). Resilience in child maltreatment victims: A conceptual exploration. *Child Abuse & Neglect*, 11(3), 357-366.
- Muris, P. (2006). Maladaptive schemas in non-clinical adolescents: Relations to perceived parental rearing behaviours, big five personality factors and psychopathological symptoms. *Clinical Psychology & Psychotherapy: An International Journal of Theory & Practice*, 13(6), 405-413.
- Muris, P., & Ollendick, T. H. (2005). The role of temperament in the etiology of child psychopathology. *Clinical Child and Family Psychology Review*, 8(4), 271-289.
- Nugent, J. K. (1991). Cultural and psychological influences on the father's role in infant development. *Journal of Marriage and the Family*, 53(2), 475-485.
- Nordahl, H. M., Holthe, H., & Haugum, J. A. (2005). Early maladaptive schemas in patients with or without personality disorders: Does schema modification predict symptomatic relief?. *Clinical Psychology & Psychotherapy*, 12(2), 142-149.
- Nurius, P. S., Green, S., Logan-Greene, P., & Borja, S. (2015). Life course pathways of adverse childhood experiences toward adult psychological well-being: A stress process analysis. *Child abuse & Neglect*, 45, 143-153.



- Parke, R. D. (1996). *Fatherhood*. Cambridge, MA: Harvard University Press.
- Pedersen, F. A., Anderson, B. J., & Kain, R. L. (1980). Parent-infant and husband wife interactions observed at age five months. In F. Pedersen (Eds.), *The father-infant relationship: observational studies in the family setting* (pp. 71-86). New York: Praeger.
- Pedersen, F. A., Rubenstein, J. L., & Yarrow, L. J. (1979). Infant development in father-absent families. *The Journal of Genetic Psychology*, 135(1), 51-61.
- Piaget, J. (1954). *Construction of reality in the child*. New York: Basic Books.
- Pears, K. C., & Capaldi, D. M. (2001). Intergenerational transmission of abuse: A two-generational prospective study of an at-risk sample. *Child Abuse & Neglect*, 25(11), 1439-1461.
- Posner, M. I., Rothbart, M. K., Sheese, B. E., & Tang, Y. (2007). The anterior cingulate gyrus and the mechanism of self-regulation. *Cognitive, Affective, & Behavioral Neuroscience*, 7(4), 391-395.
- Rafaeli, E., Bernstein, D. P., & Young, J. (2011). *Schema therapy: The CBT distinctive features Series*. London and New York: Routledge.
- Radin, N. (1972). Father-child interaction and the intellectual functioning of four-year-old boys. *Developmental Psychology*, 6(2), 353-361.
- Radin, N. (1994). Primary caregiving fathers in intact families. In A. E. Gottfried & A. W. Gottfried (Eds.), *Redefining families: Implications for children's development* (pp. 55-97). New York: Plenum.

- Rasic, D., Hajek, T., Alda, M., & Uher, R. (2014). Risk of mental illness in offspring of parents with schizophrenia, bipolar disorder, and major depressive disorder: a meta-analysis of family high-risk studies. *Schizophrenia Bulletin*, 40(1), 28-38.
- Renner, F., Lobbestael, J., Peeters, F., Arntz, A., & Huibers, M. (2012). Early maladaptive schemas in depressed patients: Stability and relation with depressive symptoms over the course of treatment. *Journal of Affective Disorders*, 136(3), 581-590.
- Roelofs, J., Onckels, L., & Muris, P. (2013). Attachment quality and psychopathological symptoms in clinically referred adolescents: The mediating role of early maladaptive schema. *Journal of Child and Family Studies*, 22(3), 377-385.
- Roemmele, M., & Messman-Moore, T. L. (2011). Child abuse, early maladaptive schemas, and risky sexual behavior in college women. *Journal of Child Sexual Abuse*, 20(3), 264-283.
- Rusinek, S., Charbonnier, E., Boudoukha, A. H., Graziani, P., & Dafonseca, D. (2013). Early Maladaptive Schemas among children: A new way to screen for depressed children?. *Psicoterapia Cognitiva e Comportamentale*, 19(2), 157-168.
- Santrock, J. W., (2013). *Life-span development*. New York, NY: McGraw-Hill.
- Sakarya, D., & Güneş, C. (2013). Van depremi sonrasında travma sonrası stres bozukluğu belirtilerinin psikolojik dayanıklılık ile ilişkisi. *Kriz Dergisi*, 21(1), 25-32.
- Sarıtaş, D., & Gençöz, T. (2011). Psychometric properties of "young schema questionnaire-short form 3" in a turkish adolescent sample. *Journal of Cognitive & Behavioral Psychotherapies*, 11(1), 83-96.

- Seligman, M. E. P., & Peterson, C. (1986). A learned helplessness perspective on childhood depression: Theory and research. In M. Rutter, C. E. Izard, & P. B. Read (Eds.), *Depression in young people: Developmental and clinical perspectives* (pp. 223–249). New York: Guilford Press.
- Schilling, E. A., Aseltine, R. H., & Gore, S. (2007). Adverse childhood experiences and mental health in young adults: a longitudinal survey. *BMC Public Health, 7*(30).
- Shannon, J. D., Tamis-LeMonda, C. S., & Cabrera, N. J. (2006). Fathering in infancy: Mutuality and stability between 8 and 16 months. *Parenting, 6*(2-3), 167-188.
- Shannon, J. D., Tamis-LeMonda, C. S., London, K., & Cabrera, N. (2002). Beyond rough and tumble: Low-income fathers' interactions and children's cognitive development at 24 months. *Parenting: Science and Practice, 2*(2), 77-104.
- Shinn, M. (1978). Father absence and children's cognitive development. *Psychological Bulletin, 85*(2), 295-324.
- Shorey, R. C., Stuart, G. L., & Anderson, S. (2013). Early maladaptive schemas among young adult male substance abusers: A comparison with a non-clinical group. *Journal of Substance Abuse Treatment, 44*(5), 522-527.
- Shorey, R. C., Anderson, S., & Stuart, G. L. (2012). An examination of early maladaptive schemas among substance use treatment seekers and their parents. *Contemporary Family Therapy, 34*(3), 429-441.
- Simard, V., Moss, E., & Pascuzzo, K. (2011). Early maladaptive schemas and child and adult attachment: A 15- year longitudinal study. *Psychology and Psychotherapy: Theory, Research and Practice, 84*(4), 349-366.
- Simons, R. L., Whitbeck, L. B., Conger, R. D., & Wu, C. I. (1991). Intergenerational transmission of harsh parenting. *Developmental Psychology, 27*(1), 159-171.

- Snarey, J. R. (1993). *How fathers care for the next generation: A four-decade study*. Cambridge, MA: Harvard University Press.
- Soygüt, G., Karaosmanoğlu, A., & Çakır, Z. (2009). Erken dönem uyumsuz şemaların değerlendirilmesi: Young Şema Ölçeği Kısa Form-3'ün psikometrik özelliklerine ilişkin bir inceleme. *Türk Psikiyatri Dergisi*, 20(1), 75-84.
- Stark, K. D., Schmidt, K., & Joiner, T.E. (1996). Depressive cognitive trait: Relationship to severity of depressive symptoms in children, parents' cognitive triad, and perceived parental messages about the child him or herself, the world, and the future. *Journal of Abnormal Child Psychology*, 24, 615-625.
- Stewart-Brown, S. L., Fletcher, L., & Wadsworth, M. E. (2005). Parent-child relationships and health problems in adulthood in three UK national birth cohort studies. *The European Journal of Public Health*, 15(6), 640-646.
- Sullivan, P. F., Kendler, K. S., & Neale, M. C. (2003). Schizophrenia as a complex trait: evidence from a meta-analysis of twin studies. *Archives of General Psychiatry*, 60(12), 1187-1192.
- Sullivan, P. F., Neale, M. C., & Kendler, K. S. (2000). Genetic epidemiology of major depression: review and meta-analysis. *American Journal of Psychiatry*, 157(10), 1552-1562.
- Sundag, J., Zens, C., Ascone, L., Thome, S., & Lincoln, T. M. (2018). Are schemas passed on? A study on the association between early maladaptive schemas in parents and their offspring and the putative translating mechanisms. *Behavioural and Cognitive Psychotherapy*, 46(6), 738-753.

- Şar, V., Öztürk, P. E., & İkikardeş, E. (2012). Validity and reliability of the Turkish version of Childhood Trauma Questionnaire. *Journal of Medical Sciences, 32*(4), 1054-63.
- Tamis-LeMonda, C. & Cabrera, N. (2002) Multidisciplinary perspectives on father involvement: introduction. In CS. Tamis-LeMonda & NJ. Cabrera (Eds.), *Handbook of father involvement: multidisciplinary perspectives* Mahwah, NJ, Erlbaum.
- Tamis- LeMonda, C. S., Shannon, J. D., Cabrera, N. J., & Lamb, M. E. (2004). Fathers and mothers at play with their 2- and 3- year- olds: Contributions to language and cognitive development. *Child Development, 75*(6), 1806-1820.
- Tardif, M., Auclair, N., Jacob, M., & Carpentier, J. (2005). Sexual abuse perpetrated by adult and juvenile females: An ultimate attempt to resolve a conflict associated with maternal identity. *Child Abuse & Neglect, 29*(2), 153-167.
- Terzi, Ş. (2006). Kendini Toparlama Gücü Ölçeği'nin uyarlanması: Geçerlik ve güvenilirlik çalışmaları. *Türk Psikolojik Danışma ve Rehberlik Dergisi, 3*(26), 77-86.
- Unoka, Z., Tölgyes, T., Czobor, P., & Simon, L. (2010). Eating disorder behavior and early maladaptive schemas in subgroups of eating disorders. *The Journal of Nervous and Mental Disease, 198*(6), 425-431.
- Wagnild, G. M., & Young, H. M. (1993). Development and psychometric evaluation of the Resilience Scale. *Journal of Nursing Measurement, 1*(2), 165-178.
- Walsh, W. A., Dawson, J., & Mattingly, M. J. (2010). How are we measuring resilience following childhood maltreatment? Is the research adequate and consistent? What is the impact on research, practice, and policy?. *Trauma, Violence, & Abuse, 11*(1), 27-41.
- Wiehe, V. R. (2003). Empathy and narcissism in a sample of child abuse perpetrators and a comparison sample of foster parents. *Child Abuse & Neglect, 27*(5), 541-555.

- William, M. V. (1997). *Reconceptualizing Father Involvement* (Unpublished master's thesis). Georgetown University, Washington, DC.
- Wilson, K. R., & Prior, M. R. (2011). Father involvement and child well-being. *Journal of Paediatrics and Child Health, 47*(7), 405-407.
- Wright, M. O. D., Crawford, E., & Del Castillo, D. (2009). Childhood emotional maltreatment and later psychological distress among college students: The mediating role of maladaptive schemas. *Child Abuse & Neglect, 33*(1), 59-68.
- Yogman, M. W., Kindlon, D., & Earls, F. (1995). Father involvement and cognitive/behavioral outcomes of preterm infants. *Journal of the American Academy of Child & Adolescent Psychiatry, 34*(1), 58-66.
- Young, J. E. (1990). *Cognitive therapy for personality disorders: A schema-focused approach*. Sarasota, FL: Professional Resource Exchange.
- Young, J. E. (1994). *Cognitive therapy for personality disorders: A schema-focused approach* (2nd ed.). Sarasota, FL: Professional Resource Exchange.
- Young, J. E. (1999). *Cognitive therapy for personality disorders: A schema-focused approach* (rev. ed.). Sarasota, FL: Professional Resources Press.
- Young, J. E., Klosko, J. S., & Weishar, M. E. (2003). *Schema therapy: A practitioner's guide*. New York: Guilford Press.
- Young, J. E., Rygh, J. L., Weinberger, A. D., & Beck, A. T. (2008). Cognitive therapy for depression. In: D. H. Barlow (Eds.), *Clinical handbook of psychological disorders: A step-by-step treatment manual* (pp. 250-305). New York: Guilford Press.

Zimmerman, M. A., Salem, D. A., & Maton, K. I. (1995). Family structure and psychosocial correlates among urban African-American adolescent males. *Child Development*, 66(6), 1598-1613.



## APPENDICES

### Appendix A: Inform Consent for Pre-Participation



TED ÜNİVERSİTESİ  
TEDU UNIVERSITY  
06420 ANKARA-TURKEY

Tel: 90 (312) 585 00 00  
Faks: 90 (312) 418 41 48

#### Sayın Katılımcı,

Bu araştırma, TED Üniversitesi, Psikoloji Bölümü'nde yüksek lisans öğrencisi Zeynep Zeynel tarafından yürütülmektedir. Araştırmanın amacı **erken dönem yaşantılar ile bazı kişilik özellikleri arasındaki ilişkiyi** incelemektir. Bu çalışmanın katılımcılarını 18-22 yaşları aralığındaki bireyler ve bu bireylerin anneleri oluşturmaktadır.

Bu araştırmaya katılımınızı onayladığınız takdirde, projenin katılımcısı olacaksınız. Çalışma kapsamında, araştırma ile ilgili ölçekleri **takma bir isimle ve kendinize ait imzanızla** doldurmanız istenecektir. **Çalışma süresince ve sonrasında kimlik bilgileriniz istenmeyecektir.** Bu çalışma kapsamında elde edilecek olan bilimsel bilgiler sadece araştırmacılar tarafından yapılan bilimsel yayınlarda ve sunumlarda eğitim amaçlı paylaşılacaktır. Toplanan veriler takma isim ve imzanız silinerek, bilgisayarda şifreli bir dosyada tutulacaktır.

Bu çalışmaya katılım gönüllük esasına dayalıdır. Bu projeye katılımınız, erken dönem yaşantılar ile bireylerin kişilik özellikleri arasındaki ilişki konusunda bilgilenmenize katkı sağlayabilir.

Uygulamada yer alan hiçbir aşama kişisel rahatsızlık verecek nitelikte değildir. Ancak herhangi bir nedenden ötürü kendinizi rahatsız hissederseniz, uygulamaları nedenini açıklamaksızın yarıda bırakıp araştırmadan çıkmakta serbestsiniz. Böyle bir durumda vermiş olduğunuz bilgilerin araştırmacı tarafından kullanılması ancak sizin onayınızla mümkün olacaktır.

Bu çalışmaya katıldığınız için şimdiden teşekkür ederim. Çalışma hakkında daha fazla bilgi almak ve yanıtlanmasını istediğiniz sorularınız için araştırmayı yürüten Zeynep Zeynel (E-posta: zeynep.zeynel@tedu.edu.tr) ve Doç. Dr. Tuğba Uzer-Yıldız (tuğba.uzer@tedu.edu.tr) ile iletişim kurabilirsiniz.

*Bu çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman yarıda bırakıp çıkabileceğimi biliyorum. Bu proje kapsamında gereken ölçeklerin doldurulmasında yer alacağımı biliyorum. Verdiğim bilgilerin bilimsel amaçlı yayınlarda kullanılmasını kabul ediyorum.*

Projeye katılmak istiyorum

Evet / Hayır

Takma İsim: \_\_\_\_\_

İmza: \_\_\_\_\_

Tarih \_\_\_/\_\_\_/\_\_\_

Teşekkürler,  
Araştırmacının adı, soyadı ve imzası  
Zeynep Zeynel



## Appendix B: Demographic Information Form for Adolescents

### Demografik Bilgi Toplama Formu (Ç. Formu)

1. Doğum Yılıınız: .....

2. Cinsiyetiniz:

Kadın [ ] Erkek [ ] Diğer [ ] Belirtmek İstemiyorum [ ]

3. Medeni durumunuz:

Bekar [ ] Evli [ ] Boşanmış [ ] Ayrı Yaşıyor [ ] Diğer [ ]

4. Eğitim durumunuz:

Okur/yazar [ ] İlkokul [ ] Ortaokul [ ] Lise [ ] Üniversite [ ] Lisansüstü [ ]

5. Annenizin eğitim durumu:

Okur/yazar [ ] İlkokul [ ] Ortaokul [ ] Lise [ ] Üniversite [ ] Lisansüstü [ ]

6. Babanızın eğitim durumu:

Okur/yazar [ ] İlkokul [ ] Ortaokul [ ] Lise [ ] Üniversite [ ] Lisansüstü [ ]

7. Eğer şu anda bir üniversitede okuyorsanız;

Üniversiteniz ve Bölümünüz: .....

8. Anneniz sağ mı?

Evet [ ] Hayır [ ]

9. Babanız sağ mı?

Evet [ ] Hayır [ ]

10. Ailenizin aylık geliri:

[ ] 500 TL ve altı [ ] 1501-3000 TL  
[ ] 501 – 1000 TL [ ] 3001-5000 TL  
[ ] 1001 – 1500 TL [ ] 5001 TL ve üzeri

11. Kiminle yaşıyorsunuz?

Eşimle/çocuklarımla [ ] Anne/ babamla [ ] Tek başıma [ ] Diğer [ ]

10. Psikolojik, psikiyatrik veya nörolojik tanı aldınız mı?

[ ] Evet → (Lütfen Belirtiniz):

[ ] Hayır

## Appendix C: Demographic Information Form for Mothers

### Demografik Bilgi Toplama Formu (Anne Formu)

1. Doğum Yılıız: 19....

2. Medeni durumunuz:

Bekar [ ] Evli [ ] Boşanmış [ ] Ayrı Yaşıyor [ ] Diğer [ ]

3. Eğitim durumunuz:

Okur/yazar [ ] İlkokul [ ] Ortaokul [ ] Lise [ ] Üniversite [ ] Lisansüstü [ ]

4. Çalışıyor musunuz?

Evet [ ] Hayır [ ]

Evet ise → Mesleğiniz/İşiniz: (Belirtiniz) .....

5. Yaşadığınız İl: .....

6. Ailenizin aylık geliri: [ ] 500 TL ve altı [ ] 1501-3000 TL  
[ ] 501 – 1000 TL [ ] 3001-5000 TL  
[ ] 1001 – 1500 TL [ ] 5001 TL ve üzeri

7. Çocuk sayısı: .....

8. Psikolojik, psikiyatrik veya nörolojik tanı aldınız mı?

Evet [ ] → (Belirtiniz: \_\_\_\_\_ )

Hayır [ ]

## Appendix D: Young Schema Questionnaire Short Form-3 (YSQ-SF3)

### Ölçek 1

Yönerge: Aşağıda, kişilerin kendilerini tanımlarken kullandıkları ifadeler sıralanmıştır. Lütfen her bir ifadeyi okuyun ve sizi ne kadar iyi tanımladığına karar verin. **Emin olamadığımız sorularda neyin doğru olabileceğinden çok, sizin duygusal olarak ne hissettiğinize dayanarak cevap verin.**

**Birkaç soru, anne babanızla ilişkiniz hakkındadır. Eğer biri veya her ikisi şu anda yaşamıyorlarsa, bu soruları o veya onlar hayatta iken ilişkinizi göz önüne alarak cevaplandırın.**

**Derecelendirme:**

1	2	3	4	5	6
Benim için tamamiyle yanlış	Benim için büyük ölçüde yanlış	Bana uyan tarafı uymayan tarafından biraz daha fazla	Benim için orta derecede doğru	Benim için çoğunlukla doğru	Beni mükemmel şekilde tanımlıyor

1. Bana bakan, benimle zaman geçiren, başıma gelen olaylarla gerçekten ilgilenen kimsem olmadı.	1	2	3	4	5	6
2. Beni terk edeceklerinden korktuğum için yakın olduğum insanların peşini bırakmam.	1	2	3	4	5	6
3. İnsanların beni kullandıklarını hissediyorum.	1	2	3	4	5	6
4. Uyumsuzum.	1	2	3	4	5	6
5. Beğendiğim hiçbir erkek/kadın, kusurlarımı görürse beni sevmez.	1	2	3	4	5	6
6. İş (veya okul) hayatımda neredeyse hiçbir şeyi diğer insanlar kadar iyi yapamıyorum.	1	2	3	4	5	6
7. Günlük yaşamımı tek başıma idare edebilme becerisine sahip olduğumu hissetmiyorum.	1	2	3	4	5	6
8. Kötü bir şey olacağı duygusundan kurtulamıyorum.	1	2	3	4	5	6
9. Anne babamdan ayrılmayı, bağımsız hareket edebilmeyi, yaşitlarım kadar, başaramadım.	1	2	3	4	5	6
10. Eğer istediğimi yaparsam, başımı derde sokarım diye düşünürüm.	1	2	3	4	5	6
11. Genellikle yakınlarıma ilgi gösteren ve bakan ben olurum.	1	2	3	4	5	6
12. Olumlu duygularımı diğerlerine göstermekten utanırım (sevdiğimi, önemseddiğimi göstermek gibi).	1	2	3	4	5	6
13. Yaptığım çoğu şeyde en iyi olmalıyım; ikinci olmayı kabullenemem.	1	2	3	4	5	6
14. Diğer insanlardan bir şeyler istediğimde bana "hayır" denilmesini çok zor kabullenirim.	1	2	3	4	5	6
15. Kendimi sıradan ve sıkıcı işleri yapmaya zorlayamam.	1	2	3	4	5	6
16. Paramın olması ve önemli insanlar tanıyarak olmak beni değerli yapar.	1	2	3	4	5	6
17. Her şey yolunda gidiyor görünse bile, bunun bozulacağını hissederim.	1	2	3	4	5	6
18. Eğer bir yanlış yaparsam, cezalandırılmayı hak ederim.	1	2	3	4	5	6
19. Çevremde bana sıcaklık, koruma ve duygusal yakınlık gösteren kimsem yok.	1	2	3	4	5	6
20. Diğer insanlara o kadar muhtacım ki onları kaybedeceğim diye çok endişeleniyorum.	1	2	3	4	5	6

1	2	3	4	5	6
Benim için tamamıyla yanlış	Benim için büyük ölçüde yanlış	Bana uyan tarafı uymayan tarafından biraz daha fazla	Benim için orta derecede doğru	Benim için çoğunlukla doğru	Beni mükemmel şekilde tanımlıyor

21. İnsanlara karşı tedbiri elden bırakmam yoksa bana kasıtlı olarak zarar vereceklerini hissedirim.	1	2	3	4	5	6
22. Temel olarak diğer insanlardan farklıyım.	1	2	3	4	5	6
23. Gerçek beni tanırlarsa beğendiğim hiç kimse bana yakın olmak istemez.	1	2	3	4	5	6
24. İşleri halletmede son derece yetersizim.	1	2	3	4	5	6
25. Gündelik işlerde kendimi başkalarına bağımlı biri olarak görüyorum.	1	2	3	4	5	6
26. Her an bir felaket (doğal, adli, mali veya tıbbi) olabilir diye hissediyorum.	1	2	3	4	5	6
27. Annem, babam ve ben birbirimizin hayatı ve sorunlarıyla aşırı ilgili olmaya eğilimliyiz.	1	2	3	4	5	6
28. Diğer insanların isteklerine uymaktan başka yolum yokmuş gibi hissediyorum; eğer böyle yapmazsam bir şekilde beni reddederler veya intikam alırlar.	1	2	3	4	5	6
29. Başkalarını kendimden daha fazla düşündüğüm için ben iyi bir insanım.	1	2	3	4	5	6
30. Duygularımı diğerlerine açmayı utanç verici bulurum.	1	2	3	4	5	6
31. En iyisini yapmalıyım, "yeterince iyi" ile yetinemem.	1	2	3	4	5	6
32. Ben özel biriyim ve diğer insanlar için konulmuş olan kısıtlamaları veya sınırları kabul etmek zorunda değilim.	1	2	3	4	5	6
33. Eğer hedefime ulaşamazsam kolaylıkla yılgınlığa düşer ve vazgeçerim.	1	2	3	4	5	6
34. Başkalarının da farkında olduğu başarılar benim için en değerlisidir.	1	2	3	4	5	6
35. İyi bir şey olursa, bunu kötü bir şeyin izleyeceğinden endişe ederim.	1	2	3	4	5	6
36. Eğer yanlış yaparsam, bunun özürü yoktur.	1	2	3	4	5	6
37. Birisi için özel olduğumu hiç hissetmedim.	1	2	3	4	5	6
38. Yakınlarımla beni terk edeceği ya da ayrılacağından endişe duyarım.	1	2	3	4	5	6
39. Herhangi bir anda birileri beni aldatmaya kalkışabilir.	1	2	3	4	5	6
40. Bir yere ait değilim, yalnızım.	1	2	3	4	5	6
41. Başkalarının sevgisine, ilgisine ve saygısına değer bir insan değilim.	1	2	3	4	5	6
42. İş ve başarı alanlarında birçok insan benden daha yeterli.	1	2	3	4	5	6
43. Doğru ile yanlış birbirinden ayırmakta zorlanırım.	1	2	3	4	5	6
44. Fiziksel bir saldırıya uğramaktan endişe duyarım.	1	2	3	4	5	6
45. Annem, babam ve ben özel hayatımızı birbirimizden saklarsak, birbirimizi aldatmış hisseder veya suçluluk duyarız.	1	2	3	4	5	6
46. İlişkilerimde, diğer kişinin yönlendirici olmasına izin veririm.	1	2	3	4	5	6
47. Yakınlarımla o kadar meşgulüm ki kendime çok az zaman kalıyor.	1	2	3	4	5	6
48. İnsanlarla beraberken içten ve cana yakın olmak benim için zordur.	1	2	3	4	5	6

1	2	3	4	5	6
Benim için tamamıyla yanlış	Benim için büyük ölçüde yanlış	Bana uyan tarafı uymayan tarafından biraz daha fazla	Benim için orta derecede doğru	Benim için çoğunlukla doğru	Beni mükemmel şekilde tanımıyor

49. Tüm sorumluluklarımı yerine getirmek zorundayım.	1	2	3	4	5	6
50. İstedığimi yapmaktan alıkonulmaktan veya kısıtlanmaktan nefret ederim.	1	2	3	4	5	6
51. Uzun vadeli amaçlara ulaşabilmek için şu andaki zevklerimden fedakârlık etmekte zorlanırım.	1	2	3	4	5	6
52. Başkalarından yoğun bir ilgi görmezsem kendimi daha az önemli hissederim.	1	2	3	4	5	6
53. Yeterince dikkatli olmazsanız, neredeyse her zaman bir şeyler ters gider.	1	2	3	4	5	6
54. Eğer işimi doğru yapmazsam sonuçlara katlanmam gerekir.	1	2	3	4	5	6
55. Beni gerçekten dinleyen, anlayan veya benim gerçek ihtiyaçlarım ve duygularımı önemseyen kimsem olmadı.	1	2	3	4	5	6
56. Önem verdiğim birisinin benden uzaklaştığını sezersem çok kötü hissederim.	1	2	3	4	5	6
57. Diğer insanların niyetleriyle ilgili oldukça şüpheliyimdir.	1	2	3	4	5	6
58. Kendimi diğer insanlara uzak veya kopmuş hiss ediyorum.	1	2	3	4	5	6
59. Kendimi sevilebilecek biri gibi hissetmiyorum.	1	2	3	4	5	6
60. İş (okul) hayatımda diğer insanlar kadar yetenekli değilim.	1	2	3	4	5	6
61. Gündelik işler için benim kararlarım güvenilemez.	1	2	3	4	5	6
62. Tüm paramı kaybedip çok fakir veya zavallı duruma düşmekten endişe duyarım.	1	2	3	4	5	6
63. Çoğunlukla annem ve babamın benimle iç içe yaşadığını hiss ediyorum-Benim kendime ait bir hayatım yok.	1	2	3	4	5	6
64. Kendim için ne istediğimi bilmediğim için daima benim adıma diğer insanların karar vermesine izin veririm.	1	2	3	4	5	6
65. Ben hep başkalarının sorunlarını dinleyen kişi oldum.	1	2	3	4	5	6
66. Kendimi o kadar kontrol ederim ki insanlar beni duygusuz veya hissiz bulurlar.	1	2	3	4	5	6
67. Başarmak ve bir şeyler yapmak için sürekli bir baskı altındayım.	1	2	3	4	5	6
68. Diğer insanların uyduğu kurallara ve geleneklere uymak zorunda olmadığımı hiss ediyorum.	1	2	3	4	5	6
69. Benim yararım olduğunu bilsem bile hoşuma gitmeyen şeyleri yapmaya kendimi zorlayamam.	1	2	3	4	5	6
70. Bir toplantıda fikrimi söylediğimde veya bir topluluğa tanıtıldığımda onaylanılmayı ve takdir görmeyi isterim.	1	2	3	4	5	6
71. Ne kadar çok çalışırsam çalışayım, maddi olarak iflas edeceğimden ve neredeyse her şeyimi kaybedeceğimden endişe ederim.	1	2	3	4	5	6
72. Neden yanlış yaptığımın önemi yoktur; eğer hata yaptıysam sonucuna da katlanmam gerekir.	1	2	3	4	5	6
73. Hayatımda ne yapacağımı bilmediğim zamanlarda uygun bir öneride bulunacak veya beni yönlendirecek kimsem olmadı.	1	2	3	4	5	6

1	2	3	4	5	6
Benim için tamamıyla yanlış	Benim için büyük ölçüde yanlış	Bana uyan tarafı uymayan tarafından biraz daha fazla	Benim için orta derecede doğru	Benim için çoğunlukla doğru	Beni mükemmel şekilde tanımlıyor

74. İnsanların beni terk edeceği endişesiyle bazen onları kendimden uzaklaştırırım.	1	2	3	4	5	6
75. Genellikle insanların asıl veya art niyetlerini araştırırım.	1	2	3	4	5	6
76. Kendimi hep grupların dışında hissederim.	1	2	3	4	5	6
77. Kabul edilemeyecek pek çok özelliğim yüzünden insanlara kendimi açamıyorum veya beni tam olarak tanımalarına izin vermiyorum.	1	2	3	4	5	6
78. İş (okul) hayatımda diğer insanlar kadar zeki değilim	1	2	3	4	5	6
79. Ortaya çıkan gündelik sorunları çözebilme konusunda kendime güvenmiyorum.	1	2	3	4	5	6
80. Bir doktor tarafından herhangi bir ciddi hastalık bulunmamasına rağmen bende ciddi bir hastalığın gelişmekte olduğu endişesine kapılıyorum.	1	2	3	4	5	6
81. Sık sık annemden babamdan ya da eşimden ayrı bir kimliğimin olmadığını hissediyorum.	1	2	3	4	5	6
82. Haklarıma saygı duyulmasını ve duygularımın hesaba katılmasını istemekte çok zorlanıyorum.	1	2	3	4	5	6
83. Başkaları beni, diğerleri için çok, kendim için az şey yapan biri olarak görüyorlar.	1	2	3	4	5	6
84. Diğerleri beni duygusal olarak soğuk bulurlar.	1	2	3	4	5	6
85. Kendimi sorumluluktan kolayca sıyıramıyorum veya hatalarım için gerekçe bulamıyorum.	1	2	3	4	5	6
86. Benim yaptıklarımın, diğer insanların katkılarından daha önemli olduğunu hissediyorum.	1	2	3	4	5	6
87. Kararlarıma nadiren sadık kalabilirim.	1	2	3	4	5	6
88. Bir dolu övgü ve iltifat almam kendimi değerli birisi olarak hissetmemi sağlar.	1	2	3	4	5	6
89. Yanlış bir kararın bir felakete yol açabileceğinden endişe ederim.	1	2	3	4	5	6
90. Ben cezalandırılmayı hak eden kötü bir insanım.	1	2	3	4	5	6

## Appendix E: Childhood Trauma Questionnaire (CTQ)

Ölçek 2					
AÇIKLAMA: Bu sorular çocukluğunuzda ve ilk gençliğinizde başınıza gelmiş olabilecek bazı olaylar hakkındadır. Soruları dikkatlice okuyun, beş seçeneği de düşünün ve sizin için en uygun olan kutucuğun içine çarpı(X) işareti koyun.	Hiçbir zaman	Nadiren	Zaman zaman	Sık Sık	Çok Sık
1. Evde yeterli yemek olmadığından aç kalırdım.					
2. Benim bakımı ve güvenliğimi üstlenen birinin olduğunu biliyordum.					
3. Ailedekiler bana "salak", "beceriksiz" ya da "tipsiz" gibi sıfatlarla seslenirlerdi.					
4. Anne ve babam ailelerine bakamayacak kadar sıklıkla sarhoş olur ya da uyuşturucu alırlardı.					
5. Ailemde önemli ve özel biri olduğum duygusunu hissetmeme yardımcı olan biri vardı.					
6. Yırtık, sökük ya da kirli giysiler içerisinde dolaşmak zorunda kalırdım.					
7. Sevdiğimi hissediyordum.					
8. Anne ve babamın benim doğmuş olmamı istemediklerini düşünüyordum.					
9. Ailemden birisi bana öyle kötü vurmuştu ki doktora ya da hastaneye gitmem gerekmişti.					
10. Ailemde başka türlü olmasını istediğim bir şey yoktu.					
11. Ailedekiler bana o kadar şiddetle vuruyorlardı ki vücudumda morartı ya da sıyrıklar oluyordu					
12. Kayış, sopa, kordon ya da başka sert bir cisimle vurularak cezalandırılıyordum.					
13. Ailedekiler birbirlerine ilgi gösterirlerdi.					
14. Ailedekiler bana kırıcı ya da saldırganca sözler söylerlerdi.					
15. Vücutta kötüye kullanılmış olduğuma (dövülme, itilip kakılma vb.) inanıyorum.					
16. Çocukluğum mükemmeldi.					
17. Bana o kadar kötü vuruluyor ya da dövülüyordum ki öğretmen, komşu ya da bir doktorun bunu fark ettiği oluyordu.					
18. Ailemde birisi benden nefret ederdi.					
19. Ailedekiler kendilerini birbirlerine yakın hissederlerdi.					
20. Birisi bana cinsel amaçla dokundu ya da kendisine dokunmamı istedi.					
21. Kendisi ile cinsel temas kurmadığım takdirde beni yaralamakla ya da benim hakkımda yalanlar söylemekle tehdit eden birisi vardı.					
22. Benim ailem dünyanın en iyisiydi.					
23. Birisi beni cinsel şeyler yapmaya ya da cinsel şeylere bakmaya zorladı.					
24. Birisi bana cinsel tacizde bulundu.					
25. Duygusal bakımdan kötüye kullanılmış olduğuma (hakaret, aşağılama vb.) inanıyorum.					
26. İhtiyacım olduğunda beni doktora götürececek birisi vardı.					
27. Cinsel bakımdan kötüye kullanılmış olduğuma inanıyorum.					
28. Ailem benim için bir güç ve destek kaynağı idi.					

## Appendix F: Father Involvement Scale (FIS)

### Ölçek 3

Aşağıda babanızla ilişkileriniz hakkında cümleler verilmiştir. Sizden istediğimiz çocukluk/ergenlik döneminizde babanızla yaşadığınız ilişkinizi düşünerek, aşağıdaki cümlelerin size ne kadar uyduğunu cümlelerin yan tarafında verilen en uygun olan dereceyi (1, 2, 3, 4, 5) işaretleyerek belirtmenizdir.

Çocukluk ve ergenlik döneminizi düşündüğünüzde;	Hiç				Oldukça Çok
Sizce babanız baba olmaktan ne kadar hoşlanıyordu?	1	2	3	4	5
Babanız sizin gereksinimlerinizi karşılamak için yeterli kadar istekli miydi?	1	2	3	4	5
Babanıza sırlarınızı paylaşabileceğiniz biri olarak güvenebileceğinizi düşünür müydünüz?	1	2	3	4	5

Çocukluk ve ergenlik döneminizi düşündüğünüzde;	Hiçbir Zaman				Her Zaman
Desteğine gereksinim duyduğunuzda babanız size bu desteği sağlar mıydı?	1	2	3	4	5
Gün içinde düşünce ve duygularımızın üzerinde babanızın varlığını ve etkisini ne kadar hissederdiniz?	1	2	3	4	5
Babanız sizinle birlikte etkinliklere katılır mıydı?	1	2	3	4	5

Çocukluk ve ergenlik döneminizi düşündüğünüzde;	Çok Kötü				Çok İyi
Babanıza duygusal olarak ne kadar yakındınız? (Babanızla olan duygusal yakınlığınızı nasıl tanımlarsınız)	1	2	3	4	5
Babanızla nasıl anlaşırdınız?	1	2	3	4	5

Çocukluk ve ergenlik döneminizi düşündüğünüzde;	İyi Değil				Mükemmel
Genel olarak babanızı nasıl değerlendirirsiniz?	1	2	3	4	5



## Appendix G: Resilience Scale (RS)

Ölçek 1							
<b>Yönerge: Lütfen aşağıdaki her bir ifadeyi okuyarak size en uygun kutuyu seçiniz.</b>							
<b>1: Kesinlikle Katılmıyorum</b>	<b>Kesinlikle Katılmıyorum</b>	<b>Katılmıyorum</b>	<b>Kısmen Katılmıyorum</b>	<b>Kararsızım</b>	<b>Kısmen Katılıyorum</b>	<b>Katılıyorum</b>	<b>Kesinlikle katılıyorum</b>
<b>2: Katılmıyorum</b>							
<b>3: Kısmen Katılmıyorum</b>							
<b>4: Kararsızım</b>							
<b>5: Kısmen Katılıyorum</b>							
<b>6: Katılıyorum</b>							
<b>7: Kesinlikle Katılıyorum</b>							
1. Yaptığım planlara uyarım.	1	2	3	4	5	6	7
2. İşlerin bir şekilde üstesinden gelirim.	1	2	3	4	5	6	7
3. Bir başkasından çok kendime güvenirim.	1	2	3	4	5	6	7
4. Bir şeye ilgili olmak benim için önemlidir.	1	2	3	4	5	6	7
5. Gerektiğinde kendi başıma ayakta kalabilirim.	1	2	3	4	5	6	7
6. Hayatta başardıklarımın gurur duyuyorum.	1	2	3	4	5	6	7
7. Genellikle ileriye dönük düşünürüm.	1	2	3	4	5	6	7
8. Kendimle barışık biriyim.	1	2	3	4	5	6	7
9. Zaman içinde birçok şeyi yapabileceğimi düşünürüm.	1	2	3	4	5	6	7
10. Kararlı biriyim.	1	2	3	4	5	6	7
11. Olayların ayrıntılarını genellikle merak etmem.	1	2	3	4	5	6	7
12. İşleri zamanında yaparım.	1	2	3	4	5	6	7
13. Disiplinli biriyim.	1	2	3	4	5	6	7
14. Birçok şeyle ilgili biriyim.	1	2	3	4	5	6	7
15. Çoğu zaman gelecek bir şey bulurum.	1	2	3	4	5	6	7
16. Zor durumlarda, kendime olan güvenim bana güç verir.	1	2	3	4	5	6	7
17. Zor durumlarda insanların genellikle güvenebileceği biriyim.	1	2	3	4	5	6	7
18. Genellikle bir duruma değişik açılardan bakabilirim.	1	2	3	4	5	6	7
19. İstesem de istemesem de bazen yapmak istediğim/istemediğim şeylere kendimi ayarlarım.	1	2	3	4	5	6	7
20. Hayatımın bir anlamı vardır.	1	2	3	4	5	6	7
21. Hakkında bir şey yapamayacağım konulara takılıp kalmam.	1	2	3	4	5	6	7
22. Zor bir durumdaysam genellikle bir çıkış yolu bulabilirim.	1	2	3	4	5	6	7

## Appendix H: Informed Consent for Post-Participation



TED ÜNİVERSİTESİ  
TEDU UNIVERSITY  
06420 ANKARA-TURKEY

Tel: 90 (312) 585 00 00  
Faks: 90 (312) 418 41 48

### Katılım Sonrası Bilgi Formu

Bu araştırma daha önce de belirtildiği gibi TED Üniversitesi Psikoloji Bölümü Yüksek Lisans öğrencisi Zeynep Zeynel tarafından Doç. Dr. Tuğba Uzer-Yıldız danışmanlığındaki yüksek lisans tezi kapsamında yürütülmektedir. Çalışmanın amacı erken dönem şemaların anneden çocuğa aktarımında erken dönem olumsuz yaşantıların, psikolojik dayanıklılığın ve baba katılımının rolünün incelenmesidir.

**Alan yazında**, çocuk ve ebeveyn arasındaki erken dönem yaşantılar birçok farklı teori tarafından açıklanmaktadır. Bu teorilerden bir tanesi de şema kuramıdır. Bu kurama göre ihmal ve istismar, temel duygusal ihtiyaçların karşılanmaması gibi çocukluk ve ergenlik döneminde ebeveyn ile gerçekleşen olumsuz yaşantılar, uyum bozucu şemaların gelişmesine yol açmaktadır. Kurama göre erken dönem uyumsuz şemalar; anı, duygu, biliş ve bedensel duylardan oluşan, bir kişinin kendini ve başkalarıyla olan ilişkilerini dikkate alan, genellikle çocukluk ya da ergenlik boyunca gelişen, kişinin yaşamı boyunca karmaşıklaşan ve önemli dereceye kadar işlevsiz olan genel yaygın tema ya da örüntülerdir. Kurama göre bu şemalar, bireyin çocukluk döneminde ebeveynlerini model alması yoluyla da oluşabilmektedir. Bu kapsamda ebeveynlerden birinin sahip olduğu erken dönem uyumsuz şemaların, ebeveyn ve çocuk arasındaki erken dönem olumsuz yaşantılar yoluyla çocuğa doğrudan aktarılıp aktarılmayacağı sorusu akla gelmektedir. Bu doğrultuda, bu çalışmanın temel amacı erken dönem uyumsuz şemaların aktarım mekanizmasını incelemektir. Bu amaç doğrultusunda annenin sahip olduğu erken dönem uyumsuz şemaların çocuğa doğrudan aktarılıp aktarılmadığı bu çalışmanın temel araştırma sorusunu oluşturmaktadır. Bunun yanı sıra, aktarım mekanizmasında hangi değişkenlerin rolü olabileceği merak edilmektedir. Bu doğrultuda ebeveyn-çocuk arasındaki erken dönem olumsuz yaşantıların, bireyin psikolojik dayanıklılığının ve baba katılımının aktarım mekanizmasındaki rolü incelenmektedir. Son olarak, duygu düzenleme becerisi ve algılanan sosyal destek değişkenlerinin bu mekanizmadaki rolüne de bakılması hedeflenmektedir.

Bu sebeple, çalışmanın amacı “erken dönem yaşantılar ile bazı kişilik özellikleri arasındaki ilişkinin incelenmesi” olarak sunulmuş; şema aktarım mekanizmasının araştırıldığı bilgisi araştırmanın doğası gereği başlangıçta sizlerle paylaşılmamıştır.

Bu çalışmadan alınacak ilk verilerin Nisan 2019 sonunda elde edilmesi amaçlanmaktadır. Elde edilen bilgiler sadece bilimsel araştırma ve yazılarda kullanılacaktır. Çalışmanın sağlıklı ilerleyebilmesi ve bulguların güvenilir olması için çalışmaya katılacağımı bildiğiniz diğer kişilerle çalışma ile ilgili **detaylı bilgi paylaşımında bulunmamanızı** dileriz. Bu araştırmaya katıldığınız için tekrar çok teşekkür ederiz.

Araştırmanın sonuçlarını öğrenmek ya da daha fazla bilgi almak için aşağıdaki isimlere başvurabilirsiniz.

Zeynep Zeynel (E-posta: [zeynep.zeynel@tedu.edu.tr](mailto:zeynep.zeynel@tedu.edu.tr))  
Doç. Dr. Tuğba Uzer-Yıldız (E-posta: [tugba.uzer@tedu.edu.tr](mailto:tugba.uzer@tedu.edu.tr))

Çalışmaya katkıda bulunan bir gönüllü olarak katılımcı haklarınızla ilgili veya etik ilkelerle ilgili soru veya görüşlerinizi TED Üniversitesi İnsan Araştırmaları Etik Kurulu'na iletebilirsiniz. E-posta: [iaek@tedu.edu.tr](mailto:iaek@tedu.edu.tr)

## Appendix I: Ethical Committee Approval

### TED ÜNİVERSİTESİ İNSAN ARAŞTIRMALARI ETİK KURULU

29.08.2018

**Sayı:81**

**Konu:** Etik Kurul Kararı

Sayın

Zeynep ZEYNEL  
Gelişim Odaklı Klinik Çocuk ve Ergen Psikolojisi ABD  
Yüksek Lisans Öğrencisi

TED Üniversitesi İnsan Araştırmaları Etik Kurulunun **29.08.2018** tarih ve **2018/228** sayılı kararı ekte sunulmuştur.



Prof. Dr. Melike SAYIL  
TED Üniversitesi  
İnsan Araştırmaları Etik Kurul Başkanı

**TED ÜNİVERSİTESİ**  
**İNSAN ARAŞTIRMALARI ETİK KURULU**

**ETİK KURUL KARARLARI**

Toplantı Tarihi: 29.08.2018


Toplantı Sayısı: 2018/81

TED Üniversitesi İnsan Araştırmaları Etik Kurulu 29.08.2018 Çarşamba günü saat 13:00'de toplanarak aşağıdaki kararları almıştır.

**Karar:(228)** TED Üniversitesi, Gelişim Odaklı Klinik Çocuk ve Ergen Psikolojisi ABD Yüksek Lisans Öğrencisi **Zeynep ZEYNEL**'in sahibi olduğu "Erken Dönem Şemaların Aktarımında Erken Dönem Olumsuz Yaşantıların, Psikolojik Dayanıklılığın ve Baba Katılımının Rolünün İncelenmesi" başlıklı araştırma projesine ilişkin 14.08.2018-1764 tarih ve sayılı etik kurul onay talebi görüşülmüş ve proje önerisinde, araştırma kapsamında uygulanacağı beyan edilen işlemlerin ve veri toplama araçlarının araştırma etiğine uygun olduğuna OYÇOKLUĞU ile karar verilmiştir.



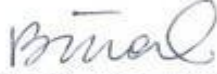
Prof. Dr. Melike SAYIL  
Başkan



Prof. Dr. Berin GÜR  
Üye



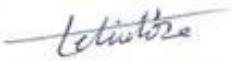
Doç. Dr. Cem AKGÜNER  
Üye



Dr. Öğr. Üyesi Bengi ÜNAL  
Üye



Dr. Öğr. Üyesi Kürşad DEMİRUTKU  
Üye



Dr. Öğr. Üyesi Tekin KÖSE  
Üye



Dr. Öğr. Üyesi Aylin ÇAKIROĞLU ÇEVİK  
Üye

**KATILUADI**

Dr. Öğr. Üyesi Mana Ece TUNA  
Üye