NEGATIVE EMOTIONS IN SIBLINGS OF INDIVIDUAL WITH A DEVELOPMENTAL DISORDER: THE ROLES OF EARLY MALADAPTIVE SCHEMAS AND SYSTEM JUSTIFICATION

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ABSTRACT

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Research has demonstrated that siblings of individuals with a developmental disorder generally experience negative emotions in their daily life. However, very little is known about psychological predictors behind these negative emotional experiences of siblings of individuals with a developmental disorder. The goal of the current thesis was to examine predictors of emotions among these siblings. By combining knowledge from the domains of siblings of individuals with a developmental disorder, emotions, early maladaptive schemas, and system justification, it was argued that negative emotions of siblings of individuals with developmental disorders woud be predicted by higher levels of early maladaptive schemas and lower levels of mental health care system justification. Additionally, it was hypothesized that, siblings of individuals with a developmental disorder would have more negative emotions, maladaptive schemas and a higher tendency for mental health care system justification than siblings of individuals without a developmental disorder. To do this, in one correlational study, data collected from 72 siblings of individuals with a developmental disorder and 109 siblings of individuals without a developmental disorder. Results demonstrated that, as expected, both mental health

care system justification tendency and schema domains such as Disconnection and Impaired Autonomy emerged as significant predictors of negative emotions. Morever, individual with a developmental disorder reported more stronger Other Directedness schema domain than siblings of individual without a developmental disorder. In addition, individuals with a developmental disorder reported more siblings-related negative emotions and higher levels of mental health care system justification than siblings of individual without a developmental disorder. The implications and future directions of the study were discussed.

Keywords: Sibling, Developmental Disorder, Emotions, Early Maladaptive Schemas, System Justification

ÖZ

GELİŞİMSEL BOZUKLUĞU OLAN BİREYLERİN KARDEŞLERİNDE OLUMSUZ DUYGULAR: ERKEN DÖNEM UYUMSUZ ŞEMALAR VE SİSTEMİ MEŞRULAŞTIRMANIN ROLÜ

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Araştırmalar, gelişimsel bozukluğu olan bireylerin kardeşlerinin, yaşamlarında genellikle olumsuz duygular deneyimlediklerini göstermektedir. Fakat bu kardeşlerin olumsuz duygu deneyimlerinin altında yatan psikolojik yordayıcılar hakkında çok az bilgi vardır. Bu çalışmanın amacı gelişimsel bozukluğu olan bireylerin kardeşlerinin olumsuz duygularının yordayıcılarını açıklamaktır. Gelişimsel bozukluğu olan bireylerin kardeşleri, duygular, erken dönem uyumsuz şemalar ve sistemi meşrulaştırma literatürlerinden hareketle, gelişimsel bozukluğu olan bireylerin kardeşlerinin olumsuz duygularının yüksek miktarda erken dönem uyumsuz şema ve düşük miktarda ruh sağlığı sistemini meşrulaştırma eğilimi tarafından yordanacağı ileri sürülmüştür. Buna ek olarak, gelişimsel bozukluğu olan bireylerin kardeşlerinin, gelişimsel bozukluğu olmayan bireylerin kardeşlerine kıyasla daha fazla olumsuz duyguya, erken dönem uyumsuz şemalara ve sistemi meşrulaştırma eğilimine sahip olacağı hipotezi kurulmuştur. Yapılan korelasyonel çalışmada 72 gelişimsel bozukluğu olan bireyin kardeşinden, 109 gelişimsel bozukluğu olmayan bireyin kardeşinden veri toplanmıştır. Sonuçlar, beklenildiği gibi, sistemi meşrulaştırma eğiliminin ve Kopukluk, Zedelenmiş Özerklik gibi şema

alanlarının olumsuz duyguların önemli yordayıcıları olduğunu göstermektedir. Buna ek olarak, gelişimsel bozukluğu olan bireylerin kardeşleri, gelişimsel bozukluğu olmayan bireylerin kardeşlerinden daha fazla kardeşle ilişkili olumsuz duygu ve yüksek oranda ruh sağlığı sistemini meşrulaştırma rapor etmişlerdir. Çalışmanın katkıları ve gelecek çalışmalar hakkındaki görüşler tartışılmıştır.

Anahtar Sözcükler: Kardeş, Gelişimsel Bozukluk, Duygular, Erken Dönem Uyumsuz Şemalar, Sistemi Meşrulaştırma

To all siblings who have sibling with a developmental disorder…

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CHAPTER 1

INTRODUCTION

The family is a system consisting of marital, parental, and sibling subsystems. The sibling subsystem is an essential part of the family because the family is an interdependent and interactional system in which the relations and behaviors of each individual or subsystem, such as the marital, parent-child, or sibling subsystems, influences that of the others. In such a dynamic family system, each family member affects and is affected by others (Gladding, 2011). In particular, siblings influence each other's life throughout all of their developmental stages (Powell & Gallagher, 1993) and interactions between siblings make essential contributions to their socialization experiences. Siblings learn to experience sharing, companionship and different emotions during the socialization process (Turnbull, Turnbull, Erwin, Soodak, & Shogren, 2011). Children's personality characteristics, intellectual characteristics, behavioral patterns, play activities and social life, therefore, are not only affected by interactions with his/her parents but also by interactions with his/her sibling (Lamb & Sutton-Smith, 2014).

Although there is an increasing interest in understanding the relationships between siblings, most studies have largely focused on the siblings of individuals without any developmental disorder (Oliva & Arranz, 2005) and there is comparatively little known about siblings of individuals with a developmental disorder. Moreover, even research on developmental disorder has mostly attempted to examine parents of children with a developmental disorder (Boyd 2002; Shu & Lung 2005; Stoner & Angell 2006), rather than siblings of children with a

developmental disorder (but see Benderix & Sivberg, 2007; Orsmond & Seltzer, 2007; Stoneman, 2005). Since the sibling subsystem are affected by family interactions, functions as well as its members, it is essential for professionals to understand the impact of the developmental disorder on the sibling subsystem to develop effective interventions to support the entire family.

The focus of this thesis was the siblings of individuals with a developmental disorders, with a particular emphasis on their emotions. Emotions are central to psychotherapy and therefore understanding them is essential for providing psychological support and making clients feel better (Greenberg, & Paivio, 1997). Research has demonstrated that siblings of individuals with a developmental disorder generally experience negative emotions in their daily life (Benderix & Sivberg, 2007; Powell & Gallagher, 1993; Mycke, 1995). To this day, however, very little is known about psychological predictors behind these negative emotional experiences. The goal of the current thesis was to examine cognitive and motivational predictors of emotions among these siblings.

Individuals experience emotions congruent with their cognitive appraisals and motives in a given context (Frijda, 1986; Tamir, 2016). As early maladaptive schemas reflect a distinctive set of rigid beliefs and about self and others (Young & Kolosko, 1993), I claimed that they could be one of the important predictors of emotions among the siblings of individuals with a developmental disorder. I also argued that their motivations to justify social arrangements (Jost & Banaji, 1994) such as the mental health system in which their siblings live could serve as another predictor of emotions. Developmental Contextualism Theory claimed that there are a lot of context in one's life. Also, there are dynamic interaction between these contexts. Individuals are affected by different levels of contexts which are

cognitions, temperament, behaviors, relations, institutions, public policy (Lerner, 2006). Therefore, multidimensional approach which included cognitive and social aspects was considered in the current study.

Drawing on the early maladaptive schemas (Young, Kolosko, & Weishar, 2003) and system justification theory (Jost & Banaji, 1994), it was hypothesized that negative emotions of siblings of individuals with a developmental disorder could be predicted by higher levels of early maladaptive schemas and lower levels of system justification. Additionally, I hypothesized that siblings of individuals with a developmental disorder would have more negative emotions, maladaptive schemas and a higher tendency for system justification than siblings of individuals without a developmental disorder.

By combining knowledge from the domains of siblings of individuals with a developmental disorder, early maladaptive schemas, system justification and emotions, first I described a number of key concepts in the following introductory sections, starting with developmental disorders and the siblings of individuals with a developmental disorder. After that, I addressed the emotions of these siblings. Afterward, early maladaptive schemas and their relations with emotions were explained, followed by and account of system justification theory and its association with emotions, and lastly a presentation of the aims and hypotheses of the thesis.

1.1. Developmental Disorder

Developmental disorder (DD) refers to a developmental deficiency generally identified at the preschool or school age (APA, 2003). Intellectual Disability (Intellectual Developmental Disorder), Down Syndrome and Autism Spectrum

Disorder, are described as developmental disorders (APA, 2003; Mash & Barkley, 2014).

Deficiency of general mental abilities and adaptive functioning in life are defined as an Intellectual Disability (Intellectual Developmental Disorder) (APA, 2003). Abstract thinking, critical thinking, judgment, problem-solving, learning and expression are difficult for individuals with an intellectual disability and they have academic and psychosocial problems as well as maladaptive behaviors such as self-injury (Pratt & Greydanus, 2007).

Intellectual disability derives from genetic anomalies, such as having three "number twenty one chromosomes" instead of two, commonly known as Down syndrome (Kerig, Ludlow, & Wenar, 2012). Individuals with Down syndrome have a recognizable phenotype: they have a wide face, flattened nose, and slanted eyes. They often suffer from respiratory problems and heart defects. Although their social interactions tend to be more than those of individuals with other developmental disorders, they usually have speech and grammar problems (Kerig, Ludlow, & Wenar, 2012).

Autism Spectrum Disorder refers to withdrawal from social interaction and communication, in different contexts in life (APA, 2003). Individuals with ASD usually have repetitive behaviors (finger flapping, twisting etc.). Approximately half of the children with Autism Spectrum Disorder cannot learn to speak or their speech is mechanic. They have serious impairment in eye contact, facial expression, gesture communication and social and emotional reciprocity. Moreover, ASD is generally seen as a comorbid with intellectual disability (Kerig, Ludlow, & Wenar, 2012).

1.2. Siblings of Individuals with a Developmental Disorder

Understanding the impacts of DD on family members is important and necessary (Meadan, Stoner, & Angell, 2010). Restructuring of roles of the members in the family and giving attention to the adaptive functioning of the entire family becomes more crucial when a family has an individual with a DD (Kazak & Marvin, 1984).

Siblings' psychological health is influenced by their siblings with a DD (Stoneman, 2005; Wolf, et al., 1998). For example, siblings of individuals with a DD experience isolation and loneliness in their social environment (Opperman & Alant, 2003) and experience pressure to compensate deficits of their siblings. Increased risk for psychopathological outcomes (Orsmond & Seltzer, 2007; Stoneman, 2005; Zigler & Hodapp, 1986), adjustment problems (Naylor & Prescott, 2004; Rodrigue, Geffken, & Morgan, 1993; Wolf, et al., 1998) and negative emotional experiences (Benderix & Sivberg, 2007; Dillon, 1995; Naylor & Prescott, 2004) are commonly seen in siblings of individuals with a DD. As mentioned above, although siblings' psychological health is affected by their sibling's DD, the impact of DD on siblings has not received enough attention in the literature (but see Hodapp, 2007; Orsmond & Seltzer, 2009; Stoneman, 2005; Şenel & Akkök, 1995) and research has generally focused on parents who have a child with a DD (Boyd 2002; Shu & Lung 2005; Stoner & Angell 2006) instead of siblings themselves. For these reasons, the issue of providing psychological support for siblings should be addressed (Meadan, Stoner, & Angell, 2010; Şenel & Akkök, 1995).

1.3. Emotions of Siblings of Individuals with a Developmental Disorder

Emotions can be described as reactions to situational constructs, from the mild to the intense, simple to the complex and the brief to the extended (Gross, 2014; Tiedens & Leach, 2004). Emotions arise when an individual elaborates situations according to his or her own goals (Greenberg & Paivio, 1997; Gross & Thompson, 2007) and affect attitudes and behaviors (Izard, 2013). Hence, awareness of emotions and understanding cognitive and motivational predictors of emotions provides information about an individual's needs, desires, goals, and appraisals. Accessing and exploring emotions is critical and essential in order to understand clients' experiences and behaviors in psychotherapy and making them feel better (Greenberg, & Paivio, 1997; Greenberg, 2008).

Emotions arise from individuals' cognitive appraisals. Emotional experience is shaped by appraisals of the situations or events (Forgas, 2000; Frijda, 1986; Izard, 1993; Smith & Lazarus, 1990). In addition to this, motivation is also an aspect of emotions (Buck, 1999; Ford, 1992; Linnenbrink, 2006). Buck (1999) described emotion as a "readout of motivational potential", which means, our concerns about life, biological, social, cognitive and moral motives form our emotions. Individuals experience emotions congruent with their cognitions and motivations (Buck, 1999; Tamir, 2016). For this reason, determining the cognitive and motivational predictors of emotions is essential (Linnenbrink, 2006).

Research has indicated that siblings of individuals with a DD generally experience embarrassment (Gray, 1998; Naylor & Prescott, 2004; Roeyers & Mycke, 1995), jealousy, shame (Opperman & Alant, 2003; Randall & Parker, 1999), fear (Benderix & Sivberg, 2007; Howlin, 1988; Powell & Gallagher, 1993), anxiety

(Lobato, 1983; Powell & Gallagher, 1993; Safer, 2002), anger (Ross & Cuskelly, 2006; Safer, 2002), guilt (Howlin, 1988; Lobato, 1983; Opperman & Alant, 2003; Randall & Parker, 1999), hostility (Grissom & Borkowski, 2002), and sadness/disappointment (Benderix & Sivberg, 2007; Ross & Cuskelly, 2006) in the context of their life with a sibling with a DD.

However, as mentioned above, there is no clear information about emotional predictors of siblings of individuals with a DD. Research has mostly emphasized on the possibility of the impact of different parental treatment and over responsibility on emotional reactions of siblings of individuals with a DD. Siblings of individuals with a DD are exposed to over-responsibility in care giving and household tasks (McGoldrick, 1989; McHale & Gamble, 1989; Stoneman & Brody, 1993) and parental differential treatment which includes receiving a lower favorable treatment, experiencing loss of parental attention, and exposure to differential discipline styles when sibling conflict occurs (Dillon, 1995; McHale & Gamble, 1989; Randall & Parker, 1999; Wolf, et al., 1998). In this particular, Wolf and his colleagues (1998) identified the high probability of impact of parental differential treatment on emotions of the siblings of individuals with a DD in their study, in relation with parental differential treatment and internalizing/externalizing problems in siblings. In addition, research has indicated that negative emotions are triggered by inappropriate behaviors of their siblings with a DD (Mascha & Boucher, 2006). However, as stated above, predictors of negative emotions of siblings of individuals with a DD were not considered deeply and clearly in the literature. To fill this gap, in the current thesis I raised the possibility that such predictors of negative emotions of siblings of individuals with a DD might be early maladaptive schemas and system justification of the mental health care system.

1.4. Early Maladaptive Schemas and Emotions

A schema is defined as a structure which enables evaluation, coding, and screening of information which is entire in the cognitive system (Beck, 1967). Schemas consist of rigid beliefs and feelings linked to oneself in relation to the environment. Early maladaptive schemas are described as "a broad pervasive theme or pattern; comprised of memories, emotions, cognitions, and bodily sensations; regarding one's self and one's relationship with others; developed during childhood or adolescence; elaborated through one's life time; dysfunctional to some degree" (Young, Kolosko, & Weishaar, 2003, p. 7). Briefly, Young (1999) described early maladaptive schemas as self-defeating cognitive and emotional patterns developed during childhood and which continue throughout life. Development of early maladaptive schemas is related with the interaction of the child's temperament and dysfunctional experiences with parents, siblings, peers, and others in early childhood years (Young, 1999). From childhood to adulthood, friends, society, groups and culture also become important factors in the development of early maladaptive schemas (Young, Kolosko, & Weishaar, 2003).

Early maladaptive schemas affect our emotions, thoughts, and relationships (Young & Klosko, 1993) and are self-perpetuating. Individuals hold their schemas rigidly because they are familiar and comfortable, and any challenging information faced is distorted according to one's schemas. Changing a schema is disruptive, so new information is interpreted in accordance with extant schemas.

Early maladaptive schemas arise from unmet universal core emotional needs (Young et al., 2003). These core needs are secure attachment, autonomy, competence and sense of identity, competency, expression of needs and emotions, play and

spontaneity, self-control and realistic limits. Although early maladaptive schemas are dysfunctional, not all of them are developed through traumatic events or exposure to maladaptive behaviors. Young and his colleagues classified four types of early life experiences which contribute to developing early maladaptive schemas (Young, Kolosko, & Weishaar, 2003). The first of these is the toxic frustration of needs, meaning there are few positive experiences as a result of a lack of love, stability and understanding in one's environment. The second one is traumatization or victimization. The third type includes the experience of an excess of positive interactions such as overprotective behaviors from parents or unchecked autonomy and freedom that lead to the development of maladaptive schemas. The last experience is selective internalization or identification with important individuals.

Young and his colleagues identified five schema domains which comprise a total of eighteen early maladaptive schemas. The first domain is *Disconnection and Rejection* in which individuals believe that their needs (e.g., security, nurturance, sharing of feelings, empathy, belongingness, acceptance etc.) will not be met. Such individuals are raised in cold, unpredictable, rejecting, abusive, isolated and lonely families. This domain comprises five early maladaptive schemas: Abandonment/Instability, Mistrust/Abuse, Emotional Deprivation, Defectiveness/Shame and Social Isolation/Alienation. The Abandonment/Instability schema means the individual perceives instability in the availability of significant others, leading to the belief that significant individuals will abandon them or die. The Mistrust/Abuse schema reflects a conviction that others will hurt, humiliate, abuse, manipulate, cheat, lie or otherwise cause harm intentionally. In the Emotional Deprivation schema, individuals feel a lack of emotional support and believe that others will not meet their emotional needs adequately. There are three types of

deprivations: nurturance, empathy, and protection. The fourth schema in this domain is Defectiveness/Shame, according to which individuals see themselves as defective, bad, unwanted, worthless and inferior (Young, Kolosko, & Weishaar, 2003). In addition to this, they are over-sensitive to rejection, blame, criticism or comparisons (Young, 1999). The last schema is Social Isolation, where individuals feel that they are different from others and that they are not part of their society or community (Young, Kolosko, & Weishaar, 2003).

Impaired Autonomy and Performance is the second schema domain. It reflects the perception of inability to separate from parental figures and to behave independently. It generally originates when parents are either overprotective and enmeshed or neglectful (Young, 1999), and so, do not support the child's autonomy necessary to perform competently. The Impaired Autonomy and Performance domain consists of four early maladaptive schemas. These are Dependence/Incompetence, Vulnerability to Harm or Illness, Enmeshment/Undeveloped Self, and Failure. The Dependence/Incompetence schema appears as a result of a perception of inability to deal with daily responsibilities without the help of others and their opinions about solving daily problems or making decisions. Vulnerability to Harm or Illness reflects excessive fear about a disaster occuring at any time, which individuals think they will not be able to cope with. The Enmeshed/Undeveloped Self schema appears as a result of overabundant closeness and involvement with significant others at the expense of one's own individual and social development, resulting in insufficient self-identity. The last schema is Failure, which taps the perception of failure and inadequacy relative to others; a notion of how unsuccessful, foolish, unskillful and talentless the person is when compared to others (Young, Kolosko, & Weishaar, 2003).

The third domain is *Impaired Limits* and it is related to trouble with internal limits. Individuals have difficulty in the achievement of long-term goals, alignment, making commitments and respecting others' rights. They behave selfishly, irresponsibly and generally in a spoilt manner. This domain includes the Entitlement/Grandiosity and Insufficient Self Control/Self Discipline early maladaptive schemas. The first of these is related with beliefs of being preeminent, so individuals lack empathy and are overly demanding and insistent. The Insufficient Self Control/Self Discipline schema indicates an inability to regulate expressions of urges and emotions, where the person has difficulty tolerating frustration when they fail to reach their goals (Young, Kolosko, & Weishaar, 2003).

The fourth schema, *Other Directedness*, refers to a great importance placed on the fulfillment of the needs of others at the expense of one's own. Individuals do this with the aim of avoiding rejection, maintaining emotional contacts and affirmation. Behaviors and attitudes of their family are generally based on conditional acceptance so individuals limit their own needs to desires to gain approval and love in their childhood. This domain includes three schemas: Subjugation, Self Sacrifice and Approval-Seeking/Recognition Seeking. The first appears as a result of submission to the control of others to avoid exposure to anger, abandonment and reactions. This schema generally appears in two forms: subjugation of needs and subjugation of emotions, where individuals believe that their emotions and needs are not important. The schema of Self Sacrifice reflects the excessive tendency to voluntarily satisfy the needs of others. This schema generally appears as a result of sensitivity about others' pain and, therefore, over-responsibility about others is usually observed in. Their behavior is generally caused by a desire to eliminate guilt resulting from feeling selfish, to prevent causing pain to others and to

maintain emotional contact. Lastly, the Approval-Seeking/Recognition Seeking schema is related with an excessive importance given to others' reactions. Individuals who have this schema try to get the attention of and gain acceptance from others. Moreover, they are generally interested in money, success, social status or appearance (Young, Kolosko, & Weishaar, 2003).

In the final schema domain, *Overvigilance and Inhibition*, individuals suppress their emotions and urges. They try to meet rigid and internalized rules as the family origins are domineering, rule-based, harsh and demanding. This domain consists of four early maladaptive schemas which are Negativism/Pessimism, Emotional Inhibition, Unrelenting Standards/Hypercriticalness and Punitiveness. The first one is related to a focus on the negative side of the life, so individuals expect that their interpersonal relationships, work life and economic life will end in failure. The Emotional Inhibition schema arises from inhibiting emotions, behaviors and communications. There are four general forms of inhibition: inhibition of anger, of positive urges, having difficulty expressing vulnerability and focusing on rationality while minimizing emotions. The Unrelenting Standards/Hypercriticalness schema refers to emotions of the necessity of meeting internalized high standards to avoid denunciation and shame. This schema usually causes perfectionism, rigid rules and obligations, and time and productivity anxiety. Lastly, the Punitiveness schema indicates the belief that one must be harshly punished because of one's mistakes. Individuals with this schema are angry and intolerant toward people who do not meet their standards (Young, Kolosko, & Weishaar, 2003).

In the literature, early maladaptive schemas were studied with non-clinical samples in the relation of attachment (Bosmans, Braet, & Van Vlierberghe, 2010; Simard, Moss, & Pascuzzo, 2011), perceived parenting behaviors (Harris & Curtin,

2002; Muris, 2006; Sarıtaş-Atalar & Gençöz, 2015), childhood maltreatment (Calvete, 2014; Yiğit & Erden, 2015), career choice and occupational stress (Bamber & McMahon, 2008), and exam anxiety (Özbaş, Sayın, & Coşar, 2012).

Studies which are related to early maladaptive schemas were also conducted with different clinical samples such as individuals with depression (Csukly, Telek, Filipovits, Takács, Unoka, & Simon, 2011; Renner, Lobbestael, Peeters, Arntz, & Huibers, 2012), bipolar disorder (Hawke & Provencher, 2012; Nilsson, Nielsen Straarup, & Halvorsen, 2015), posttraumatic stress disorder (Cockram, Drummond, & Lee, 2010), personality disorder (Specht, Chapman, & Cellucci, 2009; Thimm, 2010), social phobia (Pinto-Gouveia, Castilho, Galhardo, & Cunha, 2006), obsessive compulsive disorder (Atalay, Atalay, Karahan, & Çaliskan, 2008; Kim, Lee, & Lee, 2014), schizophrenia (Bortolon, Capdevielle, Boulenger, Gely-Nargeot, & Raffard, 2013), eating disorder (Damiano, Reece, Reid, Atkins, & Patton, 2015; Unoka, Tölgyes, Czobor, & Simon, 2010), substance abuser (Shorey, Stuart, & Anderson, 2014), obesity (Bidadian, Bahramizadeh, & Poursharifi, 2011).

Having early maladaptive schemas usually decreases psychological well-being because of their dysfunctional and disruptive structures. Particular events or stimuli usually trigger the activation of relevant schemas and, as a result, individuals usually experience negative emotions such as shame, sadness, guilt, or anger (Young, 1999; Young, Kolosko, & Weishaar, 2003). Studies have demonstrated that there is a positive association between negative emotions and early maladaptive schemas in nonclinical samples (Glaser, Campbell, Calhoun, Bates, & Petrocelli, 2002; Saritaş & Gençöz, 2011; Schmidt, Joiner, Young, & Telch, 1995) as well as in clinical samples such as injured athletes (Gallagher & Gardner, 2007) or individuals with

eating disorders (Keith, Gillanders, & Simpson, 2009; Overton, Selway, Strongman, & Houston, 2005).

Studies have also demonstrated that early maladaptive schemas of family members may result from having a family member with a psychological disorder in the nuclear family (Salehi, Abedin, & Tavakoli Hassan Abadi, 2017; Shahryari, Hosseinifard, & Nematolahzade Mahani, 2014). However, to my knowledge, early maladaptive schemas have not been studied in the sample of siblings of individuals with a DD. Early maladaptive schemas could be more likely to be activated in the siblings of individuals with a DD compared to siblings of individuals without a DD. This might happen because, as stated above, research has indicated that siblings of individuals with a DD receive a lower favorable treatment, experience loss of parental attention, and are exposed to differential discipline styles when sibling conflict occurs (McHale & Gamble, 1989; Wolf, Fisman, Ellison, & Freeman, 1998). Research has also shown that siblings of individuals with a DD have over-responsibility in the family (McGoldrick, 1989; Stoneman & Brody, 1993; Stoneman, Brody, Davis, Crapps, & Malone, 1991). Parents may have higher expectations regarding caring or household chores from the siblings (Breslau, Weitzman, & Messenger, 1981). Moreover, siblings of individuals with a DD experience loneliness in their environment (Opperman & Alant, 2003).

Considering the effects of the dysfunctional experiences of the child on their development of early maladaptive schemas, I expected that siblings of individuals with a DD would have more stronger early maladaptive schemas than siblings of individuals without a DD. In addition, I hypothesized that these early maladaptive schemas would positively predict negative emotions of siblings of individuals with a DD.

1.5. System Justification Theory and Emotions

Jost and Banaji (1994) proposed system justification theory that provides a social-cognitive analysis of motivation to rationalize and maintain a social, political and economic status quo of individuals. This theory explains causes of individual's justification tendencies about existing social arrangements instead to strive for social changes, even though such arrangements are inconsistent with their self and group interests (Jost & Banaji, 1994; Jost & Van der Toorn, 2011).

System justification theory claims that ego-, group-, and system-level justification motives are different from each other and each one has divergent implications (Jost & Banaji, 1994). The motive of ego justification subserves maintanance and protection of a positive self-image (Jost & Hunyady, 2002), whereas the group justification motive subserves maintainance and protection of a positive image for one's in-group. However, system justification theory subserves to maintain and protect the perceived rationality of the existing social order and leads individuals to magnify the accuracy of their status quo (Jost & Banaji, 1994).

Individuals justify the system through attributing legitimacy to institutions, denial or decreasing of problems related to the status quo, or rationalizing system-related problems. The degree of the tendency for system justification changes across situational and dispositional factors (Jost & Van der Toorn, 2011). For example, if an individual perceives his/her existing social order as dependent, inescapable, criticized, stable, threatened, or challenged, he/she will be more likely justify and rationalize the system (Kay, Jost & Young, 2005; Laurin, Gaucher, & Kay, 2013). These are considered as situational factors. If an individual has an intolerance for ambiguity and uncertainty, he/she will be more likely to support system justifying

ideologies. In addition, while political conservatism is positively associated with a system justification tendency, openness to experience is negatively correlated with it. These are considered as dispositional factors (Jost and Hunyady, 2005).

System justification tendency serves the basic human needs of three types: epistemic, existential and relational. Epistemic needs have to do with reducing uncertainty, existential needs are linked with feeling safety and management of threats, and lastly, relational needs are related with sharing social reality with others (Jost, Glaser, Kruglanski, & Sulloway, 2003; Jost & Hunyady, 2005). These needs explain why individuals are motivated to see the system as fair (Jost, Ledgerwood, & Hardin, 2008). Individuals who have more epistemic, existential and relational needs are more likely to support system-justifying ideologies and movements (Hennes, Nam, Stern, & Jost, 2012; Jost, Glaser, Kruglanski, & Sulloway, 2003; Liviatan & Jost, 2014).

A growing body of research, ironically, demonstrated that not only advantaged group members, but also disadvantaged group members justify the unequal social arrangements (Bonnot & Jost, 2014; Jost, Burgess, & Mosso, 2001; Jost, Pelham et al., 2003). According to a system justification theory that drew from cognitive dissonance theory (Festinger, 1957), the most disadvantaged individuals in the system experience the highest levels of cognitive dissonance, as a reflection of discrepancy between individual's system-related beliefs and their unequal positions in the society (Jost et al., 2008). Jost and Hunyady (2002) argued that a palliative function to explain justification tendencies of disadvantaged group members. In the short run, system justification serves as a coping strategy and it releases stress, cognitive dissonance and enables individuals to feel the world is a controllable, certain, and safe place (Jost & Hunyady, 2002; 2005). Supporting system

justification beliefs increases positive affect, life satisfaction, sense of security, controllability and decreases cognitive dissonance, negative affect such as anger, guilt, shame, frustration in both groups (Jost, et al., 2003; Jost & Hunyady, 2005; Rankin, Jost, & Wakslak, 2009; Wakslak, Jost, Tyler, & Cohen, 2007).

System justification is relevant to the research context of the thesis because it deals with psychological routs via which inequality and system-related problems are justified. In addition, mental health care system policies have an important role in the life of the families that have a member with a DD (Friesen & Koroloff, 1990). Siblings of individuals with a DD generally communicate with the mental health care system, which is an important domain in their life because of their siblings' DD. For these reasons, I focused specifically on the mental health care system toward the individual with a DD, which entails mental health care services, policies, arrangements, and treatment.

Furthermore, to my knowledge, system justification in the context of siblings of individuals with a DD has not been studied in the literature. In the light of the information above, siblings of individuals with a DD can be considered as a disadvantaged group in the society. It was predicted that they would justify the mental health care system more than siblings of individuals without a DD. Also, considering the palliative function of system justification, it was also predicted that negative emotions of siblings of individuals with a DD would be negatively related to mental health care system justification.

1.6. The Current Study

The aim of the study was to investigate the predictors of negative emotions in the siblings of individuals with a DD. To do this, first I conducted a pilot study to adapt system justification into mental health care system. The second study was conducted to investigate relationships between early maladaptive schemas, mental health care system justification, and negative emotions among siblings of an individual with a DD. In addition, the second study purpose to compare siblings of an individual with a DD and siblings of individual without a DD in terms of the negative emotions, early maladaptive schemas and mental health care system justification. The thesis included two hypotheses:

1) a) Negative emotions of siblings of an individual with a developmental disorder would be positively predicted by early maladaptive schemas.

   b) Negative emotions of siblings of an individual with a developmental disorder would be negatively predicted by mental health care system justification.

2) a) Siblings of an individual with a developmental disorder would report more negative emotions than siblings of an individual without a developmental disorder.

   b) Siblings of an individual with a developmental disorder would have more stronger early maladaptive schemas than siblings of individual without a developmental disorder.

   c) Siblings of an individual with a developmental disorder would be more likely to justify the mental health care system than siblings of an individual without a developmental disorder.

CHAPTER 2

PILOT STUDY: DEVELOPMENT OF MENTAL HEALTH CARE SYSTEM JUSTIFICATION SCALE

Siblings of individuals with a DD generally communicate with the mental health care system which is an important domain in their life because of their siblings' developmental disorder. System justification theory examines psychological outcomes of justifying inequalities and system-related problems. While explaining the predictors of emotions of the siblings, it is important to consider siblings tendency to justify the mental health care system as. Therefore, it was necessary to assess siblings' mental health care system justifying ideologies. However, there is no any scale which assesses the mental health care system justification. Hence, I counducted a pilot study to adapt items of the widely used system jsutification scale, namely General System Justification Scale (Kay & Jost, 2003) to the mental health care system for this thesis.

Studies demonstrated that general system justification is positively related with social dominance orientation and just world beliefs (Oldmeadow & Fiske, 2007). Morever, there is a positive relationship between system justification ideologies and conservatism, political orientation (Jost & Amodio, 2012). Therefore, general system justification scale, social dominance orientation scale, a general belief in a just world scale, questions of religiosity and political orientation were used to explore convergent validity. The positive relationship between mental health care

system justification and general system justification, social dominance orientation, general belief in a just world, political orientation and religiosity was expected.

METHOD

2.1.1. Participants

In the pilot study, data were collected from 185 participants. 51 participants who did not complete all of the scales, 4 participants who give the same response all the scale, 1 participant who have a sibling with a DD were excluded from data.

Responses of 129 participants who are between 18-21 ages (M = 19.92, SD = .97) were analyzed. While 84 participants (65.1 %) were female, 21 participants (16.3%) were male. 24 participants (18.6%) did not report their gender.

Regarding the education level, 102 participants (79.1%) were university students, 3 participants (2.3%) were high school students. 24 participants (18.6%) did not report their education. 65 (50.4%) students were from TED University whereas, 40 students (31%) were from the other universities. 24 participants (18.6%) did not report their university.

In terms of the participant's cities, 90 participants (69.8%) were from Ankara, 9 participants (7%) were from İzmir, 2 participants (1,6%) were from İstanbul and, 4 participants (3.1%) were from Trabzon. 24 participants (18.6 %) did not report their cities.

Regarding the income level, 4 participants (3.1%) reported was under the 1401 TL, 14 participants (10.9%) reported was between "1401-2500 TL", 35

participants (27.1%) reported was between “2501-5000 TL”, 32 participants (24.8%) reported was between “5001-7500 TL”, 19 participants (14.7%) reported was higher than 7501 TL. 25 participants (19.4%) did not report their income.

The mean of the participants’ political ideology (1= Extremely leftist, 7= Rightist) was 3.12 (*SD* = 1.29). The mean of the degree of participant’s religiosity (1=Not all religious, 7= Very religious) was 3.26 (*SD* = 1.46) (see Table 2.1 for descriptive statistics of demographic variables of the sample).

Table 2.1 *Descriptive Statistics for Demographic Variables in the Pilot Study*

Demographic Variable	Mean/ Frequency	SD/Percentage
Age	19.92	.97
Gender		
Female	84	65.1%
Male	21	16.3%
Missing	24	18.6%
Education Level		
University student	102	79.1%
High school student	3	2.3%
Missing	24	18.6%
Income		
Under than 1401 TL	4	3.1%
1401-2500 TL	14	10.9%
2501-5000 TL	35	27.1%
5001-7500 TL	32	24.8%
Higher than 7501 TL	19	14.7%
Missing	25	19.4%
City		
Ankara	90	69.8%
İzmir	9	7%
İstanbul	2	1.6%
Trabzon	4	3.1%
Missing	24	18.6%

2.1.2. Procedure

Ethical consent was obtained from Ethical Committe at TED University. Data were collected from different cities in Turkey over the online survey which is called Qualtrics. Firstly, participants completed inform consent, then they completed the surveys. Questionnaires were distributed in a random order. Responses were gathered anonymously and saved. Completion of the questionnaires took 20 minutes on average.

Data were collected from 64 participants via snowball technique. However, 65 participants were from TED University over the e-mail announcement and they gained a bonus from the related course.

2.1.3. Materials

2.1.3.1. Demographic Questions

Age, gender, education, cities, income level, political ideology, and religiosity were asked to participants (see Appendix A).

2.1.3.2. General System Justification Scale (GSJ)

General system justification scale which was developed by Kay and Jost (2003) was used in the pilot study. The scale assesses the tendency of legitimatization of the system. It was adapted into Turkish by Göregenli in 2004 (*e.g. "Society is set up so that people usually get what they deserve*)*"*. It comprises of 8 items, 2 of which are reverse items (3.,7.). Participants were rated items on a 5 likert

type scale (*1=strongly disagree, 5=strongly agree*). Getting a higher score on the scale show having higher system justifying ideologies. Internal consistency coefficient of the general system justification scale for the pilot study was found .80 (see Appendix A).

2.1.3.3. Mental Health Care System Justification Scale (MHSJ)

Items of the general system justification scale (Kay & Jost, 2003) was adapted into mental health context by the researchers for this dissertation (*e.g. "In general, Individuals with developmental disorders are treated fairly in Turkey*."). The scale consists of 8 items similar to original form. 2 items are reverse coded (3 and 7). Items were rated on a 5 point Likert type (*1= I strongly disagree; 5= I strongly agree*) by the participants. Getting a higher score on the scale indicates having higher mental health care system justifying ideologies. Item total correlation was found between .21 and .47 in this pilot study. Internal consistency coefficient was found .64 in this pilot study. However, internal consistency coefficient was found higher in the main study than in the pilot study (Cronbach's alpha for the DD group = .85; Cronbach's alpha for the comparison group = .70) (see Appendix A).

2.1.3.4. General Belief in a Just World Scale (GBJW)

General Belief in a Just World Scale which was developed by Dalbert, Montada and Schmitt (1987) was used in the pilot study. The scale which assesses the belief about just world adapted into Turkish by Göregenli (2003) (e.g. "*I think, basically the world is a just place.")*. The scale comprises of 6 items. It does not have any reverse items. Participants were rated items on the 5 Likert type scale

(*1=strongly disagree, 5=strongly agree*). Getting a higher score on the scale indicate having more just world belief. Cronbach alpha of just world belief scale was found .76 in the current study (see Appendix A).

2.1.3.5. Social Dominance Orientation Scale (SDO)

Social Dominance orientation scale which was developed by Sidanius and Pratto (1999) was used in this pilot study. This scale assesses beliefs about discrimination toward outer groups. Adaptation study of the scale was conducted by Karaçanta (2002) (*e.g. "Some people are just more worthy than others."*) The scale comprises of 16 items which include 8 reverse items (2., 4., 7., 9., 10, 12., 14., 15). Participants completed the items on the 5 point Likert type scale (*1=strongly disagree, 5=strongly agree*). Getting a higher score on the SDO scale indicated having higher social dominance orientated beliefs. Cronbach alpha of the scale was found .88 in the present study (see Appendix A).

RESULTS AND DISCUSSION

In this section, firstly, descriptive statistics of the study variables and correlations between study variables will be presented. After that, factor analysis of the mental health care system justification will be presented.

2.2.1. Descriptive Statistics for Study Variables and Correlations between Variables

Means, standard deviations, and ranges were calculated for the Mental Health Care System Justification Scale, General System Justification Scale, Social

Dominance Orientation Scale and General Belief in a Just World Scale. Afterwards, correlations between study variables were also calculated. Descriptive statistics for study variables were given in Table 2.2. Correlations between study variables were given in Table 2.3.

Table 2.2 *Descriptive Statistics for the Pilot Study Variables*

Variables	Mean	SD	Range
MHSJ	2.24	.50	1-5
GSJ	1.85	.58	1-5
SDO	2.10	.56	1-5
GBJW	2.44	.61	1-5
PO	3.12	1.29	1-7
R	3.26	1.46	1-7

Note: MHSJ = Mental health system justification; GSJ = General system justification; SDO = Social dominance orientation; GBJW = General belief in a just world; PO = Political orientation; R = Religiosity

Table 2.3 *Bivariate Correlations Between Study Variables in the Pilot Study*

	1	2	3	4	5	6	7	8
1. Age	1	-.01	.06	.16	.00	.09	.19	.17
2. Gender		1	.28**	.16	.22*	-.27**	.09	-.04
3. MHSJ			1	.52***	.32***	.18*	.34***	.13
4. GSJ				1	.23**	.30**	.24*	.14
5. SDO					1	.02	.16	-.09
6. GBJW						1	.13	.23*
7. PO							1	.31**
8.R								1

*Note.*MHSJ = Mental health system justification; GSJ = General system justification; SDO = Social dominance orientation; GBJW = General belief in a just world; PO = Political Ideology; R = Religiosity; * p < .05. ** p < .01 *** *p* < .001

2.2.2. Factor Analysis of the Mental Health Care System Justification Scale

Eight items of the mental health care system justification were subjected Principle Factor Analysis with varimax rotation for examining the factor structure of the mental health care system justification scale. Three factors which exceed the eigenvalue value of 1 were revealed. Three factors dimensional structure of the scale explained 59.11% of the variance. However, a three factor solution resulted in overfactoring problems with having two items included in second factor and having only one item in third factor. Single factor solution was suitable for the most interpretable, meaningful results and aim of the study. Therefore, factor analysis was forced to single factor when considered the original form of the scale and related theoretical explanations (see Kay & Jost, 2003).

According to results, Kaiser Mayer Olkin Measure of Sampling Adequacy coefficient was found to be .72 and Barlett's test of the Sphericity was found as a $\chi 2 = 140.32$ (df = 28, p = .000). It was found that item factor loads were between .31 and .71 (See Table 2.4). A dimensional structure of the scale explained 31.55% of the variance.

Table 2.4 *Factor Analysis of the Mental Health Care System Justification Scale*

	% Variance	Cronbach's Alpha	Factor Loading
Factor 1	31.55%	.64	
1.In general, Individuals with developmental disorders are treated fairly in Turkey.			.70
2. In general, I think that policies and arrangements for individuals with developmental disorder in Turkey operates as it should.			.71
3. In Turkey, policies and arrangements for individuals with developmental disorder should be radically restructured from start to finish.			.41
4. Turkey is one of the best countries to live for individuals with			.68

developmental disorders.	
5. The policies, arrangements and treatments for individuals with developmental disorders in Turkey serve the greatest good for them.	.59
6. Individuals with developmental disorders and individual without developmental disorders have a fair shot at wealth and happiness.	.31
7. Prejudice and discrimination toward individuals with developmental disorders and their families are getting worse every year.	.33
8. The system in our society is set up so that everyone (individuals with developmental disorders and without) get what they deserve.	.59

The relationships between mental health care system justification scale and general system justification scale, social dominance orientation scale, general belief in a just world scale, political ideology were investigated to examine criterian related validity. As shown in Table 2.3, the results indicated that mental health care system justification scale was positively correlated with general system justification scale (r=.52, $p < .001$), social dominance orientation scale (r = .32, $p < .001$), political ideology (r=.34, $p < .001$), general belief in a just world scale (r = .18, $p = .175$).

According to these results, the mental health care system justification scale was found valid and reliable to use in this study.

CHAPTER 3

EMOTIONS IN SIBLINGS OF INDIVIDUAL WITH A DEVELOPMENTAL DISORDER: THE ROLE OF EARLY MALADAPTIVE SCHEMAS AND MENTAL HEALTH CARE SYSTEM JUSTIFICATION

METHOD

3.1.1. Participants

The data were collected from two different samples. The first sample consisted of siblings of individuals with a DD (DD group). The second sample consisted of siblings of individuals without a DD (comparison group). 269 siblings participated in the study. 80 participants were siblings of individuals with a DD and 189 participants were siblings of individuals without a DD. 6 participants who gave the same response all the scale and 2 participants who did not complete majority of the scales excluded from data of DD group. In comparison group, 24 participants who did not complete majority of the scales, 19 participants who gave the same response all the scale, 7 participants who live in the abroad, 12 participants who have not siblings, 10 participants who are not in the age range of the study, and 8 participants who have parents with psychological disorder (schizophrenia, bipolar disorder etc.) were excluded from data. Final samples consisted of 72 siblings of individuals with a DD and 109 siblings of individuals without a DD.

While 47 participants (65.3 %) were female and 25 participants (34.7 %) were male in the DD group, 94 participants (86.2 %) were female and 15 participants (13.8 %) were male in the comparison group. Participants were between 16 and 21

age in the DD group (*M* = 18.65, *SD* = 1.44) and comparison group (*M* = 18.92, *SD* = 1.55).

41 participants were university students (56.9 %), 23 participants were high school students (31.9 %), and 8 participants were graduated from high school (11.1 %) in the DD group, whereas 79 participants were university students (72.5 %), 26 participants were high school students (23.9 %), and 4 participants were graduated from high school (3.7 %) in the comparison group.

The DD group consisted of 33 siblings of individuals with an intellectual developmental disorder (45.8 %), 23 siblings of individuals with an autism spectrum disorder (31.9 %), and 16 siblings of individuals with a down syndrome (22.2%).

In the DD group, data were collected from different special education and rehabilitation centers in different cities from Turkey. Specifically, 34 participants (47.4 %) were from "Bursa Gelişim Özel Eğitim ve Rehabilitasyon Merkezi", 6 participants (8.3 %) were from "Atça Şükrü Balcı Özel Eğitim ve Rehabilitasyon Merkezi", 5 participants (6.9 %) were from "Nazilli İç Denge Özel Eğitim ve Rehabilitasyon Merkezi", 5 participants (6.9 %) were from "Mersin İzem Özel Eğitim Merkezi", 6 participants (8.3 %) were from "TSK Mehmetçik Vakfı Özel Eğitim ve Rehabilitasyon Merkezi", 4 participants (5.6 %) were from "Ankara Barış Özel Eğitim ve Rehabilitasyon Merkezi", 1 participant (1.4 %) were from "Ankara İlgi Otizm Derneği". Out of these participants, 6 participants (8.3 %) participated the study via internet announcement in facebook group which is Hayat Ağacı. 5 participants (6.9 %) did not respond to the question. In the comparison group, data also were collected from different cities. 29 participants (26.6 %) were from Ankara, 26 participants (23.9 %) were from Aydın, 20 participants (18.3 %) were from

İstanbul, 6 participants (5.5 %) were from Konya, 4 participants (3.7 %) were from İzmir, 18 participants (16.5) were from other cities and the last 6 participants (5.5 %) did not give information about city.

Among DD group, 7 participants (9.7 %) had one sibling, 26 participants (36.1 %) had two siblings, 23 participants (31.9 %) had three siblings, 9 participants (12.5 %) had four siblings and, 7 participants (9.8 %) had more than four siblings. Among comparison group, 62 participants (56.9 %) had one sibling, 31 participants (28.4 %) had two siblings, 9 participants (8.3 %) had three siblings, and 6 participants (5.5 %) had four siblings and, 1 participant (0.9%) had more than four siblings.

In terms of the number of the siblings, 15 participants (20.8 %) were younger than their siblings, 57 participants (79.2 %) were older than their siblings in the DD group. 50 participants (45.9 %) were younger than their siblings, 57 participants (52.3 %) were older than their siblings and 2 participants (1.8 %) were the same age with their siblings in the comparison group.

Regarding the income level, 6 participants (8.3%) reported that their family income was under the 1401 TL, 28 participants (38.9%) reported was between "1401-2500 TL", 25 participants (34.7%) reported was between "2501-5000 TL", 8 participants (11.1%) reported was between "5001-7500 TL", 2 participants (2.8%) reported was higher than 7501 TL, 3 participants (4.2%) did not report their income in the DD group. In comparison group, 9 participants (8.3%) reported was under the 1401 TL, 23 participants (21.1%) reported was between "1401-2500 TL", 35 participants (32.1%) reported was between "2501-5000 TL", 24 participants (22.0%) reported was between "5001-7500 TL", 13 participants (11.9%) reported was higher

than 7501 TL, 5 participants (4.6%) did not report their income. (see table 3.1 for demographic characteristics of the samples)

Table 3.1 *Descriptive Statistics for Demographic Variables of the Samples*

Demographic Variable	Group	Mean/ Frequency	SD/Percentage
Age	DD	18.65	1.44
	C	18.92	1.55
Gender			
Female	DD	47	65.3%
	C	94	86.2%
Male	DD	25	34.7%
	C	15	13.8%
Education Level			
University student	DD	41	56.9%
	C	79	72.5%
High school student	DD	23	31.9%
	C	26	23.9%
Graduated from high school	DD	8	11.1%
	C	4	3.7%
Income			
Under 1401 TL	DD	6	8.3%
	C	9	8.3%
1401-2500 TL	DD	28	38.9%
	C	23	21.1%
2501-5000 TL	DD	25	34.7%
	C	35	32.1%
5001-7500 TL	DD	8	11.1%
	C	24	22.0%
Higher than 7501 TL	DD	2	2.8%
	C	13	11.9%
Missing	DD	3	4.2%
	C	5	4.6%
Number of siblings			
1	DD	7	9.7%
	C	62	56.9%
2	DD	26	36.1%
	C	31	28.4%
3	DD	23	31.9%
	C	9	8.3%
4	DD	9	12.5%
	C	6	5.5%
More than 4	DD	7	9.8%
	C	1	0.9%

3.1.2. Procedure

Ethical consent was obtained from the TED University Ethical Committee. Data was collected via special education and rehabilitation centers in the DD group. Firstly, verbal approval for the data collection process was received from the managers of the rehabilitation centers. Then, participants were approached and information about the research was given. Inform consent also was taken from parents of participants who are under the 18 ages. 69 participants participated in the the online survey (Qualtrics). However, 11 participants who have not internet access in their home completed the paper-pencil questionnaires. In the comparison group, data were collected from 189 participants. Participants completed participaten in an online survey (Qualtrics). Completion of the questionnaires took 30 minutes on average for both groups. Responses were gathered anonymously.

3.1.3. Materials

Firstly, participants were completed demographic information form which include participant's gender, age, education level, maternal and paternal education level, income level, number of siblings they have, sibling order, type of developmental disorder of siblings, age of sibling with a DD, cities of special education and rehabilitation centers, cities which they live in, whether they have family member with a psychopathology (See Appendix B). Following a demographic information form, a set of questionnaires which are The Young Schema Questionnaire-Short Form (YSQ-SF3), Mental Health Care System Justification Scale (MHSJ) and Emotion Measurement were given to participants.

3.1.3.1. The Young Schema Questionnaire-Short Form (YSQ-SF3)

Young Schema Questionnaire which was developed by Young was used to measure early maladaptive schemas. The questionnaire has a long form and a short form. Last short version of the scale, namely Young Schema Questionnaire- Short Form- 3 was used in this thesis (Young, et al., 2003) (See Appendix A for YSQ-SF3). The questionnaire includes ninety items which assess 18 early maladaptive schemas under the 5 schema domains.

Soygüt, Karaosmanoğlu, and Çakır adapted YSQ-SF3 into Turkish in 2009. Responses ranged from 1 (*Completely untrue of me*) to 6 (*Describes me perfectly*) (e.g. "I have always let others make choices for me, so I really do not know what I want for myself."). Higher scores reflect having more stronger early maladaptive schemas. Soygüt, Karaosmanoğlu, Çakır (2009) revealed 14 early maladaptive schemas under 5 schema domains in their standardization study. Findings were consistent with the theoretical proposition of original form in terms of the five schema domains which are "Disconnection", "Impaired Autonomy", "Impaired Limits", "Other-Directedness", and "Unrelenting Standards". These schema domains include fourteen maladaptive schemas, namely Abandonment schema, Emotional Deprivation schema, Defectiveness schema, Social Isolation/Mistrust schema, Vulnerability to Harm schema, Enmeshment/Dependency schema, Failure schema, Entitlement/Insufficient Self Control schema, Self Sacrifice schema, Approval Seeking schema, Pessimism schema, Emotional Inhibition schema, Unrelenting Standards schema, and Punitiveness schema.

In this study, Cronbach alpha for schema domains ranged from .63 (Impaired Limits) to .94 (Disconnection, Impaired Autonomy) in the DD group. Cronbach

alpha ranged from .70 (Impaired Limits) to .94 (Impaired Autonomy) in the comparison group. Cronbach alpha of internal consistency for early maladaptive schemas was found a ranged from .63 (Entitlement/Insufficient Self Control) to .87 (Enmeshment, Abandonment) in DD group. In the comparison group, internal consistency coefficients for early maladaptive schemas was found ranged from .67 (Self Sacrifice) to .87 (Failure) (Appendix C).

3.1.3.2. Mental Health Care System Justification Scale (MHSJ)

To assess the tendency of people to justify, defend, and support the existing mental health care system, Mental Health Care System Justification Scale (MHSJ) was used. The psychometric properties of MHSJ were examined in the pilot study. Items were rated on 5 points Likert type (1 = *Strongly disagree*; 5= *Strongly agree*) (e.g.*"In general, Individuals with developmental disorders are treated fairly in Turkey*."). The alpha coefficient was .85 in the DD group, whereas .70 in the comparison group (Appendix D).

3.1.3.3. Emotions Measures

Emotions were measured in two different contexts, namely the individual-related emotions and the sibling-related emotions.

3.1.3.3.1. Individual-related Emotions

To measure individual-related emotions, participants answered the following question "How often do you feel the following emotions in your daily life?". A list of

10 negative emotions (anger, sadness, disappointment, anxious, fear, uneasy, nervous, regretful, guilty, shame) was presented to participants. Responses were given a 5-point Likert scale (*1= Never; 5= Most of the time*). These emotions derived from related studies in the literature (e.g. Ross & Cuskelly, 2006; Schuntermann, 2007; Wolf, et al., 1998). The sample items were "I feel anger", " I feel shame" (See Appendix E for the list of Individual Emotions).

List of negative emotions consisted of anger, sadness, disappointment, anxious, fear, uneasy, nervous, regretful, guilty, and shame (Cronbach's alpha for both group = .86). In addition to the total score of the negative emotions, emotions were combined into 4 different subscales based on conceptual reasons to examine hypotheses in detail. These are anger, fear/anxiety, guilt/shame and sadness/disappointment subscales. Specifically, anger scale included "anger toward the myself", "anger toward the parents", "anger toward the environment" and "nervous" (Cronbach's alpha for DD group = .66; Cronbach's alpha for comparison group = .77). Fear/anxiety scale included anxious, fear, and uneasy (Cronbach's alpha for DD group = .74; Cronbach's alpha for comparison group = .77). Guilt/Shame was reflected by guilt, shame, and regretful (Cronbach's alpha for DD group = .76; Cronbach's alpha for comparison group = .67). Sadness/Disappointment scale consisted of sadness and disappointment (Cronbach's alpha for DD group = .66; Cronbach's alpha for comparison group = .70).

3.1.3.3.2. Sibling-related Emotions

To measure sibling-related emotions, participants answered the following question "How often do you feel the following emotions when you think your sibling

with a developmental disorder?". They rated list of 10 negative emotions (anger, sadness, disappointment, anxious, fear, uneasy, nervous, regretful, guilty, shame) on the 5 points likert scale (*1= Never; 5= Most of the time*). Emotions were combined into 4 different subscales like an individual-based emotions. The sample items were "I feel shame when I think my sibling", "I feel anxious when I think my sibling" (See Appendix F for the list of Sibling-related Emotions).

The alpha coefficient of total list of emotions was .90 in the DD group, whereas .86 in the comparison group. Anger (Cronbach's alpha for the DD group = .73; Cronbach's alpha for comparison group = .79), fear/anxiety (Cronbach's alpha for the DD group = .78; Cronbach's alpha for comparison group = .69), guilt/shame (Cronbach's alpha for the DD group = .84; Cronbach's alpha for comparison group = .59) and sadness/disappointment (Cronbach's alpha for the DD group = .61; Cronbach's alpha for comparison group = .64) subscales were also assessed for the sibling-related emotions like an individual-related emotions.

CHAPTER 4

RESULTS

In the results section, firstly, descriptive statistics of the study variables will be presented. After that, pearson correlation coefficients between demographic variables and study variables will be presented. It will be followed by correlations between study variables. Afterwards, t-tests for group differences on study variables will be presented. Lastly, a hierarchical regression analysis which was conducted for investigating whether maladaptive schema domains and mental health care system justification predicted emotions will be presented. Significant results were reported.

4.1. Descriptive Statistics for the Study Variables

Means, standard deviations, and ranges were calculated for each 5 schema domains of YSQ-SF3 which are Disconnection", "Impaired Autonomy", "Impaired Limits", "Other-Directedness", and "Unrelenting Standards", MHSJ Scale and 5 different subscales of emotions which are "Negative Emotions", "Anger", "Fear/Anxiety", "Guilt/Shame" and "Sadness/Disappointment" subscales in both individual-related and sibling-related. Descriptive statistics for study variables were given in Table 4.1.

Table 4.1 *Descriptive Statistics for the Study Variables*

Variables	Group	Mean	SD	Range
IE				
NE	DD	2.73	.64	1-5
	C	2.80	.67	1-5
	T	2.77	.66	1-5
A	DD	2.81	.75	1-5
	C	2.88	.84	1-5
	T	2.86	.81	1-5
F/A	DD	2.79	.80	1-5

	C	2.84	.86	1-5
	T	2.82	.84	1-5
G/S	DD	2.50	.76	1-5
	C	2.48	.76	1-5
	T	2.49	.76	1-5
S/D	DD	2.86	.76	1-5
	C	3.04	.85	1-5
	T	2.97	.82	1-5
SE				
NE	DD	2.13	.80	1-5
	C	1.60	.60	1-5
	T	1.80	.73	1-5
A	DD	2.07	.86	1-5
	C	1.72	.80	1-5
	T	1.86	.84	1-5
F/A	DD	2.45	.96	1-5
	C	1.62	.74	1-5
	T	1.94	.92	1-5
G/S	DD	1.81	.93	1-5
	C	1.43	.57	1-5
	T	1.58	.75	1-5
S	DD	2.22	.97	1-5
	C	1.60	.80	1-5
	T	1.83	.92	1-5
YSQ				
D	DD	2.76	1.04	1-5
	C	2.65	.89	1-5
	T	2.69	.95	1-5
IA	DD	2.68	.97	1-5
	C	2.54	.86	1-5
	T	2.59	.91	1-5
IL	DD	3.82	.85	1-5
	C	4.03	.91	1-5
	T	3.94	.89	1-5
OD	DD	3.79	.82	1-5
	C	3.52	.77	1-5
	T	3.63	.80	1-5
US	DD	3.72	.89	1-5
	C	3.56	.99	1-5
	T	3.62	.95	1-5
MHSJ	DD	2.57	.83	1-5
	C	2.25	.55	1-5
	T	2.37	.68	1-5

Note. IE = Individual Emotions; NE = Negative Emotions; A = Anger; F/A = Fear/anxiety; G/S = Guilt/ shame; S/D = Sadness/Disappointment; SE = Sibling-related Emotions; YSQ = Young Schema Questionnaire; D = Disconnection; IA = Impaired Autonomy; IL = Impaired Limits; OD = Other Directedness; US = Unrelenting Standards; MHSJ = Mental Health Care System Justification; DD = Developmental disordered group; C = Comparison group; T = Total group

4.2. Correlations between Demographic Variables and Study Variables

First we examined zero-order correlations between demographic variables and study variables (See Table 4.2 for DD group; see Table 4.3 for comparison group; see Table 4.4 for the whole sample). Regarding the relationships between age and schema domains, results demonstrated that age was negatively correlated with Disconnection (r = -.27, p = .023) and Impaired Autonomy (r = -.35, p = .002) in developmental disordered group. Age was also negatively associated with Impaired Limits in comparison group (r = -.25, p = .009). Age was negatively related with Disconnection (r = -.20, p = .007) and Impaired Autonomy (r = -.21, p = .005) in the whole sample. Moreover, age also negatively related with individual-related sadness/disappointment in the whole sample (r = -.15, p = .044).

In terms of gender, it was found that negative correlation between gender and individual-related fear/anxiety experience (r = -.34, p = .005) and individual-related sadness/disappointment experience (r = -.25, p = .038) in developmental disordered group. Gender was not associated with any variables in comparison group. However, gender was found negatively correlated with individual-related fear/anxiety in the whole sample (r = -.16, p = .040)

Regarding income, negative relationship between income and mental health care system justification was observed (r = -.34, p = .008) in developmental disordered group. Income, however, is positively associated with individual-related anger (r = .26, p = .032), sibling-related anger (r = .24, p < .048), sibling-related sadness/disappointment (r = .30, p = .014), and sibling-related negative emotions (r = .27, p = .026) in developmental disordered group. In comparison group, it was no found significant relations between income and study variables. However, negative

association between income and mental health care system justification was observed (r = -.23, p = .002) in the whole sample.

4.3. Correlations between Maladaptive Schema Domains, Mental Health Care System Justification, and Emotions

Zero-order correlations between study variables in terms of the groups were presented in Table in 4.2, 4.3, 4.4. Results of correlations between individual-related emotions and sibling-related emotions ranged from .65 (individual-related negative emotions and sibling-related negative emotions) to .38 (individual-related fear/anxiety and sibling-related guilt/shame). The correlations ranged from .42 (individual-related negative emotions and sibling-related negative emotions) to .20 (individual-related guilt/shame and sibling-related sadness/disappointment) in the comparison group. The relations ranged from .47 (individual-related negative emotions and sibling-related negative emotions) to .19 (individual-related sadness/disappointment and sibling-related sadness/disappointment) in the whole sample.

The corelations between maladaptive schema domains ranged from .83 (Impaired Autonomy and Disconnection) to .24 (Impaired Autonomy and Impaired Limits) in the developmental disordered group. The relations ranged from .73 (Impaired Autonomy and Disconnection) to .24 (Impaired Autonomy and Impaired Limits) in the comparison group. The relations ranged from .77 (Impaired Autonomy and Disconnection) to .23 (Impaired Autonomy and Impaired Limits) in the whole sample.

Examination of correlations between individual-related emotions and schema domains indicated that in developmental disordered group negative individual-related emotions were significanly correlated with Disconnection (r = .62, p < .001), Impaired Autonomy (r = .64, p < .001), Other Directedness (r = .51, p < .001), and Unrelenting Standards (r = .38, p = .002). Guilt/shame was positively correlated with Disconnection (r = .66, p < .001), Impaired Autonomy (r = .61, p < .001), Other Directedness (r = .49, p < .001), and Unrelenting Standards (r = .29, p < .015). In addition to that, fear/anxiety was positively related with Disconnection (r = .27, p = .026), Impaired Autonomy (r = .43, p < .001), Other Directedness (r = .31, p = .009). Similarly, positive correlations were observed between anger and Disconnection (r = .61, p < .001), Impaired Autonomy (r = .52, p < .001), Impaired Limits (r = .26, p = .033), Other Directedness (r = .45, p < .001), and Unrelenting Standards (r = .44, p < .001). Moreover, sadness/disappointment was significantly related to Disconnection (r = .51, p < .001), Impaired Autonomy (r = .56, p < .001), Other Directedness (r = .36, p = .002), and Unrelenting Standards (r = .31, p = .010). Regarding comparison group, relationship between individual-related emotions and schema domains ranged from .74 (Negative emotions and Impaired Autonomy) to .25 (Negative emotions and Unrelenting Standards). In the whole sample, corelations between individual-related emotions and schema domains ranged from .69 (Negative emotions and Impaired Autonomy) to .15 (Sadness/Disappointment and Impaired Limits).

Results of correlations between sibling-related emotions and schema domains revealed that in developmental disordered group negative emotions were positively associated with Disconnection (r = .52, p < .001), Impaired Autonomy (r = .55, p < .001), Other Directedness (r = .39, p = .001), and Unrelenting Standards (r = .33, p

= .007). Guilt/shame scale was positively related with Disconnection (r = .53, p < .001), Impaired Autonomy (r = .52, p < .001), Other Directedness (r = .38, p = .001), and Unrelenting Standards (r = .36, p = .003). In addition to that, fear/anxiety was positively related with Disconnection (r = .29, p = .017), Impaired Autonomy (r = .41, p = .001), and Other Directedness (r = .31, p = .011). Similarly, anger was positively related to Disconnection (r = .51, p < .001), Impaired Autonomy (r = .50, p < .001), Other Directedness (r = .35, p = .004), and Unrelenting Standards (r = .30, p = .012). Sadness/Disappointment was positively associated with and Disconnection (r = .48 p < .001), Impaired Autonomy (r = .47, p < .001), Other Directedness (r = .29, p = .016), and Unrelenting Standards (r = .32, p = .009). Regarding comparison group, relationship between sibling-related emotions and schema domains ranged from .37 (Negative emotions and Disconnection) to .21 (Fear/anxiety and Other Directedness). In the whole sample, corelations between sibling-related emotions and schema domains ranged from .44 (Negative emotions and Disconnection) to .16 (Negative emotions and Unrelenting Standards).

In terms of the mental health care system justification and individual-related emotions, it was found that in developmental disordered group mental health care system justification was negatively associated with negative emotions (r = -.40, p = .002) , guilt/shame (r = -.32, p = .012), anger (r = -.44, p < .001), and sadness/disappointment (r = -.31, p = .014).

Regarding mental health care system justification and sibling-related emotions, it was found that mental health care system justification was significantly correlated with negative emotions (r = -.32, p = .012), fear/anxiety (r = -.33, p = .009), anger (r = -.25, p = .048), and sadness/disappointment (r = -.33, p = .009).

Table 4.2 *Bivariate Correlations Between Study Variables in the Developmental Disordered Group*

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
1. Age	1	.01	.09	-.14	-.05	-.14	-.15	-.15	-.10	-.11	-.12	-.04	-.09	-.27*	-.35**	.14	-.02	.08	.12
2. Gender		1	.03	-.23	-.04	-.34**	-.16	-.25*	-.06	-.10	-.10	.04	-.04	.06	-.16	.09	-.10	.04	-.04
3. Income			1	.22	.26*	.13	.15	.15	.27*	.24*	.18	.24	.30*	.10	.07	.03	-.02	.24	-.34**
IE																			
4. NE				1	.88**	.76**	.84**	.84**	.65**	.58**	.52**	.57**	.59**	.62**	.64**	.16	.51**	.38**	-.40**
5. A					1	.47**	.69**	.68**	.58**	.56**	.42**	.52**	.51**	.61**	.52**	.26*	.45**	.44**	-.44**
6. F/A						1	.47**	.57**	.52**	.47**	.48**	.38**	.47**	.27*	.43**	.02	.31**	.18	-.23
7. G/S							1	.64**	.55**	.45**	.43**	.51**	.55**	.66**	.61**	.11	.49**	.29*	-.32*
8. S/D								1	.50**	.41**	.41**	.49**	.43**	.51**	.56**	.10	.36**	.31*	-.31*
SE																			
9. NE									1	.87**	.85**	.89**	.85**	.52**	.55**	.12	.39**	.33**	-.32*
10. A										1	.59**	.71**	.64**	.51**	.50**	.13	.35**	.30*	-.25*
11. F/A											1	.66**	.72**	.29*	.41**	.02	.31*	.16	-.33**
12. G/S												1	.70**	.53**	.52**	.12	.38**	.36**	-.21
13. S/D													1	.48**	.47**	.18	.29*	.32**	-.33**
SD																			
14. D														1	.83**	.43**	.65**	.60**	-.21
15. IA															1	.24*	.64**	.46**	-.17
16. IL																1	.38**	.57**	-.07
17. OD																	1	.62**	-.22
18. US																		1	-.19
19. MHSJ																			1

Note. IE = Individual-related Emotions; NE = Negative Emotions; A = Anger; F/A = Fear/anxiety; G/S = Guilt/ shame; S/D = Sadness/Disappointment; SE = Sibling-related Emotions; SD = Schema Domains; D = Disconnection; IA = Impaired Autonomy; IL = Impaired Limits; OD = Other Directedness; US = Unrelenting Standards; MHSJ = Mental Health Care System Justification; * $p < .05$. ** $p < .01$

Table 4.3 *Bivariate Correlations Between Study Variables in the Comparison Group*

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
1. Age	1	.00	-.05	-.10	-.17	.01	.03	-.17	-.01	-.06	.03	-.00	.05	-.15	-.10	-.25**	-.05	-.08	-.09
2. Gender		1	-.06	.00	.01	-.00	.01	-.02	.01	-.05	.10	-.01	-.01	.04	.08	-.03	.05	.09	.03
3. Income			1	.01	-.02	.07	.01	-.04	-.05	-.03	-.04	-.04	-.09	-.12	.01	.09	.14	.14	-.10
IE																			
4. NE				1	.80**	.86**	.77**	.77**	.42**	.35**	.40**	.37**	.23*	.68**	.74**	.12	.37**	.25*	-.06
5. A					1	.50**	.39**	.49**	.37**	.36**	.29**	.31**	.21*	.59**	.54**	.26**	.25**	.30**	-.11
6. F/A						1	.67**	.64**	.34**	.26**	.36**	.33**	.17	.53**	.67**	-.01	.29**	.17	-.01
7. G/S							1	.51**	.33**	.26**	.35**	.27**	.20*	.49**	.57**	-.07	.33**	.16	-.01
8. S/D								1	.26**	.20*	.26**	.25**	.12	.56**	.63**	.16	.32**	.10	-.04
SE																			
9. NE									1	.88**	.80**	.81**	.79**	.37**	.29**	.09	.18	.01	.00
10. A										1	.56**	.59**	.58**	.34**	.17	.12	.03	-.02	-.02
11. F/A											1	.54**	.52**	.28**	.35**	-.01	.21*	.01	.01
12. G/S												1	.66**	.31**	.28**	.05	.22*	.08	.00
13. S/D													1	.27**	.17	.11	.23*	-.04	.03
SD																			
14. D														1	.73**	.27**	.31**	.18	-.02
15. IA															1	.24*	.55**	.43**	-.13
16. IL																1	.27**	.40**	-.10
17. OD																	1	.55**	-.03
18. US																		1	-.14
19. MHSJ																			1

Note. IE = Individual-related Emotions; NE = Negative Emotions; A = Anger; F/A = Fear/anxiety; G/S = Guilt/ shame; S/D = Sadness/Disappointment; SE = Sibling-related Emotions; SD = Schema Domains; D = Disconnection; IA = Impaired Autonomy; IL = Impaired Limits; OD = Other Directedness; US = Unrelenting Standards; MHSJ = Mental Health Care System Justification; * $p < .05$. ** $p < .01$

Table 4.4 *Bivariate Correlations Between Study Variables in the Whole Sample*

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
1. Age	1	-.01	.02	-.11	-.13	-.04	-.04	-.15*	-.08	-.09	-.07	-.04	-.04	-.20**	-.21**	-.10	-.05	-.03	-.01
2. Gender		1	-.08	-.11	-.02	-.16*	-.06	-.14	.06	-.02	.11	.08	.06	.06	-.02	-.01	.02	.08	.05
3. Income			1	.09	.08	.09	.05	.05	-.01	.02	-.05	.03	-.02	-.05	.01	.09	.04	.14	-.23**
IE																			
4. NE				1	.83**	.82**	.80**	.79**	.47**	.43**	.38**	.43**	.34**	.65**	.69**	.14	.41**	.29**	-.22**
5. A					1	.49**	.49**	.56**	.41**	.42**	.29**	.37**	.29**	.59**	.52**	.26**	.32**	.34**	-.25**
6. F/A						1	.60**	.62**	.37**	.32**	.35**	.32**	.26**	.42**	.57**	.00	.29**	.17*	-.11
7. G/S							1	.55**	.41**	.34**	.35**	.37**	.34**	.56**	.58**	-.01	.40**	.21**	-.15
8. S/D								1	.29**	.25**	.24**	.31**	.19**	.52**	.59**	.15**	.31**	.16*	-.17*
SE																			
9. NE									1	.87**	.85**	.86**	.84**	.44**	.41**	.05	.31**	.16*	-.09
10. A										1	.59**	.65**	.63**	.42**	.32**	.10	.19*	.12	-.09
11. F/A											1	.63**	.67**	.29**	.37**	-.05	.30**	.10	-.07
12. G/S												1	.70**	.43**	.41**	.05	.33**	.22**	-.08
13. S/D													1	.37**	.32**	.09	.29**	.13	-.08
SD																			
14. D														1	.77**	.33**	.47**	.35**	-.11
15. IA															1	.23**	.59**	.45**	-.13
16. IL																1	.29**	.45**	-.11
17. OD																	1	.58**	-.08
18. US																		1	-.14
19. MHSJ																			1

Note. IE = Individual-related Emotions; NE = Negative Emotions; A = Anger; F/A = Fear/anxiety; G/S = Guilt/ shame; S/D = Sadness/Disappointment; SE = Sibling-related Emotions; SD = Schema Domains; D = Disconnection; IA = Impaired Autonomy; IL = Impaired Limits; OD = Other Directedness; US = Unrelenting Standards; MHSJ = Mental Health Care System Justification; * $p < .05$. ** $p < .01$

4.4. Comparing Developmental Disordered Group and Comparison Group in terms of The Study Variables

A series of independent sample t-tests were conducted to test for group differences on the study variables. As seen in Table 4.5, regarding the sibling-related emotions, it was found that siblings of individuals with a DD reported more negative emotions (*M* = 2.13; *SD* = .80), anger (*M* = 2.07; *SD* = .86), fear/anxiety (*M* = 2.45; *SD* = .96), guilt/shame (*M* = 1.81; *SD* = .93) and sadness/disappointment (*M* = 2.22; *SD* = .97) than siblings of individuals without a DD (*M* = 1.60; *SD*= .60, *M* = 1.72; *SD*= .80, *M* = 1.62; *SD*= .74, *M* = 1.43; *SD*= .57, *M* = 1.59; *SD*= .80, respectively); (*t*(175) = 4.64 *p* < .001; *t*(175) = 2.74, *p* = .007; *t*(175) = 6.09, *p* < .001; *t*(175) = 2.98, *p* = .004; *t*(175) = 4.49, *p* < .001). In line with hypothesis 2a, these results indicated that developmental disordered group had more experience sibling-related negative emotions than comparison group.

However, unexpectedly, the siblings of individuals with a DD group did not significantly differ from the siblings of individual without a DD in terms of individual-related emotions.

Moreover, the siblings of individual with a DD had more stronger Other Directedness schema domain (*M* = 3.79; *SD* = .82), and Emotional Inhibition (*M* = 3.21; *SD* = 1.17), Enmeshment/Dependency (*M* = 2.63; *SD* = 1.11), Self Sacrifice (*M* = 3.63; *SD* = .97), Unrelenting Standards (*M* = 3.58; *SD* = 1.34) early maladaptive schemas than the siblings of individual without a DD (*M* = 3.52; *SD*= .77, *M* = 2.82; *SD*= 1.15, *M* = 2.20; *SD*= .86, *M* = 3.33; *SD*= .93, *M* = 3.06; *SD*= 1.25, respectively); (*t*(179) = 2.23, *p* = .027; *t*(179) = 2.18, *p* = .031; *t*(179) = 2.81, *p*

= .006; $t(179) = 2.05$, $p = .042$; $t(179) = 2.67$, $p = .008$, respectively) (See Table 4.5). In line with hypothesis 2b, these results indicated that developmental disordered group had more stronger maladaptive schemas than comparison group.

In addition, as expected, the results indicated that participants in the developmental disordered group reported higher levels of mental health care system justification ($M_{DD} = 2.57$; $SD = .83$) than participants in comparison group ($M_C = 2.25$; $SD = .55$), ($t(172) = 2.72$, $p = .008$) (See Table 4.5).

Table 4.5 *Comparing Developmental Disordered Group and Comparison Group in terms of the Study Variables*

	DD (N = 72)		C (N = 109)	
	Mean	SD	Mean	SD
Sibling-related Emotions				
NE	2.13***	.80***	1.60***	.60***
A	2.07*	.86*	1.72*	.80*
F/A	2.45***	.96***	1.62***	.74***
G/S	1.81**	.93**	1.43**	.57**
S	2.22***	.97***	1.59***	.80***
Individual-related Emotions				
NE	2.74	.64	2.80	.67
A	2.81	.75	2.88	.84
F/A	2.79	.80	2.84	.86
G/S	2.50	.76	2.48	.76
S	2.86	.76	3.04	.85
Schema Domains				
D	2.76	1.04	2.65	.89
IA	2.68	.97	2.54	.86
IL	3.82	.85	4.03	.91
OD	3.79*	.82*	3.52*	.77*
US	3.72	.89	.36	.99
Maladaptive Schemas				
EI	2.73	1.38	2.41	1.13
F	2.24	1.06	2.40	1.06

P	3.04	1.10	3.05	1.27
SI/M	2.96	1.10	3.08	1.07
EI	3.21*	1.17*	2.82*	1.15*
AS	3.79	.90	3.80	1.03
E/D	2.63**	1.11**	2.20**	.86**
E/IS	3.82	.85	4.03	.91
SS	3.63*	.97*	3.33*	.93*
A	2.47	1.27	2.37	1.10
P	3.93	.94	3.68	.93
D	2.19	1.06	2.19	1.04
VH	3.14	1.22	2.96	1.09
US	3.58*	1.34*	3.06*	1.25*
Mental Health Care				
SJ	2.57*	.83*	2.25*	.55*

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

4.5. Hierarcihal Regression Analysis

In order to investigate whether maladaptive schema domains and mental health care system justification predicted emotional experiences, a series of hierarchical regression analyses were performed. Hiearchial regression analyses were run for only siblings of individuals with a DD group.

Two hierarchical regression analyses were conducted for each outcome variable (Negative Emotions, Anger, Fear/Anxiety, Guilt/Shame, and Sadness/Disappointement). In the first of these analysis, mental health care system justification was entered as a predictor variable in the first step, and schema domains were entered in the second step. In the second of these analyses, the schema domains were entered as predictor variables in the first step of the regression, and mental health care system justification was entered in the second step. This procedure allowed me to examine the impact of the schema domains and mental health care system justification, both with and without controlling for the statistical overlap between these variables. By this procedure, the reader can determine the

relationships between a given predictor variable and outcome variable and also rule out some third-variable explanations for these effects. According to results, individual-related anger and sibling-related fear/anxiety were significantly predicted by schema domains and mental health care system justification whereas individual-related guilt/shame and individual-related sadness/disappointment were significantly predicted by only schema domains. Significant results were reported.

4.5.1. Predictive Factors of Individual-related Emotions

4.5.1.1. Predictors of Anger

As demonstrated in Table 4.2., anger was positively correlated with all schema domains (Disconnection, Impaired Autonomy, Impaired Limits, Other-Directedness, and Unrelenting Standards), however negatively correlated with mental health care system justification. First, a hierarcihal regression model in which mental health care system justification was entered in the first step and schema domains were entered in the second step were tested. However, Impaired Limits schema domain was found as a supressor variable. The sign of the partial correlation between Impaired Limits schema domain and anger opposite from that of the zero-order correlation between the same pair of variables. This is the evident for a supression situation (Tzelgov & Henik, 1991). To resolve this supression situation, Impaired Limits schema domain was excluded from analysis. Disconnection, Impaired Autonomy, Other-Directedness, Unrelenting Standards schema domains were included in the hierarchical regression analysis.

As mentioned before, two hierarchical regression analyses were conducted for each outcome variable. In the first of these analysis (Series 1 in Table 4.6), the mental health care system justification was entered in the first step. Disconnection,

Impaired Autonomy, Other-Directedness, Unrelenting Standards schema domains were entered in the second step of the regression. According to results, mental health care system justification was a significant predictor of anger in step 1, F (1, 60) = 14, p < .001; R^2 = .19). In particular, more justifying mental health care system was associated with less feeling anger (β = -.44, p < .001). In the second step, both mental health care system justification (β = -.32, p = .003) and Disconnection schema domain (β = .48, p = .016) were significant predictors of anger, F(5, 56) = 9.65, p < .001; R^2 = .46; ΔR^2 = .27; ΔF = 7.13, p < .001). The result implies that siblings who more justify the mental health care system experience less anger, whereas siblings who have higher scores on Disconnection schema domain feel more anger.

Hierarchical regression was also conducted the same variables, the order in which the blocks of variables were entered was reversed (Series 2 in Table 4.6). Disconnection, Impaired Autonomy, Other-Directedness, Unrelenting Standards schema domains were entered in the first step, mental health care system justification was entered in the second step of the hierarchical regression. Results indicated that Disconnection schema domain was found as a significant predictor of anger in step 1 F (4, 57) = 8.32, p < .001; R^2 = .37). Specifically, siblings who have stronger early maladaptive schemas related to Disconnection schema domain, feel more anger (β = .53, p = .013). In the second step, the significant effect of Disconnection domain remained (β = .48, p = .016) and, mental health care system justification (β = -.32, p = .003) was found as significantly related to anger F(5, 56) = 9.65, p < .001; R^2 = .46; ΔR^2 = .09; ΔF = 9.82, p = .003). These results show that having stronger schema structure of Disconnection schema domain was related to feel more anger, whereas higher mental health care system justification negatively predicted anger.

Table 4.6 *Hierarchical Regression Analysis Predicting Individual-related Anger*

	β	R^2	ΔR^2	F
		Series 1		
Step 1		.19		14^{***}
MHSJ	$-.44^{***}$			
Step 2		.47	.27	9.65^{***}
D	$.48^{*}$			
IA	.03			
OD	.03			
US	.02			
		Series 2		
Step 1		.37		8.32^{***}
D	$.53^{*}$			
IA	.03			
OD	.03			
US	.02			
Step 2		.46	.09	9.65^{***}
MHSJ	$-.32^{**}$			

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

4.5.1.2. Predictors of Guilt/Shame

As demonstrated in Table 4.2, guilt/shame was positively associated with 4 schema domains which are Disconnection, Impaired Autonomy, Other-Directedness, Unrelenting Standards whereas negatively associated with mental health care system justification. First, a hierarcihal regression model in which mental health care system justification was entered in the first step and schema domains were entered in the second step were tested. However, Unrelenting Standards schema domain was found as a supressor variable. The sign of the partial correlation between Unrelenting

Standards schema domain and guilt/shame different from that of the zero-order correlation between the same pair of variables. It was evident for supression situation (Tzelgov & Henik, 1991). Therefore, Unrelenting Standards schema domain was excluded in the analysis. Disconnection, Impaired Autonomy, and Other-Directedness schema domains were included in the hierarchical regression analysis.

As mentioned before, two hierarchical regression analyses were conducted for guilt/shame. In the first of these analysis (Series 1 in Table 4.7), mental health care system justification was entered as a predictor variable in the first step, and Disconnection, Impaired Autonomy, Other-Directedness schema domains were entered in the second step of the regression. Regarding of the results of first hierarchical regression analysis, mental health care system justification significantly predicted guilt/shame domain in the first step F (1, 60) = 6.72, p=.012; R^2 = .10). It could be suggested that, siblings who more justify the mental health care system, experience less guilt/shame (β = -.32, p = .012). In the second step, there was no significant independent contribution of mental health care system justification. Disconnection schema domain (β = .41, p = .025) was found as a significant predictor of guilt/shame F(4, 57) = 11.70, p < .001; R^2 = .45; ΔR^2 = .35; ΔF = 12.11, p < .001). Specifically, Disconnection schema domain was an important predictor of guilt/shame. Siblings who have stronger early maladaptive schemas from Disconnection schema domain, experience more guilt/shame.

As shown in Series 2 in Table 4.7, hierarchical regression was also conducted the same variables, the order in which the blocks of variables were entered was reversed. In the regression analysis, Disconnection, Impaired Autonomy, and Other-Directedness schema domains were entered in the first step, the mental health care system justification was entered in the second step. Regarding of the results of

hierarchical regression analysis, results indicated that Disconnection schema domain was found as a significant predictor of guilt/shame in the first step F (3, 58) = 13.79, p < .001; R^2 = .42). It could be suggested that, siblings who have stronger early maladaptive schemas regarding Disconnection schema domain, reported to feel more guilt/shame (β = .45, p = .018). In the second step, there was no significant independent contribution of mental health care system justification. Disconnection schema domain (β = .41, p = .025) was found as a significant predictor of guilt/shame F(4, 57) = 11.70, p < .001; R^2 = .45; ΔR^2 = .04; ΔF = 3.59, p = .063). Specifically, Disconnection schema domain was an important predictor of guilt/shame. Siblings who have stronger early maladaptive schemas from Disconnection schema domain, reported to feel more guilt/shame.

Table 4.7 *Hierarchical Regression Analysis Predicting Individual-related Guilt/Shame*

	β	R^2	ΔR^2	F
		Series 1		
Step 1		.10		6.72*
MHSJ	-.32*			
Step 2		.45	.35	11.70***
D	.41*			
IA	.22			
OD	.00			
		Series 2		
Step 1		.42		13.79***
D	.45*			
IA	.22			
OD	.00			
Step 2		.45	.04	11.70***
MHSJ	-.19			

Note. * p < .05. ** p < .01 *** p < .001

4.5.1.3. Predictors of Sadness/Disappointment

According to correlation analysis (see Table 4.2), guilt/shame was positively related with 4 schema domains which are Disconnection, Impaired Autonomy, Unrelenting Standards, Other-Directedness, whereas negatively related with mental health care system justification. A hierarcihal regression model in which mental health care system justification was entered in the first step and schema domains were entered in the second step were tested. However, Other Directedness schema domain was found as a supressor variable. The sign of the partial correlation between Other Directedness schema domain and sadness/disappointment opposite from that of the zero-order correlation between the same pair of variables. It was evident for supression situation (Tzelgov & Henik, 1991). Therefore, Other Directedness schema domain was excluded in the analysis. A hierarchical regression analysis was carried out with Disconnection, Impaired Autonomy, Unrelenting Standards schema domains.

As mentioned before, two hierarchical regression analyses were conducted for sadness/disappointment. In the first of these analysis (Series 1 in Table 4.8), mental health care system justification was entered as a predictor variable in the first step, and Disconnection, Impaired Autonomy, Unrelenting Standards schema domains were entered in the second step of the regression. Results indicated that mental health care system justification significantly predicted sadness/disappointment in the first step F (1, 60) = 6.43, p = .014; R^2 = .10). It could be suggested that, siblings who more justify the mental health care system, experience less sadness/disappointment (β = -.31, p = .014). In the second step, it was found that there was no significant independent contribution of mental health care system justification. Impaired Autonomy schema domain (β = .43, p = .031)

significantly predicted sadness/disappointment, $F(4, 57) = 8.09$, $p < .001$; $R^2 = .36$; $\Delta R^2 = .27$; $\Delta F = 7.91$, $p < .001$). Specifically, having early maladaptive schemas regarding Impaired Autonomy schema domain were positively related with sadness/disappointment. Siblings who have stronger early maladaptive schemas from Impaired Autonomy schema domain, reported to feel more sadness/disappointment.

As shown in Series 2 in Table 4.8, hierarchical regression was also conducted the same variables, the order in which the blocks of variables were entered was reversed. In the regression analysis, Disconnection, Impaired Autonomy, Unrelenting Standards schema domains were taken into consideration in the first step, the mental health care system justification was entered in the second step. Regarding of the results of hierarchical regression analysis, results indicated that Impaired Autonomy schema domain was found as a significant predictor of sadness/disappointment in the first step F (3, 58) = 8.96, $p < .001$; $R^2 = .32$). In particular, having stronger early maladaptive schemas from Impaired Autonomy was associated with more experience sadness/disappointment ($\beta = .44$, $p = .023$). In the second step, there was no significant independent contribution of mental health care system justification. Impaired Autonomy schema domain ($\beta = .45$, $p = .019$) was found as a significant predictor of sadness/disappointment $F(4, 57) = 8.05$, $p < .001$; $R^2 = .36$; $\Delta R^2 = .04$; $\Delta F = 3.97$, $p = .051$). Particularly, Impaired Autonomy schema domain was an important predictor of sadness/disappointment. Siblings who have stronger early maladaptive schemas regarding Impaired Autonomy schema domain, experience more sadness/disappointment.

Table 4.8 *Hierarchical Regression Analysis Predicting Individual-related Sadness/Disappointment*

	β	R^2	ΔR^2	F
		Series 1		
Step 1		.10		6.43*
MHSJ	-.31*			
Step 2		.36	.27	8.09***
D	.12			
IA	.43*			
US	.04			
		Series 2		
Step 1		.32	.32	8.96***
D	.13			
IA	.44*			
US	.02			
Step 2		.36	.04	8.05***
MHSJ	-.22			

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

4.5.2. Predictive Factor of Sibling-related Emotions

4.5.2.1. Predictors of Fear/Anxiety

As indicated in Table 4.2, fear/anxiety was positively correlated with three schema domains (Disconnection, Impaired Autonomy, and Other-Directedness), whereas negatively correlated with mental health care system justification. A hierarcihal regression model in which mental health care system justification was entered in the first step and schema domains were entered in the second step were tested. However, Disconnection schema domain was found as a supressor variable. The sign of the partial correlation between Disconnection schema domain and fear/anxiety opposite from that of the zero-order correlation between the same pair of variables. It was evident for supression situation (Tzelgov & Henik, 1991). Therefore, Disconnection schema domain was excluded in the analysis. Impaired

Autonomy and Other Directedness from schema domains were included in the hierarchical regression analysis.

As mentioned before, two hierarchical regression analyses also were conducted for sibling-related fear/anxiety. In the first of these analysis (Series 1 in Table 4.9), mental health care system justification was entered as a predictor variable in the first step, Impaired Autonomy and Other Directedness schema domains were entered in the second step of the regression. According to results, mental health care system justification was a significant predictor of fear/anxiety in step 1, F (1, 59) = 7.37, p = .009; R^2 = .11). In particular, higher mental health care system justification were negatively predicted fear/anxiety (β = -.33, p = .009). In the second step, both mental health care system justification (β = -.26, p = .032) and Impaired Autonomy schema domain (β = .33, p = .030) were significant predictors of fear/anxiety, F(3, 57) = 6.50, p = .001; R^2 = .26; ΔR^2 = .14; ΔF = 5.50, p = .007). The result indicated that siblings who more justify the mental health care system, reported to feel less fear/anxiety whereas siblings who have strong schema structure of Impaired Autonomy domain were more likely to experience fear/anxiety.

As shown in Series 2 in Table 4.9, hierarchical regression was also conducted the same variables, the order in which the blocks of variables were entered was reversed. In the regression analysis, Impaired Autonomy and Other Directedness schema domains were taken into consideration in the first step, the mental health care system justification was entered in the second step. Results indicated that Impaired Autonomy was found as a significant predictor of fear/anxiety in the first step, F (2, 58) = 6.89, p = .002; R^2 = .19). Specifically, siblings who have severe early maladaptive schemas from Impaired Autonomy Domain, experience more fear/anxiety (β = .35, p = .028). In the second step, the significant effect of Impaired

Autonomy domain remained (β = .33, p = .030) and, mental health care system justification (β = -.26, p = .032) significantly predicted fear/anxiety, $F(3, 57) = 6.50$, p = .001; R^2 = .26; ΔR^2 = .06; ΔF = 4.82, p = .032). In particular, having stronger early maladaptive schemas from Impaired Autonomy schema domain is related to experience more fear/anxiety whereas higher justification of mental health care system associated with experience less fear/anxiety.

Summary of the significant results of the hierarchical regression analysis was demonstrated in Table 4.10.

Table 4.9 *Hierarchical Regression Analysis Predicting Sibling-related Fear/Anxiety*

	β	R^2	ΔR^2	F
		Series 1		
Step 1		.11		7.37*
MHSJ	-.33*			
Step 2		.26	.14	6.50**
IA	.33*			
OD	.08			
		Series 2		
Step 1		.19		6.89**
IA	.35*			
OD	.13			
Step 2		.26	.06	6.50**
MHSJ	-.26*			

Note. * p < .05. ** p < .01 *** p < .001

Table 4.10 *Summary of the Results of Hierarchical Regression Analysis*

Predictors	**Outcomes**			
				Sibling-related emotion
	Individual-related emotions			
	Anger	Guilt/Shame	Sadness/Disappointment	Fear/Anxiety
Disconnection	√	√	√	√

Impaired Autonomy				
Mental Health Care System Justification	√			√

Note. Significant predictors of the outcome variables are represented via the symbol (√) in the table.

CHAPTER 5

DISCUSSION

The focus of the current study was the negative emotions of the siblings of an individual with a DD was and it had two main purposes. The first goal was to examine underlying predictors of emotions of the siblings of an individual with a DD. Early maladaptive schemas were considered as a cognitive predictor and mental health care system justification was considered as a motivational predictor of the emotions. The second was to compare siblings of individuals with a DD and siblings of individuals without a DD in terms of negative emotions, early maladaptive schemas and mental health care system justification.

It was predicted that schema domains and mental health care system justification would predict emotions of the siblings of individuals with a DD and that they would have more stronger early maladaptive schemas than the siblings of individuals without a DD. It was also claimed that they would be more likely to justify the mental health care system than the siblings of an individual without a DD and to experience negative emotions such as anger, fear/anxiety, guilt/shame and sadness than siblings of individuals without a DD.

In line with my expectations, I found that schema domains and mental health care system justification predict some negative emotions. Also, as expected, I found that sibling-related negative emotions, and specifically anger, fear/anxiety, guilt/shame and sadness were more prevalent among siblings of individuals with a DD than siblings of individuals without a DD. In addition, the Other Directedness schema domain, along with the Emotional Inhibition, Enmeshment, Self Sacrifice and Unrelenting Standards schemas, was more active in siblings of individuals with a DD when compared to siblings of individuals without a DD. It was also found that they justify the mental health care system more than siblings of individuals without a DD. In the next section, the findings of the study will be presented,followed by a discussion of the implications of the study. Then, the limitations and future directions of the study will be presented.

Regarding the regression results, it was found that Disconnection domain and Impaired Autonomy domain have an important role in predicting negative emotions of the siblings. Specifically, anger was predicted by Disconnection schema domain and mental health care system justification. Moreover, guilt/shame subscale was predicted by only disconnection schema domain whereas sadness was predicted only by Impaired Autonomy domain. In terms of the sibling-related emotions, fear/anxiety subscale was predicted by Impaired Autonomy and mental health care system justification.

5.1. Implications for Emotions of Siblings of Individuals with a DD

Focusing on the emotions and understanding underlining predictors of the emotions of the siblings of an individual with a DD made an essential contribution to

the undeveloped literature on siblings of individuals with a DD. The findings of the current study demonstrated the importance of their emotions. In my thesis, as expected, the results for sibling-related emotions indicated that siblings of an individual with a DD reported to experience more negative emotions, specifically anger, fear/anxiety, guilt/shame and sadness, than siblings of individuals without a DD. These findings are in line with the studies that demonstrated they feel more negative emotions toward their siblings (e.g., Benderix & Sivberg, 2007; Naylor & Prescott, 2004; Opperman & Alant, 2003; Roeyers & Mycke, 1995). Peer relations become more important during adolescence. Peer's perception of developmental disorder and sibling's perceptions of how they are viewed by their peers as having a developmental disordered sibling are important for the siblings (Opperman & Alant, 2003). Therefore, sibling-related emotional experiences may especially influenced by reactions and perceptions of peers. Hence, it is essential to understand and work with sibling-related emotions in therapy.

However, in the individual-related emotions, contrary to the expectation, there was no difference between the emotions of a sibling of an individual with a DD and those of a sibling of an individual without a DD. These findings demonstrated the importance of working with emotions in a context. Moreover, experiences of negative emotions are prevalent in adolescence because of characteristics of this period (Larson & Asmussen, 1991). A possible explanation is that siblings of individuals without a DD might be also more likely to experience negative emotions in their daily life, problems in this area can easily influence an adolescent's emotions. Therefore, being in an adolescence period might be a confounding variable for the results of the individual-related emotions for both groups. Another possible reason for this nonsignificant finding might be related with an emotion regulation.

Siblings of an individual with a DD might be more likely to regulate their general emotions while having difficulty regulating their sibling-related emotions. Cognitive growth and awareness in different aspects of life in adolescence might lead to more awareness of sibling-related responsibilities and negative experiences among siblings of an individual with a DD. For this reason, they might have difficulty regulating their sibling-related emotions whereas it might be easier to regulate their individual-related emotions. Moreover, coping strategies might be considered as another explanation for the nonsignificant result. The impact of schema on negative emotions is related with coping strategies which are used by individuals (Young, Kolosko, & Weishaar, 2003). Therefore, coping strategies might affect the relationship between early maladaptive schemas and negative emotions. Even though individuals have stronger early maladaptive schemas, they might not express individual-related negative emotions because of the coping strategies which they used.

Consideration of these findings could contribute to mental health care professionals' ability to implement interventions and provide social support for the siblings. Social support groups and professional support might be efficient for understanding and working with emotions of siblings of an individual with a DD. Firstly, intervention programs emphasizing on shared emotional experiences, developing coping skills, providing social support should be developed to reduce and regulate negative emotions in siblings. Convey and Meyer (2008) found that intervention programs which emphasize on social support of siblings yield long term positive outcomes on their emotions. Moreover, special education and rehabilitation centers could also provide intervention programs for the siblings, as a part of which, it is possible to include peer groups. These might enhance sharing of emotional experiences, social contacts and also might help siblings of an individual with a DD

develop effective coping skills. The intervention program might contribute to resolving the problems of social isolation and loneliness of the siblings.

Professional support would also be offered in the light of the findings of the current study. Siblings of an individual with a DD need their emotions to be understood. Understanding their emotions is essential for enhancing a sibling's resilience and problem solving abilities. In addition, it is also helpful for the development of emotion-regulation strategies. Understanding emotions enable individuals to develop control over one's own life (Strohm, 2004). Emotion-focused therapies aiming to change the emotional activation process (Young, Kolosko, & Weishaar, 2003) might be efficient for the siblings because results of the current study indicated that siblings of an individual with a DD have more negative emotions than the comparison group. While working with a sibling of individuals with a DD, mental health care professionals should especially consider emotions of anger, sadness, anxious, fear, uneasiness, nervousness, regret, guilt and shame. In psychotherapy, professionals should activate the sibling's negative emotions and then help develop awareness and expression of their emotions, as well as adaptive coping responses. Findings of the current study also made a contribution to the knowledge of which underline factors should be considered while assessing and understanding emotions for siblings of an individual with a DD. As stated before, predictors of emotions of siblings of individuals with a DD were not considered deeply and clearly in the literature. However, with the findings of the current study, the therapist would consider early maladaptive schemas and mental health care system justification tendencies as predictive factors while working with emotions of siblings of an individual with a DD.

5.2. Implications for Early Maladaptive Schemas

This thesis also has implications for the study of early maladaptive schemas. Findings indicated that, for the siblings of individuals with a DD, the Other Directedness schema domain and the Emotional Inhibition, Enmeshment, Self Sacrifice and Unrelenting Standards schemas are very important. To my knowledge, early maladaptive schemas have not been studied in the sample of siblings of individuals with a DD. However, as stated in the introduction, studies indicated that psychopathological outcomes are observed in siblings of an individual with a DD (Orsmond & Seltzer, 2007; Stoneman, 2005). Such studies demonstrated that psychopathological symptoms are positively related with the presence of early maladaptive schemas (Young, et al., 2003; Muris, 2006). Findings of the current study indicate that siblings of an individual with a DD have stronger early maladaptive schemas, which are closely related to psychological problems, than the comparison group. On the whole, these findings could be considered in accordance with studies about siblings of individuals with a DD in the literature (Naylor & Prescott, 2004; Stoneman, 2005; Zigler & Hodapp, 1986).

Regarding the regression results, it was found that the Disconnection/Rejection and Impaired Autonomy domains have important roles in predicting negative emotions of the siblings. The Disconnection domain was found to be related with individual-based anger and guilt/shame, while, Impaired Autonomy domain was related with individual-based sadness and sibling-based fear/anxiety. Considering the results, a consistent relationship was observed between previous studies and the current one in particular with several studies which

investigated the relationship between schema domains and negative emotions (Gallagher & Gardner, 2007; Overton et al., 2005; Schmidt, et al., 1995).

The impact of Disconnection in the prediction anger, guilt/shame of the siblings might reflect the siblings' experiences already considered in the literature, namely, loss of parental attention (Dillon, 1995; Randall & Parker, 1999), over-responsibility in the family (Randall & Parker, 1999), and the experience of isolation and loneliness in the social environment (Opperman & Alant, 2003).These experiences of siblings also might be considered as a support to the findings that siblings' Emotional Inhibition, Enmeshment, Self Sacrifice, and Unrelenting Standards schemas are more active than the comparison group's. For example, while working with the Disconnection schema domain, which includes Emotional Inhibition, and the Other Directedness schema domain, which includes Self Sacrifice, mental health care professionals should help siblings to become aware and care about their needs, as well as to express their desires and emotions. In addition, schema therapy should focus on decreasing feelings of over-responsibility of siblings emergent especially from the Self Sacrifice schema. Moreover, while working with Unrelenting Standards, therapy should be aimed at the acceptance of defects and being flexible about rules in life. For example, a sibling's perceptions about higher parental expectations from them might be reframed in therapies.

It is noteworthy that Impaired Autonomy emerged as an important schema domain. Results also indicated that the Enmeshment schema which is under Impaired Autonomy schema domain has an important role on the siblings of individuals with a DD. According to current results, siblings' sadness and fear/anxiety were predicted by their perception of inability to separate themselves from parents and a lack of ability to behave independently. Significant results of the Impaired Autonomy

schema domain might reflect sibling's over-responsibility in the home and higher parental expectations toward siblings (Randall & Parker, 1999). Siblings might not have time to find out and become aware of their own abilities, preferences and natural inclinations because of their roles in their family. Moreover, they may experience a lack of parental attention already considered in the literature (Dillon, 1995). Therefore siblings may experience individual based sadness. In addition, fear/anxiety is only sibling-related emotion predicted by schemas. As stated above, Impaired Autonomy which reflects to have difficulty in surviving independently predicted sibling-related fear/anxiety. When considered characteristics of the Impaired Autonomy and early maladaptive schemas it consists of, it may be said that siblings may not feel to be competent for getting the responsibility of their sibling with a DD when their parents are in late adulthood period. Moreover, siblings may have negative scenarios about older ages of their sibling with a DD and siblings may believe that they can not cope with stressors. Therefore they may experience sibling-related fear/anxiety.

Moreover, having an Impaired Autonomy schema domain may also reflect cultural characteristics. Integration of the family and interdependence are cultural characteristics of collectivistic cultures. Individuals generally define themselves over their family and shape their behaviors according to in-group norms in collectivistic cultures (Triandis, 2001). However, separation-individuation and independence from parents are important elements of a healthy development in adolescence (Dereboy, 1993). Turkey exhibits collectivistic patterns exemplary of interdependent self-construal and desire of closeness with family members or significant others (Göregenli, 1997; Mayer, Trommsdorff, Kagitcibasi, & Mishra, 2012), which is why independence from parents during adolescence is a challenging process within

Turkish culture. In addition to experiences of siblings of individuals with a DD, the cultural characteristics might have also contributed to the development of the Impaired Autonomy schema domain. This means that intervention programs should not only include family context which emphasizes the restructuring roles, tasks, and needs of each member in the family, but should also support the separation-individuation process of the siblings. Schema therapy considering lifelong patterns might be beneficial for the siblings of an individual with a DD. In schema therapies, while working with Impaired Autonomy schema domains of the siblings, professionals should help siblings to become aware and express their own preferences, decisions, life goals and abilities.

These findings demonstrated that mental health care professionals should consider the schemas of siblings of an individual with a DD when they apply interventions to improve their psychological health. While working with schemas of the siblings of individual with a DD, they may use cognitive techniques such as testing validity of schemas, reframing schemas, considering coping styles, constructing flashcards; as well as experimental techniques such as imagery, letters to parents, body work; and behavioral techniques such as role play and homework assignments.

5.3. Implications for System Justification

The current thesis has encountered several implications for system justification. To my knowledge, no study has attempted to investigate system justification in siblings of individuals with a DD nor the relationship between system justification and emotions in the sibling sample. This study has extended system

justification to mental health care system and has attempted to examine the links between the motives for this justification and the emotions of the siblings. I found that individuals who more likely to justify the mental health care system are less likely to experience negative emotions. In particular, individual-related anger and sibling-related fear/anxiety were negatively associated with mental health care system justification. However, individual-related guilt/shame and sadness were only predicted by schema domains. Experience of guilt/shame and sadness are more affected by intrapersonal resources rather than social resources (Bedford & Hwang, 2003). Therefore, mental health care system justification might not be predicted guilt/shame and sadness. I also found that siblings of individuals with a DD justify the mental health care system more than siblings of individuals without a DD. The findings support the palliative function of system justification, that is, system justification increases life satisfaction, sense of security, controllability and decrease negative emotions and cognitive dissonance (Jost, et al., 2003; Jost & Hunyady, 2002; 2005; Solak, Jost, Sümer, & Clore, 2012).

According to the findings, siblings who more justify the mental health care system experience less negative emotions. However, negative psychological outcomes may be seen as long term implications of system justification in disadvantaged groups, which may lead to lower psychological well-being in the long term among these groups (Jost & Thompson, 2000). The findings do not indicate justification of the mental health system is beneficial for the individuals in the long run, but emphasize the importance of accordance between the individual's cognitions and experiences in life. While working with a sibling of an individual with a DD, mental health care professionals should consider the sibling's needs to reduce cognitive dissonance regarding the mental health care system. Moreover, coping

strategies or emotional regulation strategies should be worked on with the siblings in order to reduce feelings about ambiguity and increase controllability and sense of security in the mental health care system. In addition, the government might enhance policies and arrangements about the mental health care system. Projects toward individuals with a developmental disorder and their families might be generated with the aim of enhancing their life conditions and providing constructive mental health care system.

5.4. Limitations and Future Directions

The current study made important contributions to the literature by providing an explanation for predictors of emotions in the siblings of an individual with a DD. However, it also has limitations that should be considered while interpreting the findings. The first limitation is related to the usage of self- report measurements, were employed to assess all the variables. Such measurements might increase social desirability and the expression of negative emotions in a direct way might not be easy for the subjects. In future studies, implicit measures can be used to assess emotions of the sibling and early maladaptive schemas might be assessed by means of an interview, which might give broad information about sibling's schemas and experiences.

The second limitation is that the current study was not conducted with a representative sample. The majority of the siblings of individuals with a DD were from "Bursa Gelişim Özel Eğitim ve Rehabilitasyon Merkezi". In future studies, data should be collected equally from different cities of Turkey.

As a third limitation, emotions, early maladaptive schemas, and system justification tendency might differ among siblings of individuals with Intellectual Disability, Autism Spectrum Disorder or Down Syndrome. Future research, thus, should examine the underpinnings of each type of the developmental disorder separately.

There are three main suggestions for future studies. First, longitudinal studies were conducted to assess the siblings after adolescence, which provides us with the underpinnings of sibling's emotions over developmental stages. Thus, the effect of the developmental stage on the variables is also observed. Secondly, it is essential to assess emotion-regulation strategies that can affect the emotional experiences of the siblings should be assessed during therapy. The third suggestion is related with parents' perceptions about developmental disorders. Studies show that parents' perceptions, attitudes and reactions to developmental disorders have an impact on siblings' perceptions (Crnic, Friedrich, & Greenberg, 2002) and might might affect their emotions, cognitions, and motivations. Therefore, parents' perceptions of developmental disorders should be assessed.

5.5. Conclusion

The current study demonstrated that early maladaptive schemas and mental health care system justification are important predictors of negative emotions of siblings of individuals with a DD and have crucial implications on psychotherapies with these siblings. Moreover, the study provided a multidimensional approach for examining emotions of siblings of individuals with a DD. The current research findings are in line with the dynamic structure of the family system approach which

suggests that members affect and are affected by each other. In the light of these results, mental health care professionals should take a family-oriented approach into consideration, instead of focusing on only an individual with a developmental disorder. In sum, working with sibling's emotions, schemas and system justification motives should be used as a preventive intervention for psychopathological problems of siblings of individuals with a DD. I hope that the current study contributes to the current literature by shedding some light on siblings of individuals with a DD.

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APPENDICES

APPENDIX A

Informed Consent
(For Pilot Study)

Merhaba,

TED Üniversitesi, Gelişim Odaklı Klinik Çocuk ve Ergen Psikolojisi Yüksek Lisans programı öğrencisiyim ve danışmanım Yrd. Doç. Dr. Nevin Solak ile birlikte bir tez çalışması yürütmekteyim. Tez çalışması kapsamında yapmakta olduğumuz bu araştırmanın amacı 16-21 yaş arası bireylerin ruh sağlığı sistemine ilişkin algıları ile bazı sosyal ve psikolojik olaylara ilişkin algılarını incelemektir. Bu form, size araştırma hakkında bilgi vermek ve sizi araştırmamıza davet etmek için hazırlanmıştır.

Sizden, kimlik bilgilerinizi vermeden, anket çalışmasına katılmanızı istiyorum. Anket uygulaması yaklaşık olarak 30 dakika sürecektir. Doldurduğunuz anketler, sadece araştırmacının erişebileceği şekilde, saklanacaktır. Vereceğiniz cevaplar tamamen gizli tutulacak, aileniz dahil kimseyle paylaşılmayacak ve sadece araştırmacılar tarafından, toplu olarak değerlendirilecektir. Bu çalışma kapsamında toplu olarak elde edilecek olan bilimsel bilgiler, sadece araştırmacılar tarafından yapılan bilimsel yayınlarda, sunumlarda ve eğitim amaçlı olarak paylaşılacaktır.

Bu çalışmaya katılım tamamen gönüllülük esaslıdır. Çalışma sırasında dolduracağınız anketler, kişisel rahatsızlık verecek sorular içermemektedir. Ancak, katılım sırasında sorulardan ya da herhangi başka bir nedenden ötürü, kendinizi rahatsız hissederseniz, cevaplama işini yarıda bırakıp, neden belirtmeksizin araştırmadan ayrılabilirsiniz. Çalışmaya katıldığınız için şimdiden teşekkür ederim. Çalışma hakkında daha fazla bilgi almak için benimle iletişime (e-posta: yaldiz.ahalime @gmail.com) geçebilirsiniz.

Teşekkür ederim,

Aybüke Halime Yaldız

Yüksek Lisans Öğrencisi
TED Üniversitesi

Bu çalışmada, tamamen gönüllü olarak bir anket uygulamasına katılmam istendiğini ve devam etmek istemezsem, çalışmayı yarıda bırakabileceğimi biliyorum. Verdiğim bilgilerin bilimsel amaçlı yayınlarda kullanılmasını kabul ediyorum.

Araştırmaya katılmak istiyorum,

☐ **Evet** ☐ **Hayır**

İmza : _____
Tarih : _____

Demographic Informations

Merhaba Arkadaşlar,

Bilgi formunda da açıkladığım üzere, tez araştırmam için sizlere bazı sorularım olacak. Size vereceğim anketlerde yer alan hiçbir sorunun doğru ya da yanlış cevabı yoktur. Benim için sadece soruları içtenlikle yanıtlamanız önemlidir. Bu çalışma için sizden isim bilgisinin alınmayacağını hatırlatıp, soruları dikkatle okumanızı ve samimi cevaplar vermenizi rica ediyorum. Çalışmaya katılımınız için şimdiden teşekkür ederim.

Psikolog Aybüke Yaldız

1.Doğum Tarihiniz (gün/ay/yıl) :

2.Cinsiyetiniz : ☐ Erkek ☐ ız

3.Öğrenim Durumunuz : ☐ Lise öğrencisiyim ☐ niversite öğrencisiyim

4. Aylık olarak, ailenizin toplam geliri, tahmininize göre ne kadardır, işaretleyiniz.

Asgari ücret ve altında ☐
1401-2500 TL arasında ☐
2501-5000 TL arasında ☐
5001-7500 TL arasında ☐
7500 TL'nin üstünde ☐

5. Çalışmaya hangi şehirden katıldığınızı lütfen belirtiniz.

☐ Ankara
☐

İzmir

☐ İstanbul

☐ Diğer…… (lütfen belirtiniz)

6. Lütfen aşağıdaki soruları yanıtlayınız.

	Sol 1	**2**	**3**	**Orta 4**	**5**	**6**	**Sağ 7**
Politik görüşleriniz açısından kendinizi yandaki ölçeğin neresine yerleştirirsiniz?	○	○	○	○	○	○	○

	Hiç Dindar Değilim 1	**2**	**3**	**Orta 4**	**5**	**6**	**Çok Dindarım 7**
Dindarlık düzeyinizi düşündüğünüzde, kendinizi yandaki ölçeğin neresine yerleştirirsiniz?	○	○	○	○	○	○	○

General System Justification Scale

Aşağıda, toplumumuzla ilgili bazı ifadeler verilmektedir. Lütfen, aşağıda size verilen ölçeklerde, her bir maddede belirtilen ifadeye ne kadar katıldığınızı ya da katılmadığınızı, o ifadenin yanında yer alan seçeneklerden birini işaretleyerek belirtiniz. Bu ifadelerin doğru veya yanlış cevabı yoktur, önemli olan sizin ne düşündüğünüzdür. Lütfen hiçbir ifadeyi atlamayınız ve her bir soru için, tek bir seçeneği işaretleyiniz.

	Kesinlikle Katılmıyorum	**Katılmıyorum**	**Kararsızım**	**Katılıyorum**	**Kesinlikle Katılıyorum**
1.Genel olarak, toplumumuzu adil bulurum.					
2. Genel olarak, Türkiye'de politik sistem olması gerektiği gibi, doğru biçimde işlemektedir.					
3.Toplumumuz baştan sona yeniden yapılandırılmaya ihtiyaç duymaktadır.					
4.Türkiye dünyada yaşanılacak en iyi ülkelerden biridir.					
5.Türkiye'de uygulanan çoğu politika toplumun çoğunluğunun yararına hizmet eder.					
6.Bu toplumda herkes adil bir biçimde, zenginlik ve mutluluktan payına düşeni alır.					

7.Toplumumuz her yıl daha da kötüye gitmektedir.					
8.Toplumumuz, insanların genellikle ne hak ederlerse onu alacakları şekilde düzenlenmiştir.					

Mental Health Care System Justification Scale

Lütfen, aşağıda size verilen ölçeklerde, her bir maddede belirtilen ifadeye ne kadar katıldığınızı ya da katılmadığınızı, o ifadenin yanında yer alan seçeneklerden birini işaretleyerek belirtiniz. Bu ifadelerin doğru veya yanlış cevabı yoktur, önemli olan sizin ne düşündüğünüzdür. Lütfen, her bir ifadeye katılma düzeyinizi, 1(Kesinlikle Karşıyım)'den 5(Kesinlikle Katılıyorum)'e kadar derecelendirilmiş ölçek üzerinde daire içine alarak belirtiniz. Her bir soru için, lütfen tek bir seçeneği işaretleyiniz.

Sorularda yer alan "gelişimsel bozukluğu olan kişiler" ifadesi ile "Otizm", "Down Sendromu", "Zihinsel Engelli" gibi rahatsızlıklara sahip olan kişiler kastedilmektedir. Lütfen bu bölümdeki soruları bu bilgiye göre yanıtlayız.

	Kesinlikle Karşıyım	**Karşıyım**	**Kararsızım**	**Katılıyorum**	**Kesinlikle Katılıyorum**
1. Genel olarak, Türkiye'de gelişimsel bozukluğu olan kişilere adil davranılmaktadır.	**1**	**2**	**3**	**4**	**5**
2.Genel olarak, Türkiye'de gelişimsel bozukluğu olan kişiler için yapılan hizmet ve uygulamaların, olması gerektiği gibi yürütüldüğünü düşünüyorum.	**1**	**2**	**3**	**4**	**5**
3.Türkiye'deki gelişimsel bozukluğu olan kişiler için yapılan hizmet ve düzenlemeler baştan sona yeniden yapılandırılmalıdır.	**1**	**2**	**3**	**4**	**5**

4.Türkiye, gelişimsel bozukluğu olan kişiler için yaşanabilecek en iyi ülkelerden biridir.	**1**	**2**	**3**	**4**	**5**
5.Türkiye'de gelişimsel bozukluğu olan kişiler için yapılan hizmetler, düzenlemeler ve uygulamalar, bu kişilerin iyilik ve yararına hizmet eder.	**1**	**2**	**3**	**4**	**5**
6.Gelişimsel bozukluğu olan kişiler ve gelişimsel bozukluğu olmayan kişiler zenginlikte ve mutlulukta eşit fırsatlara sahiptir.	**1**	**2**	**3**	**4**	**5**
7.Gelişimsel bozukluğu olan kişilere ve onların ailelerine yönelik önyargı ve ayrımcılık her yıl daha da kötüye gitmektedir.	**1**	**2**	**3**	**4**	**5**
8.Toplumumuzdaki düzen, gelişimsel bozukluğu olan ve olmayan herkesin hakkettiğini elde edeceği şekilde kurulmuştur.	**1**	**2**	**3**	**4**	**5**

General Belief in a Just World Scale

Lütfen, aşağıda size verilen ölçeklerde, her bir maddede belirtilen ifadeye ne kadar katıldığınızı ya da katılmadığınızı, o ifadenin yanında yer alan seçeneklerden birini işaretleyerek **(X)** belirtiniz. Bu ifadelerin doğru veya yanlış cevabı yoktur, önemli olan sizin ne düşündüğünüzdür. Lütfen hiçbir ifadeyi atlamayınız ve her bir soru için, tek bir seçeneği işaretleyiniz.

	Kesinlikle Katılmıyorum	**Katılmıyorum**	**Kararsızım**	**Katılıyorum**	**Kesinlikle Katılıyorum**
1. Temelde, dünyanın adaletli bir yer olduğuna inanırım.					
2. Genel olarak, insanların hak ettikleri şeyleri elde ettiklerine inanırım.					
3. Adaletin her zaman adaletsizlikler karşısında galip geleceğinden eminim.					
4. İnsanların uzun vadede uğradıkları adaletsizliklerin telafi edileceğine inanırım.					
5. Hayatın tüm alanlarındaki (iş, aile, siyaset v.b) adaletsizliklerin, bir kuraldan ziyade istisna olduğuna kuvvetle inanırım.					

6. Bence insanlar önemli kararlar verirken adaletli olmaya çalışırlar.					

Social Dominance Orientation Scale

Lütfen, aşağıda size verilen ölçeklerde, her bir maddede belirtilen ifadeye ne kadar katıldığınızı ya da katılmadığınızı, o ifadenin yanında yer alan seçeneklerden birini işaretleyerek belirtiniz. Bu ifadelerin doğru veya yanlış cevabı yoktur, önemli olan sizin ne düşündüğünüzdür. Lütfen, her bir ifadeye katılma düzeyinizi, 1(Kesinlikle katılmıyorum)'den 5(Kesinlikle katılıyorum)'e kadar derecelendirilmiş ölçek üzerinde daire içine alarak belirtiniz. Her bir soru için, lütfen tek bir seçeneği işaretleyiniz.

	Kesinlikle Katılmıyorum	**Katılmıyorum**	**Kararsızım**	**Katılıyorum**	**Kesinlikle Katılıyorum**
1.Siz ne derseniz deyin, bazı gruplar diğerlerinden daha değerlidir.	**1**	**2**	**3**	**4**	**5**
2. Bütün gruplara yaşamda eşit şans verilmelidir.	**1**	**2**	**3**	**4**	**5**
3. Üstün gruplar daha alt düzeyden gruplara egemen olmalıdır.	**1**	**2**	**3**	**4**	**5**
4.Hiç bir grup toplumda baskın olmamalıdır.	**1**	**2**	**3**	**4**	**5**
5. Eğer belirli gruplar yerlerinde dursalardı daha az sorunumuz olurdu.	**1**	**2**	**3**	**4**	**5**
6. Belirli grupların en üstte, diğer grupların en altta olması belki iyi bir şeydir.	**1**	**2**	**3**	**4**	**5**
7. Sosyal eşitlik toplumsal hedefimiz olmalıdır.	**1**	**2**	**3**	**4**	**5**

8. Bazen diğer gruplar oldukları yerde tutulmalıdırlar.	**1**	**2**	**3**	**4**	**5**
9. Eğer bütün gruplar eşit olabilseydi iyi olurdu.	**1**	**2**	**3**	**4**	**5**
10. Grupların eşitliği idealimiz olmalıdır.	**1**	**2**	**3**	**4**	**5**
11. Grubunuzun istediğini elde edebilmesi için bazen diğer gruplara karşı güç kullanmak gereklidir.	**1**	**2**	**3**	**4**	**5**
12. Farklı grupların koşullarını eşitlemek için elimizden geleni yapmalıyız.	**1**	**2**	**3**	**4**	**5**
13. Düşük statülü gruplar yerlerinde kalmalıdırlar.	**1**	**2**	**3**	**4**	**5**
14. Farklı gruplara eşit davransaydık, şimdi daha az sorunumuz olurdu.	**1**	**2**	**3**	**4**	**5**
15. Gelirleri daha eşit hale getirmek için elimizden geleni yapmalıyız.	**1**	**2**	**3**	**4**	**5**
16. Yaşamda ilerlemek için bazen başka grupları çiğneyip geçmek gereklidir.	**1**	**2**	**3**	**4**	**5**

APPENDIX B

Informed Consent
(For DD Group)

Merhaba,

TED Üniversitesi, Gelişim Odaklı Klinik Çocuk ve Ergen Psikolojisi Yüksek Lisans programı öğrencisiyim ve danışmanım Yrd. Doç. Dr. Nevin Solak ile birlikte bir tez çalışması yürütmekteyim. Çalışmamızın amacı, gelişimsel bozukluğu (Otizm, Down Sendromu, Zihinsel Engel vs.) olan kardeşe sahip, 16-21 yaş arasındaki bireylerin duygularının altında yatan faktörleri, çok yönlü olarak araştırmaktır. Bu form, size araştırma hakkında bilgi vermek ve sizi araştırmamıza davet etmek için hazırlanmıştır.

Sizden, kimlik bilgilerinizi vermeden, anket çalışmasına katılmanızı istiyorum. Anket uygulaması yaklaşık olarak 30 dakika sürecektir. Doldurduğunuz anketler, sadece araştırmacının erişebileceği şekilde, saklanacaktır. Vereceğiniz cevaplar tamamen gizli tutulacak, aileniz dahil kimseyle paylaşılmayacak ve sadece araştırmacılar tarafından, toplu olarak değerlendirilecektir. Bu çalışma kapsamında toplu olarak elde edilecek olan bilimsel bilgiler, sadece araştırmacılar tarafından yapılan bilimsel yayınlarda, sunumlarda ve eğitim amaçlı olarak paylaşılacaktır.

Bu çalışmaya katılım tamamen gönüllülük esaslıdır. Çalışma sırasında dolduracağınız anketler, kişisel rahatsızlık verecek sorular içermemektedir. Ancak, katılım sırasında sorulardan ya da herhangi başka bir nedenden ötürü, kendinizi rahatsız hissederseniz, cevaplama işini yarıda bırakıp, neden belirtmeksizin araştırmadan ayrılabilirsiniz. Çalışmaya katıldığınız için şimdiden teşekkür ederim. Çalışma hakkında daha fazla bilgi almak için benimle iletişime (e-posta: yaldiz.ahalime @gmail.com) geçebilirsiniz.

Teşekkür ederim,
Aybüke Halime Yaldız
Yüksek Lisans Öğrencisi
TED Üniversitesi

Bu çalışmada, tamamen gönüllü olarak bir anket uygulamasına katılmam istendiğini ve devam etmek istemezsem, çalışmayı yarıda bırakabileceğimi biliyorum. Verdiğim bilgilerin bilimsel amaçlı yayınlarda kullanılmasını kabul ediyorum.

Araştırmaya katılmak istiyorum,

☐ **Evet** ☐ **Hayır**

İmza : _____
Tarih : _____

Informed Consent
(For Comparison Group)

Merhaba,

TED Üniversitesi, Gelişim Odaklı Klinik Çocuk ve Ergen Psikolojisi Yüksek Lisans programı öğrencisiyim ve danışmanım Yrd. Doç. Dr. Nevin Solak ile birlikte bir tez çalışması yürütmekteyim. Çalışmamızın amacı, kardeşi olan, 16-21 yaş arasındaki bireylerin duygularının altında yatan faktörleri, çok yönlü olarak araştırmaktır. Bu form, size araştırma hakkında bilgi vermek ve sizi araştırmamıza davet etmek için hazırlanmıştır.

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Teşekkür ederim,

Aybüke Halime Yaldız
Yüksek Lisans Öğrencisi
TED Üniversitesi

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Araştırmaya katılmak istiyorum,

☐ **Evet** ☐ **Hayır**

İmza : _____
Tarih : _____

Informed Consent for Parents
(For DD Group)

Sayın Veli,

Bu çalışma, TED Üniversitesi, Gelişim Odaklı Klinik Çocuk ve Ergen Psikolojisi Yüksek Lisans programı öğrencisi Aybüke Halime Yaldız tarafından, Yrd. Doç. Dr. Nevin Solak danışmanlığında yürütülmekte olan bir tez çalışmasıdır. Çalışmanın amacı, gelişimsel bozukluğu (Otizm, Down Sendromu, Zihinsel Engel vs.) olan kardeşe sahip ergenlerin duygularının altında yatan faktörleri çok yönlü olarak araştırmaktır. Çalışmanın katılımcılarını gelişimsel bozukluğu olan bireylerin, 16-21 yaş arasındaki kardeşleri oluşturmaktadır. Bu form, tarafımızdan verilecek bir link ile çocuğunuzun internet üzerinden araştırmaya katılımı için, sizden izin almak amacıyla hazırlanmıştır.

Çocuğunuzun bu çalışmaya katılımını onayladığınız taktirde, çocuğunuz internet üzerinden bir anket uygulamasına katılacaktır. Anket uygulaması yaklaşık olarak 30 dakika sürecektir. Anketlerin doldurulması sırasında çocuğunuzdan herhangi bir kimlik bilgisi alınmayacaktır. Çocuğunuzun doldurduğu formlar sadece araştırmacının erişebileceği şekilde saklanacaktır. Çocuğunuzun vereceği cevaplar tamamen gizli tutulacak ve sadece araştırmacılar tarafından, toplu olarak değerlendirecektir. Bu çalışma kapsamında elde edilecek olan bilimsel bilgiler, sadece araştırmacılar tarafından yapılan bilimsel yayınlarda, sunumlarda ve eğitim amaçlı olarak paylaşılacaktır.

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Teşekkür ederim,

Aybüke Halime Yaldız

Yüksek Lisans Öğrencisi

TED Üniversitesi

Çocuğumun <u>internet üzerinden</u> bu çalışmaya katılmasına izin veriyorum. Çocuğumun, istediği zaman bu çalışmadan ayrılabileceğini biliyorum. Araştırma süresince elde edilen bilimsel bilgilerin bilimsel amaçlı yayımlarda kullanılacağını kabul ediyorum. Elde edilen bilgilerin bilimsel makaleler ve akademik sunumlar dışında kesinlikle kullanılmayacağını biliyorum.

Çocuğumun araştırmaya katılmasına izin veriyorum,

☐ **Evet** ☐ **Hayır**

Velinin;
İmzası : _____
Tarih : _____

Informed Consent for Parents
(For Comparison Group)

Sayın Veli,

Bu çalışma, TED Üniversitesi, Gelişim Odaklı Klinik Çocuk ve Ergen Psikolojisi Yüksek Lisans programı öğrencisi Aybüke Halime Yaldız tarafından, Yrd. Doç. Dr. Nevin Solak danışmanlığında yürütülmekte olan bir tez çalışmasıdır. Çalışmanın amacı, kardeşi olan ergenlerin duygularının altında yatan faktörleri çok yönlü olarak araştırmaktır. Çalışmanın katılımcılarını, kardeşi olan, 16-21 yaş arasındaki bireyler oluşturmaktadır. Bu form, tarafımızdan verilecek bir link ile çocuğunuzun internet üzerinden araştırmaya katılımı için, sizden izin almak amacıyla hazırlanmıştır.

Çocuğunuzun bu çalışmaya katılımını onayladığınız taktirde, çocuğunuz internet üzerinden bir anket uygulamasına katılacaktır. Anket uygulaması yaklaşık olarak 30 dakika sürecektir. Anketlerin doldurulması sırasında çocuğunuzdan herhangi bir kimlik bilgisi alınmayacaktır. Çocuğunuzun doldurduğu formlar sadece araştırmacının erişebileceği şekilde saklanacaktır. Çocuğunuzun vereceği cevaplar tamamen gizli tutulacak ve sadece araştırmacılar tarafından, toplu olarak değerlendirecektir. Bu çalışma kapsamında elde edilecek olan bilimsel bilgiler, sadece araştırmacılar tarafından yapılan bilimsel yayınlarda, sunumlarda ve eğitim amaçlı olarak paylaşılacaktır.

Bu çalışmaya katılım tamamen gönüllülük esaslıdır. Çalışma sırasında çocuğunuzun dolduracağı anketler, kişisel rahatsızlık verecek sorular içermemektedir. Ancak, katılım sırasında sorulardan ya da herhangi başka bir nedenden ötürü, çocuğunuz kendisini rahatsız hissederse, cevaplama işini yarıda bırakıp, neden belirtmeksizin araştırmadan ayrılabilir. Çocuğunuzun bu çalışmaya katılmasına onay verdiğiniz için şimdiden teşekkür ederim. Çalışma hakkında daha fazla bilgi almak için benimle iletişime (e-posta: yaldiz.ahalime @gmail.com) geçebilirsiniz.

Teşekkür ederim,
Aybüke Halime Yaldız
Yüksek Lisans Öğrencisi

Çocuğumun <u>internet üzerinden</u> bu çalışmaya katılmasına izin veriyorum. Çocuğumun, istediği zaman bu çalışmadan ayrılabileceğini biliyorum. Araştırma süresince elde edilen bilimsel bilgilerin bilimsel amaçlı yayımlarda kullanılacağını kabul ediyorum. Elde edilen bilgilerin bilimsel makaleler ve akademik sunumlar dışında kesinlikle kullanılmayacağını biliyorum.

Çocuğumun araştırmaya katılmasına izin veriyorum,

☐ **Evet** ☐ **Hayır**

Velinin;
İmzası : _____
Tarih : _____

Demographic Informations
(For DD Group)

Merhaba Arkadaşlar,
Bilgi formunda da açıkladığım üzere, tez araştırmam için sizlere bazı sorularım olacak. Size vereceğim anketlerde yer alan hiçbir sorunun doğru ya da yanlış cevabı yoktur. Benim için sadece soruları içtenlikle yanıtlamanız önemlidir. Soruları dikkatle okumanızı ve samimi cevaplar vermenizi rica ediyorum. Samimiyetle verdiğiniz yanıtlar, çalışmaya büyük katkı sağlayacaktır. Araştırmaya katılımınız için şimdiden teşekkür ederim.

Psikolog Aybüke Yaldız

1.Doğum Tarihiniz (gün/ay/yıl) :

2.Cinsiyetiniz : ☐ Erkek ☐ Kız

3.Öğrenim Durumunuz : ☐ Lise ☐ Üniversite

4.Özel Eğitim ve Rehabilitasyon Merkezine gelen kardeşinizin gelişimsel bozukluk türünü işaretleyiniz.

☐ Otizm ☐ Down Sendromu ☐ Zihinsel Engelli ☐ Diğer…..

5.Aşağıdaki soruları Özel Eğitim ve Rehabilitasyon Merkezine giden kardeşinize göre cevaplayınız.

- Doğum tarihi :
- Cinsiyeti :

6. Sizin dışınızdaki tüm kardeşlerinizin cinsiyet ve yaşlarını büyükten küçüğe yazınız.
   1.
   2.
   3.
   4.
   5.
   6.

7. Anne ve babanız birlikte mi ayrı mı?.....

8. Annenizin doğum tarihi:…….

9. Babanızın doğum tarihi:……..

10. Lütfen annenizin ve babanızın eğitim düzeyini kutucuğa (**X**) koyarak işaretleyiniz.

Eğitim Düzeyi	**Anne**	**Baba**
Okur-Yazar değil		
Okur-Yazar		
İlkokul Mezunu		
Ortaokul Mezunu		
Lise Mezunu		
Üniversite Mezunu		

11. Aylık olarak, ailenizin toplam geliri, tahmininize göre ne kadardır, işaretleyiniz.

Asgari ücret ve altında ☐
1401-2500 TL arasında ☐
2501-5000 TL arasında ☐
5001-7500 TL arasında ☐
7500 TL'nin üstünde ☐

12. Kardeşiniz dışında, akrabalarınız arasında psikolojik rahatsızlığı olan biri var mı? Var ise psikolojik rahatsızlığın türünü ve hangi aile bireyinde olduğunu (anne, baba, amca, teyze, dayı vs.) belirtiniz.

☐ Var……. Yok ☐

Demographic Informations

(For Comparison Group)

Merhaba Arkadaşlar,
Bilgi formunda da açıkladığım üzere, tez araştırmam için sizlere bazı sorularım olacak. Size vereceğim anketlerde yer alan hiçbir sorunun doğru ya da yanlış cevabı yoktur. Benim için sadece soruları içtenlikle yanıtlamanız önemlidir. Bu çalışma için sizden isim bilgisinin alınmayacağını hatırlatıp, soruları dikkatle okumanızı ve samimi cevaplar vermenizi rica ediyorum. Çalışmaya katılımınız için şimdiden teşekkür ederim.

Psikolog Aybüke Yaldız

1.Doğum Tarihiniz (gün/ay/yıl) :

2.Cinsiyetiniz : ☐ Erkek ☐ Kız

3.Öğrenim Durumunuz : ☐ Lise ☐ Üniversite

4. Sizin dışınızdaki kardeşlerinizin cinsiyet ve yaşlarını büyükten küçüğe yazınız.

1.
2.
3.
4.
5.
6.

5. Anne ve babanız birlikte mi ayrı mı?.....

6. Annenizin doğum tarihi:…….

7. Babanızın doğum tarihi:……...

8. Lütfen annenizin ve babanızın eğitim düzeyini kutucuğa (**X**) koyarak işaretleyiniz.

Eğitim Düzeyi	Anne	Baba
Okur-Yazar değil	☐	
Okur-Yazar	☐	
İlkokul Mezunu	☐	
Ortaokul Mezunu	☐	
Lise Mezunu	☐	
Üniversite Mezunu		

9. Aylık olarak, ailenizin toplam geliri, tahmininize göre ne kadardır, işaretleyiniz.

Asgari ücret ve altında ☐

1401-2500 TL arasında ☐

2501-5000 TL arasında ☐

5001-7500 TL arasında ☐

7500 TL'nin üstünde ☐

10. Akrabalarınız arasında psikolojik rahatsızlığı olan biri var mı? Var ise psikolojik rahatsızlığın türünü ve hangi aile bireyinde olduğunu (anne, baba, amca, teyze, dayı vs.), kutucuğun yanındaki boşluğa yazınız.

☐ Var……. ☐ Yok

APPENDIX C

Young Schema Questionnaire Short Form-3

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

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

1 den 6'ya kadar olan seçeneklerden sizi tanımlayan en yüksek şıkkı seçerek her sorudan önce yer alan boşluğa yazın.

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

1. _____ Bana bakan, benimle zaman geçiren, başıma gelen olaylarla gerçekten ilgilenen kimsem olmadı.
2. _____ Beni terk edeceklerinden korktuğum için yakın olduğum insanların peşini bırakmam.
3. _____ İnsanların beni kullandıklarını hissediyorum
4. _____ Uyumsuzum.
5. _____ Beğendiğim hiçbir erkek/kadın, kusurlarımı görürse beni sevmez.

6. _____ İş (veya okul) hayatımda neredeyse hiçbir şeyi diğer insanlar kadar iyi yapamıyorum

7. _____ Günlük yaşamımı tek başıma idare edebilme becerisine sahip olduğumu hissetmiyorum.

8. _____ Kötü bir şey olacağı duygusundan kurtulamıyorum.

9. _____ Anne babamdan ayrılmayı, bağımsız hareket edebilmeyi, yaşıtlarım kadar, başaramadım.

10. _____ Eğer istediğimi yaparsam, başımı derde sokarım diye düşünürüm.

11. _____ Genellikle yakınlarıma ilgi gösteren ve bakan ben olurum.

12. _____ Olumlu duygularımı diğerlerine göstermekten utanırım (sevdiğimi, önemsediğimi göstermek gibi).

13. _____ Yaptığım çoğu şeyde en iyi olmalıyım; ikinci olmayı kabullenemem.

14. _____ Diğer insanlardan bir şeyler istediğimde bana "hayır" denilmesini çok zor kabullenirim.

15. _____ Kendimi sıradan ve sıkıcı işleri yapmaya zorlayamam.

16. _____ Paramın olması ve önemli insanlar tanıyor olmak beni değerli yapar.

17. _____ Her şey yolunda gidiyor görünse bile, bunun bozulacağını hissederim.

18. _____ Eğer bir yanlış yaparsam, cezalandırılmayı hakkederim.

19. _____ Çevremde bana sıcaklık, koruma ve duygusal yakınlık gösteren kimsem yok.

20. _____ Diğer insanlara o kadar muhtacım ki onları kaybedeceğim diye çok endişeleniyorum.

21. _____ İnsanlara karşı tedbiri elden bırakamam yoksa bana kasıtlı olarak zarar vereceklerini hissederim.

22. _____ Temel olarak diğer insanlardan farklıyım.

23. _____ Gerçek beni tanırlarsa beğendiğim hiç kimse bana yakın olmak istemez.

24. _____ İşleri halletmede son derece yetersizim.

25. _____ Gündelik işlerde kendimi başkalarına bağımlı biri olarak görüyorum.

26. _____ Her an bir felaket (doğal, adli, mali veya tıbbi) olabilir diye hissediyorum.

27. _____ Annem, babam ve ben birbirimizin hayatı ve sorunlarıyla aşırı ilgili olmaya eğilimliyiz.

28. _____ Diğer insanların isteklerine uymaktan başka yolum yokmuş gibi hissediyorum; eğer böyle yapmazsam bir şekilde beni reddederler veya intikam alırlar.

29. _____ Başkalarını kendimden daha fazla düşündüğüm için ben iyi bir insanım.

30. _____ Duygularımı diğerlerine açmayı utanç verici bulurum.

31. _____ En iyisini yapmalıyım, "yeterince iyi" ile yetinemem.

32. _____ Ben özel biriyim ve diğer insanlar için konulmuş olan kısıtlamaları veya sınırları kabul etmek zorunda değilim.

33. _____ Eğer hedefime ulaşamazsam kolaylıkla yılgınlığa düşer ve vazgeçerim.

34. _____ Başkalarının da farkında olduğu başarılar benim için en değerlisidir.

35. _____ İyi bir şey olursa, bunu kötü bir şeyin izleyeceğinden endişe ederim.

36. _____ Eğer yanlış yaparsam, bunun özürü yoktur.

37. _____ Birisi için özel olduğumu hiç hissetmedim.

38. _____ Yakınlarımın beni terk edeceği ya da ayrılacağından endişe duyarım

39. _____ Herhangi bir anda birileri beni aldatmaya kalkışabilir.

40. _____ Bir yere ait değilim, yalnızım.

41. _____ Başkalarının sevgisine, ilgisine ve saygısına değer bir insan değilim.

42. _____ İş ve başarı alanlarında birçok insan benden daha yeterli.

43. _____ Doğru ile yanlışı birbirinden ayırmakta zorlanırım.

44. _____ Fiziksel bir saldırıya uğramaktan endişe duyarım.

45._____ Annem, babam ve ben özel hayatımız birbirimizden saklarsak, birbirimizi aldatmış hisseder veya suçluluk duyarız.

46. _____ İlişkilerimde, diğer kişinin yönlendirici olmasına izin veririm.

47. _____ Yakınlarımla o kadar meşgulüm ki kendime çok az zaman kalıyor.

48. _____ İnsanlarla beraberken içten ve cana yakın olmak benim için zordur.

49. _____ Tüm sorumluluklarımı yerine getirmek zorundayım.

50. _____ İstediğimi yapmaktan alıkonulmaktan veya kısıtlanmaktan nefret ederim.

51. _____ Uzun vadeli amaçlara ulaşabilmek için şu andaki zevklerimden fedakarlık etmekte zorlanırım

52. _____ Başkalarından yoğun bir ilgi görmezsem kendimi daha az önemli hissederim.

53. _____ Yeterince dikkatli olmazsanız, neredeyse her zaman bir şeyler ters gider.

54. _____ Eğer işimi doğru yapmazsam sonuçlara katlanmam gerekir.

55. _____ Beni gerçekten dinleyen, anlayan veya benim gerçek ihtiyaçlarım ve duygularımı önemseyen kimsem olmadı.

56. _____ Önem verdiğim birisinin benden uzaklaştığını sezersem çok kötü hissederim.

57. _____ Diğer insanların niyetleriyle ilgili oldukça şüpheciyimdir.

58. _____ Kendimi diğer insanlara uzak veya kopmuş hissediyorum.

59. _____ Kendimi sevilebilecek biri gibi hissetmiyorum.

60. _____ İş (okul) hayatımda diğer insanlar kadar yetenekli değilim.

61. _____ Gündelik işler için benim kararlarıma güvenilemez.

62. _____ Tüm paramı kaybedip çok fakir veya zavallı duruma düşmekten endişe duyarım.

63. _____ Çoğunlukla annem ve babamın benimle iç içe yaşadığını hissediyorum-Benim kendime ait bir hayatım yok.

64. _____ Kendim için ne istediğimi bilmediğim için daima benim adıma diğer insanların karar vermesine izin veririm.

65. _____ Ben hep başkalarının sorunlarını dinleyen kişi oldum.

66. _____ Kendimi o kadar kontrol ederim ki insanlar beni duygusuz veya hissiz bulurlar.

67. _____ Başarmak ve bir şeyler yapmak için sürekli bir baskı altındayım.

68. _____ Diğer insanların uyduğu kurallara ve geleneklere uymak zorunda olmadığımı hissediyorum.

69. _____ Benim yararıma olduğunu bilsem bile hoşuma gitmeyen şeyleri yapmaya kendimi zorlayamam.

70._____ Bir toplantıda fikrimi söylediğimde veya bir topluluğa tanıtıldığımda onaylanılmayı ve takdir görmeyi isterim.

71. _____ Ne kadar çok çalışırsam çalışayım, maddi olarak iflas edeceğimden ve neredeyse her şeyimi kaybedeceğimden endişe ederim.

72. _____ Neden yanlış yaptığımın önemi yoktur; eğer hata yaptıysam sonucuna da katlanmam gerekir.

73. _____ Hayatımda ne yapacağımı bilmediğim zamanlarda uygun bir öneride bulunacak veya beni yönlendirecek kimsem olmadı.

74. _____ İnsanların beni terk edeceği endişesiyle bazen onları kendimden uzaklaştırırım.

75. _____ Genellikle insanların asıl veya art niyetlerini araştırırım.

76. _____ Kendimi hep grupların dışında hissederim.

77. _____ Kabul edilemeyecek pek çok özelliğim yüzünden insanlara kendimi açamıyorum veya beni tam olarak tanımalarına izin vermiyorum.

78. _____ İş (okul) hayatımda diğer insanlar kadar zeki değilim.

79. _____ Günlük yaşamımı tek başıma idare edebilme becerisine sahip olduğumu hissetmiyorum.

80. _____ Bir doktor tarafından herhangi bir ciddi hastalık bulunmamasına rağmen bende ciddi bir hastalığın gelişmekte olduğu endişesine kapılıyorum.

81. _____ Sık sık annemden babamdan ya da eşimden ayrı bir kimliğimin olmadığını hissediyorum.

82. _____ Haklarıma saygı duyulmasını ve duygularımın hesaba katılmasını istemekte çok zorlanıyorum.

83. _____ Başkaları beni, diğerleri için çok, kendim için az şey yapan biri olarak görüyorlar.

84. _____ Diğerleri beni duygusal olarak soğuk bulurlar.

85. _____ Kendimi sorumluluktan kolayca sıyıramıyorum veya hatalarım için gerekçe bulamıyorum.

86. _____ Benim yaptıklarımın, diğer insanların katkılarından daha önemli olduğunu hissediyorum.

87. _____ Kararlarıma nadiren sadık kalabilirim.

88. _____ Bir dolu övgü ve iltifat almam kendimi değerli birisi olarak hissetmemi sağlar.

89. _____ Yanlış bir kararın bir felakete yol açabileceğinden endişe ederim.

90. _____ Ben cezalandırılmayı hak eden kötü bir insanım.

APPENDIX D

Mental Health Care System Justification Scale

Lütfen, aşağıda size verilen ölçeklerde, her bir maddede belirtilen ifadeye ne kadar katıldığınızı ya da katılmadığınızı, o ifadenin yanında yer alan seçeneklerden birini işaretleyerek belirtiniz. Bu ifadelerin doğru veya yanlış cevabı yoktur, önemli olan sizin ne düşündüğünüzdür. Lütfen, her bir ifadeye katılma düzeyinizi, 1(Kesinlikle Karşıyım)'den 5(Kesinlikle Katılıyorum)'e kadar derecelendirilmiş ölçek üzerinde daire içine alarak belirtiniz. Her bir soru için, lütfen tek bir seçeneği işaretleyiniz.

Sorularda yer alan "gelişimsel bozukluğu olan kişiler" ifadesi ile "Otizm", "Down Sendromu", "Zihinsel Engelli" gibi rahatsızlıklara sahip olan kişiler kastedilmektedir. Lütfen bu bölümdeki soruları bu bilgiye göre yanıtlayız.

	Kesinlikle Karşıyım	**Karşıyım**	**Kararsızım**	**Katılıyorum**	**Kesinlikle Katılıyorum**
1. Genel olarak, Türkiye'de gelişimsel bozukluğu olan kişilere adil davranılmaktadır.	**1**	**2**	**3**	**4**	**5**
2.Genel olarak, Türkiye'de gelişimsel bozukluğu olan kişiler için yapılan hizmet ve uygulamaların, olması gerektiği gibi yürütüldüğünü düşünüyorum.	**1**	**2**	**3**	**4**	**5**

3.Türkiye'deki gelişimsel bozukluğu olan kişiler için yapılan hizmet ve düzenlemeler baştan sona yeniden yapılandırılmalıdır.	**1**	**2**	**3**	**4**	**5**
4.Türkiye, gelişimsel bozukluğu olan kişiler için yaşanabilecek en iyi ülkelerden biridir.	**1**	**2**	**3**	**4**	**5**
5.Türkiye'de gelişimsel bozukluğu olan kişiler için yapılan hizmetler, düzenlemeler ve uygulamalar, bu kişilerin iyilik ve yararına hizmet eder.	**1**	**2**	**3**	**4**	**5**
6.Gelişimsel bozukluğu olan kişiler ve gelişimsel bozukluğu olmayan kişiler zenginlikte ve mutlulukta eşit fırsatlara sahiptir.	**1**	**2**	**3**	**4**	**5**
7.Gelişimsel bozukluğu olan kişilere ve onların ailelerine yönelik önyargı ve ayrımcılık her yıl daha da kötüye gitmektedir.	**1**	**2**	**3**	**4**	**5**
8.Toplumumuzdaki düzen, gelişimsel bozukluğu olan ve olmayan herkesin hakkettiğini elde edeceği şekilde kurulmuştur.	**1**	**2**	**3**	**4**	**5**

APPENDIX E

Individual-related Emotions

Şimdi sizden sadece "GENEL YAŞAMINIZI" düşünmenizi istiyorum. Günlük hayatınızda, **genellikle**, aşağıdaki duyguları ne kadar hissedersiniz? Lütfen, her bir ifadeye katılma düzeyinizi, 1(Hiç Hissetmem)'den 5(Çok Fazla Hissederim)'e kadar derecelendirilmiş ölçek üzerinde daire içine alarak belirtiniz. Her bir soru için, lütfen tek bir seçeneği işaretleyiniz.

	Hiç Hissetmem	**Hissetmem**	**Ne hissederim Ne hissetmem**	**Hissederim**	**Çok fazla hissederim**
1. Kendime karşı öfke hissederim.	**1**	**2**	**3**	**4**	**5**
2.Anne ve babama karşı öfke hissederim.	**1**	**2**	**3**	**4**	**5**
3.Çevreme karşı öfke hissederim.	**1**	**2**	**3**	**4**	**5**

4. Suçlu hissederim.	**1**	**2**	**3**	**4**	**5**
5. Korkmuş hissederim.	**1**	**2**	**3**	**4**	**5**
6. Kaygılı hissederim.	**1**	**2**	**3**	**4**	**5**
7. Utanmış hissederim.	**1**	**2**	**3**	**4**	**5**
8. Üzgün hissederim.	**1**	**2**	**3**	**4**	**5**
9. Sinirli hissederim.	**1**	**2**	**3**	**4**	**5**
10. Pişmanlık hissederim.	**1**	**2**	**3**	**4**	**5**
11. Hayal kırıklığına uğramış hissederim.	**1**	**2**	**3**	**4**	**5**
12. Tedirgin hissederim.	**1**	**2**	**3**	**4**	**5**

APPENDIX F

Sibling-related Emotions

(For DD Group)

Şimdi sizden sadece "gelişimsel bozukluğu olan KARDEŞİNİZİ" düşünmenizi istiyorum. Kardeşinizi düşündüğünüzde aşağıdaki duyguları ne kadar hissedersiniz? Lütfen, her bir ifadeye katılma düzeyinizi, 1(Hiç Hissetmem)'den 5(Çok Fazla Hissederim)'e kadar derecelendirilmiş ölçek üzerinde daire içine alarak belirtiniz. Her bir soru için, lütfen tek bir seçeneği işaretleyiniz.

Gelişimsel bozukluğu olan kardeşinizi düşündüğünüzde genellikle ne hissedersiniz?

	Hiç Hissetmem	**Hissetmem**	**Ne hissederim Ne hissetmem**	**Hissederim**	**Çok fazla hissederim**
1. Kardeşimi düşündüğümde, kardeşime karşı, öfke hissederim.	**1**	**2**	**3**	**4**	**5**
2. Kardeşimi düşündüğümde, anne babama karşı, öfke hissederim.	**1**	**2**	**3**	**4**	**5**

3. Kardeşimi düşündüğümde, çevreye karşı, öfke hissederim.	**1**	**2**	**3**	**4**	**5**
4. Kardeşimi düşündüğümde, suçlu hissederim.	**1**	**2**	**3**	**4**	**5**
5. Kardeşimi düşündüğümde, korkmuş hissederim.	**1**	**2**	**3**	**4**	**5**
6. Kardeşimi düşündüğümde, kaygılı hissederim.	**1**	**2**	**3**	**4**	**5**
7. Kardeşimi düşündüğümde, utanmış hissederim.	**1**	**2**	**3**	**4**	**5**
8. Kardeşimi düşündüğümde, üzgün hissederim.	**1**	**2**	**3**	**4**	**5**
9. Kardeşimi düşündüğümde, sinirli hissederim.	**1**	**2**	**3**	**4**	**5**
10. Kardeşimi düşündüğümde, pişmanlık hissederim.	**1**	**2**	**3**	**4**	**5**
11. Kardeşimi düşündüğümde, hayal kırıklığına uğramış hissederim.	**1**	**2**	**3**	**4**	**5**
12. Kardeşimi düşündüğümde, tedirgin hissederim.	**1**	**2**	**3**	**4**	**5**

Sibling-related Emotions

(For Comparison Group)

Şimdi sizden sadece "KARDEŞİNİZİ" düşünmenizi istiyorum. Kardeşinizi düşündüğünüzde aşağıdaki duyguları ne kadar hissedersiniz? Lütfen, her bir ifadeye katılma düzeyinizi, 1(Hiç Hissetmem)'den 5(Çok Fazla Hissederim)'e kadar derecelendirilmiş ölçek üzerinde daire içine alarak belirtiniz. Her bir soru için, lütfen tek bir seçeneği işaretleyiniz.

(Eğer birden fazla kardeşiniz varsa, soruları, hangi kardeşinizi düşünerek yanıtladığınızı lütfen belirtiniz.)

☐ **Benden küçük olan kardeşimi düşünerek cevapladım.**

☐ **Benimle yaşıt olan kardeşimi düşünerek cevapladım.**

☐ **Benden büyük olan kardeşimi düşünerek cevapladım.**

Kardeşinizi düşündüğünüzde genellikle ne hissedersiniz?

	Hiç Hissetmem	**Hissetmem**	**Ne hissederim Ne hissetmem**	**Hissederim**	**Çok fazla hissederim**
1. Kardeşimi düşündüğümde, kardeşime karşı, öfke hissederim.	**1**	**2**	**3**	**4**	**5**
2. Kardeşimi düşündüğümde, anne babama karşı, öfke hissederim.	**1**	**2**	**3**	**4**	**5**
3. Kardeşimi düşündüğümde, çevreye karşı, öfke hissederim.	**1**	**2**	**3**	**4**	**5**
4. Kardeşimi düşündüğümde, suçlu hissederim.	**1**	**2**	**3**	**4**	**5**
5. Kardeşimi düşündüğümde, korkmuş hissederim.	**1**	**2**	**3**	**4**	**5**
6. Kardeşimi düşündüğümde, kaygılı hissederim.	**1**	**2**	**3**	**4**	**5**
7. Kardeşimi düşündüğümde, utanmış hissederim.	**1**	**2**	**3**	**4**	**5**
8. Kardeşimi düşündüğümde, üzgün hissederim.	**1**	**2**	**3**	**4**	**5**
9. Kardeşimi düşündüğümde, sinirli hissederim.	**1**	**2**	**3**	**4**	**5**
10. Kardeşimi düşündüğümde, pişmanlık hissederim.	**1**	**2**	**3**	**4**	**5**
11. Kardeşimi düşündüğümde, hayal kırıklığına uğramış hissederim.	**1**	**2**	**3**	**4**	**5**
12. Kardeşimi düşündüğümde, tedirgin hissederim.	**1**	**2**	**3**	**4**	**5**

TED ÜNİVERSİTESİ
İNSAN ARAŞTIRMALARI ETİK KURULU

ETİK KURUL KARARLARI

Toplantı Tarihi: **29.12.2017** Toplantı Sayısı: **2017/72**

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Karar:(106) TED Üniversitesi, Sosyal Bilimler Enstitüsü, Gelişim Odaklı Klinik Çocuk ve Ergen Psikolojisi Yüksek Lisans Programı öğrencisi Halime Aybüke Yaldız'ın sahibi olduğu "Gelişimsel Bozukluğu Olan Kardeşe Sahip Ergenlerde Duygular: Sistemi Meşrulaştırma ve Erken Dönem Uyumsuz Şemaların Rolü" başlıklı yüksek lisans tez çalışmasına ilişkin 18.12.2017-3038 tarih ve sayılı etik kurul onay talebi görüşülmüş ve araştırma kapsamında uygulanacağı beyan edilen veri toplama yöntemlerinin araştırma etiğine uygun olduğuna OYBİRLİĞİ ile karar verilmiştir.

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Üye

09.08.18

Lisansüstü Programlar Enstitüsü Müdürlüğüne,

Üniversitemiz Gelişim Odaklı Klinik Çocuk ve Ergen Psikolojisi Yüksek Lisans Programı öğrencisi, 27337179728 numaralı Aybüke Halime Yaldız'ın, tez başlığı "Negative Emotions in Siblings of Individual with a Developmental Disorder: The Role Of Early Maladaptive Schemas And System Justification (Gelişimsel Bozukluğu Olan Bireylerin Kardeşlerinde Olumsuz Duygular: Erken Dönem Uyumsuz Şemalar ve Sistemi Meşrulaştırmanın Rolü)" olarak değiştirilmiştir.

Gereğinin yapılmasını arz ederim.

Dr. Öğr. Üyesi Nevin Solak