2THE MEDIATING ROLES OF EMOTION DYSREGULATION AND METACOGNITION IN THE RELATIONSHIP BETWEEN TERRORISM AND COMMUNITY VIOLENCE RELATED RISK APPRAISALS AND PSYCHOLOGICAL SYMPTOMATOLOGY

A THESIS SUBMITTED TO
THE GRADUATE SCHOOL OF
TED UNIVERSITY

BY

MUSTAFA SARIKAYA

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

AUGUST 2018

Approval of the Institute of Graduate School

Prof. Dr. Kezban Çelik
Director

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

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 Art.

Assoc. Prof. Dr. Ilgın Gökler-Danışman
Advisor

Examining Committee Members

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

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

Asst. Prof. Dr. İbrahim Yiğit (Başkent University, PSY)

I hereby declare that all information in this document has been obtained and presented in accordance with academic rules and ethical conduct. I also declare that, as required by these rules and conduct, I have fully cited and referenced all material and results that are not original to this work.

Name, Last Name: Mustafa SARIKAYA

Signature: 

ABSTRACT

THE MEDIATING ROLES OF EMOTION DYSREGULATION AND METACOGNITION IN THE RELATIONSHIP BETWEEN TERRORISM AND COMMUNITY VIOLENCE RELATED RISK APPRAISALS AND PSYCHOLOGICAL SYMPTOMATOLOGY

Mustafa Sarıkaya

M.S., Department of Psychology

Supervisor: Assoc. Prof. Dr. Ilgın Gökler Danışman

August 2018, 68 pages

The purpose of the present study was to examine the mediating roles of emotion dysregulation and metacognition in the relationship between terrorism and community violence related risk appraisals and psychological symptomatology. Brief Symptom Inventory, Difficulties in Emotion Regulation Scale-Brief Form, Terror Risk Perception Questionnaire and Metacognition Questionnaire were used to collect data from university students (between 18-23 years old) who have been living in Ankara at least 3 years. The results of multiple mediation models indicated that risk appraisals towards terrorist attacks and community violence incidents may lead to difficulties in emotion regulation and to use of unhelpful metacognitive functions that may also lead to disrupting psychological functioning in the youth population. The findings of the present study have clinical and psychosocial implications. In clinical implications, cognitive and emotional skills of youth would be supported by working on emotion regulation and metacognitive functions. In psychosocial implications, youths' the sense of control and safety would be improved by community-based interventions and policies.

Keywords: *Trauma, Risk Appraisal, Terrorism, Community Violence, Emotion Dysregulation, Metacognition, Psychological Symptomatology*

ÖZ

TERÖRİSM VE TOPLUMSAL ŞİDDETLE İLGİLİ RİSK ALGISI İLE PSİKOLOJİK SEMPTOMATALOJİ ARASINDA İLİŞKİDE DUYGU DÜZENLEME GÜÇLÜĞÜ VE ÜSTBİLİŞİN ARACI ROLU

Yüksek Lisans, Psikoloji Bölümü

Tez Yöneticisi: Doç. Dr. Ilgın Gökler Danışman

Haziran 2018, 68 sayfa

Bu çalışmanın amacı, terörizm ve toplumsal şiddetle ilgili risk algısı ile psikolojik semptomatoloji arasındaki ilişkide duygu düzenleme güçlüğünün ve üst bilişin aracı rolünün araştırılmasıdır. En az üç yıldır Ankara'da yaşayan üniversite öğrencilerinden (18-23 yaş arası) data toplamak için Kısa Semptom Envanteri, Duygu Düzenleme Güçlüğü Ölçeği, Terör Risk Algısı Anketi, Üstbiliş Anketi kullanılmıştır. Çoklu Aracı Modelin sonuçları şunları göstermektedir; terörist saldırılarına ve toplumsal şiddet olaylarına karşı olan risk algımız duygu düzenlememede güçlüklere ve yararsız üstbilişsel fonksiyonlara yol açıyor olabilir, bu da genç popülasyonda psikolojik işlevselliğin bozulmasına yol açıyor olabilir. Bu çalışmanın sonuçları klinik ve psikososyal doğurgulara sahiptir. Klinik doğurgularda, gençlerin bilişsel ve duygusal becerileri duygu düzenleme ve üst biliş fonksiyonları üzerine çalışılarak desteklenebilir. Psikososyal doğurgularda ise, gençlerin kontrol ve güvenlik hissi toplum temelli müdahaleler ve politikalarla arttırılabilir.

Keywords: *Travma, Risk Algısı, Terörizm, Toplumsal Şiddet, Duygu Düzenmele Güçlüğü, Üstbiliş, Psikolojik Semptomatoloji*

Ülkemin çocuk ve gençlerine...

ACKNOWLEDGMENT

First, I would like to express my gratitude to my supervisor, Assoc. Prof. Dr. Ilgın Gökler Danışman for the best guidance, support and knowledge. She is an amazing psychotherapist, a role model and a teacher. I consider myself lucky to have the opportunity to work with you. I also would like to present my gratitude to Asst. Prof. Dr. İbrahim Yiğit and Assoc. Prof. Dr. Tuğba Uzer-Yıldız for their contributions during Thesis Examining Committee.

I would like to express my gratitude to Res. Asst. Melike Guzey Yiğit and Res. Asst. Deniz Okay for their support during data collection. I also very grateful to my dear friends Ahmet Faruk Ekinci, Sezer Şimşek, Damla Aydemir, and Elanur Öksüzer. They always supported me emotionally with their great friendship.

A special thanks to my live-in lover, Aybüke Yaldız for endless support, patience and brightness. She is the Sun of my life that always shine. I also would like to thank my lovely cat, Mirana for her chumminess and warm.

I would like to heartful thank to my family; my mother, my father and my sister for their support and understanding.

TABLE OF CONTENTS

Table and Figure

INTRODUCTION

In the last years, the increased number of the community violence and terrorism incidents have led researchers to investigate the psychological effects of these traumatic incidents on individuals (Zeirdner, 2005; Bleich, Gelkopf & Solomon, 2003). The community violence and terrorism are essential concerns for all individuals from children to elders. However, youth population is mostly affected by these incidents owing to the fact that this period is crucial for cognitive and emotional growth that make them vulnerable to psychological effects of traumatic incidents Finkelhor, Ormrod, Turner & Hamby, 2005).

Even research on the community violence and terrorism has mostly focused on the effects of traumatic exposure on psychological well-being, rather than effects of community violence and terrorism related risk appraisals of individuals. Since the risk appraisals are related with cognitive and emotional functioning, it is essential to examine the relationship between risk appraisals and psychological symptomatology, and the factors that play crucial role in this relationship. The traumatic incidents have effect on youth' cognitive and emotional functioning in which turn lead to psychological impairment (Pat-Horenczyk et al., 2007; Papageorgiou & Wells, 2004). The understanding of the effect of risk appraisals is also important for the generation of interventions for community violence and terrorist incidents.

More specifically, the focus of the current study was on the cognitive and emotional factors, which are emotion dysregulation and metacognition, in the relationship between community violence and terrorism related risk appraisals and psychological symptomatology. The emotion dysregulation and metacognitive function are affected from traumatic incidents and both emotion dysregulation and

maladaptive metacognitive functioning are related with psychological symptomatology (Shields, Nadasen & Pierce, 2008; Overstreet, 2000). In light of these knowledge, we hypothesized that the relationship between terrorism and community violence related risk appraisals and psychological symptomatology will be mediated by emotion dysregulation and metacognition.

In the following sections, the community violence and terrorism, traumatic exposure and risk appraisals, and important factors in the relationship between traumatic incidents and psychological symptomatology, including emotion dysregulation and metacognition will be described and the interrelations between these variables will be discussed.

1. Community Violence and Terrorism

Community violence has been recognized as a major risk factor for children and adolescents and it also has impacts on their mental health (U.S. Surgeon General, 2001). Exposure to community violence in children and adolescents is one of the crucial risk factors for the development of emotional and behavioral problems (Overstreet, 2000).

Terrorism and terrorist attacks such as suicide bombing, drive-by shootings, knife or gun attacks are another threat for youths' lives and mental health (Zeirdner, 2005; Bleich, Gelkopf & Solomon, 2003).

Community violence is defined as 'acts by a person or a group of individuals intended to harm another person or group of individuals and frequent and continual exposure to the use of guns, knives, and drugs, and random violence' (Stein, Jaycox,

Katoka, Rhodes & Vestal, 2003, p. 248; Overstreet, 2000). It includes homicides, bullying, shootings, assaults, terror attacks, etc. (Özerkmen, 2012).

The definition of terrorism is 'the unlawful use of force or violence against persons or property to intimidate or coerce the government, the civilian population, or any segment thereof, in pursuance of political or social objectives' (US Department of Justice, 1996). In comparison terrorist attacks and other forms of violence, terrorist attacks would be perceived as less dangerous, however, it is more attention-grabbing. The reason would be related to Ruby's (2002) definition of the aim of the terrorist attacks that is 'to create a fearful state of mind in an audience different from the victims.'

1.1. Worldwide Terrorist Attacks and Community Violence Incidents

According to the Global Terrorism Database, which is maintained by the Study of Terrorism and Responses to Terrorism (START), and includes information about terrorist incidents worldwide, 11.072 terrorist attacks were reported in 2016. These attacks caused more than 25.600 deaths and 33.800 injured (START, 2017). In addition, the reports of The Statistics Portal (2018), approximately 126,700 terrorist attacks occurred between 2006 and 2016 and more than 216.900 people died because of these incidents.

The World Trade Center Attack is one of the most lamentable terrorist incidents on September 11, 2001. In consequences of the World Trade Attacks, 2.801 people dead and more than 6.000 people injured (Klitzman & Freudenberg, 2003). 3 years later from 9/11 attacks, on 11 March 2004, 177 people were killed by 10 different terrorist bombs located on four commuter trains in Madrid. Also, more

than 2000 people injured because of the incident (Ceballos et. al., 2005). In September 2004, 32 terrorists took hostage more than 1.300 people including adults and children. After the three-day period, 344 people were killed (186 of them were children) and over 700 people injured in Russian Federation (Vetter et. al., 2010). In July 2005, at the center of London's transport network 52 people were killed and more than 700 people were injured by terrorist attacks (Rubin, Brewin, Greenberg, Simpson & Wessely, 2005). The Boston Marathon Bombings occurred in April 2013. During the Marathon, two terrorist bombs were exploded, 3 fatalities and 264 people injured (Klontz & Jain, 2013). In November 2015, there were several coordinated terrorist attacks were occurred in Paris, more than 120 people were killed by random gun attacks and suicide bombers (Faleg, 2015).

These ongoing terrorist incident, in the center of important cities such as New York, London, Paris, Madrid shifted researchers' attention to effects of terrorist attacks on individuals' mental health and their emotional reactions to these bloody terrorist attacks (Kerns, et. al.,2014; Paez, Basabe, Ubillos & Gonzalez-Castro, 2007; Rubin, Brewin, Greenberg, Simpson & Wessely, 2005).

1.2.Terrorist Attacks and Community Violence Incidents in Turkey

According to START (2017), 309 terrorist attacks occurred in 2015. Because of these terrorist incidents 337 people dead and 828 people injured. Turkey was in the list of ten countries with most terrorist attacks in 2016. 363 terrorist incidents were reported in a year. 2016 is a bloody year for Turkey, there were 657 fatalities and 2282 people injured because of terrorist incidents.

In recent years, the number of terrorist attacks has been increasing in Turkey. There were several subsequent terrorist attacks occurred in important cities. 28 June

2016 Istanbul Airport Attacks caused in the deaths of 48 people and over 230 people injured with bombs and random gun attacks (Uzulmez & Ates, 2017). 10 December 2016, after 90 minutes from the end of the soccer match at Vodafone Arena in İstanbul, two bombs exploded outside of the Stadium. The attacks caused 48 fatalities (8 of them were civilian and 38 of them police officers, Strategic Comments, 2016).

The capital city of Turkey, Ankara has been also exposed to several subsequence terrorist incidents in the last few years. At the center of the Ankara, near the Gar Station, two suicide bombers appeared to target civilians who joined the Labour, Peace and Democracy Rally on 10 October 2015. This incident was one of the extensive terrorist attacks in recent years, more than 101 people lost their lives and over 250 people got injured (Yazgan & Aksu, 2016). After 4 months (17 February 2016), there was another terrorist incident occurred at Merasim Street near the important government buildings such as the Turkish Grand National Assembly, Turkish General Staff. Although the bombs appeared to target military forces, many civilians were affected by this incident that killed 28 military employees and one civilian, injured more than 60 people (Gunter, 2016). One month later (13 March 2016), another terrorist incident occurred one kilometer away from Merasim Street. At the hearth of the Ankara, near the bus station, 38 people were killed by two attackers and over 125 people were injured in Güvenpark (Sezer et. al., 2016).

In the same year, on 15 July 2016, a group of soldiers from Turkish Army Forces connected with the Gülen movement attempted a coup. The attempted coup continued for two days, during the two-days, civilians protested the attempt on streets. Soldiers started to attack people and security forces with tanks, jets, and guns. On July 16, the coup attempt was got through, however 248 people died and more

than 2.000 people wounded because of the community violence incidents across the country (Tayfur, et. al., 2016; Strategic Comments, 2016). Ankara was the city where the community violence events occurred extremely because soldiers attacked the government buildings as the Turkish Grand National Assembly, Turkish General Staff. According to reports of Ankara Governorship (2016), 143 people were killed, and more than 900 people were injured in Ankara.

Although cities and civilians in the east and southeastern regions of Turkey were disproportionately affected by ongoing terrorist attacks (Rodoplu, Arnold, & Ersoy, 2003), Ankara was relatively free of such violent attacks. However, subsequence terrorist attacks and community violence events occurred towards civilians at the important transportation areas and center of the Ankara in 2 years.

2. Traumatic Exposure and Risk Appraisal

2.1. Traumatic Exposure

Individuals would experience exposure to terrorist attacks and community violence events in three ways; victimization, witnessing and hearing about/vicarious exposure (Buka, et al., 2001). Victimization refers to intentional acts that are initiated by another person to cause one harm. Victimization includes being threatened, robbed, raped, shot, or otherwise assaulted. Witnessing refers to eye-witnessing an event that involves deaths, actual injury, the threat of injury. Hearing about or vicarious exposure refers to hearing about violent events or learning of victimization of another person by violent events. Hearing about a friend who died because of the terrorist incident would be an example of witnessing (Fowler, Tompsett, Braciszewski, Jacques-Tiura & Baltes, 2009; Buka, et al., 2001).

The impacts of terrorist attacks and community violence incidents on young people have commonly studied area because young people are affected by such violent events mostly. Youths' relation with the social world is higher than other developmental periods and it increase the possibility of exposure to violent events (Finkelhor, Ormrod, Turner & Hamby, 2005). Youths' exposure to violent incidents, including directly or indirectly, confronts them with the threat of helplessness, the sense of hopelessness, death, and mutilation (Laufer & Solomon, 2006; Zeidner, 2004; Joshi & O'Donnell, 2003).

As a multidimensional process, exposure to traumatic events may affect individuals emotionally, behaviorally and cognitively. In order to understand the cognitive effects of traumatic events, Janoff-Bulman focused on individuals' basic assumption that is unquestioned and unchallenged abstract beliefs about themselves and the world. According Janoff-Bulman, there are three fundamental assumptions; (1) *benevolence of others and the world* that refers to individuals' belief that the world is a good place and other people are basically good, kind, helpful and caring; (2) *meaningfulness of the world and events* that refers to individuals' beliefs about the distribution of good and bad outcomes in the terms of why certain things happen to certain people? People believe that the outcomes can be controlled by people with an examination of behaviors. (3) *The self-worth* refers to individuals' assumptions that themselves are good, capable, and moral creatures (Janoff-Bulman, 1989). In general, individuals believe that 'they are good people who live in a benevolent, meaningful world' and they perceive their vulnerability as diminished. (Janoff-Bulman, 1992, p.12)

In the terms of exposure to traumatic events, Janoff-Bulman's shattered assumptions theory indicates that when individuals are faced with uncontrollable and

unpredictable traumatic events, their fundamental assumption of the benevolence of others and world, meaningfulness of the world and events, and the self-worth may be shattered. The traumatic events provide such anomalous data that they no longer match with preexisting assumptions of individuals (Janoff-Bulman, 1992; Schwartzberg & Janoff-Bulman, 1991; Janoff-Bulman, 1989). After, traumatic exposure, victims' basic assumptions towards the worlds and themselves and assumptions of invulnerability ('world is a good place', 'bad things won't generally happen to me') change with new beliefs that are incorporated into belief systems ('world is not safe' and 'bad things will happen to me', Chipman, 2011).

After exposing to traumatic events, individuals no longer feel themselves safe, but they become more vulnerable to negative events and they fear to the reoccurrence of such events (Janoff-Bulman & Yopyk, 2004; Janoff-Bulman & Frieze, 1983). In their study about terrorist attacks, Goodwin and his colleagues (2005) indicated there was a strong relationship between individuals' benevolent values, security values and risk perception of future terrorist attacks.

2.2. Risk Appraisal

The many studies have specifically focused on the effects of individuals' risk appraisals towards violent incidents. Understanding of individuals' risk appraisals towards terrorist attacks and community violence incidents help to take precaution for future attacks and to minimize their effects. It also helps to develop interventions to minimize effects of violent events (Lee & Lemyre, 2009).

Violent events and terrorist attacks are uncertain and it is too difficult to determine when, where and what type of attack may occur. The uncertainty of these attacks increases the anxiety level of individuals and to what extent people would

perceive it as risky (Yeniçeri & Dönmez, 2008). The risk appraisals of violent events are important because the aims of terrorist attacks are to increase fear and threat for future attacks (Clinton, 2006). After 6 mounts later from the September 11 attacks, the anxiety level of individuals was high level about future terrorist attacks (Silver, Holman, McIntosh, Poulin & Gil-Rivas, 2002).

Individuals' risk appraisal is affected by two psychological systems. These systems are cognitive and affective systems. Both cognitive and affective factors influence individuals' reaction to terrorism. For instance, individuals' decision about traveling somewhere or going to a place that is perceived as high risky changes depending on their evaluation of terrorism risk and affective responses. If affective reaction of individuals is worry or concern, they may avoid to go places where are perceived as high risky. Also, cognitive and affective factors are integrated into the perception of terrorism risk, however, there is no common evidence about the way of the interaction about terrorism risk. The appraisals theories indicated that individuals' cognitive evaluation about the threat influences their affects (Lee & Lemyre, 2009), however another perspective that is *processing theories* indicated that individuals' risk perception of terrorist attacks is affected by their affects (Kobbeltved, Brun, Johnsen & Eid, 2005).

Another psychological process is probability neglect that plays important role in individuals' risk appraisals about terrorist attacks. Although people encounter larger risks in their daily life such as to expose a traffic accident, they are most interested in the risks of terrorist attacks. People prefer to focus on the worst possible scenario and they fail to attend its probability of occurrence (Sunstein, 2002). One or two terrorist incidents will change individuals' risk perception of future attacks and effect society emotionally (Rubin et al., 2005).

Individuals' terrorism risk also frequently differentiates depending on cities or regions. Individuals terrorism risk is higher in cities, which have history to be exposed to terrorist attacks, than cities do not have (Willis, Morral, Kelly & Medby, 2006). People who live near the city center that were the target of terrorist attacks are worrying about life safety of themselves and their immediate family (Stevens et al., 2011).

2.3.Traumatic Exposure and Psychological Symptomatology

Although the impacts of violent events differ according to forms of exposing violent events (victimization, witnessing and hearing about/vicarious exposure), victimization has a greater effect on symptomatology than witnessing and vicarious exposure. However, youths experience the psychological impacts of violent incidents with all forms of exposure (Fowler, Tompsett, Braciszewski, Jacques-Tiura & Baltes, 2009).

The occurrence of terrorist attacks and community violence events towards civilians or security forces increased in 20 years, especially after September 11 attacks researchers have investigated potential consequences of such violent incidents on individuals' mental health. Respectable number of studies was conducted to understand the effect of past terrorist attacks on individuals' psychological well-being, and these attacks are as the September 11 attacks, Madrid explosions, The Boston Marathon Bombings (Klontz & Jain, 2013; Miguel-Tobal et al., 2006; Galea et al., 2002; Vlahov et al., 2002; Ahern et al., 2002).

Many studies about outcomes of exposure to community violence in youth population indicate that there is a strong relationship between community violence, posttraumatic stress disorders (PTSD), externalizing problems (e.g. aggressive and

deviant behaviors) and internalizing problems (e.g. depression, anxiety) (Gorman-Smith et al., 2004; Linares & Cloitre, 2004; Overstreet & Braun, 2000). Congruently, a respectable number of studies on psychological effects of terrorist attacks remark that terrorist attacks strongly predicted PTSD symptomatology. Also, exposure to terrorist attacks are related to depression (Kilpatrick et al., 2003), risk-taking behaviors (Pat-Horenczyk et al., 2007) functional impairment (Pat-Horenczyk et al., 2007) increased a number of using alcohol, cigarette, and drug (Schiff, Zweig, Benbenishty & Hasin, 2007).

Individuals' shattered assumptions about the world and themselves increase the risk of developing psychological impairment (Janoff-Bulman & Schwartzberg, 1990). Internalization of new core beliefs ('the world is not a safe place' or 'bad things will happen to me') and changes in perception of personal vulnerability are also related with PTSD symptoms (Edmondson et al., 2014) and depression (Lilly, Valdez, & Graham-Bermann, 2011).

3. Important Variables in the Traumatic Exposure and Psychological Symptomatology

Although exposure to community violence and terrorist attacks are an important to risk factor for psychological impairments, it does not lead individuals to similar outcomes. Researches refer that some variables play a key role in this relationship. These are individual's cognitive and emotional coping mechanisms and their perception of threat, safety and security that are also the most investigated variables.

The function of individuals' coping mechanism plays a considerable role in the relationship between traumatic exposure and mental health outcomes (Zeidner,

2005). The coping mechanisms of youths may differentiate the psychological outcomes of exposure to ongoing terrorist attacks. Braun-Lewensohn and his colleagues (2009) found that emotional focused coping strategies, which adolescents use to deal with ongoing terrorism, are positively related with psychological problems. However, problem-solving focused coping strategies are more effective to deal with terrorist-related stress. Also, it is found that negative coping strategies (e.g. avoidance, aggression), and internalizing behaviors mediate the relationship between exposure to violence and posttraumatic stress symptoms, depression and anxiety in young population (Dempsey, 2002).

The young populations' perception of threat and perception of safety and security are other crucial variables that serve as a mediator in the relationship between exposure to community violence and the symptoms of posttraumatic stress disorder (Fletcher, 1996). Exposure to community violence impacts children's assumptions about safety and security and it leads them to perceive like there is no any place in which they feel themselves safe and secure (Mazza & Overstreet, 2000). It also impacts their emotional and behavioral reactions to such a stressful event and developing PTSD symptoms (Shields, Nadasen & Pierce, 2008; Overstreet, 2000).

In the relationship between terrorism and community violence related risk appraisals (TCVRA) and psychological symptomatology, individuals' cognitive and emotional processes are thought to play a key role. In the following sections, emotion dysregulation and metacognitive processes will be discussed.

4. Emotion Dysregulation

Emotion regulation is defined by Gross (1999) as 'the processes by which individuals influence which emotions they have, when they have them, and how they

experience and express these emotions' (p.556). The emotional regulation can be conscious or unconscious, automatic or non-automated and it is related to the regulation of emotion rather than regulation by emotion (Gross, 2002).

The conceptualization of emotion regulation process is constituted by Gratz and Roemer (2004) who indicated that the components of emotion regulation process include '(a) awareness and understanding of emotions, (b) acceptance of emotions, (c) ability to control impulsive behaviors and behave in accordance with desired goals when experiencing negative emotions, and (d) ability to use situationally appropriate emotion regulation strategies flexibly to modulate emotional responses as desired in order to meet individual goals and situational demands.' (Gratz & Roemer, 2004, p.42)

There are two different emotion regulation goals that people try to accomplish. The first goal is down-regulate negative emotions in which people regulate their negative emotions to decrease the intensity and duration of negative emotions such as anger and sadness. Second emotion regulation goal is up-regulated positive emotion, people try to regulate their positive emotions to increase the intensity or duration of positive emotions such as love and interest (Gross, 2013). People try to regulate negative emotions to decrease the inimical effect of them and regulate positive emotions to continue the experience of them (Duy &Yılmaz, 2014).

4.1. Exposure, Emotion Dysregulation, and Psychological Symptomatology

Traumatic exposure triggers extreme negative emotions such as fear, helplessness, sadness, shame, anger or worries. The experience of multiple extreme negative emotions negatively affects youths' development of emotion regulation ability in the terms of differentiation of basic emotions, elaboration on affective

expression (Saarni & Harris,1991), and understanding, acceptance, and awareness of emotions (Tull et al., 2007). Difficulties in the important regulatory components contribute them to perceive emotions are uncontrollable and unpredictable. It also leads them to avoid situations that have the potential to elicit negative emotions (Tull et al., 2007).

Situation selection and experiential avoidance, which are emotion regulation functions, are associated with psychological impairments (Gross, 2002). In situation selection, individuals select to avoid or enter the emotion-eliciting situation to increase or decrease experiences of the emotions. Experiential avoidance includes suppression or avoidance of emotional experiences to regulate emotions. Both emotional functions have negative long-term effects on psychopathology (Bonnano, Papa, Lalande, Westphal, & Coifman, 2004)

The effective regulation of emotions is essential for individuals' psychological-wellbeing (McLaughlin, Hatzenbuehler, Douglas, Mennin, & Nolen-Hoeksema, 2011; Conklin et al., 2015). Especially, emotional regulation plays important a role in youths' emotional experiences and their responses, which are more stronger than adults. In this period, youths also experience developmental changes in several areas; such as biological changes including hormonal change, maturation of sexuality, etc.; psychological changes including moral reasoning; social changes including experience of romantic relationship, leaving from family (Gross, 2014). These developmental changes make youths more sensitive to the experience of emotions. Also, the occurrence of experiences negative emotion is intensive in the adolescence period (Larson & Asmussen,1991; Larson & Harm, 1993). Thus, using more adaptive emotion regulation strategies are crucial for the psychological development of youths (Aldao, Nolen-Hoeksema, &Schweizer, 2010).

Accumulating evidence suggests that adaptive regulation of emotion is crucial for youth population (Hatzenbuehler, McLaughlin, & Nolen-Hoeksema, 2008). Difficulties in emotion regulation are related with a range of psychopathological outcomes in youth population and adults (Brandley et al., 2011; Mennin, McLaughlin, & Flanagan, 2009; Zeman & Shipman, 2002; Gianini, White, & Masheb, 2013).

Emotion dysregulation is associated with depression (Berking, Wirtz, Svaldi, & Hofmann, 2014; Joormann & Stanton, 2016) anxiety, aggressive behaviors and eating pathology (McLaughlin, Hatzenbuehler, Douglas, Mennin, & Nolen-Hoeksema, 2011; Suveg, Morelen, Brewer, & Thomassin, 2010; Racine, & Wildes, 2013), generalized anxiety disorder (Mennin, Heimberg, Turk, & Fresco, 2005), post-traumatic stress disorder (Powers, Cross, Fani, & Bradley, 2015; Tripp, McDevitt-Murphy, Avery, & Bracken, 2015), borderline personality disorder (Glenn, & Klonsky, 2009).

5. Metacognition

Metacognition is defined as 'any knowledge or cognitive process that is involved in the appraisal, monitoring or control of cognition' (Wells, 2002, p.6). It is also defined by Flavell (1979) as ‘cognitions about cognitions’. Metacognition was investigated in two different aspects that are metacognitive knowledge (or metacognitive beliefs) and metacognitive regulation. Metacognitive knowledge is individuals' knowledge about their own cognitive processors and learning a task that they use for problem-solving and learning (Nietfeld, Cao, & Osborne, 2005; Scanlon, 2010). Metacognitive regulation refers to metacognitive activities that include

allocation of attention, self-monitoring, evaluation of performance, planning (Schraw & Moshman, 1995; Wells, 2000).

Wells and Matthews (1996) indicated that the control components of information processing effect psychological disturbance. According to the Self-Regulatory Executive Function, 'vulnerability to psychological dysfunction and maintenance of disorder are associated with a cognitive-attentional syndrome characterized by heightened self-focused attention, threat monitoring, ruminative processing, activation of dysfunctional beliefs, and self-regulation strategies that fail to modify maladaptive self-knowledge' (Morrison and Wells, 2003, p.252). The metacognitive beliefs that derive the cognitive-attentional syndrome and when individuals faced with a problematic situation, maladaptive metacognitive beliefs become active (Moneta, 2011).

Metacognition also plays an important role on the operation and generation of individuals' conscious experiences that they have of themselves and the world around them in the terms of what they pay attention to and which factors that enter consciousness. Individuals' negative beliefs such as 'the world are dangerous' or 'bad things will happen to me' can be seen as the productions of metacognition in which increasing attention and repetitive thinking generate such beliefs (Wells, 2011).

The CAS contains an attentional bias, including fixating attention on threat-stimuli. The CAS is drive by metacognitive beliefs have an impact on the development and maintenance of psychological disturbance (Tajrishi, Mohammadkhani, & Jadidi, 2011; Wels & Cartwright, 2002).

The metacognitive beliefs are conceptualized by Wells and Cartwright (2002) as five dimensions in psychopathology that are positive beliefs about worry, cognitive confidence (assessing confidence in attention and memory), cognitive self-consciousness, negative beliefs about thoughts concerning uncontrollability and danger, negative beliefs about consequences of not controlling thoughts (need to control).

5.1. Exposure, Metacognition and Psychological Symptomatology

Positive and negative metacognitive beliefs are two board-content domains that are related to psychological disorders. Positive metacognitive beliefs refer the benefits or advantages of engaging in cognitive activities such as ‘it is useful to focus attention on threat’ or ‘focusing on danger will keep me safe’ (Wells, 2011). Negative metacognitive beliefs refer to uncontrollability, meaning, and dangerous of thoughts and cognitive experiences. Research suggests that positive and negative metacognitive beliefs are related to depression (Papageorgiou & Wells, 2003), pathological worry and generalized anxiety (Davel & Wells, 2006), obsessive-compulsive disorder (Hermans et. all, 2003), alcohol use (Spada & Wells, 2008), PSTD (Holeva, Tarrier, & Wells, 2001), delusions and panic disorder (Morison & Wells, 2003).

Liotti and Prunetti (2010) conducted a study about remember traumatic experiences and metacognitive deficits in a clinical population. They indicated that dissociation is a type of metacognitive failure and it serves as a defense mechanism against mental pain is caused by psychological trauma. Two types of metacognitive deficits concern when individuals report traumatic memories that are the monitoring and the critical appraisal of memory processes and the ability to modulate the

intensity and duration of emotion. More specifically, individuals' childhood maltreatment memories and current PTSD symptoms have a negative impact on their metacognitive involving monitoring and ability to the reflection of emotions.

Moreover, there are three important metacognitive activities. These are rumination and gap filling in PTSD. Rumination is persistent, recycle, predominantly past-focused thinking and asking questions including 'why?', 'why do I react so negatively?', 'what does it mean?'. (Papageorgiou & Wells, 2004; Wells, 2011). Gap filling is a metacognitive activity in people who exposed a traumatic event. Individuals are going over past events in memory and they try to fill in specific gaps. People believe that if the specific gaps in the traumatic event can be filled successfully, the information about responsibility, blame, and causes of the traumatic event will be obtained. People also believe that it is helpful to avoid the future threats. The repetitive thinking and focusing attention on meaning and importance of thoughts lead individuals to mental instability (Wells, 2011).

6. The Current Study

The related literature indicated that cognitive and emotional processes are important components in the relationship between traumatic exposure and psychological symptomatology. However, little attention has been paid to the relationship between individuals' risk appraisals towards traumatic incidents and psychological symptomatology. The main concern of the study is to understand the role of emotion dysregulation and metacognition in individuals' risk appraisals towards traumatic incidents and psychological symptomatology. In this regard, the aim of the current study is to investigate the mediating roles of emotion dysregulation and metacognition in the relationship between terrorism and

community violence related risk appraisals (TCVRA) and psychological symptomatology. More specifically, it is hypothesized that the relationship between terrorism and community violence related risk appraisals and psychological symptomatology is mediated by emotion dysregulation and metacognition.

METHOD

1. Participants

A total of 290 undergraduate students participated in this study from TED University and Ankara University in Ankara. 176 of them were female (60%) and 114 of them were male (40%), ranging from 18 to 23 of age (M = 20.27, 1.25). Inclusion criteria of this study are living in Ankara at least 3 years, to make sure that they were residing in Ankara during the terrorist attacks and the attempted coup.

2. Materials

2.1.Traumatic Exposure Check List

Exposure to terrorist attacks and the attempted coup was assessed using a checklist constructed to represent the specific nature of the traumatic incidents subject to this research and the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) criteria for traumatic-event exposure (American Psychiatric Association, 2013). Previously established measures (e.g., Carpenter et.al., 2017) were also taken as a reference for the item construction. The checklist composed of two parts. All items were answered “yes” or “no”.

In order to assess participants’ physical and emotional distance to the traumatic incident, the first part of the checklist was composed of 19 items asking

participants whether they (a) were present at the scene of incident and directly exposed, (b) were close to the scene of incident and heard the bombing, (c) were not present directly at the scene of the incident but arrived immediately after and witnessed the scene, (d) had a significant other present at the scene of incident, and (e) exposed to the incident through media for each of the three terrorist attacks. Due to its specific nature, the items assessing the attempted coup were modified as follows: (a) was on the street and directly witnessed the violence events during the attempted coup, (b) was at the home and directly witnessed the violence events, (c) had a significant another present at the scene of the incident and (d) exposed to the incident through media.

The second part of the checklist was developed to assess the level of perceived and actual exposure to various dimensions of the traumatic incidents. The items were tapping life-threatening experiences (e.g., being injured during the incident), perceived life threat (e.g., thinking one might die during the incident), witnessing traumatic scenes (e.g., seeing somebody severely injured), and loss (i.e., having a family member killed during the incident). Adding the number of endorsed items yielded a total score of traumatic exposure ranging from 0-18.

2.2.Terror Risk Perception Questionnaire (TRPQ)

The TRPQ was developed by Shiloh, Güvenç, and Önkal (2007). The aim of the scale is to measure cognitive representations of terror attacks. The questionnaire includes 27 items and it is a seven-point scale (1 = strongly disagree, 7 = strongly agree). After factor analysis of TRPQ, the last version of the scale had 18 items and four factors. These factors are ‘costs’ including items related with consequences of terror attacks, ‘vulnerability’ including changes that would be occur after someone

was exposed to a terror attack, ‘trust’ contained items related individuals’ trust towards authorities as government for security and help, and ‘control’ including perceived personal helplessness and lack of control about terror attacks.

Interval consistencies of the four factors were ‘costs’ was 0.77, ‘vulnerability’ was 0.71, ‘trust’ was 0.89, and ‘control’ was 0.51. Also, the variances explained by four factors like that ‘costs’ was 17.99%, ‘vulnerability’ was 12.74%, ‘trust’ was 14.07% and ‘control’ was 9.08%. Higher score means higher level of risk appraisals towards terrorism and community violence incidents. Also, Cronbach alpha score was found .64 in the current study.

2.3.Brief Symptom Inventory (BSI)

The BSI that is the short form of Symptom Check List-90 (SCL-90), developed by Derogatis (1992) and Şahin and Durak (1994) adapted the scale for the Turkish population. They conducted three studies, the participants of the first study were 627 university students, and participants of the second study were between 11-35 years old, including university students, high school students, middle school and adults, the third study was conducted with 502 university students who consulted to Bilkent Universty Psychological Consultation and Research Center and 627 university students who got service from Bilkent University Psychological Consultation and Research Center. According to factor analysis, there are five factors were identified that are depression, anxiety, negative self-concept, somatization, hostility. The Cronbach Alpha scores ranged from 0.96 to 0.93. Also, Cronbach alpha score was found .97 in the current study.

The BSI has 53 items and it is a five-point Likert scale (1 = Nothing, 4 = Too much). Higher scores indicated greater frequencies of symptoms.

2.4. Metacognition Questionnaire (MCQ-30)

The MCQ-30 was developed by Welss and Cartwright-Hatton (2004) to measures a multidimensional measure of cognitive factors including metacognitive beliefs, judgments, and monitoring tendencies considered important in the metacognitive model of psychological disorders. The MCQ-30 is a self-report measure with 30-items and it is four-point Likert response scale (1 = do not agree, 2 = agree slightly, 3 = agree moderately, 4 = agree very much). According to the psychometric evaluation of MCQ-30 by Welss and Cartwright-Hatton (2004), Cronbach Alpha values ranging from 0.72 to .93 for factors and 0.93 for all items of MCQ-30. The MCQ-30 was adopted by Tosun and Irak (2008). The Kaiser-Meyer-Olkin' value was 0.89, there were five factors was identified for the Turkish population. As the original study, these factors are 'positive beliefs' that explained 12.42% of total variance, 'cognitive confidence' that explained 12.39% of total variance, 'uncontrollability and danger' that explained 11.14% of total variance, 'cognitive self-consciousness' that explained 8.37% of total variance, 'need to control thoughts' that explained 8.13% of total variance. Finally, five factors explained 52.44% of the total variance. Internal consistency was calculated with Cronbach Alpha correlation that was found 0.86. Also, Cronbach alpha score was found .85 in the current study. The higher scores refer to using of more unhelpful metacognitive functions.

2.5.Difficulties in Emotion Regulation Scale-Brief Form (DERS-16)

The DERS-16 that was developed by Bjureberg is the 16 items version of 'Difficulties in Emotion Regulation Scale'(Gratz and Roemer, 2004). DERS-16 measures the aspects of emotion regulation difficulties that lead threats to

psychological health or functioning. The DERS-16 is a 16-item self-report measure. Each item is rated on a five-point Likert scale ranging from 1 (almost never) to 5 (almost always). The internal consistency was 0.92 that is excellent value and the test-retest reliability was 0.85.

The DERS-16 was adapted on the Turkish population by Yiğit and Güzey Yiğit (2017). After factor analysis, the subscales were found the same with Bjureberg (2004) that are Clarity, Goals, Impulse, Strategies, and Non-acceptance. Also, the internal consistency was calculated and the Cronbach Alpha coefficients for an overall score was found to be 0.92 and specifically the internal consistency values for each subscale were 0.84 (Clarity), 0.84 (Goals), 0.87 (Impulse), 0.87 (Strategies) and 0.78 (Non-acceptance). Higher score means greater emotion dysregulation. Also, Cronbach alpha score was found .93 in the current study.

3. Procedure

A questionnaire battery was generated to collect data from participants including Terror Risk Perception Questionnaire (TRPQ), Brief Symptom Inventory (BSI) Metacognition Questionnaire (MCQ-30), Difficulties in Emotion Regulation Scale-Brief Form (DERS-16). Approximately 20 minutes were required to complete the questionnaire battery. Students completed the questionnaire battery at class in charge of research assistants.

4. Statistical Analyses

First, to investigate relationships among the study variables that are terror and community violence related risk appraisals, psychological symptomology, emotion

dysregulation and metacognition, Pearson's correlational analysis was conducted. Second, a Multiple Mediation Model was computed to examine whether and how emotion dysregulation and metacognition mediate the relationship between terrorism and community violence related risk appraisals and psychological symptomatology. Preacher and Hayes (2008) statistical package for the social science macro (PROCESS-Model 4) was used to estimate the significance of the mediators. According to this model, A bootstrapping procedure based on 2000 resamples was used to calculate a 95% bias-corrected confidence interval (BCCI) around the total indirect effect. If the values of a 95% BCCI do not include zero, the indirect effect is significant (at alpha = .05). Also, unstandardized beta coefficient was used. In the model, the direct effect of an independent variable on mediator variable(s) is presented as "path a", the direct effect of mediator variable(s) on a dependent variable is presented as "path b". Also, "path c" represents the direct effect of the independent variable on the dependent variable and "path c'" represents the direct effects of the independent variable on the dependent variable in which includes calculation of the mediators in the model.

In this study, the independent variable is terrorism and community violence risk appraisals (X), the dependent variable is psychological symptomatology and there are two mediators that are emotion dysregulation (M_1) and metacognition (M_2). In this model, 'path a_1' represents the direct effect of terrorism and community violence risk appraisals on emotion dysregulation, 'path a_2' represents the direct effect of terrorism and community violence risk appraisals on metacognition, 'path b_1' represents the direct effect of emotion dysregulation on psychological symptomatology, 'path b_2' represents the direct effects of metacognition on psychological symptomatology, 'path c' represents the direct effect of terrorism and

community violence related risk appraisals on psychological symptomatology ‘path c'’ represents the directed effect of terrorism and community violence related risk appraisal on psychological symptomatology when two mediators that are emotion dysregulation and metacognition added in the model.

RESULTS

1. Main effects of Study Variables on Gender

In order to compare TCVRA, psychological symptomatology, emotion dysregulation, metacognition and traumatic exposure between male and female participants, independent T-Tests were conducted.

Regarding psychological symptomatology, results indicated that there was a significant difference between in the scores of psychological symptomatology for male and female participants ($t(287) = 2.27$, $p < .05$). In particularly, female participants ($M_f = 69.45$; $SD = 41.70$) reported more psychological symptoms than male participants ($M_m = 58.45$, $SD = 37.75$).

In the terms of metacognition, there was a significant difference between in the scores of metacognition for male and female participants ($t(288) = -2.89$, $p < .05$). The results indicated that male participants ($M_m = 72.52$, $SD = 11.82$) have more unhelpful metacognition than female participants ($M_f = 68.29$, $SD = 12.32$).

In addition, there were no significant differences between the scores of TCVRA, emotion dysregulation and traumatic exposure for male and female participants.

2. Responses of Traumatic Exposure Check List

2.1 Terrorist attacks of the Labour, Peace and Democracy Rally on 10 October 2015

5 participants reported that ‘were present at the scene of the incident and directly exposed’, 28 participants reported, ‘were close to the scene of the incident and heard the bombing and 3 participants reported’, ‘were not present directly at the scene of the incident but arrived immediately after and witnessed the scene’. In addition, 61 participants reported that ‘had a significant another present at the scene of incident’, and 270 of them reported that ‘exposed to the incident through media’.

2.2.The terrorist attack of Güvenpark on 13 March 2016

10 participants reported that ‘they were present at the scene of incident and directly exposed’; 74 participants reported, ‘they were close to the scene of incident and heard the bombing’; and 16 participants reported, ‘they were not present directly at the scene of incident but arrived immediately after and witnessed the scene’. In addition, 121 participants reported that ‘had a significant another present at the scene of incident’; and 270 of them reported that ‘exposed to the incident through media’.

2.3.The terrorist attack of Merasim Street on 17 February 2016

2 participants reported that ‘were present at the scene of the incident and directly exposed’; 26 participants reported, ‘were close to the scene of incident and heard the bombing’; and 3 participants reported, ‘were not present directly at the scene of incident but arrived immediately after and witnessed the scene’. In addition, 32 participants reported that ‘had a significant another present at the scene of incident’; and 226 of them reported that ‘exposed to the incident through media’.

2.4.The Attempted Coup on 15 July 2016

17 participants reported that ‘was on the street and directly witnessed the violence events during the attempted coup’; 118 participants reported ‘was at the home and directly witnessed the violence events’; 115 participants reported ‘had a significant another present at the scene of incident’; and 272 participants reported ‘exposed to the incident through media’.

3. Means, Standard Deviations, Ranges and Correlations Between Study Variables

Pearson’s correlation analyses were conducted to examine the relationships among study variables TCVRA, psychological symptomatology, emotion dysregulation and metacognition. Significant results were reported (see Table 1).

The results of correlation analysis indicated that the total score of TCVRA was positively associated with total score of BSI ($r = .30$, $p < .001$), total score of DERS-16 ($r = .24$, $p < .001$), total score of MCQ-30 ($r = .15$, $p < .05$), total score of Exposure Check List ($r = 16$, $p < .01$) Specifically, participants who have higher risk appraisal towards terror attacks and community violence, also have high level of distress, more deficits in emotion regulation, have high-level unhelpful metacognition and high physical and emotional distance to traumatic incidents.

The correlation analysis regarding total score of BSI, the results remained that the total score of BSI was positively associated with total score of DERS-16 ($r = .62$, $p < .001$), total score of MQC-30 ($r = .49$, $p < .001$) and total score of Exposure Check List ($r = 23$, $p < .001$). Specifically, participants who have a high level of

distress, also have more difficulties in emotion regulation and show high-level unhelpful metacognition and high physical and emotional distance to traumatic incidents.

Finally, regarding emotion dysregulation, there was a significant relationship between the DERS-16 and MCQ-30 (r = .50, p < .001). It means that participants who have more difficulties in emotion regulation have high-level unhelpful metacognition

Table 1. *Means, Standard Deviations, Ranges and Correlations Between Study Variables*

	1	2	3	4	5	Mean	Standart Deviation	Range
1. TCVRA	_					5.04	.51	2.57
2. Brief Symptoms Inventory	.30***	_				1.23	.76	3.98
3. Emotion Dysregulation	.24***	.62***	_			2.66	.84	4.00
4. Metacognition	.15*	.49***	.50***	_		2.34	.41	2.60
5. Exposure Check List	.16**	.23***	.11	.11	_	.30	.17	.72

*p < 0.05, **p < 0.01***,p < 0.001

Note. TCVRA = Terrorism and Community Violence Related Risk Appraisals

4. Mediation Model

This model evaluated whether emotion dysregulation and metacognition mediate the relationship between TCVRA and psychological symptomatology after controlling for traumatic exposure, using the bootstrapping method with 2000 resample. According to results, the overall model was significant (F(4, 287)=61.60, p < .01) and it accounted for 46% of the variance in psychological symptomatology.

According to the examination of direct effects (pathways), TCVRA were significantly and positively associated with psychological symptomatology (*B*= .83, $p < .01$, path c). TCVRA was also significantly and positively associated with emotion dysregulation (*B* = .21, $p < .01$, path a1), and positively correlated with metacognition (*B*= .16, $p < .01$, path a2).

In addition, emotion dysregulation and metacognition were significantly associated with psychological symptomatology (*B* = 1.37, $p < .001$, path b_1; *B* = .69, $p < .001$, path b_2).

When emotion dysregulation and metacognition were taken into account as mediating variables (entered in the bootstrap model based on 2000 resamples), the

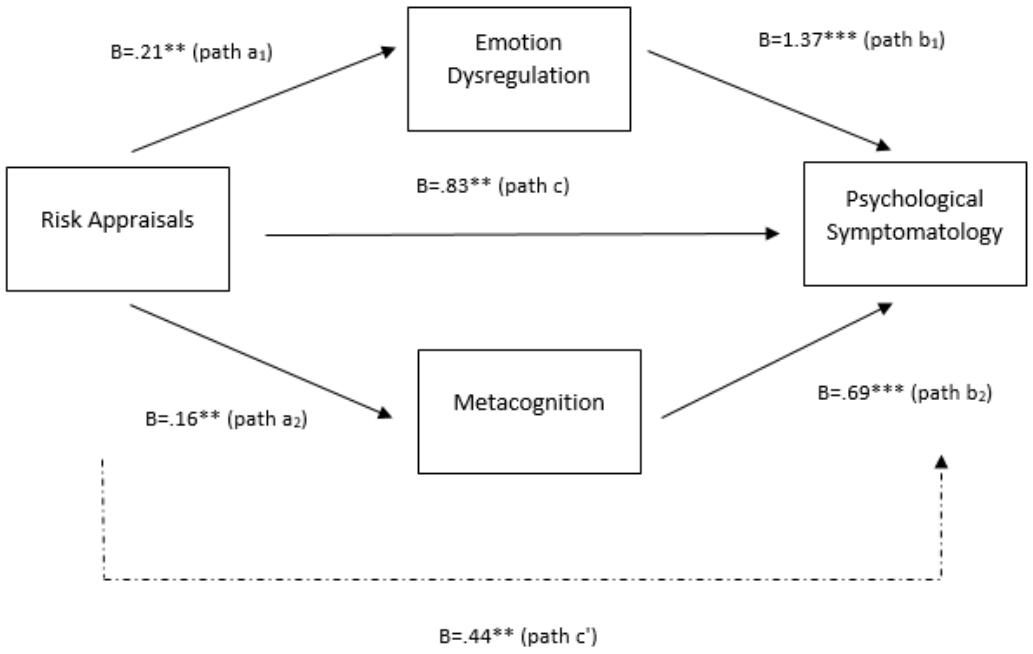

Figure 1. Multiple mediator analysis of psychological symptomatology *p < 0.05, **p < 0.01***p < 0.001

direct effect of TCVRA on psychological symptomatology was significant (*B* = .44, $p < .01$, path c'), means that emotion dysregulation and metacognition emerge as mediators (see Figure 1). The upper and lower bounds of the 95% BCCI do not contain zero, indicated that emotion dysregulation (*point estimate* = .29, *CI* = .1331 - .4769) and metacognition (*PE* = .10, *CI* = .0353 - .1988) significantly mediate the

relationship between TCVRA and psychological symptomatology after controlling traumatic exposure. The total indirect effect was also significant (*PE* = .39, *CI* = .2023 - .6283).

DISCUSSION

The aim of the current study was to understand how individuals' risk appraisals towards traumatic incidents lead to psychological symptoms in the youth population. More specifically, it aimed to examine mediating effects of emotion dysregulation and metacognition in the relationship between the TCVRA and psychological symptomatology.

The hypothesizes of the current study was the relationship between TCVRA and psychological symptomatology is mediated by emotion dysregulation and metacognition.

1. Traumatic Exposure, Risk Appraisals, and Psychological Symptomatology

First of all, the participants of the study were selected university students who were living in Ankara at least 3 years, to make sure that they were residing in Ankara during the terrorist attacks and the attempted coup. The participants' physical and emotional distance to the traumatic incidents including the terrorist attacks and attempted coup was assessed. Unsurprisingly our findings indicated that there is a relationship between traumatic exposure whether direct or indirect and terrorism and community violence related risk appraisals. More specifically, when individuals' distance to the traumatic incidents increased, their risk appraisals towards terrorist

attacks and community violence also increase. This finding is in accordance with Shattered Assumption Theory indicated that traumatic exposure may change individuals' assumptions about the self and the world. Traumatic exposure also may lead individuals to perceive the world as unsafe and unpredictable place and perceive themselves as vulnerable to future threats (Janoff-Bulman, 1992; Schwartzberg & Janoff-Bulman, 1991; Janoff-Bulman, 1989). Goodwin and his colleagues' (2005) indicated that individuals' benevolent values and security values predicted risk perception of future terrorist attacks. It is also in accordance with our findings.

Moreover, the results of the current study indicated that there is a relationship between traumatic exposure and psychological symptomatology. As individuals physical and emotional distance to the terrorist attacks and attempted coup increased, the symptoms that they report also increased. A respectable number of researches in literature substantiated this finding (Klontz & Jain, 2013; Miguel-Tobal et al., 2006; Galea et al., 2002; Vlahov et al., 2002; Ahern et al., 2002).

According to literature and our findings, the traumatic exposure is associated with TCVRA and psychological symptomatology. In the current study, the individuals distance to the terrorist attacks and attempted coup was controlled statistically to understand effects of individuals risk appraisals on psychological symptomatology.

2. Risk Appraisals and Psychological Symptomatology

Our findings indicated that there is a direct relationship between the TCVRA and psychological symptomatology when the traumatic exposure was statistically controlled. The components of risk appraisals are vulnerability, costs, trust, and control. The high-risk appraisals towards violent incidents mean that young people

perceive themselves vulnerable and helplessness about terrorist attacks and community violence incidents, they think that these incidents are uncontrollable and exposure to these incidents change their life in a negative way, and their trust is low towards authorities as government. More specifically, when individuals' risk appraisals increased, it is resulting in an increase in psychological symptomatology.

In the literature, it is known that the traumatic exposure may change individuals' basic assumptions of the world and the self. Because of the shattered assumptions, individuals become to perceive the world as an uncontrollable, unpredictable, and dangerous place; perceive themselves as vulnerable to future threats. In addition, the shattered assumptions about the world and the self because of the traumatic exposure may lead to psychological impairments (Janoff-Bulman & Schwartzberg, 1990; Edmondson et al., 2014). However, our results indicated that regardless of the level of traumatic exposure, individuals' terrorism and community violence related risk appraisals are associated with psychological symptomatology. It would be related with vulnerability component of risk appraisals in which higher perceived vulnerability is related with higher risk appraisals. Young people may identify their selves with young victims of past terrorist attacks (Sussman, Dent, & McCullar, 2000). Having similar features, the probability of being the same place, being in same age or life period with victims of past attacks may lead them to thoughts of personal vulnerability such as 'it will happen to me'. In addition, terrorist attacks are unpredictable and unconformable incidents and it is too difficult to predict when, where it occurs. It would lead them a lower sense of control towards such incidents that also increased their risk appraisals. The lower sense of control, lower safety perception, and higher perceived vulnerability are associated with psychopathology (Janoff-Bulman, 1992).

3. The Mediating Effect of Metacognition

Metacognition was found to mediate the relationship between TCVRA and psychological symptomatology. When the risk appraisals towards traumatic incidents became higher, the use of unhelpful metacognitive strategies and functioning increases, which in turn leads to an increase in psychological symptoms. Wells (2011) indicated that the traumatic incidents lead individuals to use negative metacognitive strategies such as rumination or gap filling. Regardless of traumatic exposure, our findings suggest that increasing risk appraisal towards terrorist attacks and community violence incidents also increase use of unhelpful metacognition that is associated with increased distress among individuals.

Until 2015, the city of Ankara has not been exposed to subsequent terrorist attacks and violent events. However, three subsequent terrorist attacks occurred in two years. Also, Ankara is one of the cities that were affected by community violence incidents during the attempted coup. The occurrence of such traumatic incidents increased the level of risk towards future attacks (Willis, Morral, Kelly & Medby, 2006). According to the process of probability neglect, the occurrence of the violent events leads individuals to a cognitive bias in which they fail to attend the actual probability of future attacks (Sunstein, 2002). They believe that the probability of exposure to another terrorist attacks is higher than the probability of exposing a traffic incident. This cognitive bias that increased level of risk towards future attacks might lead them to use unhelpful metacognitive strategies such as rumination or gaps filling in order to avoid a traumatic exposure. Wells (2001) indicated that individuals who exposed a traumatic event tend to use unhelpful metacognitive strategies to avoid future threats. Likewise, increasing attention and repetitive thinking on the belief of higher probability of exposure to future attacks might lead to psychological

distress and impairment. In addition, traumatic incidents would provide changing individuals basic assumptions about their selves and the world (Janoff-Bulman, 1989). In the metacognitive level, repetitive thinking and increasing attention on new negative core beliefs about their selves and the world may also lead them to psychological disorders such as depression (Matthews & Wells, 2004). The results of the study have supported the idea that distortions in metacognition are related with psychological symptomatology (Davel & Wells, 2006; Papageorgiou & Wells, 2003; Holeva, Tarrier, & Wells, 2001).

4. The Mediating Effect of Emotion Dysregulation

According to the result of this study, emotion dysregulation was also mediate the relationship between TCVRA and psychological symptomatology. When risk appraisal towards traumatic incidents became higher, difficulties in emotion regulation increases, which in turn leads to an increase in psychological symptoms

Based on the literature, traumatic exposure triggers extreme negative emotions and the experience of multiple extreme negative emotions (e.g., fear, helplessness, sadness, shame, anger or worry) are associated with emotion dysregulation (Saarni & Harris,1991). The control and costs components of risk appraisals are also correlated with negative emotions. More specifically, higher perceived personal helplessness and lack of control about terrorist attacks, and higher perception of negative consequences of terrorist attacks are associated with negative emotions (Shiloh, Kaptan, & Onkal, 2007). Our findings might be related with the experience of multiple negative emotions that occurred through risk appraisals may also lead difficulties in emotion regulation. When individuals cannot cope with multiple negative emotions, they tend to use inappropriate emotion regulation

strategies to decrease experience of these negative emotions. Specifically, they may also avoid entering potentially emotion-eliciting situations to decrease experience of negative emotions (Kring & Sloan, 2010). This process involves two maladaptive emotion regulation functions that are situational avoidance and experiential avoidance (White, Brown, Somers, & Barlow, 2006; Hayes et al., 2004). For instance, if a person perceives the higher risk to expose a traumatic incident in a public place that exposed before a terrorist attack, he or she may avoid going these places, which are traumatic remainders, to decrease experience of negative emotions. This process might be related to emotion dysregulation in which difficulties in acceptance of the emotions and engage in an appropriate behavior when experiencing negative emotions (Gratz & Roemer, 2004).

The intensity of the emotions is another factor that may lead to emotion dysregulation (Kring & Sloan, 2010). Youth population experience emotions more intensively than adults because of several developmental changes (Hatzenbuehler, McLaughlin, & Nolen-Hoeksema, 2008; Larson & Asmussen, 1991). The intensity and experience of multiple negative emotions that are related to risk appraisals may lead them to difficulties in using situationally appropriate emotion regulation strategies.

Higher risk appraisal may be related to heightened levels of hyperarousal. In other words, the young people who appraise higher levels of risk in their environment might be overly sensitive to the potential threats, which keep them in an aroused state. Hyperarousal is one of the major components of post-traumatic stress and research has shown that PTSD symptoms are associated with difficulty in regulating emotions (Shepherd & Wild, 2014). This might be another explanation of

our results regarding the interrelations between risk appraisals, emotion dysregulation, and symptomatology.

The difficulties in several components of emotion regulation are associated with depression, stress, generalized anxiety, and general psychological distress (Berking, Wirtz, Svaldi, & Hofmann, 2014; Joormann & Stanton, 2016; Mennin, Heimberg, Turk, & Fresco, 2005; Powers, Cross, Fani, & Bradley, 2015). More specifically, maladaptive use of avoidance including situational and experiential avoidance is related to psychopathology (Kashdan, Barrios, Forsyth, & Steger, 2006). Our findings may also be related to this knowledge. Whether young people are exposed to a traumatic incident or not, their abilities of emotion regulation play important role in the relationship between risk appraisals towards terrorist attacks and community violence incidents and psychological symptomatology.

5. Implications of the Current Study

The findings of the current lead to specific ways of generating interventions for young people who perceived themselves at risk towards community violence and terrorist attacks.

5.1. Clinical Implications

Specifically, the current study clued about which cognitive and emotional factors should be intervened in the relationship between risk appraisal and symptomatology. It can be suggested that clinical interventions would be efficient for cognitive and emotional factors in the relationship between the TCVRA and psychological symptomatology. Difficulties in awareness and understanding of emotion and difficulties in acceptance of the emotions that are two factors maintain

emotion dysregulation (Gratz & Roemer, 2004). To improve the abilities of emotion regulation, acceptance and commitment therapy might be efficient. ACT targets psychological flexibility that involves fully contact the present moment and the feelings and the thoughts. As discussed before, when risk appraisals increased, emotion dysregulation increased, and it might be related to experiential avoidance. ACT focus on experiential avoidance and it emphasizes changing what can be changed such as behaviors, without trying to change the content of the thoughts and emotions (Forsyth et al., 2006). In addition, mindfulness-based interventions would be useful for emotion dysregulations. When risk appraisals are higher, it may lead them to focus and worry about future violent incidents. Mindfulness-based interventions targets to shift self-attention on immediate experience rather than focusing on the past, the future or unimportant details of present experiences. Mindfulness-based interventions provide acceptance and understanding of emotions all emotions with focusing attention on all emotions. (Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006; Brown & Ryan, 2003). The substantial aim of clinical interventions to eliminate unhelpful emotion regulation functions from their repertoire of working systematically (Fairholme, Boisseau, Ellard, Ehrenreich, & Barlow, 2010).

Metacognitive therapy might be another intervention technique for metacognition in the relationship between TCVRA and psychological symptomatology. As discussed before, risk appraisals may trigger negative thoughts and feelings about the self and the world. In addition, individuals may have questioned the past attacks and may worry about future attacks. Metacognitive therapy may be useful to reduce unhelpful strategies such as rumination or gasp filling, to modify negative beliefs about the uncontrollability of thoughts about

violent incidents in the relationship between risk appraisals and psychological symptomatology. Basically, metacognitive interventions focus on response and processes of negative thoughts rather than contents of negative thoughts and aim to develop flexible metacognitive awareness and control (Wells & Sembi, 2004).

5.2. Implications for Psychosocial Interventions and Policies

Psychosocial interventions are also fundamental to reduce youths' risk appraisals towards terrorist attacks and community violence incidents at the community level. One of the components of risk appraisals is trust towards government and security forces. In order to improve young people's trust towards security forces, the projects that provide nonspecific information about actual risk, preventions processes and types of the attacks would be generated with young people and security forces (Hobfoll, et. all, 2007). The government may also constitute policies and early-intervention plans that include information about what should do, what security forces should do after a traumatic incident. Psychoeducation delivered by professionals may also function as an important component of community-based psychosocial interventions after such traumatic incidents. It may help to elevate youth's sense of control and would decrease risk appraisals. The support groups would be also generated after terrorism or community violent incidents, these support groups provide a secure place to express youths' emotional reaction towards violent incidents. The basic aims of the psycho-social interventions should be that to improve young people's emotional and cognitive skills, to improve their trusts towards government and security forces, and to decrease the feeling of personal vulnerability (Bisson, Brayne, Ochberg, & Everly, 2007).

6. Limitations and Future Directions

The current study has some limitations that must be acknowledged. The participants of the current study are university students who do not represent all young population. It would be a problem about the generalization of the findings because education level would function as a protective factor. For elimination of this factor, youths who do not go to university might be included in the study to ensure higher representation of the population in the future studies.

In addition, the data was collected with self-report questionnaires, it may lead to social desirability. They may keep actual responses to be viewed favorably. For future studies, qualitative methods would be efficient to understand the relationship between TCVRA and psychological symptomatology.

The current study emphasizes the importance of emotion dysregulation and metacognitive factors in the relationship between TCVRA and psychological symptomatology. However, to exhaustive understand this relationship, the components of emotion regulation and metacognition might be separately examined in future studies. For instance, the role of the emotion regulation strategies or metacognitive strategies might be studied, it might provide detailed information to generate better interventions for risk appraisals and psychological symptomatology.

REFERENCES

Aldao, A., Nolen-Hoeksema, S., & Schweizer, S. (2010). Emotion-regulation strategies across psychopathology: A meta-analytic review. *Clinical psychology review*, *30*(2), 217-237.

Ankara Valiliği Bilgi İşlem Web Büro. (n.d.). 26.07.2016 - Ankara Valiliği Basın Açıklaması. Retrieved April 04, 2018, from http://www.ankara.gov.tr/26072016---ankara-valiligi-basin-aciklamasi

Baer, R. A., Smith, G. T., Hopkins, J., Krietemeyer, J., & Toney, L. (2006). Using self-report assessment methods to explore facets of mindfulness. *Assessment*, *13*, 27–45.

Bekh Bradley, D., DeFife, J. A., Guarnaccia, C., Phifer, M. J., Fani, M. N., Ressler, K. J., & Westen, D. (2011). Emotion dysregulation and negative affect: association with psychiatric symptoms. *The Journal of clinical psychiatry*, *72*(5), 685.

Berking, M., Wirtz, C. M., Svaldi, J., & Hofmann, S. G. (2014). Successful emotion regulation skills application negatively predicts depressive symptom severity over five years in individuals suffering from at least some depressive symptoms. *Under review by Behav Res Ther*.

Bisson, J. I., Brayne, M., Ochberg, F. M., & Everly Jr, Ph D, G. S. (2007). Early psychosocial intervention following traumatic events. *American Journal of Psychiatry*, *164*(7), 1016-1019.

Bleich, A., Gelkopf, M., & Solomon, Z. (2003). Exposure to terrorism, stress-related mental health symptoms, and coping behaviors among a nationally representative sample in Israel. *Jama*, *290*(5), 612-620.

Bonnano, G. A., Papa, A., Lalande, K., Westphal, M., & Coifman, K. (2004). The importance of being flexible: The ability to both enhance and suppress emotional expression predicts long-term adjustment. *Psychological Science*, *15*, 482–487.

Braun-Lewensohn, O., Celestin-Westreich, S., Celestin, L. P., Verleye, G., Verté, D., & Ponjaert-Kristoffersen, I. (2009). Coping styles as moderating the relationships between terrorist attacks and well-being outcomes. *Journal of Adolescence*, *32*(3), 585-599.

Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology*, *84*, 822–848.

Buka, S. L., Stichick, T. L., Birdthisle, I., & Earls, F. J. (2001). Youth exposure to violence: Prevalence, risks, and consequences. American Journal of Orthopsychiatry, 71, 298–310.

Chipman, K. J. (2011). Terror Management Theory and the Theory of Shattered Assumptions in the Context of Trauma (*Doctoral dissertation*, Kent State University).

Conklin, L. R., Cassiello-Robbins, C., Brake, C. A., Sauer-Zavala, S., Farchione, T. J., Ciraulo, D. A., & Barlow, D. H. (2015). Relationships among adaptive and

maladaptive emotion regulation strategies and psychopathology during the treatment of comorbid anxiety and alcohol use disorders. *Behaviour research and therapy*, *73*, 124-130.

Davey, G. C., & Wells, A. (Eds.). (2006). *Worry and its psychological disorders: Theory, assessment and treatment*. John Wiley & Sons.

De Ceballos, J. P. G., Turégano-Fuentes, F., Perez-Diaz, D., Sanz-Sanchez, M., Martin-Llorente, C., & Guerrero-Sanz, J. (2005). 11 March 2004: The terrorist bomb explosions in Madrid, Spain – an analysis of the logistics, injuries sustained and clinical management of casualties treated at the closest hospital. *Critical Care*, *9*(1), 104–111. http://doi.org/10.1186/cc2995

Dempsey, M. (2002). Negative coping as mediator in the relation between violence and outcomes: Inner-city African American youth. *American Journal of Orthopsychiatry*, *72*(1), 102.

Duy, B. ve M.A. Yılmaz. "Ergenler İçin Duygu Düzenleme Ölçeği'nin Türkçe'ye Uyarlanması", *Turkish Psychological Counseling and Guidance Journal*, 5, 41, 2014, 23-35.

Fairholme, C. P., Boisseau, C. L., Ellard, K. K., Ehrenreich, J. T., & Barlow, D. H. (2010). Emotions, emotion regulation, and psychological treatment: A unified perspective.

Faleg, G. (2015). *European Security after the Paris Attacks*. Centre for European Policy Studies.

Finkelhor, D., Ormrod, R., Turner, H., & Hamby, S. L. (2005). The victimization of children and youth: A comprehensive, national survey. *Child maltreatment*, *10*(1), 5-25.

Flavell, J. H. (1979). Metacognition and cognitive monitoring: A new area of cognitivedevelopmental inquiry. American Psychologist, 34, 906-911.

Fletcher, K. E. (1996). Childhood posttraumatic stress disorder. In E.J. Mash & R. A. Barkley (Eds.), *Child psychopathology* (pp. 242–275). New York: Guilford Press.

Forsyth, J. P., Eifert, G. H., & Barrios, V. (2006). Fear conditioning research as a clinical analog: What makes fear learning disordered? In M. G. Craske, D. Hermans, & D. Vansteenwegen (Eds.), *Fear and learning: From basic processes to clinical implications* (pp. 133–156). Washington, DC: American Psychological Association.

Fowler, P. J., Tompsett, C. J., Braciszewski, J. M., Jacques-Tiura, A. J., & Baltes, B. B. (2009). Community violence: A meta-analysis on the effect of exposure and mental health outcomes of children and adolescents. *Development and psychopathology*, *21*(1), 227-259.

Gianini, L. M., White, M. A., & Masheb, R. M. (2013). Eating pathology, emotion regulation, and emotional overeating in obese adults with binge eating disorder. *Eating behaviors*, *14*(3), 309-313.

Glenn, C. R., & Klonsky, E. D. (2009). Emotion dysregulation as a core feature of borderline personality disorder. *Journal of personality disorders*, *23*(1), 20-28.

Goodwin, R., Willson, M., & Stanley Jr, G. (2005). Terror threat perception and its consequences in contemporary Britain. *British Journal of Psychology*, *96*(4), 389-406.

Gorman-Smith, D., & Tolan, P. (2003). Positive adaptation among youth exposed to community violence. In S. S.

Gratz, K. L., & Roemer, L. (2004). Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the difficulties in emotion regulation scale. *Journal of psychopathology and behavioral assessment*, *26*(1), 41-54.

Gross J. J. (1999). Emotion regulation: past, present, future. Cogn. Emot. 13, 551–57310.1080/026999399379186

Gross J. J. (2002). Emotion regulation: affective, cognitive, and social consequences. Psychophysiology 39, 281–29110.1017/S0048577201393198

Gunter, M. M. (2016). The Kurdish issue in Turkey: back to square one?. *Turkish Policy Quarterly*, *14*(4), 77-86.

Hatzenbuehler, M. L., McLaughlin, K. A., & Nolen- Hoeksema, S. (2008). Emotion regulation and internalizing symptoms in a longitudinal study of sexual minority and heterosexual adolescents. *Journal of Child Psychology and Psychiatry*, *49*(12), 1270-1278.

Hayes, S. C., Strosahl, K., Wilson, K. G., Bissett, R. T., Pistorello, J., Toarmino, D., & Stewart, S. H. (2004). Measuring experiential avoidance: A preliminary test of a working model. *The psychological record*, *54*(4), 553-578.

Holeva, V., Tarrier, N., & Wells, A. (2001). Prevalence and predictors of acute stress disorder and PTSD following road traffic accidents: Thought control strategies and social support. Behavior Therapy, 32, 65−83.

Hobfoll, S. E., Watson, P., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J., ... & Maguen, S. (2007). Five essential elements of immediate and mid–term mass trauma intervention: Empirical evidence. *Psychiatry: Interpersonal and Biological Processes*, *70*(4), 283-315.

Janoff-Bulman, R. & Yopyk, D. J. (2004). Random outcomes and valued commitments: Existential dilemmas and the paradox of meaning. In J. Greenberg, S. Koole, T. Pyszczynski, T. (Eds.) *Handbook of Experimental Psychology* (pp. 122-138). New York, NY: Guilford Press.

Janoff-Bulman, R. (1989). Assumptive world and the stress of traumatic events: Applications of the schema construct. *Social Cognition*, **7(2),** 1 13-1 36.

Janoff-Bulman, R. (2010). *Shattered assumptions*. Simon and Schuster.

Janoff- Bulman, R., & Frieze, I. H. (1983). A theoretical perspective for understanding reactions to victimization. *Journal of social issues*, *39*(2), 1-17.

Janoff-Bulman, R., & Schwartzberg, S.S. (1990). Toward a general model of personal change: Applications to victimization and psychotherapy. In C.R. Snyder & D.R. Forsyth (Eds.), *Handbook of social and clinical psychology: The health perspective* (pp. 488–508). New York: Pergamon.

Jenkin, C. M. (2006). Risk perception and terrorism: Applying the psychometric paradigm. *Homeland Security Affairs*, *2*(2).

Joormann, J., & Stanton, C. H. (2016). Examining emotion regulation in depression: a review and future directions. *Behaviour research and therapy*, *86*, 35-49.

Joshi, P. T., & O'donnell, D. A. (2003). Consequences of child exposure to war and terrorism. *Clinical child and family psychology review*, *6*(4), 275-292.

Karakelle, S., & Saraç, S. (2010). Üst biliş hakkında bir gözden geçirme: Üstbiliş çalışmaları mı yoksa üst bilişsel yaklaşım mı. *Türk Psikoloji Yazıları*, *13*(26), 45-60.

Kashdan, T. B., Barrios, V., Forsyth, J. P., & Steger, M. F. (2006). Experiential avoidance as a generalized psychological vulnerability: Comparisons with

coping and emotion regulation strategies. *Behaviour Research and Therapy*, *44*(9), 1301–1320

Kerns, C. E., Elkins, R. M., Carpenter, A. L., Chou, T., Green, J. G., & Comer, J. S. (2014). Caregiver distress, shared traumatic exposure, and child adjustment among area youth following the 2013 Boston Marathon bombing. *Journal of affective disorders*, *167*, 50-55.

Kilpatrick, D. G., Ruggiero, K. J., Acierno, R., Saunders, B. E., Resnick, H. S., & Best, C. L. (2003). Violence and risk of PTSD, majör depression, substance abuse/dependence, and comorbidity: Results from the National Survey of Adolescents. *Journal of Consulting Clinical Psychology*, *71*,692–700.

Klitzman, S., & Freudenberg, N. (2003). Implications of the World Trade Center Attack for the Public Health and Health Care Infrastructures. *American Journal of Public Health*, *93*(3), 400–406.

Klontz, J. C., & Jain, A. K. (2013). A case study on unconstrained facial recognition using the boston marathon bombings suspects. *Michigan State University, Tech. Rep*, *119*(120), 1.

Kobbeltved T, Brun W, Johnsen BH, Eid J. Risk as feelings or risk and feelings? A cross-lagged panel analysis. Journal of Risk Research, 2005; 8:417–437.

Larson, R., & Asmussen, L. (1991). Anger, worry, and hurt in early adolescence: An enlarging world of negative emotions. *Adolescent stress: Causes and consequences*, 21-41.

Larson, R., & Ham, M. (1993). Stress and" storm and stress" in early adolescence: The relationship of negative events with dysphoric affect. *Developmental psychology*, *29*(1), 130.

Laufer, A., & Solomon, Z. (2006). Posttraumatic symptoms and posttraumatic growth among Israeli youth exposed to terror incidents. *Journal of Social and Clinical Psychology*, *25*(4), 429-447.

Lee, J. E., & Lemyre, L. (2009). A social- cognitive perspective of terrorism risk perception and individual response in Canada. *Risk analysis*, *29*(9), 1265-1280.

Lilly, M. M., Valdez, C. E., & Graham-Bermann, S. A. (2011). The mediating effect of world assumptions on the relationship between trauma exposure and depression. *Journal of Interpersonal Violence*, *26*(12), 2499-2516.

Linares, L. O., & Cloitre, M. (2004). Intergenerational links between mothers and children with PTSD spectrum illness. In R. R. Silva (Ed.), Posttraumatic stress disorders in children and adolescents: Handbook (pp. 177–201). New York: W. W. Norton & Co.

Liotti, G., & Prunetti, E. (2010). Metacognitive deficits in trauma-related disorders: Contingent on interpersonal motivational contexts. *Metacognition and severe adult mental disorders: From basic research to treatment*, 196-214.

Luthar (Ed.), Resilience and vulnerability: Adaptation in the context of childhood adversities (pp. 392–413)

Matthews, G., & Wells, A. (2004). Rumination, depression, and metacognition: The S-REF model. *Depressive rumination: Nature, theory and treatment*, 125-151.

Mazza JJ, Overstreet S. Children and adolescents exposed to community violence: A mental health perspective for school psychologists. School Psychol Rev. 2000; 29 (1): 86-102.

McLaughlin, K. A., Hatzenbuehler, M. L., Mennin, D. S., & Nolen-Hoeksema, S. (2011). Emotion dysregulation and adolescent psychopathology: A prospective study. *Behaviour research and therapy*, *49*(9), 544-554.

Mennin, D. S., Heimberg, R. G., Turk, C. L., & Fresco, D. M. (2005). Preliminary evidence for an emotion dysregulation model of generalized anxiety disorder. *Behaviour research and therapy*, *43*(10), 1281-1310.

Mennin, D. S., McLaughlin, K. A., & Flanagan, T. J. (2009). Emotion regulation deficits in generalized anxiety disorder, social anxiety disorder, and their co-occurrence. *Journal of anxiety disorders*, *23*(7), 866-871.

Mennin, D. S., McLaughlin, K. A., & Flanagan, T. J. (2009). Emotion regulation deficits in generalized anxiety disorder, social anxiety disorder, and their co-occurrence. *Journal of anxiety disorders*, *23*(7), 866-871.

Nietfeld, J. L., Cao, L., & Osborbe, J. W. (2005). Metacognitive monitoring accuracy and student performance in the postsecondary classroom. *The Journal of Experimental Education,* 74(1), 7–28.

Overstreet S. Exposure to community violence: Defining the problem and understanding the consequences. Journal of Child and Family Studies. 2000; 9(1):7-25.

Overstreet, S., & Braun, S. (2000). Exposure to community violence and post-traumatic stress symptoms: Mediating factors. *American Journal of Orthopsychiatry*, *70*(2), 263.

Özerkmen, N., & GÖLBAŞI, H. (2012). Toplumsal bir olgu olarak şiddet. *Sosyal Bilimler Araştırma Dergisi (SBArD)*, 23.

Páez, D., Basabe, N., Ubillos, S., & González- Castro, J. L. (2007). Social sharing, participation in demonstrations, emotional climate, and coping with collective

violence after the March 11th Madrid bombings. *Journal of Social Issues*, *63*(2), 323-337.

Papageorgiou, C., & Wells, A. (2001). Metacognitive beliefs about rumination in recurrent major depression. *Cognitive and Behavioral Practice*, *8*(2), 160-164.

Papageorgiou, C., & Wells, A. (Eds.). (2004). *Depressive rumination: Nature, theory and treatment*. John Wiley & Sons.

Papaleontiou-Louca, E. (2008). Metacognition and theory of mind. Cambridge Scholars Publishing.

Pat-Horenczyk, R., Abramovitz, R., Peled, O., Brom, D., Daie, A., & Chemtob, C. M. (2007). Adolescent exposure to recurrent terrorism in Israel: Posttraumatic distress and functional impairment. *American Journal of Orthopsychiatry*, *77*(1), 76.

Pat-Horenczyk, R., Peled, O., Miron, T., Brom, D., Villa, Y., & Chemtob, C. M. (2007). Risk-taking behaviors among Israeli adolescents exposed to recurrent terrorism: provoking danger under continuous threat?. *American Journal of Psychiatry*, *164*(1), 66-72.

Powers, A., Cross, D., Fani, N., & Bradley, B. (2015). PTSD, emotion dysregulation, and dissociative symptoms in a highly traumatized sample. *Journal of psychiatric research*, *61*, 174-179.

Preacher KJ, Hayes AF. SPSS and SAS procedures for estimating indirect effects in simple mediation models. Behav Res Methods Instrum Comput. 2004;36(4):717–731.

Racine, S. E., & Wildes, J. E. (2013). Emotion dysregulation and symptoms of anorexia nervosa: The unique roles of lack of emotional awareness and

impulse control difficulties when upset. *International Journal of Eating Disorders*, *46*(7), 713-720.

Rodoplu, U., Arnold, J., & Ersoy, G. (2003). Terrorism in Turkey. *Prehospital and Disaster Medicine*, *18*(2), 152-160.

Rubin, G. J., Brewin, C. R., Greenberg, N., Simpson, J., & Wessely, S. (2005). Psychological and behavioural reactions to the bombings in London on 7 July 2005: cross sectional survey of a representative sample of Londoners. *Bmj*, *331*(7517), 606.

Rubin, G. J., Brewin, C. R., Greenberg, N., Simpson, J., & Wessely, S. (2005). Psychological and behavioural reactions to the bombings in London on 7 July 2005: cross sectional survey of a representative sample of Londoners. *Bmj*, *331*(7517), 606.

Ruby, C. L. (2002). The definition of terrorism. *Analyses of social issues and public policy*, *2*(1), 9-14.

Saarni C, Harris PL (1991): *Children's Understanding of Emotion.*Cambridge, UK: Cambridge University Press.

Sahin, N., & Durak, A. (1994). Kisa Semptom Envanteri (Brief Symptom Invetory-BSI): Turk Gencleri Icin Uyarlanmasi. *Türk Psikoloji Dergisi*.

Shepherd, L., & Wild, J. (2014). Emotion regulation, physiological arousal and PTSD symptoms in trauma-exposed individuals. *Journal of behavior therapy and experimental psychiatry*, *45*(3), 360-367.

Schiff, M., Zweig, H. H., Benbenishty, R., & Hasin, D. S. (2007). Exposure to terrorism and Israeli youths' cigarette, alcohol, and cannabis use. *American Journal of Public Health*, *97*(10), 1852-1858.

Schraw, G., & Moshman, D. (1995). Metacognitive theories. *Educational psychology review*, *7*(4), 351-371.

Schwartzberg, S. S., & Janoff-Bulman, R. (1991). Grief and the search for meaning: Exploring the assumptive worlds of bereaved college students. *Journal of Social and Clinical Psychology*, *10*(3), 270-288.

Sezer, N., Gezgin, S., Yolcu, E., Kesgin, Y., Bulut, S., & Türkoğlu, S. 14TH International Suumposium Communication in the Milennium (2016).

Shields, N., Nadasen, K., & Pierce, L. (2008). The effects of community violence on children in Cape Town, South Africa. *Child Abuse & Neglect*, *32*(5), 589-601.

Shiloh, S., Güvenç, G., & Önkal, D. (2007). Cognitive and emotional representations of terror attacks: A cross- cultural exploration. *Risk Analysis: An International Journal*, *27*(2), 397-409.

Silver, R. C., Holman, E. A., McIntosh, D. N., Poulin, M., & Gil-Rivas, V. (2002). Nationwide longitudinal study of psychological responses to September 11. *Jama*, *288*(10), 1235-1244.

Spada, M. M., (2008). Metacognitive beliefs about alcohol use: Development and validation of two self-report scales. *Addictive Behaviors*, *33*(4), 515-527.

Stein BD, Jaycox LH, Katoka S, Rhodes HJ, Vestal KD. Prevalence of child and adolescent exposure to community violence. Clin Child Fam Psychol Rev. 2003 Dec; 6(4):247-264.

Stevens, G., Agho, K., Taylor, M., Jones, A. L., Jacobs, J., Barr, M., & Raphael, B. (2011). Alert but less alarmed: a pooled analysis of terrorism threat perception in Australia. *BMC public health*, *11*(1), 797.

Strategic Comments (2016). Social divisions and rising terrorist violence in Turkey, 22:10, viii-x, DOI: 10.1080/13567888.2016.1282746

Sunstein, C. R. (2002). Probability neglect: Emotions, worst cases, and law. *The Yale Law Journal*, *112*(1), 61-107.

Sussman, S., Dent, C. W., & McCullar, W. J. (2000). Group self-identification as a prospective predictor of drug use and violence in high-risk youth. *Psychology of Addictive Behaviors*, *14*(2), 192.

Suveg, C., Morelen, D., Brewer, G. A., & Thomassin, K. (2010). The emotion dysregulation model of anxiety: A preliminary path analytic examination. *Journal of Anxiety Disorders*, *24*(8), 924-930.

Tajrishi, K. Z., Mohammadkhani, S., & Jadidi, F. (2011). Metacognitive beliefs and negative emotions. *Procedia-Social and Behavioral Sciences*, *30*, 530-533.

Tayfur, İ., Afacan, M. A., Erdoğan, M. Ö., Çolak, Ş., Söğüt, Ö., Genç, B. Y., & Bozan, K. (2018). Health results of a coup attempt: evaluation of all patients admitted to hospitals in Istanbul due to injuries sustained during the July 15, 2016 coup attempt. *Ulusal travma ve acil cerrahi dergisi= Turkish journal of trauma & emergency surgery: TJTES*, *24*(1), 39-42.

Terrorism: Death toll worldwide 2006-2016 | Statistic. (n.d.). Retrieved April 03, 2018, from https://www.statista.com/statistics/202871/number-of-fatalities-by-terrorist-attacks-worldwide/

Tosun, A., & Irak, M. (2008). Üstbiliş Ölçeği-30'un Türkçe Uyarlaması, Geçerliği, Güvenirliği, Kaygı ve Obsesif-Kompülsif Belirtilerle İlişkisi. *Turk Psikiyatri Dergisi*, *19*(1).

Tripp, J. C., McDevitt-Murphy, M. E., Avery, M. L., & Bracken, K. L. (2015). PTSD symptoms, emotion dysregulation, and alcohol-related consequences among college students with a trauma history. *Journal of dual diagnosis*, *11*(2), 107-117.

Tull, M. T., Barrett, H. M., McMillan, E. S., & Roemer, L. (2007). A preliminary investigation of the relationship between emotion regulation difficulties and posttraumatic stress symptoms. *Behavior Therapy*, *38*(3), 303-313.

U.S. Surgeon General. (2001). Youth violence: A report of the surgeon general. Washington, DC: U.S. Department of Health and HumanServices.

US Department of Justice. Terrorism in the United States. Washington, DC: Department of Justice, 1996

Uzulmez, M., & Ates, S. S. (2017). Terrorist Attacks in Aviation: An Analysis of Ataturk Airport Attacks on 28th OF JUNE 2016. *PressAcademia Procedia*, *3*(1), 1012-1018.

Vetter, S., Dulaev, I., Mueller, M., Henley, R. R., Gallo, W. T., & Kanukova, Z. (2010). Impact of resilience enhancing programs on youth surviving the Beslan school siege. *Child and adolescent psychiatry and mental health*, *4*(1), 11.

Wells, A. (2000). Emotional disorders and metacognition: Innovative cognitive therapy. Chichester, UK: Wiley.

Wells, A., & Matthews, G. (1996). Modelling cognition in emotional disorder: The S-REF model. *Behaviour research and therapy*, *34*(11-12), 881-888.

Wells, A., & Sembi, S. (2004). Metacognitive therapy for PTSD: A preliminary investigation of a new brief treatment. *Journal of Behavior Therapy and Experimental Psychiatry*, *35*(4), 307-318.

White, K. S., Brown, T. A., Somers, T. J., & Barlow, D. H. (2006). Avoidance behavior in panic disorder: The moderating influence of perceived control. *Behaviour Research and Therapy*, *44*(1), 147-157.

Willis, H. H., Morral, A. R., Kelly, T. K., & Medby, J. J. (2006). *Estimating terrorism risk*. Rand Corporation.

Yazgan, C., & Aksu, N. M. (2016). Imaging features of blast injuries: experience from 2015 Ankara bombing in Turkey. *The British journal of radiology*, *89*(1062), 20160063.

Yeniçeri, Z., & Dönmez, A. (2008). Terörizm ve Terörist Algisi: Silahi Kimin Tuttugu Ne Kadar Etkili?. *Türk Psikoloji Dergisi*, *23*(62), 93.

Yiğit, İ., & Guzey Yiğit, M. (2017). Psychometric Properties of Turkish Version of Difficulties in Emotion Regulation Scale-Brief Form (DERS-16). Current Psychology, 1-9. DOI: 10.1007/s12144-017-9712-7.

Zeidner, M. (2005). Contextual and personal predictors of adaptive outcomes under terror attack: The case of Israeli adolescents. *Journal of Youth and Adolescence*, *34*(5), 459-470.

Zeman, J., Shipman, K., & Suveg, C. (2002). Anger and sadness regulation: predictions to internalizing and externalizing symptoms in children. Journal of Clinical Child and Adolescent Psychology, 31, 393e398.

APPENDIX

1. Teror Risk Perception Questionnaire

Bu ölçek, **terör saldırılarını/toplumsal şiddet olaylarını** nasıl algıladığınızı ölçmek amacıyla hazırlanmıştır.

Toplumsal şiddet, bir kişi ya da grup tarafından, başka bir kişi ya da gruba zarar vermeye yönelik olarak ortaya koyulan eylemleri tanımlamaktadır. Toplumsal şiddet, genellikle silahların kullanıldığı, keyfi ya da rastgele biçimde çevreye yöneltilmiş şiddet eylemlerini içermektedir.

Terörizm ise, bir ideoloji etrafında örgütlenen bir grup tarafından, hükümeti, sivil popülasyonun tümünü ya da herhangi bir kesimini politik hedefler doğrultusunda tehdit etmek ya da zorlamak üzere kişiler ya da mülke karşı şiddetin kuralsız biçimde kullanımı olarak tanımlanmaktadır.

Ölçekte bulunan her ifadeyi dikkatle okuduktan sonra, bu ifadeye ne derece katıldığınızı veya katılmadığınızı 1-7 arasında uygun gördüğünüz bir değer vererek belirtmenizi istiyoruz. Ölçeği tamamlarken göstereceğiniz özen ve ayıracağınız zaman bizim için çok değerlidir.

1. Sevdiğim insanların terör saldırısına/toplumsal şiddete maruz kalabileceklerini düşünmek beni endişelendiriyor Kesinlikle katılmıyorum Kesinlikle katılmıyorum 1 2 3 4 5 6 7

2. Terör saldırısına/toplumsal şiddete maruz kalmak benim dışımdaki etkenlere bağlıdır Kesinlikle katılmıyorum Kesinlikle katılmıyorum 1 2 3 4 5 6 7

3. Herkes terör saldırısına/toplumsal şiddete maruz kalabilir Kesinlikle katılmıyorum Kesinlikle katılmıyorum 1 2 3 4 5 6 7

4. Kalabalık yerlerde (sinema, tiyatro, alışveriş merkezi, vs) **bulunmamak** terör saldırısına/toplumsal şiddete maruz kalmamı önleyebilir Kesinlikle katılmıyorum Kesinlikle katılmıyorum

	1	2	3	4	5	6	7

5. Terör saldırısına/toplumsal şiddete maruz kalabileceğimi düşünmek beni endişelendiriyor

Kesinlikle katılmıyorum						Kesinlikle katılmıyorum
1	2	3	4	5	6	7

6. Emniyet birimlerinin terör saldırıları/toplumsal şiddet sonrasında sorumluluklarını yerine getireceklerini düşünüyorum

Kesinlikle katılmıyorum						Kesinlikle katılmıyorum
1	2	3	4	5	6	7

7. Terör saldırısına/toplumsal şiddete maruz kalmamak için yapabileceğim bir şey yok

Kesinlikle katılmıyorum						Kesinlikle katılmıyorum
1	2	3	4	5	6	7

8. Terör saldırısına/toplumsal şiddete maruz kalma riskimin diğer insanlara göre daha az olduğunu düşünüyorum

Kesinlikle katılmıyorum						Kesinlikle katılmıyorum
1	2	3	4	5	6	7

9. Terör örgütlerinin hedefi olabilecek kuruluşlarda çalışmak terör saldırısına maruz kalma riskimi arttırır

Kesinlikle katılmıyorum						Kesinlikle katılmıyorum
1	2	3	4	5	6	7

10. Terör saldırısına/toplumsal şiddete maruz kalmamın sonraki dönemde hayatımı zorlaştıracağını düşünüyorum

Kesinlikle katılmıyorum						Kesinlikle katılmıyorum
1	2	3	4	5	6	7

11. Gerçekleşebilecek terör saldırılarını/toplumsal şiddeti önlemede devlete güveniyorum

Kesinlikle katılmıyorum Kesinlikle katılmıyorum

1 2 3 4 5 6 7

12. Terör saldırısına/toplumsal şiddet olaylarına maruz kalabileceğim korkusu günlük hayatımı olumsuz etkiliyor

Kesinlikle katılmıyorum Kesinlikle katılmıyorum

1 2 3 4 5 6 7

13. Herhangi bir terör saldırısına/toplumsal şiddet olayına maruz kalacağıma inanmıyorum

Kesinlikle katılmıyorum Kesinlikle katılmıyorum

1 2 3 4 5 6 7

14. Ankara'da yaşamak terör saldırısına/toplumsal şiddet olaylarına maruz kalma riskimi arttırır

Kesinlikle katılmıyorum Kesinlikle katılmıyorum

1 2 3 4 5 6 7

15. Terör saldırısının/toplumsal şiddet olaylarının korkutucu bir olay olduğunu düşünüyorum.

Kesinlikle katılmıyorum Kesinlikle katılmıyorum

1 2 3 4 5 6 7

16. Terör saldırısına/toplumsal şiddet olaylarına maruz kalırsam, bunun bana yapılmış bir haksızlık olduğunu düşünürüm

Kesinlikle katılmıyorum Kesinlikle katılmıyorum

1 2 3 4 5 6 7

17. Terör saldırısına/toplumsal şiddet olaylarına maruz kaldığımda başkalarının bakımına muhtaç olabileceğim fikri beni korkutuyor

Kesinlikle katılmıyorum Kesinlikle katılmıyorum

1	2	3	4	5	6	7

18. Terör saldırısına/toplumsal şiddet olaylarına maruz kalırsam, bu durumu ailem dışında kimseyle paylaşmak istemem

Kesinlikle katılmıyorum Kesinlikle katılmıyorum

1	2	3	4	5	6	7

19. Terör saldırısına/toplumsal şiddet olaylarına maruz kalma riskimin yaşıtlarımdan daha az olduğunu düşünüyorum

Kesinlikle katılmıyorum Kesinlikle katılmıyorum

1	2	3	4	5	6	7

20. Terör saldırısına/toplumsal şiddet olaylarına maruz kalırsam, ruhsal olarak yıpratıcı bir dönem geçireceğimi düşünüyorum

Kesinlikle katılmıyorum Kesinlikle katılmıyorum

1	2	3	4	5	6	7

21. Terör saldırısına/toplumsal şiddet olaylarına maruz kalırsam, yakın çevremin bu travmayla baş etmede bana yardımcı olmasını beklerim

Kesinlikle katılmıyorum Kesinlikle katılmıyorum

1	2	3	4	5	6	7

22. Terör saldırısına/toplumsal şiddet olayına maruz kalırsam, kendimi çok sık bu konu hakkında düşünürken yakalarım

Kesinlikle katılmıyorum Kesinlikle katılmıyorum

1	2	3	4	5	6	7

23. Terör saldırısına/toplumsal şiddet olayına maruz kalırsam, ilişkimin (flört, evlilik, vb) tehlikeye gireceğini düşünüyorum

Kesinlikle katılmıyorum Kesinlikle katılmıyorum

1	2	3	4	5	6	7

24. Terör saldırısına/toplumsal şiddet olayına maruz kalırsam, sağ kurtulacağıma inanmıyorum

Kesinlikle katılmıyorum Kesinlikle katılmıyorum

	1	2	3	4	5	6	7

25. Gerçekleşebilecek terör saldırılarını/toplumsal şiddet olaylarını önlemede Emniyet Genel Müdürlüğü'ne güveniyorum

Kesinlikle katılmıyorum							Kesinlikle katılmıyorum
	1	2	3	4	5	6	7

26. Terör saldırısına/toplumsal şiddet olayına maruz kalma riskimin hemcinslerimden daha az olduğunu düşünüyorum

Kesinlikle katılmıyorum							Kesinlikle katılmıyorum
	1	2	3	4	5	6	7

27. Terör saldırısına/toplumsal şiddet olayına maruz kalmış biri olarak yaşayamam

Kesinlikle katılmıyorum							Kesinlikle katılmıyorum
	1	2	3	4	5	6	7

2. Difficulties in Emotion Regulation Scale

Aşağıdaki cümlelerin size ne sıklıkla uyduğunu altlarında belirtilen 5 dereceli ölçek üzerinden değerlendiriniz. Her bir cümlenin altındaki 5 noktalı ölçekten, size uygunluk yüzdesini de dikkate alarak, yalnızca bir tek rakamı yuvarlak içine alarak işaretleyiniz.

	Bazen (%11-%35)		**Çoğu zaman (%66-%90)**	
1----------	**2**----------	**3**----------	**4**----------	**5**
Hemen Hemen hemen her zaman (%0 - %10)		**Yaklaşık yarı yarıya** (%36 - %65)		**Hemen** (%91 - %100)

1. Duygularıma bir anlam vermekte zorlanırım.	1	2	3	4	5
2. Ne hissettiğim konusunda karmaşa yaşarım.	1	2	3	4	5
3. Kendimi kötü hissettiğimde işlerimi bitirmekte zorlanırım.	1	2	3	4	5
4. Kendimi kötü hissettiğimde kontrolden çıkarım.	1	2	3	4	5
5. Kendimi kötü hissettiğimde uzun süre böyle kalacağına inanırım.	1	2	3	4	5
6. Kendimi kötü hissetmenin yoğun depresif duyguyla sonuçlanacağına inanırım.	1	2	3	4	5
7. Kendimi kötü hissederken başka şeylere odaklanmakta zorlanırım.	1	2	3	4	5
8. Kendimi kötü hissederken kontrolden çıktığım korkusu yaşarım.	1	2	3	4	5
9. Kendimi kötü hissettiğimde bu duygumdan dolayı kendimden utanırım.	1	2	3	4	5
10. Kendimi kötü hissettiğimde zayıf biri olduğum duygusuna kapılırım.	1	2	3	4	5
11. Kendimi kötü hissettiğimde davranışlarımı kontrol etmekte zorlanırım.	1	2	3	4	5
12. Kendimi kötü hissettiğimde daha iyi hissetmem için yapabileceğim hiçbir şey olmadığına inanırım.	1	2	3	4	5
13. Kendimi kötü hissettiğimde böyle hissettiğim için kendimden rahatsız olurum.	1	2	3	4	5

14. Kendimi kötü hissettiğimde kendimle ilgili olarak çok fazla endişelenmeye başlarım.	1	2	3	4	5
15. Kendimi kötü hissettiğimde başka bir şey düşünmekte zorlanırım.	1	2	3	4	5
16. Kendimi kötü hissettiğimde duygularım dayanılmaz olur.	1	2	3	4	5

Bazen
(%11-%35)

Çoğu zaman
(%66-%90)

1----------2----------3----------4----------5

Hemen Hemen hemen her zaman
(%0 - %10)

Yaklaşık yarı yarıya
(%36 - %65)

Hemen
(%91 - %100)

3. Brief Symptoms Inventory

Aşağıda, insanların bazen yaşadıkları belirtilerin ve yakınmaların bir listesi verilmiştir. Listedeki her maddeyi lütfen dikkatle okuyunuz. Daha sonra, o belirtinin SİZDE BUGÜN DAHİL, SON BİR HAFTADIR NE KADAR VAR OLDUĞUNU yandaki bölmede uygun olan yere işaretleyiniz.

.

Yanıtlarınızı aşağıdaki ölçeğe göre değerlendiriniz:

Bu belirtiler son bir haftadır sizde ne kadar var?

0. Hiç yok

1. Biraz var

2. Orta derecede var

3. Epey var

4. Çok fazla var

	Bu belirtiler son bir haftadır sizde ne kadar var?				
	Hiç				**Çok fazla**
1. İçinizdeki sinirlilik ve titreme hali	0	1	2	3	4
2. Baygınlık, baş dönmesi	0	1	2	3	4
3. Bir başka kişinin sizin düşüncelerinizi kontrol edeceği fikri	0	1	2	3	4
4. Başınıza gelen sıkıntılardan dolayı başkalarının suçlu olduğu duygusu	0	1	2	3	4
5. Olayları hatırlamada güçlük	0	1	2	3	4
6. Çok kolayca kızıp öfkelenme	0	1	2	3	4
7. Göğüs (kalp) bölgesinde ağrılar	0	1	2	3	4
8. Meydanlık (açık) yerlerden korkma duygusu	0	1	2	3	4
9. Yaşamınıza son verme düşünceleri	0	1	2	3	4
	Hiç				**Çok fazla**

10. İnsanların çoğuna güvenilmeyeceği hissi	0	1	2	3	4
11. İştahta bozukluklar	0	1	2	3	4
12. Hiçbir nedeni olmayan ani korkular	0	1	2	3	4
13. Kontrol edemediğiniz duygu patlamaları	0	1	2	3	4
14. Başka insanlarla beraberken bile yalnızlık hissetmek	0	1	2	3	4
15. İşleri bitirme konusunda kendini engellenmiş hissetmek	0	1	2	3	4
16. Yalnızlık hissetmek	0	1	2	3	4
17. Hüzünlü, kederli hissetmek	0	1	2	3	4
18. Hiçbir şeye ilgi duymamak	0	1	2	3	4
19. Ağlamaklı hissetmek	0	1	2	3	4
20. Kolayca incinebilme, kırılmak	0	1	2	3	4
21. İnsanların sizi sevmediğine, kötü davrandığına inanmak	0	1	2	3	4
22. Kendini diğerlerinden daha aşağı görme	0	1	2	3	4
23. Mide bozukluğu, bulantı	0	1	2	3	4
24. Diğerlerinin sizi gözlediği ya da hakkınızda konuştuğu duygusu	0	1	2	3	4
25. Uykuya dalmada güçlük	0	1	2	3	4
26. Yaptığınız şeyler tekrar tekrar doğru mu diye kontrol etmek	0	1	2	3	4
27. Karar vermede güçlükler	0	1	2	3	4
28. Otobüs, tren, metro gibi umumi vasıtalarla seyahatlerden korkmak	0	1	2	3	4

29. Nefes darlığı, nefessiz kalma 0 1 2 3 4

30. Sıcak-soğuk basmaları 0 1 2 3 4

31. Sizi korkuttuğu için bazı eşya, yer ya da etkinliklerden uzak kalmaya çalışmak 0 1 2 3 4

32. Kafanızın "bomboş" kalması 0 1 2 3 4

33. Bedeninizin bazı bölgelerinde uyuşmalar, karıncalanmalar 0 1 2 3 4

34. Günahlarınız için cezalandırılmanız gerektiği düşüncesi 0 1 2 3 4

35. Gelecekle ilgili umutsuzluk duyguları 0 1 2 3 4

36. Konsantrasyonda (dikkati bir şey üzerinde toplama) güçlük/zorlanmak 0 1 2 3 4

37. Bedeninizin bazı bölgelerinde zayıflık, güçsüzlük hissi 0 1 2 3 4

38. Kendini gergin ve tedirgin hissetmek 0 1 2 3 4

39. Ölme ve ölüm üzerine düşünceler 0 1 2 3 4

40. Birini dövme, ona zarar verme, yaralama isteği 0 1 2 3 4

41. Bir şeyleri kırma, dökme isteği 0 1 2 3 4

42. Diğerlerinin yanındayken yanlış bir şeyler yapmamaya çalışmak 0 1 2 3 4

43. Kalabalıklarda rahatsızlık duymak 0 1 2 3 4

44. Bir başka insana hiç yakınlılık duymamak 0 1 2 3 4

45. Dehşet ve panik nöbetleri 0 1 2 3 4

46. Sık sık tartışmaya girmek 0 1 2 3 4

47. Yalnız bırakıldığında/kalındığında sinirli hissetmek 0 1 2 3 4

48. Başarılarınız için diğerlerinden yeterince takdir görmemek 0 1 2 3 4

49. Yerinde duramayacak kadar kendini tedirgin hissetmek	0	1	2	3	4
50. Kendini değersiz görmek	0	1	2	3	4
51. Eğer izin verirseniz insanların sizi sömüreceği duygusu	0	1	2	3	4
52. Suçluluk duyguları	0	1	2	3	4
53. Aklınızda bir bozukluk olduğu fikri	0	1	2	3	4

4. Metacognition Questionnaire

Üst Biliş Envanteri

Bu anket kişilerin kendi düşüncelerine ilişkin inançlarını incelemektedir. Lütfen her bir maddeyi okuyarak her birine ne kadar katıldığınızı uygun rakamı işaretleyerek belirtiniz (1: kesinlikle katılmıyorum; 2: kısmen katılmıyorum; 3 kısmen katılıyorum; 4: kesinlikle katılıyorum). Lütfen tüm maddeleri cevaplandırınız. Bu ankette doğru ya da yanlış cevap bulunmamaktadır.

	Kesinlikle Katılmıyor	Kısmen Katılmıyoru	Kısmen Katılıyorum	Kesinlikle Katılıyorum
1. Endişelenmek gelecekteki problemlerden kaçınmama yardımcı olur.	1	2	3	4
2. Endişelenmem benim için tehlikelidir.	1	2	3	4
3. Aklımdan geçenlerle çok uğraşırım.	1	2	3	4
4. Endişe ede ede kendimi hasta edebilirim.	1	2	3	4
5. Bir problem üzerinde düşünürken zihnimin nasıl çalıştığının farkındayımdır.	1	2	3	4
6. Eğer beni endişelendiren bir düşünceyi kontrol edemezsem ve bu gerçekleşirse, benim hatam olur.	1	2	3	4
7. Düzenliliğimi sürdürebilmem için endişe etmeye ihtiyacım var.	1	2	3	4
8. Kelimeler ve isimler konusunda belleğime güvenim pek yoktur.	1	2	3	4
9. Ne kadar engellemeye çalışırsam çalışayım, endişe verici düşüncelerim devam eder.	1	2	3	4
10. Endişelenmek kafamdaki düşünceleri düzene sokmama yardım eder.	1	2	3	4
11. Endişe verici düşünceler aklıma geldiğinde onları görmezden gelemiyorum.	1	2	3	4
12. Düşüncelerimi izlerim.	1	2	3	4
13. Düşüncelerimi her zaman kontrol altında tutmalıyım.	1	2	3	4
14. Belleğim zaman zaman beni yanıltır.	1	2	3	4
15. Belirli düşüncelerimi kontrol etmediğim için cezalandırılacağım.	1	2	3	4
16. Endişelerim beni delirtebilir.	1	2	3	4
17. Düşündüğümün her an farkındayımdır.	1	2	3	4
18. Zayıf bir belleğim vardır.	1	2	3	4
19. Dikkatim zihnimin nasıl çalıştığıyla meşguldür.	1	2	3	4

	Kesinlikle Katılmıyor	Kısmen Katılmıyoru	Kısmen Katılıyorum	Kesinlikle Katılıyorum
20. Endişelenmek bir şeylerin üstesinden gelmeme yardım eder.	1	2	3	4
21. Düşüncelerimi kontrol edememek bir zayıflık işaretidir.	1	2	3	4
22. Endişelenmeye başladığım zaman kendimi durduramam.	1	2	3	4
23. Endişelenmek problemleri çözmede bana yardımcı olur.	1	2	3	4
24. Bir yerleri hatırlama konusunda belleğime pek güvenmem.	1	2	3	4
25. Belirli şeyleri düşünmek kötüdür.	1	2	3	4
26. Belleğime güvenmem.	1	2	3	4
27. Eğer düşüncelerimi kontrol edemezsem islerimi sürdüremem.	1	2	3	4
28. İyi çalışabilmek için endişelenmeye ihtiyacım vardır.	1	2	3	4
29. Olayları hatırlama konusunda belleğime pek güvenmem.	1	2	3	4
30. Düşüncelerimi sürekli gözden geçiririm	1	2	3	4

5. Traumatic Exposure Check List

10 Ekim 2015 Gar Terör Saldırısı

Olay yerindeydim ve olaya doğrudan maruz kadım. Hayır/Evet

Olay yerinin yakınındaydım ve patlama sesini duydum. Hayır/Evet

Olay sırasında orada değildim, ancak hemen sonrasında olay yerinde bulunarak yaşananlara tanık oldum. Hayır/Evet

Bir yakınım (yakınlarım) olay yerindeydi. Hayır/Evet

Olayı medyadan (yazılı, görsel basın-yayın organları, sosyal medya) izledim. Hayır/Evet

13 Mart 2016 Güven Park Terör Saldırısı

Olay yerindeydim ve olaya doğrudan maruz kadım. Hayır/Evet

Olay yerinin yakınındaydım ve patlama sesini duydum. Hayır/Evet

Olay sırasında orada değildim, ancak hemen sonrasında olay yerinde bulunarak yaşananlara tanık oldum. Hayır/Evet

Bir yakınım (yakınlarım) olay yerindeydi. Hayır/Evet

Olayı medyadan (yazılı, görsel basın-yayın organları, sosyal medya) izledim. Hayır/Evet

17 Şubat 2016 Merasim Sokak Terör Saldırısı

Olay yerindeydim ve olaya doğrudan maruz kadım. Hayır/Evet

Olay yerinin yakınındaydım ve patlama sesini duydum. Hayır/Evet

Olay sırasında orada değildim, ancak hemen sonrasında olay yerinde bulunarak yaşananlara tanık oldum. Hayır/Evet

Bir yakınım (yakınlarım) olay yerindeydi. Hayır/Evet

Olayı medyadan (yazılı, görsel basın-yayın organları, sosyal medya) izledim. Hayır/Evet

15 Temmuz 2016 Darbe Girişimi ve Toplumsal Şiddet Eylemleri

Olaylar sırasında sokaktaydım ve yaşanan şiddete doğrudan tanık oldum. Hayır/Evet

Olaylar evimdeydim ve yaşanan şiddete doğrudan tanık oldum. Hayır/Evet

Bir yakınım (yakınlarım) olay yerindeydi. Hayır/Evet

Olayları medyadan (yazılı, görsel basın-yayın organları, sosyal medya) izledim. Hayır/Evet

Ankara'da yaşanmış **10 Ekim Gar Terör Saldırısı**, **13 Mart 2016 Güven Park Terör Saldırısı, 17 Şubat 2016 Merasim Sokak Terör Saldırısı ve 15 Temmuz 2016 Darbe Girişimi ve Toplumsal Şiddet Eylemleri** ile ilgili olarak aşağıdaki soruları yanıtlarınız.

Terör/Toplumsal şiddet olayları **sırasında:**

Öleceğim aklımdan geçti. Hayır/Evet

Yaralanacağım aklımdan geçti. Hayır/Evet

Ailemden birinin öleceği aklımdan geçti. Hayır/Evet

Ailemden birinin yaralanacağı aklımdan geçti. Hayır/Evet

Fiziksel olarak yaralandım. Hayır/Evet

Ailemden biri fiziksel olarak yaralandı. Hayır/Evet

Bir yakınım (aile dışından) yaralandı. Hayır/Evet

Ailemden biri hayatını kaybetti. Hayır/Evet

Bir yakınım (aile dışından) hayatını kaybetti. Hayır/Evet

İnsanların ciddi biçimde yaralanmasına tanık oldum. Hayır/Evet

İnsanların ölümüne tanık oldum. Hayır/Evet

Patlamaya olay yerinde bulunarak doğrudan tanık oldum. Hayır/Evet

Silah, uçak seslerine tanık oldum. Hayır/Evet

Patlamaya uzaktan tanık oldum. Hayır/Evet

Olay nedeniyle evim hasar gördü. Hayır/Evet

Olay nedeniyle annemin/babamın/kardeşlerimin işyeri hasar gördü. Hayır/Evet

Patlama / şiddet anlarının ayrıntılarına medyadan Hayır/Evet
(Görsel, yazılı basın-yayın organları, sosyal medya) tanık oldum.

Şiddet anlarına doğrudan tanık oldum. Hayır/Evet

6. Etik Kurul Onayı

Evrak Tarih ve Sayısı: 04/01/2018-125

BEKRKBBC

TED ÜNİVERSİTESİ

TED ÜNİVERSİTESİ
Etik Komisyonu

Sayı : 61491896-050.06.04/
Konu : İnsan Araştırmaları Etik Kurul Kararı hk.

Sayın Mustafa Sarıkaya
Sosyal Bilimler Enstitüsü,
Gelişim Odaklı Klinik Çocuk ve Ergen Psikolojisi Yüksek Lisans Programı Öğrencisi

TED Üniversitesi İnsan Araştırmaları Etik Kurulunun **29.12.2017** tarih ve **2017/72** sayılı toplantı kararı ekte sunulmuştur.

Saygılarımla,

e-imzalıdır
Prof.Dr.H. Belgin AYVAŞIK
Rektör V.

Evrakı Doğrulamak İçin : https://ebys.tedu.edu.tr/enVision/Validate_doc.aspx?V=BEKRKBBC
Ziya Gökalp Caddesi No: 48 06420 Kolej-Çankaya/Ankara Ayrıntılı bilgi için irtibat: Cansu Yıldırım
Tel: 0 312 585 00 00 Faks: 0 312 418 41 48
E-Posta: info@tedu.edu.tr Elektronik ağ: www.tedu.edu.tr

TED ÜNİVERSİTESİ
İNSAN ARAŞTIRMALARI ETİK KURULU

29.12.2017

Sayı:72

Konu: Etik Kurul Kararı

Sayın

Mustafa Sarıkaya
Sosyal Bilimler Enstitüsü,
Gelişim Odaklı Klinik Çocuk ve Ergen Psikolojisi Yüksek Lisans Programı
Öğrencisi

TED Üniversitesi İnsan Araştırmaları Etik Kurulunun **29.12.2017** tarih ve **2017/107** 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: **29.12.2017** Toplantı Sayısı: **2017/72**

TED Üniversitesi İnsan Araştırmaları Etik Kurulu **29.12.2017** Cuma günü saat 10.00'da toplanarak aşağıdaki kararları almıştır.

Karar:(107) TED Üniversitesi, Sosyal Bilimler Enstitüsü, Gelişim Odaklı Klinik Çocuk ve Ergen Psikolojisi Yüksek Lisans Programı öğrencisi Mustafa Sarıkaya'nın sahibi olduğu "Toplumsal Şiddet ve Terorizm Risk Algısı ile Psikolojik Belirtiler Arasındaki İlişkide Duygu Düzenleme ve Üst Biliş Stratejilerinin Rolünün İncelenmesi" başlıklı yüksek lisans tez çalışmasına ilişkin 18.12.2017-3039 tarih ve sayılı etik kurul onay talebi görüşülmüş ve etik kurul tarafından talep edilen düzeltmelerin 28.12.2017-3128 tarih ve sayılı revize başvuruda gerçekleştirilmiş olduğu görülerek proje önerisinde, araştırma kapsamında uygulanacağı beyan edilen veri toplama yöntemlerinin araştırma etiğine uygun olduğuna OYÇOKLUĞU ile karar verilmiştir.

Prof. Dr. Melike SAYIL
Başkan

Prof. Dr. Ali CENGİZKAN
Üye

Prof. Dr. Berin GÜR
Üye

Doç. Dr. Cem AKGÜNER
Üye

Çekimser

*Gerekçesi ektedir.

Yrd. Doç. Dr. Mana Ece Tuna ÖZCİVANOĞLU
Üye

Yrd. Doç. Dr. Tekin KÖSE
Üye

Yrd. Doç. Dr. Elif KARSLI
Üye

Yrd. Doç. Dr. Aylin Çakıroğlu ÇEVİK
Üye

29.12.2017

2017/107

Mustafa Sarıkaya'nın Başvurusuna İstinaden Yrd. Doç. Dr. Tekin Köse'nin Gerekçesi;

Anket Sorularının katılımcılarda yaratacağı potansiyel etkiler için profesyonel önlemler alınması daha uygun olacaktır.

ENSTİTÜ

Lisansüstü Programlar Enstitüsü

YAZARIN

Soyadı :Sarıkaya

Adı : Mustafa

Bölümü : Psikoloji

TEZİN ADI (İngilizce): The Mediating Roles Of Emotion Dysregulation And Metacognition In The Relationship Between Terrorism And Community Violence Related Risk Appraisals And Psychological Symptomatology

TEZİN TÜRÜ: Yüksek Lisans [X] Doktora [ ]

1. Tezimin tamamından kaynak gösterilmek Çartıyla fotokopi alınabilir. [ ]

2. Tezimin içindekiler sayfası, özet, indeks sayfalarından ve/veya bir bölümünden kaynak gösterilmek şartıyla fotokopi alınabilir. [ ]

3. Tezimden bir bir (1) yıl süreyle fotokopi alınamaz. [X]

TEZİN KÜTÜPHANEYE TESLİM TARİHİ: