

SELF-COMPASSION AS A MEDIATOR BETWEEN PARENTAL
ACCEPTANCE-REJECTION AND EMOTIONAL REACTIVITY
AMONG UNIVERSITY STUDENTS



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ACCEPTANCE-REJECTION AND EMOTIONAL REACTIVITY
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Self-Compassion as a Mediator Between Parental Acceptance-Rejection and
Emotional Reactivity Among University Students

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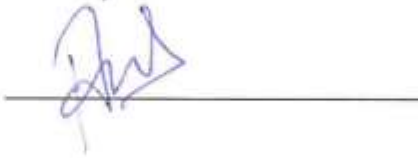
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ABSTRACT

Self-Compassion as a Mediator Between Parental Acceptance-Rejection and Emotional Reactivity Among University Students

The aim of the current study was to explore mediating role of self-compassion in the relationship between parental acceptance-rejection and emotional reactivity in a sample of university students. The sample consisted of 428 university students, and data were collected using a personal information form, the Emotion Reactivity Scale (ERS), the Adult Parental Acceptance-Rejection Questionnaire (Adult PARQ-Short Version) and the Self-Compassion Scale (SCS). Four mediational models were used that included two dimensions of emotion reactivity (arousal/intensity and persistence) as criterion variables, maternal and paternal rejection as predictor variables, and six domains of self-compassion (self-kindness, self-judgment, common humanity, isolation, mindfulness, over-identification) as mediators. The sensitivity dimension of emotional reactivity was not included in the mediation analysis since its correlation with both maternal and paternal rejection were found to be insignificant. Mediation analyses fully supported the mediating role of self-compassion in the relationship between maternal rejection and arousal/intensity dimension as well as in the relationship between maternal rejection and persistence dimension. With regard to paternal rejection, analyses fully supported the mediating role of self-compassion in its relationship to persistence dimension. Self-compassion partially mediated the relationship between paternal rejection and the arousal/intensity dimension. The over-identification domain fully mediated this relationship, whereas the self-kindness, self-judgment, common humanity, isolation, and mindfulness domains partially mediated. These results support the position that self-compassion fully and partially mediated

the relationship between parental rejection and emotional reactivity in university students. Developing self-compassion-based intervention practices in college counseling settings may reduce or eliminate the effects of parental rejection on emotional reactivity in university students.



ÖZET

Üniversite Öğrencilerinde Ebeveyn Kabulü-Reddi ve Duygusal Tepkisellik Arasında

Öz-duyarlığın Aracı Rolü

Bu çalışmanın amacı, üniversite öğrencilerinde öz-duyarlığın ebeveyn kabuliyeti reddi ve duygusal tepkisellik arasındaki ilişki üzerindeki aracı rolünü incelemektir. Çalışmanın örneklemini 428 üniversite öğrencisinden oluşmuş, veriler Kişisel Bilgi Formu, Duygusal Tepkisellik Ölçeği, Yetişkinler için Ebeveyn Kabul-Red Ölçeği (kısa form), ve Öz-duyarlık Ölçeği aracılığıyla toplanmıştır. Duygusal tepkiselliğin iki alt boyutu (tepkisellik ve psikolojik dayanıklılık) ölçüt değişkenleri olarak, anne ve baba reddi yordalayan değişkenler olarak ve öz-duyarlığın altı alt ögesi (öz-sevecenlik, öz-yargılama, paylaşımların bilincinde olma, izolasyon, bilinçlilik, aşırı özdeşleşme) aracı değişkenler olarak kullanılarak dört aracılık modeli oluşturulmuştur. Duygusal tepkiselliğin hassasiyet alt boyutu ile anne ve baba reddi arasındaki korelasyonlar istatistiki açıdan anlamlı bulunmadığı için aracılık analizine dahil edilmemiştir. Aracılık testi bulgularında öz-duyarlığın anne reddi - tepkisellik alt boyutu arasındaki ilişkide ve anne reddi – psikolojik dayanıklılık alt boyutu arasındaki ilişkide aracı rolü olduğu tamamıyla desteklemiştir. Baba reddi yönünden, analizler öz-duyarlığın baba reddi – psikolojik dayanıklılık alt boyutu arasındaki ilişkide aracı rolü olduğunu tamamıyla desteklemiştir. Öz-duyarlığın, baba reddi - tepkisellik alt boyutu arasındaki ilişkide kısmi aracılık rolü olduğu görülmüştür. Öz-duyarlığın aşırı özdeşleştirme ögesi bu ilişkiye tamamıyla aracılık ederken; öz-sevecenlik, öz-yargılama, paylaşımların bilincinde olma, izolasyon ve bilinçlilik ilişkiye kısmen aracılık etmiştir. Araştırma sonuçlarına göre öz-duyarlığın üniversite öğrencilerinin algıladıkları anne-baba reddi ve duygusal tepkisellikleri arasındaki ilişkide aracı rolü olduğu tamamıyla ve kısmen desteklenmiştir. Sonuç olarak,

üniversitelerin psikolojik destek birimlerinde öz-duyarlık temelli koruyucu ve önleyici psikolojik danışmanlık uygulamaları geliştirilmesi yoluyla üniversite öğrencilerinde ebeveyn reddinin duygusal tepkisellik üzerindeki etkileri azaltılabilir ya da ortadan kaldırılabilir.



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This thesis is dedicated to my parents,

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CHAPTER 1

INTRODUCTION

As a social entity, communication with other people is an inevitable part of human existence. In daily life, people communicate with other people around social environment such as family, friends, relatives, and colleagues and throughout these interactions; they show different patterns of behaviors for various contexts, which in turn determine their emotional responses (Schachter & Singer, 2000). For example, an argument between romantic partners may trigger different kinds of behaviors and emotions for both sides. Likewise, the same attitude of a mother/father toward her/his children may result in different behavioral and emotional reactions among siblings. What determines the variation in the experience of emotions? It is essential to consider the construct mechanisms behind emotions to understand their nature. Emotional reactivity is depicted as a three-dimensional model of unique personal experience of emotions with regard to sensitivity, intensity, and persistence (Nock, Wedig, Holmberg, & Hooley, 2008). This model shows that each person differs in experiencing emotions in response to different varieties of stimulus, strongly or intensely, and for a longer period of time.

The subjective experience of emotions is thought to be an essential indicator of psychological disorders, and researchers try to understand specific emotions experienced in different kinds of psychopathology, for instance, in mood disorders or anxiety disorders (Hooley, 1986; Barlow, 2000; Campbell-Sills, & Barlow, 2007). Furthermore, research shows that in emerging adulthood, emotional reactivity has a significant relationship to depressive symptoms, suicidal ideation (Polanco-Roman, Moore, Tsypes, Jacobson, & Miranda, 2017); depression and anxiety disorders

(Power & Tarsia, 2007). As a result of this strong relationship, intervention, and prevention methods for psychological disorders started to focus on emotion regulation (Mennin, Holaway, Fresco, Moore, & Heimberg, 2007). However, some researchers state that regulation and dysregulation of emotions also vary among individuals, and one of the indicators of successful emotion regulation in the case of adverse life events is emotional reactivity (Cook, Blair, & Buehler, 2017). Thus, it can be said that intervention, prevention, and treatment practices, which focus on emotion control, should significantly consider emotional reactivity, which is likely to predispose individuals to emotion regulation problems (Cook et al., 2017).

In the current study, emotional reactivity was examined through its relationship to the Interpersonal Acceptance-Rejection Theory (IPARTheory). The IPARTheory claims that perceived remembered parental rejection in the early years of life increases the probability of distortions of mental representations (Rohner, 2004). Thus, it can be said that perceived parental rejection may influence personality development, perceptions of the self, and sensitivity, intensity, and persistence of emotions triggered by daily life experiences. In the personality sub-theory of the IPARTheory, personality is defined as "... an individual's more-or-less stable set of internally motivated predispositions to respond (i.e., affective, cognitive, perceptual, and motivational dispositions) and actual modes of responding (i.e., observable behaviors) in various life situations or contexts." (Rohner, 2005, p. 390).

The theory also states that a positive response from attachment figures is an emotional need for an individual and is a crucial motivator of behavioral response. If this demand is not fulfilled in the early years of life, individuals may develop emotional and behavioral reactions in their interpersonal relationships in later years (Rohner, 2005, Rohner 2016). For example, recent research shows that an

individual's responses to conflict in a relationship are learned in the family in the early years of life and transmitted to adult friendships or romantic relationships (Fosco, Van Ryzin, Stormshak, & Dishion, 2016). Additionally, Rohner (2016) emphasized in the IPARTheory that parental rejection brings about personality outcomes characterized by emotional states such as hostility, aggression, passive aggression, emotional alexithymia, instability of emotions and negative worldview. A longitudinal study of differences among individuals in terms of emotional reactivity in interpersonal relationships reveals that development of emotional reactivity toward interparental disagreements is significantly associated with romantic relationships in later years (Cook et al., 2017).

The personality characteristics and coping mechanisms of individuals also have linkages with emotional reactivity, and in the current study, the relationship between emotional reactivity and self-compassion as a personality characteristic and coping mechanism will also be examined. Neff (2003a) defined self-compassion as "being open to and moved by one's own suffering, experiencing feelings of caring and kindness toward oneself, taking an understanding, nonjudgmental attitude toward one's inadequacies and failures, and recognizing that one's own experience is part of the common human experience" (p. 224).

As stated above, emotional responses toward social circumstances may vary across personality characteristics (Schachter & Singer, 2000). For example, Leary, Tate, Adams, Batts Allen, and Hancock (2007) show that self-compassion predicts cognitive, behavioral and emotional reactions to unfavorable events in daily life such as recognition of problems as a regular part of life; being kind toward oneself, making plans and taking steps to fix the problems; feelings of anxiousness, sadness and self-conscious emotions. They conducted five different studies. Findings of the

first wave of Leary et al.'s study are consistent with the results of López, Sanderman, and Schroevers (2016) reveals self-compassion as a unique and common predictor of emotional reactions. Another wave of the Leary et al. study (2007) stated that self-compassion as a coping mechanism protected individuals from distracting self-feelings when coming up against stressful social events, such as less calamitous, less personalized thoughts and higher equanimity in case of facing with failure, loss or humiliation in an exam, a competition or a live performance on stage (Leary et al., 2007). Moreover, the results of the same study also show that self-compassion has a moderating role in perceived negative outcomes after unfavorable feedback (Leary et al., 2007).

Additionally, although the mediating role of self-compassion in the relationship between emotional reactivity and perceived parental acceptance-rejection has not been investigated yet, findings support the mediating role of self-compassion in attachment style and emotional distress in college students (Joeng, Turner, Kim, Choi, Lee, & Kim, 2017). The interpersonal acceptance-rejection theory is conceptually influenced by theoretical paradigms such as the theory of learning, the theory of symbolic interaction, psychoanalytic theory and attachment theory (Rohner, Khaleque, & Cournoyer, 2005). According to Bowlby (1980), people develop mental representations of themselves during childhood. Thus, the fulfillment of children's physical and emotional needs and the satisfaction of their expectations from significant attachment figures in early years of life have a considerable effect on personality development and secure interpersonal relationships in adulthood (Bowlby, 1980). If children's need for the positive response from primary caregivers is fulfilled sensitively and consistently, they tend to develop positive psychological and emotional outcomes in the future (Bowlby,

1980). Consistent with Bowlby's attachment theory, it can be said that children's acceptance or rejection by their attachment figures in the early years of life affects their personality and emotional development in adulthood, such as insecure attachment style, untrustworthy relationships with friends and significant others (Bowlby, 1980) or a tendency toward depression (Hankin, Kassel, & Abela; 2005).

In sum, it can be said that the emotional reactivity levels of individuals toward difficult life circumstances are influenced by the quality of their former interpersonal relationships with significant others. That is to say, if individuals do not receive warm and supportive care and positive emotional responses from significant others in the early years of life, they tend to develop high levels of emotional reactivity in their interpersonal relations in the future (Cook et al., 2017; Fosco et al., 2015; Rohner, 2016; Khaleque & Rohner, 2012; Ibrahim et al., 2015). Moreover, self-compassion is a protective intrapersonal factor against one's negative life experiences such as failures or inadequacies by being aware of the fact that all life circumstances are common human experiences in the natural flow of life.

1.1 Purpose of the study

The emotional reactivity levels of individuals are affected by their perceptions of acceptance or rejection from their significant others, based on the studies conducted before (Cook et al., 2017; Leary et al., 2007; Rohner, 2016). The purpose of the current study is to explore the mediating role of self-compassion in the relationship between parental acceptance-rejection and emotional reactivity in a sample of university students. I explored the mediating role of self-compassion in the relationship between perceived parental rejection and emotional reactivity. This study aims to investigate the following research questions:

- Do self-kindness, self-judgment, common humanity, isolation, mindfulness and the over-identification domains of self-compassion mediate the relationship between maternal acceptance-rejection and emotional reactivity?
- Do self-kindness, self-judgment, common humanity, isolation, mindfulness and over-identification domains of self-compassion mediate the relationship between paternal acceptance-rejection and emotional reactivity?

1.2 Significance of the study

Emerging adulthood is a term that was first proposed by Arnett (2000) to define the period between late teens through the twenties, more specifically the ages between 18 and 25. He suggested that emerging adulthood is a distinct developmental phase, especially concerning identity explorations with regard to love, work, and worldview (Arnett, 2007). Identity explorations in love, work and worldview may result in positive psychological consequences and healthy development of an individual. Conversely, these investigations may result in negative consequences such as disappointment, disillusionment or rejection from significant others, failure to achieve the degree expected from college or inability to find a fulfilling or satisfying job, which may result in psychological and developmental problems (Arnett, 2000).

University life is one of the most important transition periods in emerging adulthood since it consists of at least a four-year period of the emerging adulthood phase. Changes in responsibility, identity explorations, lifestyle, social circle, and living arrangements due to moving from home to a new physical environment, academic overload, financial problems, and concerns about the future cause most

university students to experience emotional difficulties such as depression, homesickness and dissatisfaction with their decision to attend college (Terry, Leary, & Metha, 2013). Because of the dramatic changes in socio-cultural environment, students generally experience problems with family and close relationships. For instance, it is difficult to cope with moving from home and comfort, separation from family and friends, losing social support, and developing new social networks. Considering these significant changes, university students face severe psychological problems with regard to their social well-being (Conley, Kirsch, Dickson, & Byrant, 2014). In the current study, it is assumed that understanding the construct mechanisms and developing intervention related to personal factors can be beneficial for university students in dealing with the demands of university life.

If the challenges which occur as a result of significant changes in university life cannot be overcome with existing coping mechanisms or psychological support, problems may occur in identity formation, and they may experience emotional difficulties, stress over academic performance, body image concerns, and negative self-judgment. Thus, trait anxiety, depressive symptoms, and suicide attempts may be elevated during university period (Neff & McGehee, 2010). Psychological and emotional disturbances contribute to specific conflicting behaviors and emotional states in interpersonal relations such as violence, aggressiveness, biased self-enhancement, and narcissistic personality traits (Baumeister, Bushman, & Campbell, 2000). Cook, Blair, and Buehler (2017) find that adolescents' responses to relationship disagreements might be acquired in the family, and in later years, these behavioral and emotional responses may be used in relationships with significant others outside the families such as relationships with close friends or romantic partners. Parental rejection in early years of life in particular may lead to personality

outcomes characterized by emotional states such as hostility, aggression, passive aggression, emotional alexithymia, unstable emotional responses, and negative vision of the world (Rohner, 2016). Furthermore, Rohner (2016) states in his theory that rejected individuals, whether children or adult, tend to develop destructive feelings such as cumulatively increasing anger or indignation. As a result of facing painful emotional experiences, they become emotionally unresponsive or less responsive to protect themselves toward the unfavorable emotional outcomes of further rejection (Rohner, 2016).

In the literature, self-compassion, which is investigated in the present study, is considered a significant predictor of psychological well-being. Muris and Petrocchi (2017) conducted a meta-analysis consists of eighteen different studies that explored the relationship between psychopathology and mental health problems (e.g., depression, anxiety, pain, stress, social anxiety, eating disorders, negative affect) and positive (self-kindness, common humanity and mindfulness) and negative (self-judgment, isolation and over-identification) indicators of self-compassion. The results show that negative indicators are positively linked to psychopathology (for self-judgment $r = .47, p < .001$; for isolation $r = .50, p < .001$ and for over-identification $r = .48, p < .001$). That is to say, these subscales tap increased vulnerability to mental health problems. Being self-compassionate, however, is a personal strength which helps individuals deal with problems that accompany the university years (Fong & Loi, 2016). Research shows that recognizing and attending to internal feelings and emotions is related to empathy, which develops from the beginning to the end of life (McDonnald & Messinger, 2011). People who have warm, supportive, empathic, compassionate relationship from their significant others

such as caregivers and peers tend to develop self-compassion, even in the early years of life (McDonald & Messinger, 2011).

Leary et al.'s (2007) study with university students and indicated that self-compassion significantly predicts cognitive, behavioral and emotional reactions to unfavorable experiences in daily life, such as recognizing of problems as a normal part of life, being kind toward oneself, making plans and taking steps to fix the problems, experiencing feelings of anxiousness, unhappiness and self-conscious emotions. They also found that self-compassion protected individuals when faced with unfavorable self-feelings in case of stressful social events and made them develop higher equanimity in case of encountering failure, loss or humiliation in an exam, a competition or a live performance on stage (Leary et al., 2007).

The use of self-compassion-based programs in counseling settings emerged after increasing criticism of self-esteem programs, which consider self-esteem as a unique predictor of psychological well-being (Baumeister, Smart, & Boden, 1996; Hewitt, 1998).

Studies also support the idea that self-compassion based interventions have more positive psychological outcomes than self-esteem-based intervention outcomes. For example, Stephenson, Watson, Chen, and Morris (2017) compared the effectiveness of self-compassion and self-esteem in Rational-Emotive Behavior Therapy (REBT) in a sample of university students. The results show a positive correlation between self-compassion and self-esteem. Self-compassion also predicted lower levels of depressive symptoms, anxiety, self-worth, and low frustration tolerance. Along with the same lines, negative correlations were found between self-esteem and depression, anxiety, self-worth, and low frustration tolerance. Multiple regression was used to explore the predicting role of self-compassion and self-

esteem. Self-compassion was reported as a predictor of depression, anxiety, self-worth, and low frustration tolerance. With regard to self-esteem, the only significant associations were found with depression and anxiety. Negative associations of self-compassion were found with self-worth and with low frustration tolerance. The results of a mediation analysis revealed that low frustration tolerance partially mediated the negative association between self-compassion and anxiety. Unexpectedly, self-worth extinguished the association between self-compassion and depression.

A study related to these concepts among Turkish university students is essential to understanding these concepts and developing intervention and prevention methods in the light of self-compassion-based intervention and prevention programs (Stephenson et al., 2017). From this point, obtained results of the current study may provide significant contributions to the literature in terms of how university students in Turkey evaluate their emotional reactivity, parental acceptance-rejection, and mediating role of self-compassion.

CHAPTER 2

LITERATURE REVIEW

In the literature review section of the present research, first, the concept and theoretical standpoints of emotional reactivity, parental acceptance-rejection, and self-compassion constructs will be analyzed and explained in detail. Then the relationship between these constructs will be investigated through empirical research.

2.1 Emotional reactivity

The study of emotion has a vital importance in the world of psychology, and significant scientific research has been conducted to understand its nature (Niedenthal, Krauth-Gruber, & Ric, 2006; Ekman, & Davidson, 1994). Although no consensus has yet been reached on the definition of emotion, different models and approaches from evolutionary, somatic and cognitive theories suggest various understandings on the nature and the function of emotions and trying to answer a high number of scientific questions (Lewis, Haviland-Jones, & Barrett, 2010). There are numerous unanswered questions in the study of emotions. Nevertheless, it is evident that individuals show different patterns of behavior in various contexts, which in turn determines their emotional response, and subjectivity and variety in the experience of emotions is an inevitable part of the conscious world of human being (Schachter & Singer, 2000).

2.1.1 Three dimensional model of emotional reactivity

Nock and his colleagues (2008) describe emotional reactivity as a three-dimensional model of the subjective experience of emotions concerning sensitivity, intensity, and

persistence. That is to say, emotional reactivity provides the understanding of which one is experiencing emotions (a) thereupon variety of stimulus, (b) strongly or intensely, and (c) for an extended period (Nock, Wedig, Holmberg, & Hooley, 2008). In other words, emotional reactions of individuals in response to any kind of life events, the strength of these emotional responses and duration of these emotional experiences is in the focus of emotional reactivity construct.

Diversity in the subjective experience of emotions is first and foremost draw attention toward the study of psychological disorders. There are different patterns of behaviors and diagnostic symptoms for each psychological disorder. Thus, researchers also wondered if emotional experiences also vary across psychological disorders. Researchers working in the field of psychopathology have tried to assess and evaluate different emotional responses in the case of psychopathological symptoms such as mood disorders (Hooley, 1986; Campbell-Sills & Barlow, 2007) and anxiety disorders (Barlow, 2000).

As a consequence of the strong relationship between emotions and psychopathology, recent psychological prevention, intervention and treatment methods have been developed according to the process of emotion control. Emotion dysregulation has been defined as excessive reactivity to emotional stimuli and the subsequent maladaptive management of emotions. Emotion dysregulation occurs when emotions are experienced as intense, are misunderstood, negatively evaluated, and are managed inflexibly using maladaptive strategies, such as avoidance or rumination (Mennin et al., 2007). However, factors causing emotion dysregulation problems in individuals are not yet fully understood or explained. Conversely, regulation of emotions considered as the process that people use to manipulate their own emotions, the circumstances under which people experience an emotion, and the

nature of the process in which they express this emotion (Gross, 1999). Emotion regulation incorporates all procedures that are engaged with changing the present or expected emotional states in regards to their intensity, quality, length, the speed of elicitation, and recuperation in the administration of adjustment (Thompson, 1994). From the early stages to emerging adulthood executive functioning, cognitive capabilities, and emotional awareness are significant for observing and evaluating one's emotional responses (Thompson, 2011). Cook et al. (2017) also state that one of the indicators of successful regulation of emotions in case of disagreement is emotional reactivity. Emotion regulation makes individuals able to exhibit socially acceptable and sufficiently flexible emotional responses. It also provides the ability to control spontaneous emotional reactions when needed (Thompson, 1994). Recent studies suggest that most psychological problems and psychopathology emerge as a result of emotion regulation problems (Aldao, Nolen-Hoeksema, & Schweizer, 2010). Although researchers have studied various aspects of emotion regulation, emotional reactivity, which is likely to make individuals experience emotion regulation problems, this has not yet been focused in the literature. Although recent research has focused on emotion regulation and its components, Cook et al.'s conceptualization of emotional reactivity shows consistency with the results of emotion regulation studies (Nock et al., 2008).

Emotional reactivity has a great importance, especially in the study of behavioral problems, because it gives outstanding clues about how and why behavioral issues are developed and maintained in individuals (Nock et al., 2008). For instance, the aversive experience of strong emotional reactivity may be represented in extreme behavioral problems, which emerge as a result of avoidance of intense cognitive and emotional states such as mood disorders, anxiety disorders,

or eating disorders (Dimidjian et al., 2006; Lebowitz & Omer, 2013; Bydlowski et al., 2005).

Psychological outcomes of emotional reactivity are also studied by Boyes, Carmody, Clarke, and Hasking (2017), who explore the relationship between emotional reactivity, emotion perseveration, and psychological distress. They operationally define variety in the emotional responding among individuals with emotional reactivity and emotion preservation. They investigated the predictive role of emotional reactivity and preservation in trait affect and relationship among emotional reactivity and emotion preservation with psychological distress symptoms. Ninety adults participated in the study. Their ages ranged between 18 and 52 years. The mean age was reported as 25.31. The majority of the participants were university students, and 27 of the participants were reported as having a history of mental illness, 13 of whom had a depressive disorder, and 10 had an anxiety disorder. In the second phase of the study, 51 participants were re-assessed after one week, and no difference was found among participants in the second assessment with respect to age, gender, prior diagnosis of mental health problems, positive and negative affect, or emotional reactivity and perseveration.

To measure the positive and negative trait affect, a 20-item Positive and Negative Affect Schedule (PANAS) (a dispositional version) was used. Items were constructed on a 5-point Likert scale from very slightly (0) to extremely (4). The scale demonstrates good internal consistency in two subscales: $\alpha = .88$ for proud, inspired subscale; and $\alpha = .87$ for nervous, distress subscale.

The Emotional Reactivity and Perseveration Scale (ERPS), which is a 40-item self-report measure, was used to assess emotional reactivity and perseveration. Emotional reactivity is assessed by the question "When exposed to a situation that

would make the 'average' person experience this feeling, how likely is it that you will experience this particular feeling?", and perseverance was assessed by the question "When you experience a situation that does make you feel this way, how long is this feeling likely to persist?" There were 20 different kinds of emotions for each of the questions.

Two multivariate linear regressions analysis were used to find out if there were independent relationships of emotional reactivity and perseverance with proud, inspired; and nervous distress subscales (Boyes, Carmody, Clarke, and Hasking, 2017). Emotion reactivity (positive) and emotion perseverance were found to have independent associations with the proud and inspired subscale. Emotion reactivity (negative) and perseverance were found to have no relationship with the proud and inspired subscales. Emotion reactivity (negative) and perseverance were found to have independent relationships with the nervous distress subscale. Emotion reactivity (positive) and perseverance were found to have no relationship with the nervous distress subscale.

In the second study, Boyes, Carmody, Clarke, and Hasking (2017) investigated whether emotion reactivity (positive and negative dimensions) and perseverance were linked to depression, anxiety, and stress symptoms. Negative correlations were found among emotion reactivity (positive) and perseverance (positive) with depression (-.49, $p < .001$ for positive reactivity; and -.44, $p < .001$ for positive perseverance) anxiety (-.27, $p < .001$ for positive reactivity; and -.23, $p < .01$ for positive perseverance), and stress (-.35, $p < .001$ for positive reactivity; and -.32, $p < .001$ for positive perseverance) scores. On the other hand, positive correlations were found between emotion reactivity (negative) and perseverance (negative) with depression (.23, $p < .001$ for negative reactivity; and .33, $p < .01$ for

negative perseveration) anxiety (.35 $p < .001$ for negative reactivity; and .38 $p < .001$ for negative perseveration), and stress (.302, $p < .001$ for negative reactivity; and .41, $p < .001$ for negative perseveration) scores.

In the light of the study of Boyes et al. (2017), it can be said that emotional reactivity is strongly associated with anxiety and depression symptoms.

2.1.2 Psychological outcomes of emotional reactivity in emerging adulthood

Emerging adulthood is seen as a period of delayed emotional insecurity concerning role status (Arnett, 2001). In this formative stage, expressed anger gradually decreases and depression may increase until the end of this developmental period (Galambos, Barker, & Krahn, 2006; Soto et al., 2011). Along these lines, emotional stability is, by all accounts, low during adolescence and not yet established during emerging adulthood. Increased emotionality during emerging adulthood may result from biological changes brought about by intense hormonal changes (Somerville, Jones, & Casey, 2010), but it can also represent the developmental changes in emotion regulation.

Emotional reactivity and difficulties in the expression of emotions are also found to be related to suicidal behavior in emerging adults. Polanco-Roman, Moore, Tsypes, Jacobson, and Miranda (2017) examined the mediational role of comfort in expressing positive and negative emotions and depressive symptoms on the relation between emotional reactivity and suicidal ideation. One hundred and forty-three emerging adults (college students) with a mean age of 18.71 (range from 18 to 28 years, $SD = 1.56$) participated in the study. One-third of the participants were reported as having recent suicidal ideation or lifetime attempt, and the remaining two-thirds of them were randomly selected as the control group.

The levels of emotional reactivity of the participants were measured using the Emotion Reactivity Scale developed by Nock et al., (2008). It is a 21-item self-report instrument that measures emotion reactivity in terms of sensitivity, intensity, and persistence. Some sample items from the scale are "Other people tell me I'm over-reacting" for sensitivity, "When I experience emotions, I feel them very strongly/intensely" for intensity, "When something happens that upsets me, it's all I can think about for a long time" for persistence. Each item is scored on a 5-point Likert scale ranging from "not all like me" (0) to "completely like me" (4). A total score of the scale is obtained by summing all the items, and a higher score indicates high emotional reactivity. ERS has high internal consistency reliability with an α of .94 (Nock et al., 2008), and internal consistency reliability coefficient was found as .95.

Comfort expression emotions were measured using the Measure of Verbally Expressed Emotion, a 19-item instrument on a 4-point Likert scale ranging from strongly disagree (1) to strongly agree (4). It measures the extent to which people feel comfortable outwardly displaying happiness, anger, love, and sadness. A total score is calculated by summing all the items (reverse items were re-coded). The scale is reported to have moderate-to-high internal consistency reliability for love ($\alpha = .90$), happiness ($\alpha = .84$), anger ($\alpha = .84$) and sadness ($\alpha = .68$). Higher scores indicate more comfort in expressing emotions.

Suicidal ideation of the participants was measured using the Beck Scale for Suicide Ideation, a 21-item self-report measure on a 3-point Likert scale ranging from 0 to 2 that assesses suicidal ideation in terms of frequency, intensity, the lethality of plans, the reason for living and access to means in the previous week.

Higher total scores indicate higher suicidal ideation. The reliability of the scale is reported as high in internal consistency reliability ($\alpha = .87$).

To measure depressive symptoms, the Beck Depression Inventory, a 21-item self-report on a 4-point scale (from 0 to 3), was used. The inventory measures depressive symptoms such as sadness, anhedonia, guilt, and sleep disturbance with regard to severity (in past two weeks). The higher total score indicates more severe depressive symptoms. Internal consistency of the scale is reported as high ($\alpha = .91$).

For the first wave of the Polanco-Roman et al.'s study (2017), Emotion Reactivity Scale, The Measure of Verbally Expressed Emotion and the Beck Scale for Suicide Ideation were used. Twelve months later, the second wave of the study conducted and participants were asked to complete the Beck Scale for Suicide Ideation and the Beck Depression Inventory. The mediation effect of comfort expressing emotions and depressive symptoms on the relation between emotional reactivity and suicidal ideation were tested by multiple hierarchical linear regression analyses.

A preliminary analysis indicated a significant sex difference in emotional reactivity with females ($M = 41.23$, $SD = 18.14$) reporting greater levels than males ($M = 27.45$, $SD = 17.48$). The bivariate analysis also showed that emotional reactivity was negatively associated with comfort expressing happiness with a correlation coefficient of $-.18$, ($p < .05$), and it was positively associated with depressive symptoms with a correlation coefficient of $.45$ ($p < .01$) and suicidal ideation with a correlation coefficient of $.30$ ($p < .01$).

An analysis of direct and indirect effects of emotional reactivity on suicidal ideation via comfort expressing emotions and depressive symptoms revealed that greater emotional reactivity was associated with less comfort expressing love ($b =$

$-.06$, 95%CI [$-.11, -.003$], $p < .05$; overall $R^2 = .03$, $p < .05$), less comfort expressing happiness ($b = -.03$, 95% CI [$-.06, -.01$], $p < .05$; overall $R^2 = .06$, $p < .05$), greater depressive symptoms ($b = .24$, 95% CI [$.15, .32$], $p < .01$; overall $R^2 = .21$, $p < .01$), and greater suicidal ideation ($b = .05$, 95% CI [$.02, .07$], $p < .01$; overall $R^2 = .18$, $p < .01$). Depressive symptoms were positively associated with suicidal ideation ($b = .11$, 95% CI [$.07, .16$], $p < .01$). The direct effect of emotional reactivity on suicidal ideation remained statistically significant after comfort expressing love, happiness, anger, and sadness were entered into the model ($b = .04$, 95% CI [$.02, .07$], $p < .01$; overall $R^2 = .22$, $p < .01$), but it was no longer significant after depressive symptoms were entered in the model ($b = .02$, 95% CI [$-.01, .04$], $p = .14$; overall $R^2 = .35$, $p < .01$). Also, a significant indirect effect of emotional reactivity on suicidal ideation through comfort expressing love, such that greater emotional reactivity was associated with less comfort expressing love, which was associated with greater suicidal ideation ($b = .005$, 95% CI [$.002, .02$], $p < .05$). There was also a significant indirect effect of emotional reactivity on suicidal ideation through depressive symptoms ($b = .03$, 95% CI [$.01, .05$], $p < .05$); in other words, greater emotional reactivity was associated with greater depressive symptoms, which was associated with greater suicidal ideation. The indirect effect of emotional reactivity on suicidal ideation through depressive symptoms was stronger than were the indirect effects through love (Love minus Depression Indirect Effect Contrast = $-.02$, 95% CI [$-.05, -.01$]), happiness (Happiness minus Depression Indirect Effect Contrast = $-.02$, 95% CI [$-.05, -.01$]), sadness (Sadness minus Depression Indirect Effect Contrast = $-.02$, 95% CI [$-.06, -.01$]), and anger (Anger minus Depression Indirect Effect Contrast = $-.03$, 95% CI [$-.06, -.01$]). The direct effect of emotional reactivity on suicidal ideation was no longer statistically

significant after comfort expressing love, happiness, sadness, anger, and depressive symptoms were entered in the model ($b = .01$, 95% CI $[-.01, .03]$, $p = .41$; overall $R^2 = .43$, $p < .01$). However, depressive symptoms were positively associated with suicidal ideation ($b = .09$, 95% CI $[.05, .13]$, $p < .01$).

To conclude, results of the study showed that emotional reactivity predicted depressive symptoms and suicidal ideation. Furthermore, greater emotional reactivity was associated with less comfort in expressing love and happiness, but this was no longer the case after accounting for baseline suicidal ideation. The researchers suggested that the relationship between high emotional reactivity and suicidal ideation could be explained by discomfort in the expression of positive emotions and by depressive symptoms. Promotion of comfort in positive emotional expression may reduce vulnerability to suicidal ideation (Polanco-Roman, Moore, Tsypes, Jacobson and Miranda, 2017).

Power and Tarsia (2007) conducted an experimental research with participants (age range between 32 and 38) from a local hospital clinical psychology department who had depression ($N = 15$), anxiety ($N = 15$), both depression and anxiety disorders (mixed anxiety and depression) ($N = 20$) and a control group ($N = 20$) from hospital and university staff. They measured the emotion states which result from the depression, anxiety, and mixed anxiety-depression. To measure depression, they used the 21-item Beck Depression Inventory-II, which is recognized as a reliable and valid measure of depression. The twelve-item State-Trait Anxiety Inventory was used to measure anxiety. This measure consists of 20 statements that assess anxiety 'right now' (state anxiety) and 20 statements that assess how the participant 'generally feels' (trait anxiety). The twelve-item Basic Emotions Scale was used to measure the emotion states of the participants. This scale to measure

both state and trait emotions. It consists of 20 items on a 7-point Likert-type scale ranging from not at all (1) to all of the time (7). The terms refer to five basic emotions such as anger, sadness, disgust, fear, and happiness.

It was found that sadness and disgust- based emotions increased in the depression group (with mean values of 19.1 for sadness and 16.5 for disgust), and mixed anxiety depression (with mean values of 18.5 for sadness and 18.6 for disgust) group. On the other hand, higher levels of anger (with mean values of 14.5 for depression, 13.7 for anxiety, 18.8 for mixed group) and fear (with mean values of 21.6 for depression, 23.5 for anxiety, 23.4 for mixed group) were reported. Moreover, lower levels of happiness (with mean values of 11.3 for depression, 17.7 for anxiety, 12.3 for mixed group) did not differentiate among clinical groups yet differentiate in all disorders compared with control group (with mean values of 11.1 for anger, 12.9 for fear, 22.8 for happiness) (Power & Tarsia, 2007).

As a consequence of the strong relationship between emotions and psychopathology, more recent psychological prevention, intervention, and treatment methods have been developed according to the process of emotion control. Emotion dysregulation has been identified as excessive reactivity to emotional stimuli and subsequent inability to manage emotions. Emotion dysregulation occurs when emotions are experienced as intense, are misunderstood, are negatively evaluated, or are managed inflexibly using maladaptive strategies, such as avoidance or rumination (Mennin et al., 2007). However, factors causing emotion dysregulation problems in individuals are not yet fully understood and explained. Cook et al. (2017) stated that one of the indicators of an emotion regulation skill in response to disagreement is emotional reactivity. Emotion regulation enables individuals to exhibit socially acceptable and sufficiently flexible reactions and provides control over spontaneous

emotional responses (Thompson, 1994). A recent study suggests that most of the psychological problems and psychopathology emerged as a result of emotion regulation problems (Aldao, Nolen-Hoeksema, & Schweizer, 2010). Although these researchers have studied various aspects of emotion regulation and emotional reactivity, are is likely to cause individuals to experience emotion regulation problems, has not yet been addressed in the literature. Although recent research has focused on emotion regulation and its components, Nock et al.'s conceptualization of emotional reactivity shows consistency with the results of emotion regulation studies (Nock et al., 2008).

Emotional reactivity has a great importance, especially in the study of behavioral problems, because it gives outstanding clues about how and why behavioral issues are developed and maintained in individuals (Nock et al., 2008). For instance, the aversive experience of strong emotional reactivity may be represented in extreme behavioral problems, which emerge as a result of avoidance of intense cognitive and emotional states such as mood disorders, anxiety disorders, or eating disorders (Dimidjian et al., 2006; Lebowitz & Omer, 2013; Bydlowski et al., 2005).

2.2 IPARTheory: Understanding parental acceptance-rejection

2.2.1 IPARTheory's personality subtheory

The personality sub-theory of Interpersonal Acceptance-Rejection Theory (IPART) tries to explain and clarify major psychological or personality outcomes of perceived parental acceptance or rejection. The personality sub-theory emphasizes that humankind has developed a biologically-based emotional desire for positive

responses from significant others such as parents or non-parental attachment figures, and perceived relationship quality with these significant others affects the development of emotional security and well-being in adults (Rohner, 2016; Rohner & Khaleque, 2005a).

Whenever this emotional need for positive responses from significant attachment figures is not met adequately, individuals tend to develop feelings of anxiety and insecurity (Rohner & Khaleque, 2005a). To replace these negative feelings with positive ones, their demand for the positive response from the most important people increases gradually, which in turn results in dependency (Rohner, 2016).

In the IPARTheory, dependency is interpreted as a continuum that stretches across dependence and independence (Rohner, 2016). Dependence is defined in the IPARTheory as “the internal, psychologically felt wish or yearning for emotional support, care, comfort, attention, nurturance, and similar responses from significant others and attachment figures.” (Rohner, 2005, p. 383). When children cannot receive the emotional support that they seek from significant others or attachment figures, it brings about behavioral bids such as crying; in adulthood, these behavioral bids become more complex (Rohner, 2016). A dependent personality is characterized by a long-standing need for the individual to be taken care of and a fear of being abandoned or separated from significant others. Along the same line, when an individual’s emotional needs are sufficiently met, they tend to develop an independent personality characterized by not demanding frequent or intense desire for positive response. Thus, it can be said that children and adults who experience or perceive rejection from significant others may crave constant reassurance and fulfillment of their emotional needs (Rohner, 2016).

High levels of perceived rejection from the mother and father may also result in defensive independence in some children. Defensive independence is different from healthy independence. Individuals who develop defensive independency continue to seek warmth and affection from significant others without realizing it. As a result of chronic rejection and associated negative emotions, defensively independent people may show a reaction to other people who try to help to fulfill their emotional need by "To hell with you! I don't need you. I don't need anybody." (Rohner, 2016).

In addition to dependence and defensive independence, parental rejection also may lead to other psychological, emotional, and behavioral consequences such as an impairment in self-esteem or self-adequacy, aggressiveness, a negative worldview, unstable emotional responses or hostility (Rohner, Khaleque, & Cournoyer, 2005). Rohner explains impaired self-esteem and impaired self-adequacy as a result of the rejection of significant others with symbolic interaction theory (Cooley, 1902; as cited in Rohner, 2016). According to the symbolic interaction theory, an individual's self-evaluation and perceptions of themselves is a reflection of what their parents' evaluations and perceptions are. That is to say, if children and adults feel unloved or rejected by their parents, they also tend to view themselves as unworthy to be loved (Rohner, 2016). At this point, self-esteem is related to an individual's self-worth, whereas self-adequacy is related to their perception of competency while performing daily tasks. Thus, in addition to feeling of unworthiness, they also may feel unable to satisfy their own needs and may have problems dealing with emotional regulation and stress. That is to say, they are prone to developing emotional instability compared to individuals who perceive themselves as being accepted by their parents (Rohner et al., 2012). The feeling of unworthiness, difficulties in managing stressful

situations, and emotion regulation problems cause rejected individuals have a negative worldview. The IPARTheory suggests that rejected individuals develop a perception of the world as untrustworthy, hostile, unfriendly, unsafe, threatening, and they consider toward daily life, interpersonal relations, and human existence dangerous. As a result of this negative perception of the world, decreased self-esteem, and reduced self-adequacy, they gradually develop specific social-cognition and negative mental representations about themselves (Rohner, 2016). Mental representation refers to generalizations of people about self, others, and the outside world that are shaped by past and current emotional experiences (Rohner, 2005). Mental representations of individuals toward self, others, and the outside world shape how they interpret and respond to new experiences in daily life, interpersonal relations and human existence (Rohner, 2016). For example, in the case of a stressful life event, one individual may prefer to avoid that situation immediately, while another one may prefer to find a solution due to his/her mental representations about his past experiences with attachment figures. Rohner (2005) pointed out that children and adults who experience rejection often generate mental representations of unpredictable, untrustworthy, and hurtful interpersonal relationships. To conclude, the perception of individuals toward self and the outside world have a significant effect on their life experiences (Rohner, 2016).

2.2.2 IPARTheory's coping subtheory

The IPARTheory's coping sub-theory mainly focuses on how some rejected individuals deal with negative emotional and interpersonal outcomes of parental rejection without suffering negative mental health consequences (Rohner, 2016). To understand the coping mechanism and process, a multivariate, person-in-context

approach that mainly focuses on self, other and context should be adopted. That is to say, the behavior of the individual depends on the transactional interactions between self, others, and context. Features of the “self” domain consist of mental representations as well as biological and personality attributions. “Other” features include personal and interpersonal attributions of the individual who performs rejection with regard to form, length, intensity, and persistence of rejection. Finally, “context” features consist of other attachment figures in a person's life rather than primary caregivers, including the social-situational characteristics of their environment (Rohner, 2016).

The IPARTheory places “coper” under two subcategories: active copers and instrumental copers. Active copers who have been rejected by their attachment figures in the past but remain emotionally and mentally healthy. Conversely, instrumental copers are defined as having emotional and mental health issues although they are competent in daily tasks in their profession, their academic life, and their task-oriented activities (Rohner et al., 2012; Rohner, 2016).

According to the coping sub-theory, another social-cognitive ability in coping with perceived rejection from significant others is depersonalization. Personalizing refers to reflexively or spontaneously associating life experiences and interpersonal relationships with the self, in other words, "taking things personally" — generally in a negative sense. On the other hand, depersonalization allows individuals to deal with ambiguities in interpersonal relationships more positively and provide psychological shields against the damaging consequences of perceived rejection (Rohner, 2016).

2.2.3 IPARTheory's sociocultural systems model and subtheory

For the interpersonal acceptance-rejection to exist, an individual first needs to communicate with his/her external world, in other words, the ecological system, which includes family, community, and sociocultural context. The sociocultural systems model and sub-theory of IPARTheory also shows that parental acceptance-rejection and other attitudes, behaviors, and beliefs of parents have a significant influence on personality development and behavior of children (Rohner, 2016).

As well as explaining personality and behavioral outcomes of parental acceptance and rejection, the sociocultural systems model also tries to account for probable reasons of parental acceptance and rejection by approaching the concept within a framework of the multivariate system. According to this sub-theory, there is a transactional relationship between an individual and his/her social environment. Thus, while examining the causes and effects of parental acceptance and rejection, it is important to consider adults, peers and institutionalized expressive systems of society (i.e., religious traditions, artistic preferences, political organization) (Rohner, 2016).

2.3 Self-compassion

Self-compassion is a growing area of interest and a relatively new construct in the literature. To understand self-compassion, first and foremost the more general definition of compassion should be examined. The term compassion is rooted in the Latin word *compati* (to suffer with) (as cited in Strauss et al., 2016). Moreover, Wispe (1991), in his book *The Psychology of Sympathy*, defined compassion as "having an understanding and empathy toward suffering and being aware and not avoidant toward the pain of others" (p. 68). He emphasizes the fact that compassion

emerges through developing a genuine kind attitude and building an intentional wish toward soothing others' suffering and pain. That is to say, compassion is not only entails being in contact with suffering but also involves a strong commitment to relieving this suffering (Neff, 2003b). Being compassionate requires a nonjudgmental point of view toward failing, which is an inevitable fact of human nature, and the ability to approach the negative consequences of an individual's behavior as shared human experiences (Neff, 2003b).

Since the characteristics of self-compassion are generally not differentiated from the broader features compassion, the term self-compassion is differentiated by Neff (2003a) as "being open to and moved by one's own suffering, experiencing feelings of caring and kindness toward oneself, taking an understanding, nonjudgmental attitude toward one's inadequacies and failures, and recognizing that one's own experience is part of the common human experience" (p. 224). From this standpoint, the concept of self-compassion can briefly be explained as one's caring, compassion and awareness toward oneself in cases of failure, suffering, sense of pain and perceived inadequacy (Bennett-Goleman, 2002; Salzberg, 1997; Wispe, 1991; Neff, 2003b). From an evolutionary point of view, compassion derives from our biological capacity for sensitivity, sympathy, empathy, motivation/caring, distress tolerance and non-judgment, which are called as six attributes of compassion (Gilbert, 2010). Jazaieri et al. (2013) suggest that compassion can be directed not only toward significant others but also to strangers and to all humankind; self-compassion is the act of transferring these attributes toward others to oneself, which is very hard for many people.

Within the definition of self-compassion, Neff (2003a, 2003b) stated three core elements of self-compassion. These are (a) self-kindness versus self-judgment-

being kind toward oneself and self-understanding rather than harshly criticizing and judging in cases of failure or painful experiences, (b) common humanity versus isolation – comprehending one’s experiences as an inevitable part of human nature rather than considering them as isolating and separating, and (c) mindfulness versus over-identification – adjusting failure and distracting thoughts and emotions in balanced awareness rather than over-interpretation and identification.

Conceptually, these three elements are distinct to some extent, but they well overlap and interact with one another at some point. For instance, Jopling (2002) states that nonjudgmental, self-reliant perception of mindfulness reduces self-criticism and raises self-understanding, which indirectly support self-kindness. Likewise, research shows that self-kindness and a sense of common humanity may enhance mindfulness. Decreasing the degree of self-judgment and self-blaming may strengthen self-acceptance, which in return brings about the alleviation of the perceived negative consequences of the emotional experience, suffering and painful thoughts (Fredrickson, 2001).

Since self-compassion originates from Eastern philosophy, specifically mindfulness and acceptance practices, it is useful to compare and contrast it with self-related constructs in Western psychology. Neff (2003b) claims that self-compassion has numerous consistencies with the works of Western psychologists from disciplines such as the Self-in Relation Model (Jordan, 1997; as cited in Neff, 2003b), Humanistic Psychology (Maslow, 1954 & Rogers, 1961; as cited in Neff, 2003b), and Emotional Regulation (Brenner & Salovey, 1997; as cited in Neff, 2003b). In the literature, the most common comparison of self-compassion with other self-related phenomena is the one between self-compassion and self-esteem. Self-compassion entails the variety of the psychological advantages related with self-

esteem as well as it is standing out its negative consequences such as a tendency toward depression and anxiety (Blatt, Quinlan, Chevron, McDonald, & Zuroff, 1982), which stem from narcissism and self-centeredness (Finn, 1990). Therefore, it is useful to identify the commonalities and discrepancies between self-compassion and self-esteem, which are two separate but corresponding phenomena.

Neff (2003a) conducted a correlational study with 232 undergraduate university students to compare self-compassion and self-esteem constructs and determine the criterion validity of the scale as well as to analyze similarities and differences between these two constructs. The researcher used a self-report questionnaire that included the 26-item Self-Compassion Scale (Neff, 2003a) to assess self-compassion. It also included the 10-item Self-esteem Scale to assess global self-esteem, the 36-item Self-acceptance Scale to measure confidence, self-worth, competence, and other self-esteem indicators, the 10-item Self-determination Scale and 21-item Basic Psychological Needs Scale to measure true self-esteem, the 40-item Narcissistic Personality Inventory to measure narcissism as a normal personality trait, the 20-item Self-rating Depression Scale to measure depression, the 20-item Spielberger State-Trait Anxiety Inventory, Trait form to measure anxiety the 22-item Ruminative Responses Scale to measure rumination, the 15-item White Bear Suppression Inventory to measure level of thought suppression, and two 4-item Emotional Approach coping scales (the Emotional Processing and Emotional Expression scales) to measure approach to emotional coping. Pearson's correlation coefficients were found as .11 ($p < .01$) for the Narcissistic Personality Inventory, .59 ($p < .01$) for the Rosenberg Self-esteem Scale, .62 ($p < .01$) for the Berger's Self-acceptance Scale, .43 ($p < .01$) for the Self-Determination Scale, .42, .52 and .25 ($p < .01$) for the autonomy, competence and relatedness subscales of the Basic

Psychological Needs Scale, respectively. A moderate correlation was found between self-compassion and self-esteem (measured by Rosenberg Self-esteem Scale and Berger Self-acceptance Scale), which means that individuals with self-compassion have higher self-esteem than those without self-compassion. No significant correlation was found between self-compassion and narcissism (.11), but significant correlations were found between narcissism and self-esteem (.29), and self-acceptance (.28).

Studies also support the idea that self-compassion-based interventions have more positive psychological outcomes than self-esteem-based interventions. For example, Stephenson, Watson, Chen, and Morris (2017) compared the effectiveness of self-compassion and self-esteem in Rational-Emotive Behavior Therapy (REBT). In their study, 184 university students (59 men and 95 women) completed a self-compassion scale and measures of irrational beliefs, self-esteem, depression, and anxiety. To measure self-compassion levels, a 12-item measure of Self-compassion scale developed from original 26-item Self-compassion scale (Neff, 2003a) was used. The researcher measured the internal reliability of the scale and the result indicated that the internal reliability of the scale was high, with a .79 coefficient alphabetical. Ten statements from the Rosenberg Self-Esteem Scale were used to measure self-esteem. The internal reliability of the self-esteem measure is indicated as high, with an alpha level of .89. The results of the study showed a positive correlation between self-compassion and self-esteem, $r = .58, p < .001$. Additionally, self-compassion predicted lower levels of depressive symptoms, $-.55, p < .001$; anxiety, $-.48, p < .001$; self-worth, $-.39, p < .001$; and low frustration tolerance, $-.28, p < .001$. Along the same lines, there were negative correlations between self-esteem and depression ($-.72, p < .001$) anxiety ($-.49, p < .001$), self-worth ($-.19, p <$

.01), and low frustration tolerance ($-.23, p < .001$). A multiple regression analysis was conducted to explore prediction of the role of self-compassion and self-esteem. Self-compassion was reported as a predictor of all measures, including depression ($-.21, p < .01$), anxiety ($-.30, p < .001$), self-worth ($-.41, p < .001$), and low frustration tolerance ($-.22, p < .01$). With regard to self-esteem, significant associations were found only with depression ($-.59, p < .001$), and anxiety ($-.32, p < .001$). Negative associations of self-compassion found with self-worth ($-.41, p < .001$), and with low frustration tolerance ($-.22, p < .05$). The results of the mediation analysis revealed that low frustration tolerance partially mediated the negative association between self-compassion and anxiety. Unexpectedly, self-worth extinguished the association between self-compassion and depression.

2.3.1 Self-compassion as an intervention target

Self-compassion was found to be an effective component in a variety of therapeutic intervention practices such as Compassionate Mind Training (CMT) (Gilbert & Procter, 2006), the Compassionate Image technique (Gilbert & Irons, 2004), the Gestalt Two-Chair exercise (Neff, Kirkpatrick, & Rude, 2007), and the Mindfulness Based Stress Reduction (MBSR) (Saphiro, Astin, Bishop, & Cordova, 2005).

Compassionate Mind Training (CMT)

CMT intervention was developed in order to teach self-soothing and self-reassuring thoughts for individuals with high self-criticism and shame (Gilbert & Procter, 2006). This group therapy approach propounds that human beings think either in a self-judgmental or a self-kindly way when evaluating themselves. CMT tries to increase self-kindness in order to achieve cognitive and affective shift as well as help individuals to examine the function of self-judgments (Gilbert & Irons, 2006). The

results of the study, which aims to assess the effectiveness of the training on psychological problems, revealed a significant decrease in participants' self-reported depression, anxiety, shame, submissive behavior, feelings of inferiority, and self-critical thoughts. Participants also reported an increase in their awareness of their self-judgmental thoughts and attitudes and improvements in tolerating their distress (Gilbert & Procter, 2006).

The Compassionate Image

This technique asks participants to visualize the 'perfect nurturer' who can provide unconditional warmth, non-judgment, and acceptance (Gilbert & Irons, 2004). By using this technique, in case a self-judgmental thought or attitude arises, participants call upon their perfect nurturer (Gilbert & Procter, 2006). Gilbert & Irons (2004) studied self-compassionate imagery using the CMT protocol. They worked with participants with depressive symptoms and the results revealed that, although there was not a significant difference between pre- and post-comparison groups in terms of self-criticism, there was a significant change in the self-compassion level of the participants (Gilbert & Irons, 2004).

Gestalt Two-Chair Intervention

The aim of this intervention technique is to help individuals extend empathy to self and to challenge their self-judgmental, maladaptive beliefs, which in turn may increase their self-compassion (Neff, Kirkpatrick, & Rude, 2007). In this technique, participants are asked to think of themselves as having two selves, a judgmental self and a self that receives judgment. Then they move between two chairs as the judgmental self in one chair and the judged self in the other. The therapist evaluates both the content and the process of the receiving and giving judgmental attitudes

toward the self (Neff et al., 2007). Neff, Kirkpatrick, and Rude (2007) assessed the effectiveness of the two-chair technique on university students for a three-week period. At the end, they found significant associations between changes in self-compassion and changes in self-reported social connectedness, self-criticism, depressive symptoms, rumination, thought suppression, and anxiety.

Mindfulness Based Stress Reduction (MBSR)

Since mindfulness is one of the three positive components of self-compassion, increasing mindfulness may help increase self-compassion. MBSR was developed to increase present moment awareness by decreasing rumination and intrusive self-judgment, and in this way, participants learn to tolerate, acknowledge, label and embrace thoughts and feelings rather than overreacting or avoiding them (Saphiro, Brown, & Biegel, 2007). Saphiro et al., (2007) investigated the relationship between MBSR and self-compassion. Counseling students participated in the study. A comparison of the scores of the experimental and control groups before and after MBSR showed that counseling students who received MBSR reported higher levels of mindfulness, positive affect and self-compassion. Furthermore, increases in self-compassion scores were consistent with the increase in mindfulness scores (Saphiro et al., 2007).

Self-compassion focuses on directing one's feelings of compassion toward the self and emphasizes the inevitable fact of common human experience, which collides with one's predisposition toward narcissism and self-centeredness, as opposed to positive or negative judgments (Finn, 1990). Self-esteem is significantly related to evaluations of self-worth, which develops through self-judgment and self-comparison with one's social network (Neff, 2003b). Blatt et al. (1982) suggest that

an excessive amount of self-judgment and comparison may result in a tendency toward depression and anxiety symptoms in the long run. Conversely, self-compassion does not require performance evaluations for others or self (Neff, 2003b). As stated above, self-compassion requires self-acceptance. Ellis (2005) argues that unconditional self-acceptance means "fully accepting yourself whether or not you succeed at important tasks and whether or not you are approved by significant people" (p. 158).

2.3.2 Self-compassion as a coping mechanism in emerging adulthood

Self-compassion is considered a protective coping mechanism toward negative life experiences such as academic failure (Neff, Hsieh, & Dejitterat, 2004), psychological problems and negative self-views (Neff & McGehee, 2010; Allen & Leary, 2010) in emerging adults.

Neff and McGehee (2010) point out the importance of family and cognitive agents as determinants of subjective nature of self-compassion. Thus, to understand how some individuals can develop self-compassion while others cannot, it may be important to examine self-compassion through the coping sub-theory of the IPARTheory. The coping sub-theory explains the main reasons behind variety in the subjective experience of negative consequences of parental rejection (Rohner 2016). How do some rejected individuals deal with negative mental health consequences of rejection without suffering while others tend to develop psychological problems? Rohner (2016) indicates that a contextual approach, which includes personal and environmental factors, should be considered in trying to find an answer to this question. Thus, acceptance or rejection from the parent may be associated with the development of self-compassion in emerging adulthood as a coping mechanism.

Depersonalization in particular, which is defined as a social-cognitive capability in dealing with perceived rejection, may explain the association between parental rejection and self-compassion. Self-compassion requires kindness toward oneself and self-understanding rather than harshly criticizing and judging in cases of failure or painful experiences, comprehending experiences of an individual as an inevitable part of human nature rather than considering these experiences as isolating and separating, and adjusting failure and distracting thoughts and emotions in balanced awareness rather than over-interpretation and identification (Neff, 2003a). On the other hand, personalizing, which emerged as a negative consequence of parental rejection, defined in coping sub-theory as reflexively or spontaneously associate life experiences and interpersonal relations with oneself, in other words, "taking things personally," generally in a negative sense (Rohner, 2016).

Self-compassion explained as an adaptive coping strategy used for possible self-relating cases such as inadequacy, failure, or negative life events (Neff, 2003b). Neff and McGehee (2010) examined self-compassion among 235 adolescents with a mean age of 15.2 and 287 young adults with a mean age of 21.1 as a comparison group. The results showed that self-compassion had a relationship to well-being among the adolescent and young adult population. Moreover, the results also indicated that family and cognitive factors were determinants of subjectivity and variety in self-compassion. With regard to the mediating role of self-compassion, a partial mediation effect of self-compassion was found in the relationship between family-cognitive factors and well-being in both groups. The researchers suggested that self-compassion might be a significant intervention target in young adult and adolescent groups with negative self-views.

2.4 Emotional reactivity and perceived parental acceptance-rejection

Personality is operationally defined in the personality sub-theory of IPARTheory as “... an individual’s more-or-less stable set of predispositions to respond (i.e., affective, cognitive, perceptual, and motivational dispositions) and actual modes of responding (i.e., observable behaviors)” (Rohner, 2005, p. 390). That is to say, an individual’s behavior is prompted, stimulated and affected by external factors and internal factors such as emotion, biology or learning. The IPARTheory’s personality sub-theory emphasizes that a positive response from attachment figures is an emotional need for the individual as well as an important motivator of behavioral response (Rohner, 2005). If this emotional wish for positive reactions from important people is not adequately met during the childhood years, individuals tend to develop specific emotional and behavioral reactions. Specifically, individuals who perceived rejection from significant others are prone to becoming anxious and insecure (Rohner, 2016).

Research has pointed out that adolescents' responses to disagreements in a relationship may be acquired in the family and in later years conveyed to other interpersonal contexts such as relationships with friends and romantic partners (Fosco et al. 2016). Moreover, the IPARTheory emphasizes that parental rejection may lead to personality outcomes characterized by emotional states such as hostility, aggression, passive aggression, emotional numbness or unstable emotions (Rohner, 2016).

Because rejected individuals tend to develop distorted mental representations of significant attachment figures, they may also experience difficulties in their future relationships, as they negatively interpret the intentions of others (Rohner, Khaleque, & Cournoyer, 2005). The IPARTheory mentions that perceived parental rejection in

the early years of life might lead to socio-emotional problems such as unrealistic expectations and misbeliefs about self, significant others, interpersonal relationships, or worldview (Rohner, 2004; Rohner et al., 2012).

Cook et al. (2017) conducted a longitudinal study of individual differences in emotional reactivity in interpersonal relationship contexts. They examined the influence of personal weaknesses (i.e., depressive affect, social anxiety, self-blame, and coping efficacy problems) on the transmission of emotional reactivity learned in the family to future relationships (i.e., friends and romantic partners).

In the first wave of the study (W1), there were 416 adolescents and their parents. Adolescents were around 12 years of age at the beginning ($M = 11.90$, $SD = .42$). Adolescents and their families participated in the study for three successive years (W2, W3, and W4). Data was collected at the residence of the participants. The children, mother, and father completed self-report assessments and trained research assistants made observations during family interaction tasks.

After four years of the data collection process (W1, W2, W3, and W4), adolescent participants of the W1 participated in a telephone interview (W5, fifth wave of the study), which aimed to measure their friendship and romantic relationship patterns. One year later, the adolescents were again interviewed by phone (W6, sixth wave of the study) about their relationships with friends and romantic partners. To investigate differences among youth group reports from annually collected data (W1, W5, and W6), ANOVA (univariate analysis of variance) analyses were conducted. No significant differences were found in either group, i.e. those who participated and who did not.

Mothers and fathers were asked to complete an 18-item measure of overt interparental conflict to measure interparental conflict construct (i.e., verbal and

aggressive tactics) in the W1, W2, W3, and W4 parts of the study. Options ranged from never (1) to always (5). Cronbach's alpha for the mothers' hostility was found to be .94 and the fathers' hostility was .95 across the first four waves of the study. In addition to administering questionnaires, observers rated the mother's attitudes toward the father and the father's attitudes toward the mother in their interactions.

The emotional reactivity of adolescents toward parental conflict was measured using the 9-item emotional reactivity subscale of the Security in the Interparental Subsystem Scale (e.g., W1 $\alpha = .86$; W2 $\alpha = .87$; W3 $\alpha = .89$; W4 $\alpha = .86$).

Moreover, adolescent's emotional reactivity towards disagreements in their friendships was assessed using 9 adapted items from the emotional reactivity subscale of Interparental Subsystem Scale in W5. Similarly, responses to the romantic relationship conflict of adolescents were assessed using the same measure as for the friendship conflict ($\alpha = .85$ for friendship emotion reaction and $\alpha = .82$ for romantic relationship reaction).

Depressive affect, social anxiety, coping efficacy problems, and self-blame were also assessed to investigate psychological resiliency factors of adolescents in dealing with emotional reactivity that resulted from conflicts in interpersonal relationships.

The results showed that emotional reactivity resulting from interparental disagreements ($b = .26, p < .01$) was significantly associated with emotional reactivity in the romantic relationship ($b = .21, p < .05$). The findings also revealed that higher coping efficacy problems ($b = .36, p < .001$) and higher social anxiety ($b = .39, p < .001$) contribute significantly to the transmission of emotional reactivity from the family to friendship contexts.

Although the results of the Cook et al. study were limited to an adolescent sample and cannot be generalizable for emerging adult population of the current study, its longitudinal structure allows making predictions about future directions by providing statistically significant results over six successive years.

2.5 Emotional reactivity and self-compassion

The research suggests that social environment has a significant influence on the development of self-compassion. Schafer (1968) indicates that an individual's capability to focus on one's emotions (which he calls intra-psyche empathy) develops by internalizing empathic responses from the immediate environment in the childhood years.

Leary et al. (2007) also examined the emotional and cognitive processes that individuals with high levels of self-compassion use in the case of unfavorable social circumstances. In their first study, they investigated self-compassion toward people's reaction to real-life events. They asked participants to indicate the four worst occasions that they had ever experienced in a 20-day period. One hundred and seventeen undergraduate students between ages of 17 to 21 participated in the study. The result of Leary et al.'s first study revealed that self-compassion was associated with cognitive, behavioral, and emotional reactions to unfavorable events experienced in daily life such as the recognition of problems as a normal part of life, being kind toward oneself, making plans and taking steps to fix problems, feeling oneself anxious or sad, and having self-conscious emotions. The Same research used a second study to measure reactions of individuals with greater self-compassion versus those with less self-compassion to the occasions they had indicated in the first study and to investigate the different effects of self-compassion, trait self-esteem, and

narcissism. One hundred and twenty-three university students aged between 18 and 22 participated in the second study. The Self-Compassion Scale was used to measure self-compassion, the Self-Esteem Inventory was used to measure self-esteem, and the Narcissistic Personality Inventory was used to measure narcissism. Three hypothetical scenarios were presented: getting a poor grade on an important test, being responsible for losing an athletic competition for their team, and forgetting their lines while performing on stage. The researchers found that self-compassion protected people from unfavorable self-feelings when faced with stressful social events (Leary et al., 2007).

In the third study conducted by Leary et al. (2007), the researchers divided participants into two groups as high self-compassionate and low self-compassionate, and compared their responses toward an actual unfavorable social event. They received ambivalent feedback from another individual. Sixty-six undergraduate students between the ages of 18 and 22 who participated in the 1st and 2nd studies and who had already completed the Self-compassion Scale and the Self-esteem Inventory participated in the third study. In the third study, they were asked to give a three-minute introductory speech about themselves in front of a video camera alone without any instruction of the researchers. After recording, the researchers administered a questionnaire about the participants' introduction. After the video session, the researchers gave a feedback report from an observer about the participant's video introduction session. The observers rated participants on six measures (socially unskilled–socially skilled, unfriendly–friendly, unlikable–likable, cold–warm, unintelligent–intelligent, and immature–mature) on a 7-point scale. Participants who received positive feedback received higher points in the evaluations of observers. By

contrast, participants who received neutral feedback had lower scores in the evaluations of the observers.

After receiving the feedback, participants were asked to complete a questionnaire that they indicated their responses for the state self-esteem (depends on which type of feedback the participant received in the study), for the quality of the feedback, and for the grading of the observer. After this evaluation, participants were rated on happiness (happy, cheerful, delighted, pleased), sadness (down, depressed, sad, dejected), anger (irritated, annoyed, mad, angry), and anxiety (anxious, tense, uneasy, nervous). After that, participants were asked to speculate the reasons behind of observer's responses. The results of the study showed that self-compassion has a moderating role in the perceived negative outcomes after receiving unfavorable feedback, especially in participants with low in self-esteem. Conversely, the reactions of high self-compassionate individuals toward positive and negative feedback did not differ. In the fourth study that the researchers conducted, the participants were asked to rate their own performances on videotapes, which were recorded while they were working on a task. The results showed that self-compassion helps people to embrace their failure in negative situations. To sum up, the empirical study of Leary et al. (2007) showed that self-compassion has a buffering role in emotional reactivity of individuals especially in cases of failure, lose and stressful life circumstances and their perceived negative outcomes.

A more recent study by López et al. (2016) also shows that self-compassion is an important and common predictor of emotional reactions of individuals. (Tellegen (1985) demonstrates that positive and negative affect is related to subjective experiences of emotional reactivity positively and negatively. He links trait negative affect and positive affect to the psychobiological and psychodynamic constructs of

emotional sensitivity, respectively. In a more recent study, López et al. (2016) investigated the predictive role of mindfulness and self-compassion in depressive symptoms, negative affect, and positive affect. A multiple regression analysis indicated that self-compassion is a common and unique indicator of positive affect and negative affect in the general population.

A large sample ($N = 1736$) of representative adults ranging from 20 to 96 years of age ($M_{\text{age}}=54.9$, $SD = 16.8$) with an almost equal number of each gender participated in López et al.'s study. To measure mindfulness, the Five Facets of Mindfulness Questionnaire (FFMQ) was used. The scale consists of 39 items on a 5-point Likert scale ranging from never or very rarely true (1) to very often or always (5). There are five subscales, namely observe subscale, describe subscale, act with awareness subscale, non-judgment subscale, and non-reactivity subscale. Higher scores indicate higher levels of mindfulness. The internal consistency of the scale is stated as high for describe subscale ($\alpha = .87$), act with awareness subscale ($\alpha = .84$), and non-judgment subscale ($\alpha = .85$); and acceptable for non-reactivity subscale ($\alpha = .74$) and observe subscale ($\alpha = .76$).

The Self-Compassion Scale was used to measure self-compassion. The scale, originally developed by Neff (2003), consists of three positive subscales, namely, self-kindness, common humanity, mindfulness (indicated as SCS Pos), and three negative subscales, i.e. self-judgment, isolation, and over-identification (indicated as SCS Neg). The scale is composed of 26 items on a five-point Likert scale ranging from 1 (almost never) to 5 (almost always). Higher scores indicate greater self-compassion. Neff (2003) reported the internal consistency of the scale as good ($\alpha = .86$).

The Center of Epidemiologic Studies Depression Scale (CES-D) was used by López et al. (2016) to measure depressive symptoms, which is a 20-item self-report measure developed to assess depressive symptoms in the general population. This scale was also reported as having good internal consistency ($\alpha = .89$).

The 20-item Positive and Negative Affect Schedule (PANAS) was used to measure positive and negative affect. The internal consistency of the scale was reported as good for positive affect ($\alpha = .88$) and negative affect ($\alpha = .87$).

The results revealed that mindfulness and self-compassion were significant predictors of depressive symptoms [(F (7, 1695) = 147.87, $p < .001$)] and negative affect [(F (7, 1696) = 133.10, $p < .001$)]. It was also found that mindfulness and self-compassion were significant predictors of positive affect [(F (7, 1693) = 62.31, $p < .001$)].

A simple correlation analysis showed that a moderate relationship between the positive domains of self-compassion and positive affect exists. A stronger significant relationship exists, however, between the negative domains of self-compassion and negative affect. Moreover, the negative domains of self-compassion are found to strongly predict negative affect, and self-compassions' positive domains were found to strongly predict positive affect. By looking at the results, it can be said that self-compassion is related to and predicts positive and negative affect in the adult population.

2.6 Perceived parental acceptance-rejection and self-compassion

Developing healthy relationships and communication with others is one of the most important sources of psychological well-being (Chang, Osman, Tong, & Tan, 2011). In this sense, it can be said that developing intimate and secure relationships with

other people in one's social environment may have commonalities with self-compassion, since both of these constructs are related to psychological well-being and social connectedness (Yarnell & Neff, 2013).

Yang (2016) investigated the relationship between self-compassion, self-enhancement and relation harmony with 246 college students aged from 18 to 24 years. The 26-item Self-Compassion Scale (SCS) was used to measure self-compassion. Participants indicated their responses on a 5-point Likert scale from “almost never” (1) to “almost always.” (5). Participants were asked to make evaluations of themselves on ten positive traits and compared themselves to an average university student based on this evaluation. It was a Likert-type scale ranging from "much less than an average student" (0) to "much more than an average student" (100). Another variable of the study, perceived relationship harmony, was measured using the Interpersonal Relationship Harmony Inventory. Participants in the study were asked to think about five different kinds of dual relationships for approximately 5 minutes. After this process, they indicated their responses to the scale in terms of the degree of relational harmony that they perceived from these five different dyadic relationships. Items were on a 7-point scale where the points ranged from very low (1) to very high (7). Cognitive, affective, motivational, and somatic symptoms of depression were assessed using the 21-item Beck Depression Inventory on a 4-point scale ranging from 0 to 3. Higher scores indicate more depression symptoms. To measure life satisfaction, the 5-item measure of Satisfaction with Life Scale was used. Items are rated on a 7-point scale ranging from strongly disagree (1) and strongly agree (7). A correlational analysis revealed that all psychological variables (self-compassion, self-enhancement, and relationship harmony) had a significant correlation with depression (r values ranging from $-.49$ to $-.12$; $p < .05$)

and life satisfaction (r values ranging from $-.41$ to $.36$; $p < .05$). Only the correlation between the common humanity domain of self-compassion and depression was insignificant ($r = -.08$, $p < .05$). Other significant correlations were found between self-compassion and self-enhancement ($r = .37$, $p < .05$) and between self-compassion and relationship harmony ($r = .16$, $p < .05$). It was also found that self-compassion and relationship harmony are better predictors of well-being. Another finding showed that after accounting for self-compassion and relationship harmony, self-enhancement did not predict well-being. Finally, the results showed that self-compassion was a stronger predictor than other constructs of psychological well-being.

The research suggests that self-compassion has a positive effect on the quality of intimate relationships. Neff and Beretvas (2013) explored the relationship between self-compassion and the quality of romantic relationship behavior. They operationally associated healthy romantic relationship behaviors with care and support rather than control or verbal aggressiveness toward romantic partners. A total number of 104 heterosexual couples with a relationship ranging from 1 to 18 years participated in the study ($M_{age} = 26.9$ years). The Self-Compassion Scale (SCS; Neff, 2003), which consists of 26 items on a 5-point Likert type scale from “almost never” (1) to “almost always” was used to measure self-compassion levels (5). In addition to measuring the self-compassion levels of participants, the researchers also measured participants' perceptions of their partner's self-compassion level by considering his/her behaviors toward themselves. The pronouns in the items were modified. For example, the original version of the item “I’m disapproving and judgmental about my own flaws and inadequacies” was converted as “He/she is disapproving and judgmental about his/her own flaws and inadequacies” while

measuring participants' perceptions of their partners' self-compassion levels. The 12-item Relational Well-being scale was used to measure the relational well-being of the couple on a 4-point scale ranging between not at all true for me (1) and really true for me (4). The scale measures relationship well-being with regard to self-worth, positive affect, authenticity, and voice (the ability to express opinions) in the relationship. The relationship behavior's care and control domains were assessed using the 24-item Intimate Bond Measure (IBM), and points ranged from not at all like him/her (1) to very much like him/her (4). Autonomy and relatedness were measured using the 24-item Autonomy, and Relatedness Inventory (ARI) and points ranged from Not at all like him/her (1) to very much like him/her (5). In addition, the Conflict Tactics Scale was used to measure perceived verbal aggression. Participants were asked to report the frequency of perceived verbal aggression behaviors such as yelling and insulting in a one-year period. Points on the scale ranged from never (1) to more than once a month (5). Also, the 7-item Relationship Assessment Scale measured relationship satisfaction on a 5-point Likert scale. Finally, attachment style was measured using a common self-report measure of attachment, namely, the Relationship Questionnaire. It measures four kinds of attachment styles: secure, preoccupied, fearful, and dismissive. Definitions and a brief explanation of each attachment style are given to the participants, and they are requested to rate each attachment style by considering their relationship on a 7-point Likert scale ranging from not at all like me (7) to very much like me (1).

The results of the study showed that individuals who reported high levels of self-compassion were found to show more positive relationship behavior than low self-compassionate individuals. Moreover, self-compassion was found to predict positive relationship behavior much better than attachment style. In addition to this,

self-compassion was explained as an observable personality trait since partners reported each other's self-compassion levels consistently. The results of the study revealed that individuals with high self-compassion are emotionally supportive for themselves and others (Crocker & Canevello, 2008; Neff & Pommier, 2012).

One of the most important components of self-compassion is "unconditional self-acceptance." Self-acceptance requires an unrated and unevaluated self-worth by seeing it as an aspect of existence (Neff, 2003b). Thus, self-compassion exists in cases of tolerating unexpected life experiences and accepting one's failures, suffering, sense of pain and inadequacies (Neff, 2003b).

Kuyumcu and Rohner (2016) examined the relationship between perceived parental acceptance in the early years of life and self-acceptance. The participants were 236 college students in Turkey. The age range was between 19 and 37 ($M_{\text{age}} = 21.7$, $SD = 2.19$ for males and $M_{\text{age}} = 21.2$, $SD = 1.12$ for females). The researchers used four self-report measures, including the adult version of the Parental Acceptance-Rejection/Control Questionnaire (mother and father forms), the Self-Acceptance subscale of Psychological Well-Being Scale, and the Personal Information Form (adult version).

The Turkish version of the Adult Parental Acceptance-Rejection/Control Questionnaire (PARQ/Control) was used to assess remembered parental acceptance in the early years of life. Both the mother and father forms contain 73 items, 60 of which include expressions of perceived parental acceptance-rejection and 13 which include expressions related to the adult's remembrances of parental behavioral control. Only the perceived parental acceptance-rejection part (60 items) was used. Four scales were used on each: warmth/affection, hostility/aggression, indifference/neglect, and undifferentiated rejection. The items are scored on a 4-point

Likert scale from almost never true (1) through almost always true (4).

PARQ/Control was adapted to Turkish by Varan in 2003 (Kuyumcu & Rohner, 2016). The coefficient alpha for the PARQ portion, which was used in the study, was .97 for the mother and father versions. The internal consistency alpha coefficients of the PARQ portion of the measure were .95 for the mother and .97 for the father.

The self-acceptance levels of the participants were measured using the Turkish version of the Self-Acceptance subscale of the Psychological Well-Being Scale. The Self-Acceptance subscale includes 14 items on a 6-point Likert scale from strongly disagree (1) through strongly agree (6). The subscale was adapted into Turkish by Cenkseven in 2004 (Kuyumcu & Rohner, 2016). Kuyumcu and Rohner (2016) stated in their study that, the coefficient alpha for Cenkseven's study was .85. Finally, on a personal information form, the researchers obtained demographic data from participants including age, gender, and level of education.

The results of the study showed that both male and female participants perceived their mothers and fathers as accepting, with correlation coefficients of 2.36 ($p < .05$) for maternal acceptance and 2.34 ($p < .05$) for paternal acceptance. A positive correlation was found between self-acceptance and remembered maternal ($r = .44, p < .001$) and paternal ($r = .41, p < .001$) acceptance. After the correlation analysis, a hierarchical multiple regression analysis was conducted to explore the effects of age and remembrances of maternal and paternal acceptance on participants' self-acceptance. In the first step, age was entered. In the second step, remembrances of paternal and maternal acceptance were entered. In the third step, age and remembrances of maternal and paternal acceptance were entered. The results of the hierarchical multiple regression analysis indicated that women's age and remembrances of paternal acceptance strongly and independently predicted women's

self-acceptance ($\beta = .25, p < .01$). However, no association was found between men's perceived paternal acceptance and self-acceptance ($\beta = .22, p < .05$). The results showed that perceived paternal acceptance has a moderating role in the relationship between age and self-acceptance for women (from $-.29, p < .001$ to $-.26, p < .05$). However, remembrances of maternal acceptance do have a moderating role in this relationship for either men or women.

Recognizing and attending to internal feelings and emotions is related to empathy, which is experienced from the early years to the end of life (McDonald & Messinger 2011). Thus, it can be said that people who receive warm, supportive, emphatic, compassionate relations from their significant others such as parents and peers tend to develop self-compassion, even in the early years of life (McDonald & Messinger 2011).

According to the IPARTheory, individuals who perceive rejection from their significant others or attachment figures tend to deal with the consequences of impaired self-esteem and impaired self-adequacy (Rohner, 2016). These distracting feelings emerge as a result of individuals' negative views about themselves, which is a reflection of how significant others view them. Therefore, if children and adults feel they are not loved by their significant others, the feeling of worthlessness appears gradually. Whereas self-esteem is related to feelings of self-worth or value, self-adequacy is related to the feelings of competence or ability to perform daily tasks and fulfilling task-oriented needs. To the extent that individuals feel they are not capable and loveable people, they also tend to feel they are not successful in satisfying their needs (Rohner, 2016).

To conclude the literature review section, it can be said that different emotions may be experienced in each kind of psychopathologies such as mood

disorders (Hooley, J. M., 1986; Campbell-Sills, L., & Barlow, D. H., 2007) and anxiety disorders (Barlow, D. H.; 2000). The empirical research of Power and Tarsia (2007) shows that, in psychological problems such as anxiety and depression, different kinds of emotions are experienced. Thus, it can be said that one of the indicators of ability in regulation and control of emotions in response to conflict is emotional reactivity (Cook et al., 2017).

Moreover, interpersonal acceptance and rejection have personality, coping and sociocultural foundations and outcomes (Rohner, 2016). Personality and cognitive and behavioral outcomes of interpersonal acceptance and rejection have linkages with emotional reactivity of individuals in adulthood such as feelings of anxiety and insecurity (Rohner, 2016). The transmission of responses to conflict in family relations and adult friendship and romantic relationships in the future (Fosco et al. 2016) distorted mental representations, which make individuals interpret hostility and rejection even it was not the intention, and to perceive interpersonal communication as being untrustworthy and unpredictable (Rohner, Khaleque, & Cournoyer, 2005). It was also found that emotional reactivity developed toward conflict experiences of parents is related to the emotional responses in adolescent relationships with their friends and romantic partners (Cook et al., 2017).

In terms of the relationship between emotional reactivity and self-compassion, studies show that the emotional and cognitive experiences by which individuals that have higher levels of self-compassion deal with in case of unfavorable social circumstances vary (Leary et al., 2007). In addition to this, a recent study shows that self-compassion is a distinctive and common predictor of emotional reactions (López et al., 2016). Positive and negative affect are considered as behavioral and emotional reactions to different life circumstances, and Tellegen

(1985) also has demonstrated that positive affect and negative affect are related to individual differences in positive and negative emotional reactivity.

Relationship quality can be regarded as having a relationship with self-compassion because both have been reported as being related to the feeling of and wish for social connectedness (Yarnell & Neff, 2013). Yang (2016) conducted a research to investigate the relationship between self-compassion, self-enhancement and relation harmony. The results show that self-compassion is a unique predictor of relationship harmony in adult populations (Yang, 2016). Studies also show that being self-compassionate has a positive effect on the quality of intimate relations. More specifically, self-compassionate individuals are reported to behave more positively in their relationships than those who are not self-compassionate, and self-compassion is a more significant predictor of positive relationship behavior than attachment style (Neff & Beretvas, 2013).

One of the most important components of self-compassion is unconditional self-acceptance (Neff, 2003b). Kuyumcu and Rohner (2016) examined the relationship between perceived parental acceptance in the early years of life and self-acceptance. The results show that self-acceptance is positively correlated with perceived maternal and paternal acceptance.

2.7 The mediating role of self-compassion in the relationship between parental acceptance-rejection and emotional reactivity

Joeng et al. (2017) investigated how self-compassion and fear of self-compassion mediated two types of insecure attachment styles—*anxious attachment* and *avoidant attachment*—and two indicators of emotional distress, *depression*, and *anxiety*. Four hundred and seventy-three college students with a mean age of 25.26 years ($SD =$

3.78) participated in the study. Attachment styles were measured using the 18-item Anxious Attachment and the 18-item Avoidant Attachment subscales of Close Relationships-Revised Scale, each using a 7-point Likert scale ranging from strongly disagree (1) to strongly agree (7). Cronbach's alpha was .94 for Anxious Attachment (M = 69.46, SD = 13.85) and .79 for Avoidant Attachment (M = 54.82, SD = 18.67) scales. Fear of self-compassion was measured using the 15-item Fear of Compassion for Self Scale, which is one of three scales of the Fears of Compassion instrument. Items use a 5-point Likert scale from 0 (don't agree at all) to 4 (completely agree). In the study, psychometric properties were measured as Cronbach's $\alpha = .94$ (M = 34.52, SD = 11.83). Self-compassion levels were measured using the 26-item Self-Compassion Scale. Each item used a 5-point Likert Scale from 1 (almost never) to 5 (almost always). Cronbach's alpha for the scale was measured as .90 (M = 81.63, SD = 15.41). The 20-item Center for Epidemiological Studies-Depression Scale (CES-D) was used to measure depression on a 4-point Likert scale (from 0 \leq 1 day to 4 = most or all of the time). A sample item is "I felt depressed." Cronbach's alpha was measured as .92 (M = 17.81, SD = 10.64). The State-Trait Anxiety Inventory was used to measure anxiety, and it consists of two subscales: the Trait Anxiety Scale (STAI-T) and the State Anxiety Scale (STAI-S). Only the trait anxiety subscale (STAI-T) was used. STAI-T includes 20 items, which are rated on a 4-point Likert scale from 1 (almost never) to (almost always). Cronbach's alpha for the scale was measured as .94 (M = 43.33, SD = 10.22).

Data were analyzed using the Root Mean Square Error of Approximation (RMSEA), the Comparative Fit Index (CFI), and the Tucker-Lewis Index (TLI) calculations. The results showed that b weights were significant at the .05 level for the all paths. In other words, the relationship paths among avoidant attachment,

anxious attachment, fear of self-compassion, self-compassion, depression and anxiety variables were significant ($b = .10$ to $.77$); except for the b weight for the path from anxious attachment to anxiety ($b = .04$, $p < .05$), meaning that this path was fully mediated by self-compassion. Also, the paths from anxious attachment to depression, from avoidant attachment to depression and from avoidant attachment to anxiety were each partially mediated by self-compassion. In the light of these findings, it was expected to find a mediating role of self-compassion in the relationship between emotional reactivity and perceived parental rejection, since it is associated with adult attachment style (Rohner, 2005).

CHAPTER 3

METHOD

In this chapter, information about the participants of the present study, instruments used to collect the data, the design of the study, the data collection procedure and data analysis are described in detail. First, the participant selection process and characteristics of the sample is explained in the section of participants. Secondly, in the instruments section, data collection instruments and psychometric properties of the measures are explained in detail. Next, the procedures section includes reports on the different processes of the study such as required permissions and data collection. Finally, the design and data analysis section reports the type of design used in the current research and the statistical methods used to answer research questions.

3.1 Participants

Convenience sampling is a nonprobability sampling technique employed by social researchers that is obtained when the researcher selects participants who are conveniently available (Frankfort-Nachmias & Nachmias, 1992). The target population of the study was chosen for its convenience for the researcher and consisted of students including English preparatory students (students of the target university who had not achieved the level of English proficiency to be eligible for undergraduate courses) and undergraduate students.

According to the 2016-2017 statistics of the Turkish Council of Higher Education (YÖK), 11,683 English preparatory, remedial, and undergraduate students were registered at the target university. The language of the instruction and research of the target university is English, so to start undergraduate education, all students

are obliged to prove their English proficiency through the institution's own English proficiency exam (BUEPT) or other standardized English exams such as TOEFL or IELTS.

Data were collected between August 22 and September 5, 2017 in a 15-day period after necessary permission was obtained from the target university's institutional review board for research with human subjects (INAREK/SBB Ethics Sub-Committee) (see Appendix A). The sample of the study consisted of 436 students, almost 4% of the target population. Data were collected using an online tool (Surveyey.com), and participants were obliged to respond to all items, except those asking for personal information. Utilizing this arrangement, the possibility of missing data was minimized. Sorting values for each item revealed missing data in only in the personal information items. Thus, all data related to the 8 participants who did not answer personal information questions were excluded. As a result, 428 questionnaires (around 98% of obtained data) were analyzed statistically. The number of participants was calculated as at least 196 to get a power of .80 and with an alpha level of .05 and a small effect size of .05 (G-Power 3; Faul, Erdfelder, Lang, & Buchner, 2007). With a total number of 428, the required number for statistical analysis was met.

Female participants were 69.2% (N = 296) of all participants and 30.8% (N = 132) of the participants were male (Table 1).

All of the participants were volunteers between the ages of 18 and 25 (M = 21.44; SD = 1.88). All were in English preparatory, remedial, and undergraduate programs of all faculties and departments of the target university. The distribution of participant ages can be seen in Table 1. Since the participants were between the ages of 18 and 25, parental consent was not required. Their voluntary participation was

assured by providing the necessary information about the current study on the informed consent form (see Appendix B for the Turkish form and Appendix C for the English form).

With regard to family status, the majority of the participants reported that their mothers (99.1%) and fathers (96.5%) were alive. Excluding the missing data ($N = 4$), four participants (0.9% of all participants) stated that they had lost their mother between the age of 6 and 20 ($M = 13$, $SD = 5.9$), and 15 of them stated they had lost their father between the age of 2 and 20 ($M = 11.2$, $SD = 6$).

In terms of residency status, the majority of the participants were living apart from their families (62.6%). Among those, some were living with their friends (28.5%), some in college dormitories (25.7%), some in private apartments (4.2%), and others in private dormitories (2.6%). The distribution of the participants according to their residency status can be seen in Table 1.

Participants had been registered at the target university for between one and seven years ($M = 3.5$, $SD = 1.5$), including English preparatory, remedial and undergraduate. Among them, 15.7% had been remedial students for one semester (8.9%) or two semesters (6.8%) during years spent at university. Two percent (2.1%) of the participants ($N = 9$) were English preparatory or remedial students, followed by 22.9% ($N = 98$) freshmen, 27.6% ($N = 118$) sophomores, 19.8% ($N = 85$) juniors, and 27.6% ($N = 118$) seniors (Table 1).

Table 1. Demographic Characteristics of the Sample

| Characteristics | <i>f</i> | % |
|---------------------------------|----------|------|
| GENDER | | |
| Female | 296 | 69.2 |
| Male | 132 | 30.8 |
| Total | 428 | 100 |
| AGE | | |
| 18 years | 16 | 3.7 |
| 19 years | 56 | 13.1 |
| 20 years | 83 | 19.4 |
| 21 years | 68 | 15.9 |
| 22 years | 77 | 18.0 |
| 23 years | 59 | 13.8 |
| 24 years | 40 | 9.3 |
| 25 years | 29 | 6.8 |
| Total | 428 | 100 |
| RESIDENCE | | |
| Family | 160 | 37.4 |
| Separate | | |
| Friends | 123 | 28.7 |
| College Dorm | 109 | 25.5 |
| Private House | 18 | 4.2 |
| Private Dorm | 12 | 2.8 |
| Other | 6 | 1.6 |
| Total | 428 | 100 |
| EDUCATION | | |
| English Preparatory or Remedial | 9 | 2.1 |
| Freshman | 98 | 22.9 |
| Sophomore | 118 | 27.6 |
| Junior | 85 | 19.8 |
| Senior | 118 | 27.6 |
| Total | 428 | 100 |

3.2 Instruments

Instruments used in the study consisted of an Informed Consent Form, a Demographic Information Form, and three self-report inventories as follows:

Emotion Reactivity Scale (ERS), Adult Parental Acceptance-Rejection Questionnaire (Adult PARQ) mother and father short forms, and Self-Compassion Scale (SCS), respectively. The Informed Consent Form, Demographic Information Form, Emotion Reactivity Scale (ERS), Adult Parental Acceptance-Rejection Questionnaire (Adult PARQ) mother and father short forms, and Self-Compassion Scale (SCS) (English and Turkish versions) are provided in Appendices B through M.

3.2.1 Demographic information form

A demographic information form was designed by the researcher to gather personal information from participants. It includes information on date of birth, sex, total years spent at the target university, number of semesters at the university, parents' living status, and residency status.

3.2.2 Emotion reactivity scale (ERS)

Emotion Reactivity Scale (ERS) is a self-report measure originally developed by Nock, Wedig, Holmberg & Hooley (2008) and adapted to Turkish by Seçer, Halmatov, and Gençdoğan (2013). It measures emotion sensitivity, intensity, and persistence in adolescents and young adults. The original scale consists of 21 items on a 4-point Likert scale ranging from 0 (not at all like me) to 4 (completely like me) with total possible scores ranging from 0 to 84. The ERS scale has three subscales, namely, a sensitivity subscale (8 items), an arousal/intensity subscale (10 items) and a persistence subscale (3 items). The total score for each subscale is calculated by summing all of the scores obtained from items related to each subscale. A total emotion reactivity score is calculated by summing the scores of all three subscales (i.e., sensitivity, arousal/intensity, and persistence). A higher score indicates high

emotional reactivity and vice versa. Sample items from the scale are "My feelings get hurt easily" for the sensitivity dimension, "When I experience emotions, I feel them very strongly/intensely" for the arousal/intensity dimension, and "When something happens that upsets me, it is all I can think about it for a long time" for the persistence dimension.

The psychometric properties of the scale (reliability and validity) obtained from a sample of 87 adolescents and young adults from the community and local psychiatric clinics (age in years $M = 17.0$, $SD = 1.9$, range = 12-19).

An exploratory factor analysis was used to investigate the internal structure and consistency of the ERS. The results show that all 21 items had loadings of greater than .40 in the single factor solution (on a range between .44 and .86). A single factor analysis also revealed that the 21-item ERS shows good internal consistency with an alpha level of .94. As well as overall analysis of the scale, the internal consistency reliability of the three estimated factors of emotion reactivity also demonstrated strong internal consistency ($\alpha = .88$ for Sensitivity subscale, $\alpha = .86$ for Arousal/Intensity subscale, $\alpha = .81$ for Persistency subscale).

Cronbach's alpha correlation coefficients were calculated between the ERS (measure of emotional reactivity), the subscales of the Behavioral Inhibition/Behavioral Activation Scale (BIS/BAS) (measure of behavioral inhibition/behavioral activation) and the subscales of the Early Adolescence Temperament Questionnaire (EATQ- Revised-long form) (measure of temperament) in order to test convergent and divergent validity. A moderate-to-large positive correlation between ERS and BIS was found (.37, $p < .01$), whereas the correlation between ERS and BAS was negative and small (range between -.09 and -.20, $p < .01$). Furthermore, a moderate-to-large positive correlation between ERS and Negative Affect subscales of the

EATQ-R (range between .30 and .61, $p < .01$) and small and mostly non-significant correlations between ERS and the Affiliation (range between -.02 and .28, $p < .05$) and Surgency (range between -.07 and .37, $p < .01$) subscales of EATQ-R were found. The ERS also had moderate-to-large negative correlations (range between -.25 and -.45, $p < .01$) with the Effortful Control subscales of the EATQ-R.

The Turkish adaptation studies (i.e. translation of items, reliability, and validity studies) of the scale were conducted by Seçer, Halmatov, and Gençdoğan (2013). The psychometric properties of the scale were investigated on a sample of 565 undergraduate students studying in a public university in Turkey. The construct validity of the scale was measured by exploratory factor analysis (EFA) and confirmatory factor analysis (CFA). An item-factor structure tested by EFA has been evaluated for compliance with a model by confirmatory factor analysis (CFA) and three-factor structure of the Emotion Reactivity Scale was found valid ($\chi^2 = 179.29$, $df = 127$, $p = .00$, $\chi^2/df = 1.41$). Confirmatory factor analyses also revealed that the three-factor model of the Turkish version of ERS fit the original three-factor model according to the goodness of fit index [RMSEA = .066, RMR = .012, NFI = .90, CFI = .94, IFI = .94, RFI = .91, AGFI = .90, GFI = .90]. The first factor, the emotion sensitivity subscale, explains 26.84% of total variance and consists of five items in total. The second factor, emotion reactivity scale explains 15.53% of the total variance and consists of seven items. The third factor, emotional durability, explains 7.73% of total variance and consists of five items. After an exploratory and confirmatory factor analysis, the scale was revised as a 17-item self-report measure on a 4-point Likert scale: (1) totally agree, (2) agree, (3) not agree, and (4) totally not agree.

The internal consistency of the scale was obtained as .91 for overall scale, .86 for sensitivity subscale, .76 for emotional reactivity subscale, and .81 for psychological durability subscale.

The test-retest reliability of the scale was obtained after a two-week interval between two administrations of the test on a sample of 130 university students. Test-retest reliability coefficients were calculated using Cronbach's alpha and were found as .83 for the sensitivity subscale, .82 for the emotion reactivity subscale, .79 for the durability subscale, and .82 for the overall scale.

The criterion-related validity of the scale was measured on a sample of 120 university students from a public university in Turkey. To test the criterion-related validity of ERS, the Fear of Negative Evaluation Scale, the Turkish version of Brief Negative Evaluation Scale, and the Social Anxiety Scale (Sosyal Kaygı Ölçeği) were used. The results show positive correlations between the sensitivity subscale of ERS and the social avoidance subscale ($r = .32, p < .01$), the fear of being criticized subscale ($r = .27, p < .01$) and the sense of worthlessness subscale ($r = .35, p < .01$) of the Social Anxiety Scale. Furthermore, positive correlations between the emotion reactivity subscale of ERS and the fear of negative evaluations subscale ($r = .21, p < .05$), the social avoidance subscale ($r = .40, p < .01$), the fear of being criticized subscale ($r = .41, p < .01$) and the sense of worthlessness subscale ($r = .50, p < .01$) of the Social Anxiety Scale were also found. Finally, between the durability subscale of ERS and the fear of negative evaluation subscale ($r = .25, p < .05$), the social avoidance subscale ($r = .47, p < .01$), the fear of being criticized subscale ($r = .34, p < .01$) and the sense of worthlessness subscale ($r = .42, p < .01$) of the Social Anxiety Scale positive correlations were found.

In the current study, Cronbach's alpha correlation coefficient for the Emotion Reactivity Scale was .90. Alpha values for the sensitivity, arousal/intensity, and persistence domains were .87, .76, and .64, respectively.

3.2.3 The Adult Parental Acceptance-Rejection Questionnaire (Adult PARQ)

Perceived parental acceptance-rejection levels of the students were measured using the Turkish version of Adult Parental Acceptance-Rejection Questionnaire (PARQ), the mother (Adult PARQ: Mother, Rohner 2005b) and the father (Adult PARQ: Father, Rohner 2005b) short forms. The short version of the questionnaire was developed in 2005 by Rohner and this short form was adapted to Turkish by Erkman and Yılmaz in 2008.

The original version of the Adult PARQ is a self-report questionnaire, which was developed to measure the current perceived maternal and paternal acceptance-rejection levels of adults by asking questions about their childhood experiences. The original version of the Adult PARQ consists of 120 items in total, 60 of which measure maternal acceptance-rejection and the remaining 60 measure paternal acceptance-rejection. Each item was constructed using a 4-point Likert scale ranging from almost never true (1) and almost always true (4). Both the mother and father forms of the questionnaire were divided into 4 subscales, namely, a warmth/affection subscale (e.g., said nice things about me), a hostility/aggression subscale (e.g., ridiculed and made fun of me), an indifference/neglect subscale (e.g., paid no attention when I asked for help) and an undifferentiated rejection subscale (e.g., did not really love me). While scoring the items, the warmth/affection subscale should be reversed. To obtain a total score between 60 (maximum perceived acceptance) and 240 (maximum perceived rejection), all scores should be summed up, including the

reversed scores of the warmth/affection subscale. Lower total scores on the questionnaire indicate higher levels of acceptance.

In the current study, the Turkish version of the questionnaire was used since the sample consists of participants from Turkey. The Turkish version of the questionnaire is the short form of the original questionnaire, and it consists of 48 items in total (24 items for the mother form and 24 items for the father form). With the exception of the number of items, the properties remain the same in the short form. Rohner (2005) reported coefficient alphas ranging from .76 to .97 for the mother questionnaire and from .81 to .97 for the father form, indicating high levels of reliability.

Dedeler, Akün, and Batıgün (2017) also conducted a reliability and validity study for the Turkish short-form version of the scale. The results of the exploratory factor analysis revealed that the 13th item, which belongs to the indifference/neglect dimension, should be placed under the warmth/affection dimension.

In the present study, the Cronbach alpha values for the total Parental Acceptance-Rejection Questionnaire was .96, and for both the mother and father forms, it was .93. In terms of warmth/affection, indifference/neglect, hostility aggression and undifferentiated rejection domains separately, the Cronbach alpha values were .92, .81, .83, and .84, respectively for the mother form and for the father form, the values were .94, .84, .85 and .87, respectively.

3.2.4 Self-Compassion Scale (SCS)

Participants' self-compassion levels were measured using the Self-Compassion Scale, which was originally developed by Kristin Neff (Neff, 2003a) and adapted to Turkish by Akın, Akın, and Abacı (2007). SCS is a 26-item Likert-type scale and items are

rated on 5 points ranging from never (1) to always (5). The self-compassion construct has three dimensions, namely self-kindness vs. self-judgment, common humanity vs. isolation, and mindfulness vs. over-identification. The SCS has six subscales that include items of equal numbers to measure each one of these subtopics. A total score for each subscale is obtained by calculating the mean value of the item scores related to each subscale. Negative items under self-judgment, isolation, and over-identification subscales should be reversed. Similarly, a total scale score is obtained by calculation of a grand mean of all subscales. Some examples of the items are "I'm disapproving and judgmental about my own flaws and inadequacies" for the self-judgment subscale, "When I'm feeling down I tend to obsess and fixate on everything that's wrong" for the over-identification subscale, "When things are going badly for me, I see the difficulties as part of life that everyone goes through" for the common humanity subscale, "When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world" for the isolation subscale, "I try to be loving towards myself when I'm feeling emotional pain" for the self-kindness subscale, and "When something upsets me, I try to keep my emotions in balance" for the mindfulness subscale. A total score on the SCS is calculated by summing up scores from the six subscales by reversely scoring items of self-judgment, isolation, and over-identification. After finding the sum of the scores, the results indicate that the higher a participant scores, the higher the level of self-compassion.

The internal consistency coefficients of the subscales were found as follows: .78 for Self-kindness, .77 for Self-judgment, .80 for Common Humanity, .79 for Isolation, .75 for Mindfulness, and .81 for over-identification. Internal consistency for the 26-item SCS is .92. The estimated correlations between the factors are also

quite strong (ranging between -.46 and .87). The test-retest reliability overall score of the SCS was reported as .93 and the scores of subscales were .88 for Kindness, .88 for Self-judgment, .80 for Common Humanity, .85 for Isolation, .85 for Mindfulness, and .88 for over-identification.

Pearson's correlation coefficients were calculated to test the construct validity of the scale. As a result of the calculations, it was found that SCS has a significant negative correlation with the Self-Criticism subscale of the Depressing Experiences Questionnaire (DEQ) with an $r = -.65$, $p < .01$, a significant positive correlation with the Social Connectedness scale with an $r = .41$, $p < .01$, and significant positive correlations with three subscales of the Trait-Meta Mood Scale with an $r = .11$, $p < .05$ for the attention subscale, $r = .43$, $p < .01$ for the Clarity subscale, and $r = .55$, $p < .01$ for the Repair subscale.

In order to measure the discriminant validity of SCS, the relationship between self-compassion and various measures of self-esteem is calculated using Pearson's correlation coefficients and the significance levels confirmed the hypothesis that self-esteem measures have stronger association with narcissism (r values are ranging between $.15$, $p < .05$ and $.31$, $p < .01$) than did SCS ($r = -.08$, $p = .23$).

The Turkish adaptation of the scale and its psychometric properties were examined in a sample of 633 university students in a public university of Turkey (Akın, Akın, & Abacı, 2007). Exploratory and confirmatory factor analyses revealed that the six-factor model of the Turkish version of the SCS was corresponding to the original six-factor model according to goodness of fit index [$\chi^2 = 779.01$, $p = .00$; GFI = .91, CFI = .97, RMSEA = .06, SRMR = .06].

The internal consistency of the subscales of the Turkish version of SCS was found as .77 for self-kindness, .72 for self-judgment, .72 for common humanity, .80

for isolation, .74 for mindfulness, and .74 for over-identification.

For test-retest reliability analyses, the Turkish version of SCS was conducted on 209 students from the previous sample after a 3-week interval. Test-retest reliability coefficients of the self-kindness, self-judgment, common humanity, isolation, mindfulness and over-identification subscales were reported as .69, .59, .66, .60, .69 and .56, respectively. The test-retest analyses of the data demonstrated that the SCS is a valid and reliable scale for Turkish samples, and specifically for university students.

In the current study, The Cronbach alpha value for the Self-Compassion Scale was reported as .92. For self-kindness, self-judgment, common humanity, isolation, mindfulness and over-identification subscales alpha values were calculated as .89, .85, .84, .77, .80 and .78, respectively.

3.3 Procedure

Before the data collection process started, permission was obtained from the target university's Institute for Graduate Studies in Social Sciences Ethics Sub-Committee (INAREK) in September 2017. Also, permission for the use of the measures was granted from the original authors and adaptors. After obtaining the necessary permission and approval from the thesis committee and ethical permission, the data collection process started. The data was collected through a reliable online tool, Surveyey.com, a free web-based service designed for setting up, running, and analyzing online questionnaires. Participants were directed to survey only by researcher through e-mail lists and social media channels, mostly Facebook groups, and individual invitations. Participants were blocked with a cookie from filling out the survey a second time. The online survey included soft copies of the Turkish

versions of the informed consent form, the demographic information form, the Emotion Reactivity Scale, the Adult Parental Acceptance-Rejection Questionnaire (mother form and father forms) and the Self-Compassion Scale. The completion of the personal information form was optional. However, the completion of each item on the scales was compulsory, and transition to the next scale was blocked until a particular scale was completed. By this arrangement, the possibility of missing data was prevented. Moreover, the researcher provided contact information (e-mail address and phone number) on the informed consent form in case participants had questions related to the details of study or procedures. The data collection process for each participant ranged from eleven to twenty-three minutes. The data collection process was finished by September 5, 2017. Data analysis was conducted using the Statistical Package for the Social Sciences (SPSS - version 24.0).

3.4. Design and data analysis

The design of the study was correlational, and the SPSS 24.0 (Statistical Package for the Social Sciences) computer program was used for data analysis. The significance level (α level) was set at .05 for statistical tests. To test the research hypotheses, the relationship between the independent and dependent variables was examined.

First of all, the demographic characteristics of the sample, including sex, age, total years spent at the target university as a student, semesters studied at the university, mother and father living status and residency status, are presented as frequencies, percentages, means, standard deviations, minimum and maximum scores. After demographics, descriptive data of variables are presented as frequencies, percentages, mean scores, standard deviations, maximum and minimum

scores as well. Preliminary analyses were conducted using the Pearson Product-Moment correlation.

The assumptions of sample size, multicollinearity and singularity, outliers; and normality, linearity and homoscedasticity, independence of residuals were considered before a multiple regression analysis was conducted.

In psychological research, mediational analysis is widely used for its effectiveness in exploring associations between variables and causal mechanisms behind those associations between variables (Shrout & Bolger, 2002). The relationship between the independent and dependent variables and the significance of this relationship in mediation analysis being used to determine if analyses of mediation should proceed and if one or many mediators fully or partially account for a significant effect (Rucker, Preacher, Tormola & Petty, 2011). The goal of mediation analysis is to establish the extent to which some assumed causal variable has a significant effect on some outcome through one or many mediator variables (Hayes, 2013). A mediation effect is evidenced when a relationship exists between an independent variable (i.e., parental rejection) and mediator (i.e., self-compassion), independent variable and the dependent variable (i.e., emotional reactivity), and the product of coefficients in those relationships is statistically different from zero (Preacher and Hayes, 2008).

The model in Figure 1 demonstrates the mediation process, where the predictor variable (X) affects the criterion variable (Y), and where c is the total effect of the predictor variable on the criterion. Figure 2 depicts a simple mediational model where a represents the relationship between the predictor variable and mediator, b represents the relationship between the mediator and criterion and c'

represents the indirect path the relation of the independent variable to dependent variable adjusted for the mediator.



Figure 1. Path model showing the total effect

According to mediational model, interaction occurs when the effect of a predictor variable (i.e., parental acceptance-rejection) on a criterion variable (i.e., emotional reactivity) differs across levels of a mediator (i.e., self-compassion). To establish and test a mediational model, four preconditions should be met (Baron & Kenny, 1986; Judd & Kenny 1981).

First, there should be a significant relation of the X (the independent variable) to the Y (the dependent variable). Second, a significant relation of the X (the independent variable) to the M (the mediator) is required. Third, when X (the independent variable) and M (the mediator) are used as predictors, M (the mediator) must be significantly related to Y (the dependent variable). In the fourth and last step, X (the independent variable) no longer significantly predicts Y (the dependent variable) after controlling for M (the mediator variable).

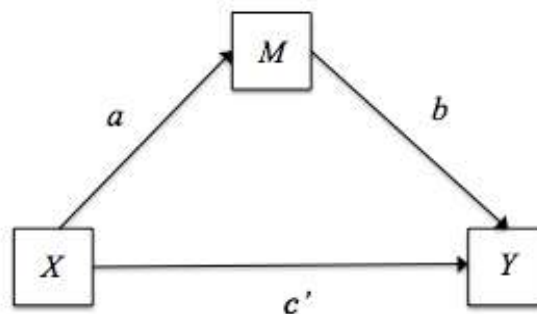
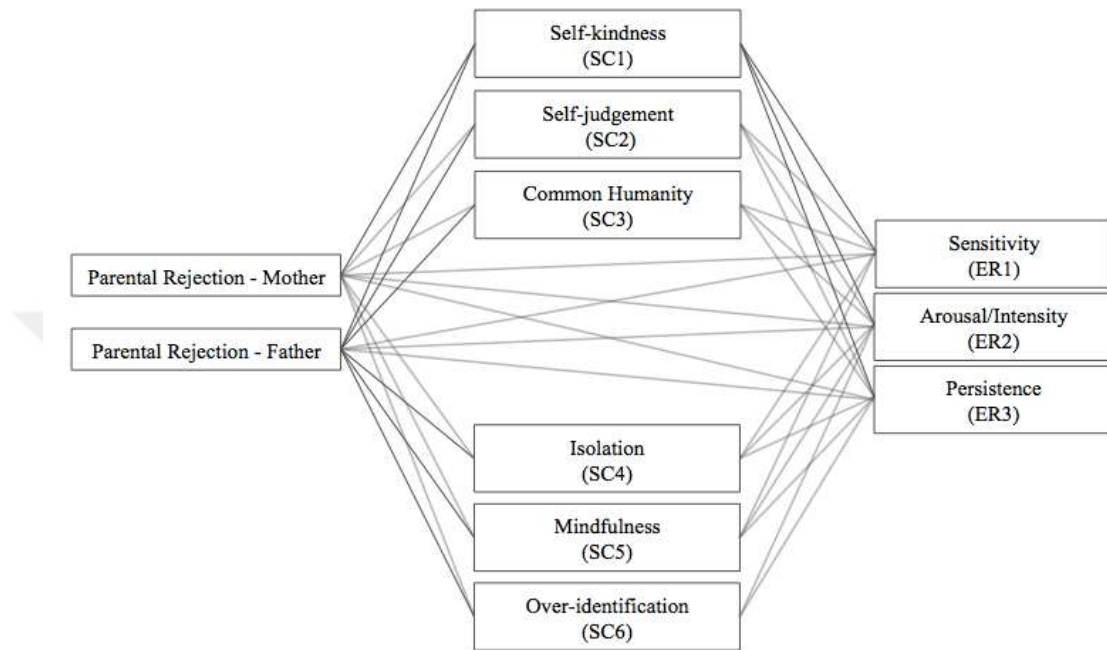


Figure 2. Path model showing the simple mediation

As a result, the mediational model of the current study to answer research questions is depicted in Figure 3.



* SC – Self-compassion, ER – Emotion Reactivity

Figure 3. Mediational model of the study

CHAPTER 4

RESULTS

In this chapter, the results of the data analysis of the associated study variables (i.e., emotional reactivity, parental rejection, and self-compassion) and the research questions are presented in three sections: (1) descriptive analysis of outcome and associational measures, (2) results addressing the mediational role of self-compassion in the relationship between maternal rejection and emotional reactivity, and (3) results on the mediational role of self-compassion in the relationship between paternal rejection and emotional reactivity. The results were obtained with statistical analysis using such tools as the Pearson Product-Moment correlations for studying variables and the mediational model analysis concerning research questions and Sobel tests.

4.1 Descriptive analysis of outcome and associational measures

Table 2 shows the means, standard deviations, and t-test results for both the total sample and the two genders on the Emotion Reactivity Scale, the Parental Acceptance-Rejection Questionnaire Short Version of the Mother Form and Father Form, and the Self-compassion Scale as well as their respective subscales. The subscales are sensitivity, arousal/intensity, and persistence for the Emotion Reactivity Scale and self-kindness, self-judgment, common humanity, isolation, mindfulness and over-identification for the Self-Compassion Scale.

For the Emotion Reactivity Scale, three dimensions of emotional reactivity are presented. The total mean score from the Emotion Reactivity Scale is 42.89 (a

higher score is a sign of more emotional reactivity). For the sensitivity dimension of the scale, the mean score was 13.79. In arousal/intensity domain, the mean score was 16.59. Finally, for the persistence domain, the mean score was 12.52 (see Table 2).

The total mean scores for the PARQ Mother and the PARQ Father were 39.37 and 44.42, respectively (a higher score indicates more rejection) (see Table 2).

For the Self-compassion Scale, scores from six dimensions of the self-compassion construct were presented and a total score for the scale was calculated. The grand mean score of the Self-compassion Scale was 2.97 (higher scores indicate more self-compassion). For the self-kindness domain, the mean score was 2.66. For the self-judgment domain, the mean value was 3.08. The mean score for the common humanity domain was 2.95. For the isolation domain, the mean score was 3.02. For the mindfulness domain, the mean score was calculated as 3.01. Finally, for the over-identification domain, the mean score was 3.07 (see Table 2).

Before analyses were conducted for each research question, a series of independent-samples t-tests was conducted so as to compare male and female students' scores on emotional reactivity, parental rejection and self-compassion.

The results showed that there was a significance difference on the Emotion Reactivity Scale between females ($M = 44.14$, $SD = 8.37$) and males ($M = 39.94$, $SD = 8.55$); $t(426) = 4.758$, $p < .05$. In terms of sensitivity dimension, a significant difference was also found between females ($M = 14.53$, $SD = 3.16$) and males ($M = 12.14$, $SD = 3.20$); $t(426) = 7.192$, $p < .05$. For the arousal/intensity domain, there was not a significant difference between female ($M = 16.77$, $SD = 3.76$) and male ($M = 16.10$, $SD = 3.70$) participants, $t(426) = 1.724$, *ns*. Finally, for the persistence domain, a significant difference was found between females ($M = 12.89$, $SD = 2.43$)

and males ($M = 11.70$, $SD = 2.69$); $t(426) = 4.536$, $p < .05$ (see Table 2). That is to say, female participants' Emotion Reactivity Scale total scores, the sensitivity domain scores, and the persistence domain scores were found to be significantly higher than those of male participants.

There was no significant difference in scores on the parental rejection between females ($M = 80.69$, $SD = 25.75$) and males ($M = 84.59$, $SD = 22.36$); $t(426) = -1.504$, *ns*. With regard to maternal rejection, no difference found between females ($M = 40.97$, $SD = 13.48$) and males ($M = 41.67$, $SD = 10.24$); $t(426) = -.532$, *ns*. Similarly, also for paternal rejection there was not a significant difference between females ($M = 43.06$, $SD = 16.27$) and males ($M = 46.18$, $SD = 14.58$); $t(426) = -1.893$, *ns* (see Table 2).

In terms of total the Self-compassion Scale scores, no significant difference found between females ($M = 2.93$, $SD = .77$) and males ($M = 3.02$, $SD = .60$); $t(426) = -1.119$, *ns*. For self-kindness subscale, there was not a significant difference between female ($M = 2.64$, $SD = .89$) and male ($M = 2.70$, $SD = .81$) participants; $t(426) = -.628$, *ns*. Also, no significant difference found between females ($M = 3.08$, $SD = .96$) and males ($M = 3.07$, $SD = .86$); $t(426) = .071$ in terms of self-judgment subscale scores. With regard to common humanity subscale scores, again no difference was found between female ($M = 2.96$, $SD = .91$) and male ($M = 2.91$, $SD = .82$) participants; $t(426) = .60$, *ns*. For the isolation subscale, there was not a significant difference between scores of females ($M = 2.98$, $SD = 1.01$) and males ($M = 3.06$, $SD = .84$); $t(426) = -.86$, *ns*. For the mindfulness subscale scores, no difference was found between female ($M = 2.96$, $SD = .86$) and male ($M = 3.12$, $SD = .76$) participants; $t(426) = -1.87$, *ns*. Finally, for the over-identification subscale, a significant difference was found between females ($M = 2.99$, $SD = .97$) and males

($M = 3.24$, $SD = .88$); $t(426) = 2.64$, $p < .05$ (see Table 2). Specifically, males scored higher than females in terms of over-identification.

Table 2. Descriptive Statistics and T-test Results of the Study Variables According to Gender

| Measures | Total (N=428) | | Female (n=296) | | Male (n=132) | | <i>t value</i> |
|---------------------|---------------|-----------|----------------|-----------|--------------|-----------|----------------|
| | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | |
| ERS (Total) | 42.89 | 8.58 | 44.14 | 8.37 | 39.94 | 8.55 | 4.76* |
| Sensitivity | 13.79 | 3.35 | 14.53 | 3.16 | 12.14 | 3.20 | 7.19* |
| Arousal/Intensity | 16.59 | 3.73 | 16.77 | 3.76 | 16.10 | 3.70 | 1.72 |
| Persistence | 12.52 | 2.57 | 12.89 | 2.43 | 11.70 | 2.69 | 4.54* |
| Adult PARQ (Total) | 81.90 | 24.78 | 80.69 | 25.75 | 84.59 | 22.36 | -1.50 |
| Adult PARQ Mother | 39.37 | 11.92 | 40.97 | 13.48 | 41.67 | 10.24 | -.59 |
| Adult PARQ Father | 44.42 | 14.26 | 43.06 | 16.27 | 46.18 | 14.58 | -1.89 |
| SCS (Total) | 2.97 | .72 | 2.93 | .77 | 3.02 | .60 | -1.230 |
| Self-kindness | 2.66 | .87 | 2.64 | .89 | 2.70 | .81 | -.628 |
| Self-judgment | 3.08 | .93 | 3.08 | .96 | 3.07 | .86 | .071 |
| Common Humanity | 2.95 | .88 | 2.96 | .91 | 2.91 | .82 | .60 |
| Isolation | 3.02 | .95 | 2.98 | 1.01 | 3.06 | .84 | -.86 |
| Mindfulness | 3.01 | .83 | 2.96 | .86 | 3.12 | .76 | -1.87 |
| Over-identification | 3.07 | .94 | 2.99 | .97 | 3.24 | .88 | -2.64* |

ERS (Emotion Reactivity Scale), PARQ (Parental Acceptance-Rejection Questionnaire short form), SCS (Self-compassion Scale). * $p < .05$

Finally, bivariate correlations between the variables tested in the research questions were calculated by Pearson Product Moment correlation (see Table 3). The results revealed that scores obtained from each domain and the total scores correlated significantly with each other, but no significant correlation was found between sensitivity domain of the Emotion Reactivity Scale and either the PARQ Mother and PARQ Father scale.

Table 3. Pearson Correlations for Research Variables

| Variable | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|-------------------------|---------|---------|---------|---------|---------|---------|---------|--------|--------|--------|--------|--------|--------|----|
| 1. Emotion Reactivity | 1 | | | | | | | | | | | | | |
| 2. Sensitivity | .851** | 1 | | | | | | | | | | | | |
| 3. Arousal/Intensity | .908** | .609** | 1 | | | | | | | | | | | |
| 4. Persistence | .886** | .671** | .762** | 1 | | | | | | | | | | |
| 5. PARQ Total | .190** | .088 | .241** | .152** | 1 | | | | | | | | | |
| 6. PARQ Mother | .136** | .052 | .166** | .132** | .823** | 1 | | | | | | | | |
| 7. PARQ Father | .183** | .092 | .239** | .128** | .882** | .458** | 1 | | | | | | | |
| 8. Self-compassion | -.525** | -.352** | -.570** | -.474** | -.338** | -.300** | -.280** | 1 | | | | | | |
| 9. Self-kindness | -.245** | -.099* | -.307** | -.254** | -.287** | -.268** | -.228** | .794** | 1 | | | | | |
| 10. Self-judgment | -.406** | -.270** | -.442** | -.351** | -.302** | -.255** | -.260** | .805** | .615** | 1 | | | | |
| 11. Common Humanity | -.291** | -.179** | -.352** | -.240** | -.215** | -.218** | -.155** | .782** | .632** | .466** | 1 | | | |
| 12. Isolation | -.475** | -.330** | -.501** | -.423** | -.334** | -.277** | -.292** | .818** | .473** | .674** | .529** | 1 | | |
| 13. Mindfulness | -.394** | -.230** | -.441** | -.391** | -.211** | -.208** | -.158** | .768** | .680** | .392** | .676** | .467** | 1 | |
| 14. Over-identification | -.676** | -.541** | -.668** | -.594** | -.279** | -.221** | -.254** | .809** | .450** | .690** | .462** | .712** | .523** | 1 |

Note. PARQ (Parental Acceptance-Rejection). *p < .05, **p < .01

4.2 Results according to research questions

Several multiple regression analyses were used to investigate the hypothesis that self-compassion mediates the effect of parental rejection on emotional reactivity. To conduct mediation analysis, criteria suggested by Baron and Kenny (1986) were used. More specifically, as preconditions for testing a mediational model, (1) the mediator variables (i.e., self-kindness, self-judgment, common humanity, isolation, mindfulness, over-identification as six domains of self-compassion) should be correlated significantly with the outcome variable, (2) independent variables (i.e., perceived maternal and paternal rejection) must be correlated significantly with mediator variables, and (3) independent variables must be correlated significantly with the dependent variables (i.e., sensitivity, arousal/intensity, persistence as three dimensions of emotion reactivity) (Baron & Kenny, 1986).

PROCESS macro for SPSS was used to conduct the mediation analysis, which is “a computational tool for path analysis-based moderation and mediation analysis as well as their integration in the form of a conditional process model” (Hayes, 2013, p. 419). Thus, it provides an integrated output that includes the test of preconditions suggested by Baron and Kenny (1986) as well as the test of the proposed mediational model. In the light of the study of Baron and Kenny (1986), the four steps below were considered in establishing mediation:

Step 1: Show that the mediator variable is significantly correlated with the criterion variable.

Step 2: Show that the predictor variable is significantly correlated with the mediator variable.

Step 3: Show that the predictor variable is significantly correlated with the criterion variable.

Step 4: Evaluate the statistical model of mediation.

In the current study, six domains of self-compassion (i.e., self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification) were mediators. Parental rejection was a predictor variable and emotional reactivity was the criterion variable.

4.2.1 Does self-compassion mediate the relationship between perceived maternal rejection and emotional reactivity?

To answer the first research question, I had to investigate the mediating role of self-compassion in the relationship between maternal rejection and emotional reactivity. To test the hypothesis, six domains of self-compassion (i.e., self-kindness, self-judgment, common humanity, isolation, mindfulness, over-identification) were entered into the model as parallel multiple mediators and their mediating role in the relationship between maternal rejection and the three dimensions of emotion reactivity (i.e., sensitivity, arousal/intensity, persistence) were analyzed (see Figure 4).

4.2.1.1 Mediation Model 1: Six domains of self-compassion as mediators in the relationship between maternal rejection and sensitivity (the first dimension of emotional reactivity).

Step 1: Show that self-kindness, self-judgment, common humanity, isolation, mindfulness and over-identification are predictors of sensitivity.

The results showed that all six domains of self-compassion which are self-kindness ($b = -.401, SE = .193, p < .05$), self-judgment ($b = -1.055, SE = .174, p < .05$), common humanity ($b = -.687, SE = .185, p < .05$), isolation ($b = -1.255, SE = .166, p < .05$), mindfulness ($b = -.966, SE = .194, p < .05$), and over-identification ($b = -1.990, SE = .146, p < .05$) were significant predictors of sensitivity.

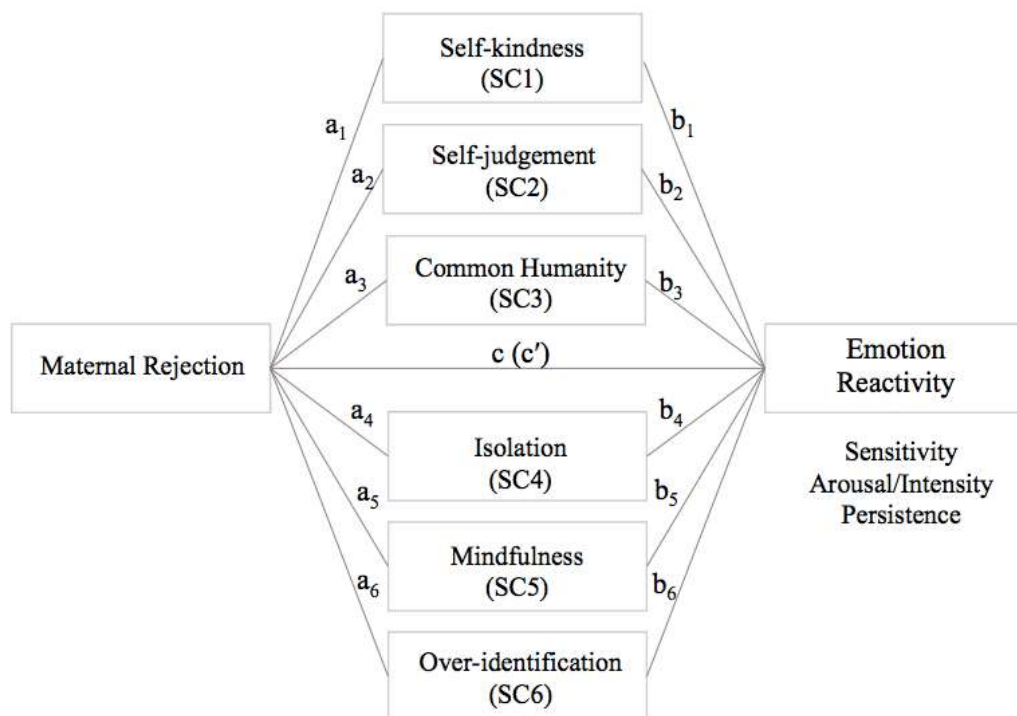


Figure 4. Summary of the mediational models tested for question one

Step 2: Show that perceived maternal rejection is the predictor of self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification.

The results indicated that perceived maternal rejection was a significant predictor of self-kindness ($b = -.018, SE = .003, p < .05$), self-judgment ($b = -.018, SE = .003, p <$

.05), common humanity ($b = -.015$, $SE = .003$, $p < .05$), isolation ($b = -.020$, $SE = .003$, $p < .05$), mindfulness ($b = -.013$, $SE = .003$, $p < .05$), and over-identification ($b = -.016$, $SE = .003$, $p < .05$).

Step 3: Show that perceived maternal rejection is the predictor of sensitivity.

As a result of a regression analysis, the total effect model showed that maternal rejection was not a significant predictor of sensitivity ($b = .013$, $SE = .012$, ns). The result obtained in step 3 violated one of the preconditions for further mediation analysis, for which reason the mediation analysis could not be conducted for the first mediational model. Thus, it can be concluded that since a significant correlation between maternal rejection and sensitivity dimension of emotional reactivity was not found, a mediational role of self-compassion in the relationship between maternal rejection and sensitivity could not be tested.

4.2.1.2 Mediational Model 2: Six domains of self-compassion as mediators in the relationship between maternal rejection and arousal/intensity (the second dimension of emotional reactivity).

Step 1: Show that self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification are predictors of arousal/intensity.

The results of the regression analysis revealed that self-kindness ($b = -1.274$, $SE = .206$, $p < .05$), self-judgment ($b = -1.762$, $SE = .181$, $p < .05$), common humanity ($b = -1.438$, $SE = .196$, $p < .05$), isolation ($b = -1.960$, $SE = .170$, $p < .05$), mindfulness ($b = -1.967$, $SE = .199$, $p < .05$), and over-identification ($b = -2.648$, $SE = .145$, $p < .05$) domains of self-compassion significantly predicts arousal/intensity dimension of emotional reactivity variable (see Figure 5).

Step 2: Show that perceived maternal rejection is a predictor of self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification.

The results indicated that perceived maternal rejection was a significant predictor of self-kindness ($b = -.018$, $SE = .003$, $p < .05$), self-judgment ($b = -.018$, $SE = .003$, $p < .05$), common humanity ($b = -.015$, $SE = .003$, $p < .05$), isolation ($b = -.020$, $SE = .003$, $p < .05$), mindfulness ($b = -.013$, $SE = .003$, $p < .05$), and over-identification ($b = -.016$, $SE = .003$, $p < .05$) (see Figure 5).

Step 3: Show that perceived maternal rejection is the predictor of arousal/intensity.

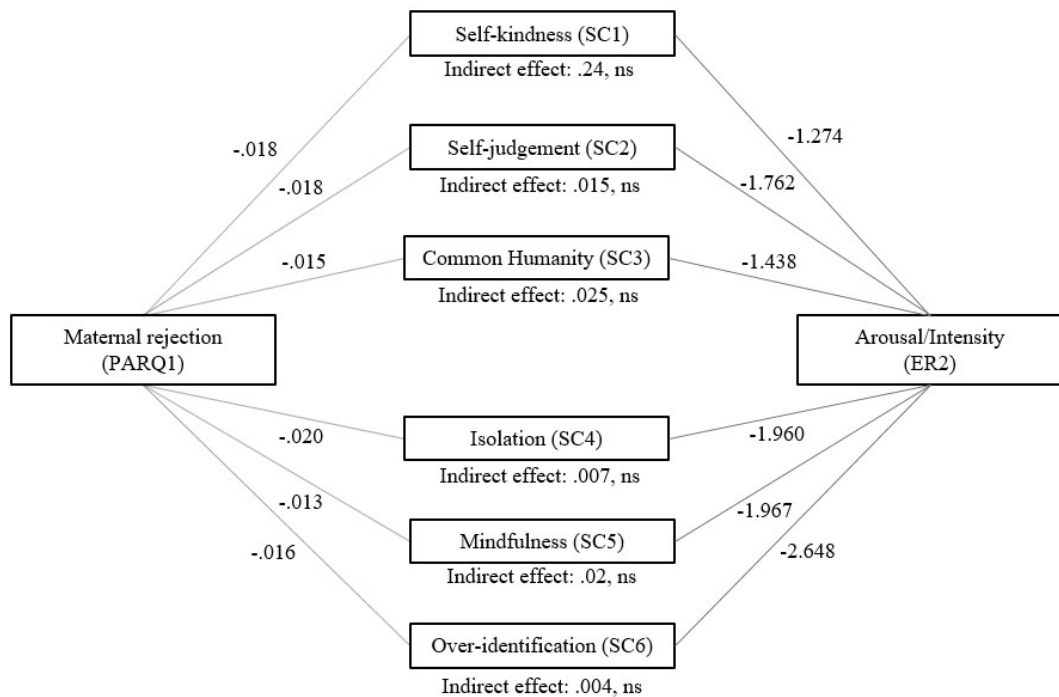
The results demonstrated that maternal rejection was a significant predictor of the arousal/intensity dimension of emotional reactivity ($b = .046$, $SE = .014$, $p < .05$) (see Figure 5).

Step 4: Show that six domains of self-compassion are mediators in the relationship between perceived maternal rejection and arousal/intensity domain of emotional reactivity.

The results of the multiple regression analysis support the mediational hypothesis. Maternal rejection was no longer a significant predictor of the arousal/intensity dimension of emotional reactivity after controlling for the mediators, self-kindness ($b = .24$, $SE = .14$, ns), self-judgment ($b = .015$, $SE = .013$, ns), common humanity ($b = .025$, $SE = .013$, ns), isolation ($b = .007$, $SE = .012$, ns), mindfulness ($b = .02$, $SE = .013$, ns), and over-identification ($b = .004$, $SE = .01$, ns) consistent with full mediation (see Figure 5). Approximately 48% of the variance in arousal/intensity was accounted for by the predictors ($R^2 = .475$). The indirect effects were tested using the bootstrap estimation approach with 1,000 samples (Shrout & Bolger, 2002). The tests results revealed that the indirect coefficients were significant for

self-kindness ($b = .023$, $SE = .006$, $95\% CI = .0117, .0360$), self-judgment ($b = .031$, $SE = .008$, $95\% CI = .0165, .0478$), common humanity ($b = .021$, $SE = .006$, $95\% CI = .0109, .0340$), isolation ($b = .039$, $SE = .008$, $95\% CI = .0240, .0562$), mindfulness ($b = .026$, $SE = .006$, $95\% CI = .0141, .0404$), and over-identification ($b = .042$, $SE = .009$, $95\% CI = .0232, .0624$).

That is to say, maternal rejection was associated with lower arousal/intensity scores as mediated by self-kindness, common humanity, mindfulness, and higher score as mediated by self-judgment, isolation, and over-identification.



*SC – Self-compassion, ER – Emotion Reactivity

Figure 5. Summary of the results for mediational model two, question one

4.2.1.3 Mediation Model 3: Six domains of self-compassion as mediators in the relationship between maternal rejection and persistence (third dimension of emotional reactivity).

Step 1: Show that self-kindness, self-judgment, common humanity, isolation, mindfulness and over-identification are predictors of persistence.

The results of the regression analysis revealed that self-kindness ($b = -.700$, $SE = .145$, $p < .05$), self-judgment ($b = -.950$, $SE = .131$, $p < .05$), common humanity ($b = -.646$, $SE = .140$, $p < .05$), isolation ($b = -1.131$, $SE = .123$, $p < .05$), mindfulness ($b = -1.177$, $SE = .141$, $p < .05$), and over-identification ($b = -1.612$, $SE = .108$, $p < .05$) domains of self-compassion significantly predicts persistence dimension of emotional reactivity variable (see Figure 6).

Step 2: Show that perceived maternal rejection is the predictor of self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification.

The results indicated that perceived maternal rejection was a significant predictor of self-kindness ($b = -.018$, $SE = .003$, $p < .05$), self-judgment ($b = -.018$, $SE = .003$, $p < .05$), common humanity ($b = -.015$, $SE = .003$, $p < .05$), isolation ($b = -.020$, $SE = .003$, $p < .05$), mindfulness ($b = -.013$, $SE = .003$, $p < .05$), and over-identification ($b = -.016$, $SE = .003$, $p < .05$) (see Figure 6).

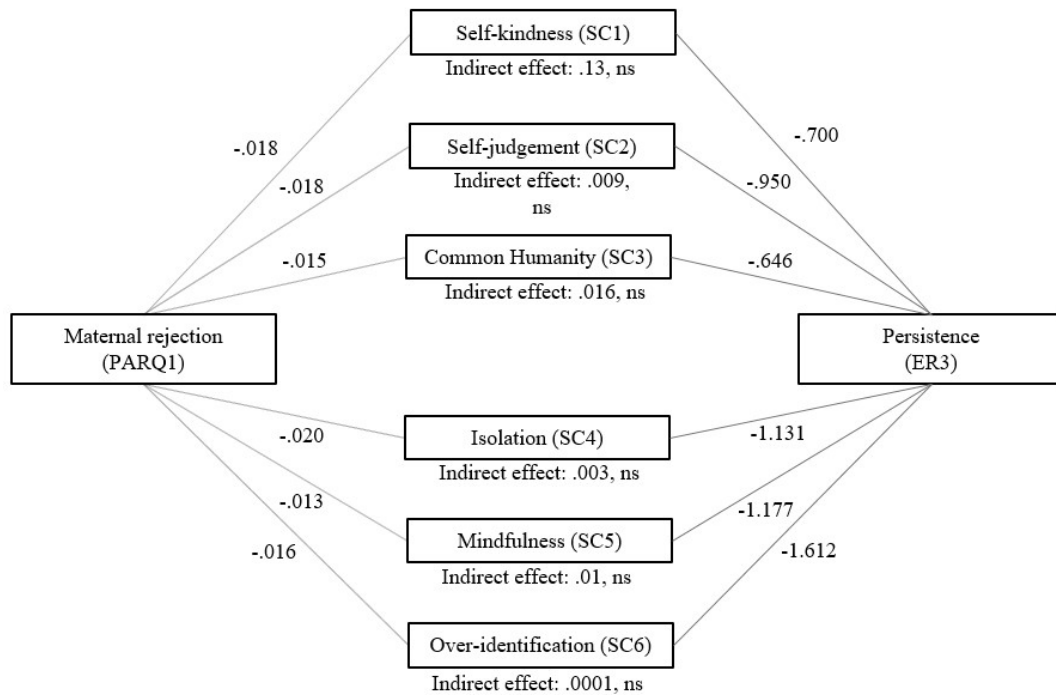
Step 3: Show that perceived maternal rejection is a predictor of persistence.

The results demonstrated that maternal rejection was a significant predictor of persistence dimension of emotional reactivity ($b = .026$, $SE = .009$, $p < .05$) (see Figure 6).

Step 4: Show that six domains of self-compassion are mediators in the relationship between perceived maternal rejection and the persistence domain of emotional reactivity.

The results of the multiple regression analysis support the mediational hypothesis. Maternal rejection was no longer a significant predictor of the persistence dimension of emotional reactivity after controlling for the mediators self-kindness ($b = .13$, $SE = .14$, ns), self-judgment ($b = .009$, $SE = .009$, ns), common humanity ($b = .016$, $SE = .009$, ns), isolation ($b = .003$, $SE = .009$, ns), mindfulness ($b = .01$, $SE = .009$, ns), and over-identification ($b = .0001$, $SE = .008$, ns), consistent with full mediation (see Figure 6). Approximately 38% of the variance in persistence was accounted for by the predictors ($R^2 = .380$). The indirect effects were tested using the bootstrap estimation approach with 1,000 samples (Shrout & Bolger, 2002). The results of the tests revealed that the indirect coefficients were significant for self-kindness ($b = .009$, $SE = .003$, 95% CI = .0044, .0153), self-judgment ($b = .014$, $SE = .004$, 95% CI = .0080, .0226), common humanity ($b = .006$, $SE = .002$, 95% CI = .0021, .0111), isolation ($b = .020$, $SE = .004$, 95% CI = .0123, .0284), mindfulness ($b = .010$, $SE = .003$, 95% CI = .0046, .0161), and over-identification ($b = .025$, $SE = .005$, 95% CI = .0150, .0348).

That is to say, maternal rejection was associated with lower emotional persistency as mediated by self-kindness, common humanity, mindfulness, and higher emotional persistency as mediated by self-judgment, isolation, and over-identification.



*SC – Self-compassion, ER – Emotion Reactivity

Figure 6. Summary of the results for mediational model three, question one

4.2.2 Does self-compassion mediate the relationship between perceived paternal rejection and emotional reactivity?

To answer the second research question, it was necessary to investigate the mediating role of self-compassion in the relationship between paternal rejection and emotional reactivity. To test the hypothesis, six domains of self-compassion (i.e., self-kindness, self-judgment, common humanity, isolation, mindfulness, over-identification) entered into the model as parallel multiple mediators, and their mediating role in the relationship between paternal rejection and the three dimensions of emotion reactivity (i.e., sensitivity, arousal/intensity, persistence) were analyzed.

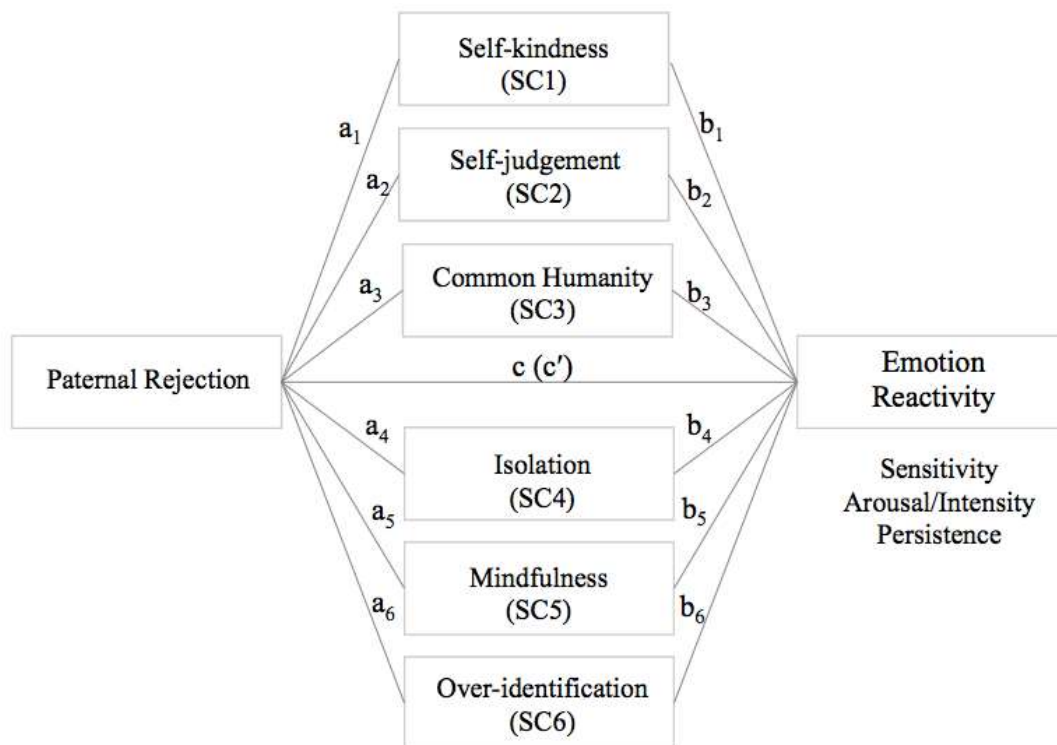


Figure 7. Summary of the mediational models tested for question two

4.2.2.1 Mediation model 1: Six domains of self-compassion as mediators in the relationship between paternal rejection and sensitivity (the first dimension of emotion reactivity).

Step 1: Show that self-kindness, self-judgment, common humanity, isolation, mindfulness and over-identification are predictors of sensitivity.

In this model, the results showed that five domains of self-compassion, namely self-judgment ($b = -.955$, $SE = .175$, $p < .05$), common humanity ($b = -.640$, $SE = .183$, $p < .05$), isolation ($b = -1.160$, $SE = .168$, $p < .05$), mindfulness ($b = -.891$, $SE = .192$, $p < .05$), and over-identification ($b = -1.963$, $SE = .149$, $p < .05$) were significant predictors of sensitivity, but no association was found between self-kindness and emotional sensitivity ($b = -.316$, $SE = .191$, ns). Thus, the self-kindness domain of self-compassion was not considered for mediational analysis.

Step 2: Show that perceived paternal rejection is a predictor of self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification.

The results indicated that perceived paternal rejection was a significant predictor of self-kindness ($b = -.013$, $SE = .003$, $p < .05$), self-judgment ($b = -.015$, $SE = .003$, $p < .05$), common humanity ($b = -.009$, $SE = .003$, $p < .05$), isolation ($b = -.018$, $SE = .003$, $p < .05$), mindfulness ($b = -.008$, $SE = .003$, $p < .05$), and over-identification ($b = -.015$, $SE = .003$, $p < .05$).

Step 3: Show that perceived paternal rejection is a predictor of sensitivity.

As a result of the regression analysis, the total effect model showed that paternal acceptance-rejection was not a significant predictor of sensitivity ($b = .020$, $SE = .010$, ns). The result obtained in step 3 violated one of the preconditions for further mediation analysis, for which reason mediation analysis could not be conducted for the first mediational model. Thus, it can be concluded that since a significant correlation between paternal rejection and sensitivity dimension of emotional reactivity was not found, the mediational role of self-compassion in the relationship between paternal rejection and sensitivity could not be tested.

4.2.2.2 Mediational model 2: Six domains of self-compassion as mediators in the relationship between paternal rejection and arousal/intensity (the second dimension of emotion reactivity).

Step 1: Show that self-kindness, self-judgment, common humanity, isolation, mindfulness and over-identification are predictors of arousal/intensity.

The results of the regression analysis revealed that self-kindness ($b = -1.170$, $SE = .201$, $p < .05$), self-judgment ($b = -1.638$, $SE = .180$, $p < .05$), common humanity ($b = -1.388$, $SE = .190$, $p < .05$), isolation ($b = -1.836$, $SE = .170$, $p < .05$), mindfulness ($b = -1.887$, $SE = .194$, $p < .05$), and over-identification ($b = -2.583$, $SE = .146$, $p < .05$) domains of self-compassion significantly predict the arousal/intensity dimension of emotion reactivity variable (see Figure 8).

Step 2: Show that perceived paternal rejection is the predictor of self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification.

The results indicated that perceived paternal rejection was a significant predictor of self-kindness ($b = -.013$, $SE = .003$, $p < .05$), self-judgment ($b = -.015$, $SE = .003$, $p < .05$), common humanity ($b = -.009$, $SE = .003$, $p < .05$), isolation ($b = -.018$, $SE = .003$, $p < .05$), mindfulness ($b = -.008$, $SE = .003$, $p < .05$), and over-identification ($b = -.015$, $SE = .003$, $p < .05$) (see Figure 8).

Step 3: Show that perceived paternal rejection is the predictor of arousal/intensity.

The results indicated that perceived paternal rejection was a significant predictor of the arousal/intensity dimension of emotion reactivity ($b = .055$, $SE = .011$, $p < .05$) (see Figure 8).

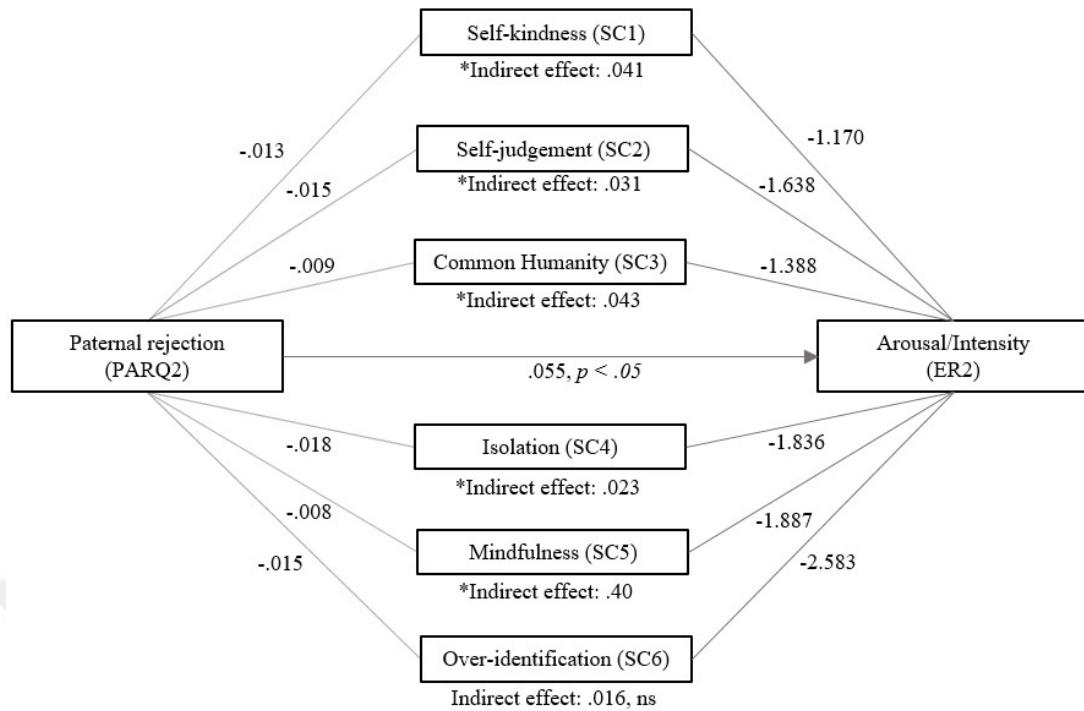
Step 4: Show that six domains of self-compassion are mediators in the relationship between perceived paternal rejection and the arousal/intensity domain of emotional reactivity.

The results of the multiple regression analysis support the mediational hypothesis. Paternal rejection was no longer a significant predictor of the arousal/intensity dimension of emotion reactivity after controlling for the over-identification domain of self-compassion ($b = .016$, $SE = .009$, ns) consistent with full mediation (see

Figure 10). On the other hand, the other five domains of self-compassion (i.e., self-kindness, self-judgment, common humanity, isolation, and mindfulness) partially mediated the relationship between paternal rejection and the arousal/intensity domain of emotion reactivity as the relationship between paternal rejection remained significant. However, effect sizes decreased after each domain was included in the model, self-kindness ($b = .041$, $SE = .011$, $p < .05$), self-judgment ($b = .031$, $SE = .011$, $p < .05$), common humanity ($b = .043$, $SE = .011$, $p < .05$), isolation ($b = .023$, $SE = .010$, $p < .05$), mindfulness ($b = .040$, $SE = .010$, $p < .05$) (see Figure 8).

Approximately 48% of the variance in arousal/intensity was accounted for by the predictors ($R^2 = .475$). The indirect effect was tested using a bootstrap estimation approach with 1,000 samples (Shrout & Bolger, 2002). These results indicated that the indirect coefficients were significant. The results of the tests revealed the indirect coefficients as significant for self-kindness ($b = .015$, $SE = .004$, 95% CI = .0077, .0227), self-judgment ($b = .025$, $SE = .006$, 95% CI = .0147, .0382), common humanity ($b = .012$, $SE = .004$, 95% CI = .0045, .0209), isolation ($b = .032$, $SE = .006$, 95% CI = .0207, .0462), mindfulness ($b = .016$, $SE = .005$, 95% CI = .0064, .0250), and over-identification ($b = .040$, $SE = .008$, 95% CI = .0241, .0552).

In conclusion, paternal rejection was associated with lower arousal/intensity scores as fully and partially mediated by self-kindness, common humanity, mindfulness and higher scores as mediated by self-judgment, isolation, and over-identification.



*SC – Self-compassion, ER – Emotion Reactivity

Figure 8. Summary of the results for mediational model two question two

4.2.2.3 Mediation Model 3: Six domains of self-compassion as mediators in the relationship between paternal rejection and persistence (the third dimension of emotion reactivity).

Step 1: Show that self-kindness, self-judgment, common humanity, isolation, mindfulness and over-identification are predictors of persistence.

The results of the regression analysis revealed that the self-kindness ($b = -.700$, $SE = .142$, $p < .05$), self-judgment ($b = -.944$, $SE = .130$, $p < .05$), common humanity ($b = -.657$, $SE = .138$, $p < .05$), isolation ($b = -1.129$, $SE = .123$, $p < .05$), mindfulness ($b = -1.173$, $SE = .140$, $p < .05$), and over-identification ($b = -1.628$, $SE = .110$, $p < .05$) domains of self-compassion significantly predict the persistence dimension of the emotion reactivity variable (see Figure 9).

Step 2: Show that perceived paternal rejection is a predictor of self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification.

The results indicated that perceived paternal rejection was a significant predictor of self-kindness ($b = -.013$, $SE = .003$, $p < .05$), self-judgment ($b = -.015$, $SE = .003$, $p < .05$), common humanity ($b = -.009$, $SE = .003$, $p < .05$), isolation ($b = -.018$, $SE = .003$, $p < .05$), mindfulness ($b = -.008$, $SE = .003$, $p < .05$), and over-identification ($b = -.015$, $SE = .003$, $p < .05$) (see Figure 9).

Step 3: Show that perceived paternal rejection is a predictor of persistence.

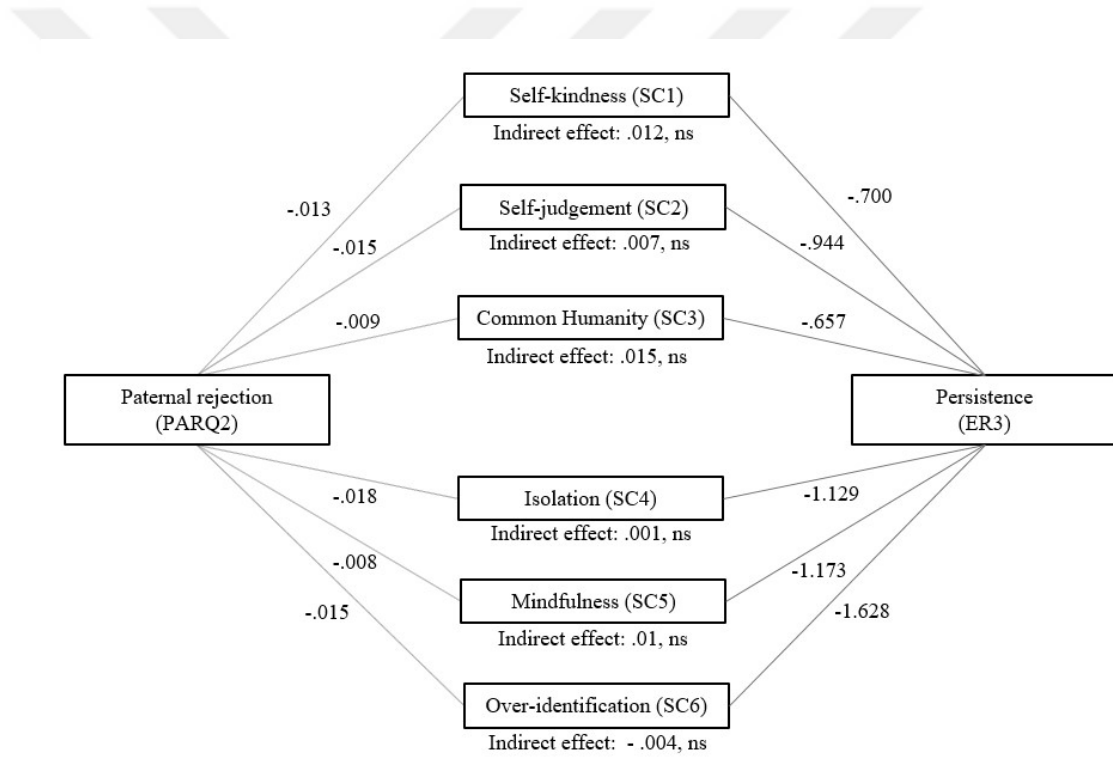
The results demonstrated that paternal rejection was a significant predictor of the persistence dimension of emotion reactivity ($b = .021$, $SE = .008$, $p < .05$) (see Figure 9).

Step 4: Show that six domains of self-compassion are mediators in the relationship between perceived paternal rejection and the persistence dimension of emotional reactivity.

The results of the multiple regression analysis support the mediational hypothesis. Paternal rejection was no longer a significant predictor of the persistence dimension of emotion reactivity after controlling for the mediators, self-kindness ($b = .012$, $SE = .008$, ns), self-judgment ($b = .007$, $SE = .008$, ns), common humanity ($b = .015$, $SE = .008$, ns), isolation ($b = .001$, $SE = .008$, ns), mindfulness ($b = .01$, $SE = .007$, ns), and over-identification ($b = -.004$, $SE = .007$, ns), consistent with full mediation (see Figure 9). Approximately 38% of the variance in persistence was accounted for by the predictors ($R^2 = .380$). The indirect effects were tested using the bootstrap estimation approach with 1,000 samples (Shrout & Bolger, 2002). The results of the tests revealed the indirect coefficients were significant for self-kindness ($b = .009$,

SE = .003, 95% CI = .0044, .0153), self-judgment (b = .014, SE = .004, 95% CI = .0080, .0226), common humanity (b = .006, SE = .002, 95% CI = .0021, .0111), isolation (b = .020, SE = .004, 95% CI = .0123, .0284), mindfulness (b = .010, SE = .003, 95% CI = .0046, .0161), and over-identification (b = .025, SE = .005, 95% CI = .0150, .0348).

That is to say, paternal rejection was associated with lower emotional persistency scores as mediated by self-kindness, common humanity, mindfulness, and higher scores as mediated by self-judgment, isolation, and over-identification.



*SC – Self-compassion, ER – Emotion Reactivity

Figure 9. Summary of the results for mediational model three, question two

CHAPTER 5

DISCUSSION

In this chapter, results of the current study will be discussed in five sections: (1) restatement of the purpose of the current study, (2) a general discussion related to the general characteristics of the sample and the results from the preliminary analysis of the data, (3) a discussion of the findings of the study in terms of related literature and research questions, (4) a presentation of the strengths of the current study, and (5) the limitations of the current study and recommendations for future research.

5.1 Purpose of the current study

The purpose of the current study was to investigate the relationship between emotion reactivity, perceived parental acceptance rejection from childhood and self-compassion and to investigate the mediating role of self-compassion in the relationship between perceived parental acceptance rejection and emotional reactivity in the emerging adulthood period using a sample of university students.

Previous research findings reveal that emotional reactivity in individuals is associated with rejection from significant others in interpersonal relationship contexts such as in family, in friendships or in romantic relationships (Cook et al., 2017; Leary et al., 2007; Rohner, 2016). Also, the mediating role of self-compassion in the relationship between attachment with significant others and emotional distress prepared the ground for the defining of research questions for the current study (Joeng et al., 2017).

5.2 General discussion

In this general discussion section, the general characteristics of the sample and results from the preliminary analysis of the data will be discussed in terms of (1) the relationship between emotional reactivity and perceived parental rejection, (2) the relationship between emotional reactivity and self-compassion, and (3) the relationship between perceived parental rejection and self-compassion.

5.2.1 The relationship between parental rejection and emotional reactivity

The results obtained from the demographic characteristics of the sample demonstrated that perceived maternal acceptance ($M = 37.88$, $SD = 13.15$) was higher than paternal acceptance ($M = 44.02$, $SD = 15.82$) (note that higher score means more rejection). These results are consistent with the data obtained in previous research related to parental rejection in the youth of Turkey. To illustrate, in the recent study of Kuyumcu and Rohner (2016), young adult participants in Turkey reported higher levels of maternal acceptance than paternal acceptance. Moreover, Dural and Yalçın (2014), in a study on the effects of parental rejection on psychological adjustment indicated higher levels of maternal acceptance than paternal acceptance among Turkish university students. Along the same lines, Börkan, Erkman, and Keskiner (2014) conducted a study on the influences of parental power/prestige and acceptance on psychological adjustment and arrived at the same conclusion: perceived maternal acceptance reported by Turkish youth was higher than perceived paternal acceptance.

These results may be explained by the differentiated roles of fathers and mothers in the Turkish family. In Turkish culture, mothers are considered as primary

caregivers in the family and the responsibility of childrearing practice is attributed to mothers. Thus, children spend more time with their mothers than with their fathers, and the physical, social, and emotional needs of the children are fulfilled by their mother. Sunar and Fişek (2005) support this idea, indicating that many fathers tend to show warmth and affection to their infants and young children, but in later years, authority and respect dominate the relationship between father and child. Thus, individuals report more emotional closeness and more communication with their mothers than with their fathers (Sunar, 2002; Hortaçsu, 1989).

Börkan, Erkman, and Keskiner (2014) also discussed how gender stereotypes and hierarchy in Turkish family differentiate perceived maternal and paternal acceptance:

Mothers tend to use more direct affection and behavioral control than fathers in their interaction with children, whereas fathers keep their superior position by maintaining a certain emotional distance from their children. In fact, fathers interact more with mothers than with their children. But through their interaction with mothers, fathers reach their children indirectly. (p. 323)

Accordingly, the quantity and quality of time spent with the mother may have an effect on the remembrance of perceived acceptance from the mother as more than the remembrance of perceived acceptance from the father (Börkan, Erkman, & Keskiner, 2014).

Although the perceived maternal acceptance of the participants was indicated as higher than perceived paternal acceptance, the general findings revealed that the participants were mostly accepted by both of their parents. In his theory of interpersonal acceptance-rejection, Rohner (2012) notes the importance of positive

responses from attachment figures as an emotional need. Empirical findings support this theoretical explanation; if a person does not receive warm and supportive care and positive emotional responses from significant others in the early years of life, he/she tends to develop high levels of emotional reactivity in his/her interpersonal relations in the future and vice versa (Cook et al., 2017; Fosco et al., 2015; Rohner, 2016; Khaleque & Rohner, 2012; Ibrahim et al., 2015) The results of the current study support this theoretical explanation and empirical findings: a significant correlation was found between parental rejection and emotion reactivity ($r = .19, p < .01$). With regard to the three dimensions of emotional reactivity considered separately, significant correlations were found between arousal/intensity and perceived parental rejection ($r = .24, p < .01$) and persistence and parental rejection ($r = .15, p < .01$). However, surprisingly, no correlation was found between the sensitivity dimension of emotion reactivity and parental rejection, unlike in previous research. The sensitivity dimension of emotional reactivity is described as experiencing emotions in response to a variety of stimuli (Nock et al., 2008). Rohner (1986) indicate that authenticity, assertiveness, and warmth in emotional responses and the durability of emotional ties with significant others are associated with emotional sensitivity. Rohner (1986) also reveals that perceived rejection from significant others might result in emotional unresponsiveness, which serves as a defense mechanism to escape from the emotional pain of further rejection. Thus, there may be intrinsic or extrinsic factors other than parental rejection that may affect the experience of emotions in response to different kinds of stimuli. For example, in the current study, a significant difference was found between females and males in terms of the sensitivity dimension of emotional reactivity. It was found that females are more sensitive in experiencing emotions in response to a variety of stimuli than

males. Because the number of female participants ($n = 296$) was higher than the number of male participants ($n = 132$), an unequal distribution of the female and male participants might have affected the relationship between the sensitivity dimension of emotion reactivity and perceived parental rejection.

5.2.2 The relationship between self-compassion and emotional reactivity

As mentioned in the literature review, self-compassion was found to be a unique and common predictor of emotional reactions in individuals (López et al., 2016, Leary et al., 2007). The results of the current study also indicated a significant negative correlation between emotional reactivity and self-compassion ($r = -.53, p < .01$). This result corroborates those observed in earlier studies of López et al. (2016) and Leary et al. (2007).

Also, with regard to the positive and negative domains of self-compassion, correlations were as expected. A stronger negative correlation was found between the positive components (i.e., self-kindness, common humanity, mindfulness) of self-compassion than between the negative components (i.e., self-judgment, isolation, over-identification). Self-kindness was defined by Neff (2003a, 2003b) as being kind toward oneself and self-understanding, whereas self-judgment refers to harshly criticizing and judging in cases of failure or painful experiences. Also, common humanity means comprehending one's experiences as an inevitable part of human nature, whereas isolation considers these experiences as isolating and separating. Finally, mindfulness is defined as adjusting to failure and distracting thoughts and emotions in balanced awareness, whereas over-identification is over-interpretation and identification of these failures, distracting thoughts and emotions.

It can therefore be assumed that self-compassionate individuals are more aware of and have control over their emotional reactions in terms of sensitivity, intensity, and persistence, whereas lack of self-compassion may result in more sensitivity, intensity, and persistence in the experience of emotions.

5.2.3 The relationship between parental rejection and self-compassion

The results indicate that a significant relationship between self-compassion and parental rejection ($r = -.34, p < .01$), which seems to be consistent with other research findings that emphasize that people who have received warm, supportive, empathic, compassionate relationships with their significant others such as caregivers and peers have a tendency to develop self-compassion very early in life (McDonald & Messinger, 2011; Neff & Beretvas, 2013, Kuyumcu & Rohner, 2016).

In terms of the positive (self-kindness, common humanity, mindfulness) and negative (self-judgment, isolation, over-identification) domains of self-compassion, it was expected that the direction of the relationship between positive components and parental rejection would be negative. It was also expected that negative domains would positively correlate with parental rejection. However, surprisingly, the results show that both the positive and negative components of self-compassion correlated negatively with parental rejection. The strongest negative correlation is between parental rejection and isolation ($r = -.33, p < .01$), followed by self-judgment ($r = -.30, p < .01$), self-kindness ($r = -.29, p < .01$), over-identification ($r = -.28, p < .01$), common humanity ($r = -.22, p < .01$), and mindfulness ($r = -.21, p < .01$).

This unexpected finding may be explained by the theory of emerging adulthood. Arnett (2000) points out in his theory that emerging adulthood is distinct

from other developmental stages for identity explorations in terms of love, work, and worldview. He suggested that identity formation occurs through experiencing various life possibilities and moving through important decision-making processes. In the identity formation process, individuals try to leave existing beliefs and values from childhood and adolescence, which were shaped through family and significant others. To separate from the beliefs and values of others and to create their own identity, they prefer to explore the opportunities of life by themselves. Thus, they may become more self-centered, more competitive and may adopt an exaggerated tendency toward personalization for positive and negative outcomes of life explorations.

This unexpected finding may also be considered a result of the specific personality traits and life experiences of the participants. The university of the target sample is one of the top universities in Turkey, and students are typically high achievers, and they have had to compete with other high achievers from adolescence through young adulthood. After primary education, they succeeded in high school entrance exams and placed in top high schools, which require hard work and meeting the high expectations set by their parents, teachers, and other people in their social network. Even though they may have been labeled as successful students starting from their primary school years and through their high school years, they have to compete at top schools with peers who are equally high achievers. After high school, they face a challenging university exam, and the competition is an even more important issue. Because of the high expectations of their families, teachers, and peers, they become self-centered, isolated, judgmental toward themselves and even in their social relationships, they overly adopt the role of competitor. After the university exam, they end up at one of the top universities in Turkey. It is important

to note that the majority of the programs at the target university enroll students from the top 1% of applicants, and every year approximately two million students compete in the university entrance exam. After enrolling in the university, they try to maintain their high-achiever status among other high-achievers, which requires more hard work, more competition, and more self-sacrifice.

5.3 Discussion of the research questions and a review of findings

Q1: Does self-compassion mediate the relationship between perceived maternal rejection and emotional reactivity?

The mediating role of self-compassion in the relations between perceived maternal rejection and emotional reactivity was investigated in order to answer the first research question. This mediational model was tested through the PROCESS macro tool, which operates a series of regression analysis by considering Baron and Kenny's (1986) recommendations for establishing mediation. The criteria used for mediation analysis resulted in two different mediational models to be explored. The results indicated that both mediational models were significant with full mediation. However, while considering mediation analysis results, it is important to underline the fact that firm conclusions about causal path cannot be drawn about the relational nature of the study (Hayes, 2013).

Intensity/arousal and the persistence dimensions of emotion reactivity were tested separately for mediational analysis by considering Baron and Kenny's (1986) steps. The sensitivity dimension could not be tested because the predictor variable (i.e., maternal rejection) was not found to be a significant predictor of sensitivity

dimension. This result violated one of four preconditions which Baron and Kenny (1986) suggested for the establishment of a mediational model.

The results of the mediational analyses revealed that all positive (i.e., self-kindness, common humanity, mindfulness) and negative (i.e., self-judgment, isolation, over-identification) domains of self-compassion mediated the relationship between maternal rejection and arousal/intensity dimension of emotional reactivity as well as maternal rejection and persistence dimension of emotional reactivity.

These findings indicate that self-compassion served as a filter through which maternal rejection passed. That is to say, these findings obtained from the test of two mediational models imply that maternal rejection becomes insignificant in its relation with emotional reactivity if a young adult is self-compassionate (except sensitivity dimension of emotional reactivity). More specifically, regardless of being accepted or rejected by his/her mother, a young adult will report lower levels of emotional reactivity in terms of arousal/intensity and persistence if he/she has self-compassion. Arousal/intensity dimension represents the strong or intense experience of emotions and persistence dimension represents the experience of emotion for a long period of time (Nock et al., 2008). Thus, it can be concluded that the relationship between maternal rejection and how strong and how long one experience an emotion can be controlled by self-compassion. Joeng et al. (2017) reported a similar result in their study that aims to investigate the mediating role of self-compassion in the relations between attachment style and emotional distress.

Leary et al. (2007) found self-compassion as a predictor of cognitive, behavioral and emotional reactions to unfavorable events in daily life as well as their results pointed out that self-compassion is a protective factor when faced with

negative self-feelings in case of stressful social events. The researchers also found that self-compassion have a mediating role in perceived negative outcomes after receiving unfavorable feedback, especially when they have low in self-esteem. The findings from the current study can be considered as consistent when compared with previous results of Leary et al. (2007). As found in the current study, maternal rejection has a strong correlation with emotional reactivity. That is to say, when people perceived their significant others (in our case mothers) as rejecting them in childhood years, they tend to give emotional overreaction toward negative life events. However, as found in the current study, this relationship becomes insignificant when people have self-compassion. Thus, consistent with the findings of Leary et al. (2007) self-compassion can be considered as a mediating factor toward possible perceived negative emotional outcomes such as emotional reactivity which stems from perceived rejection from mothers.

Q2: Does self-compassion mediate the relationship between perceived paternal rejection and emotional reactivity?

Second research question aimed to investigate the mediating role of self-compassion in the relationship between perceived paternal acceptance-rejection and emotional reactivity. After checking all the criteria necessary for mediation analysis, two different mediational models established. The results indicated that both of the models were significant with mediation, one with full mediation, and another one with partial mediation.

Similar to the mediational analyses of the previous research question, intensity/arousal and the persistence dimensions of emotion reactivity were tested separately for mediational analyses. Again, the predictor variable (i.e., paternal

rejection) was not found to be a significant predictor of sensitivity. So, sensitivity dimension could not be tested in this model. Discussion of this insignificant correlation between paternal rejection and the sensitivity dimension of emotional reactivity variable can be found in the general discussion section (5.2). According to Baron and Kenny (1986), in order for the mediational model to be established, predictor variables (i.e., paternal rejection) should significantly predict the criterion variable (the sensitivity dimension of emotional reactivity).

The results of the mediational analysis revealed that the over-identification domain (one of three negative components) of self-compassion fully mediated the relationship between paternal rejection and the arousal/intensity domain of emotional reactivity, whereas self-kindness, common humanity, mindfulness (three positive components), self-judgment and the isolation (two of the three negative domains) domains of self-compassion partially mediated the relationship between paternal rejection and the arousal/intensity dimension. On the other hand, all six positive and negative domains of self-compassion fully mediated the relationship between paternal acceptance-rejection and the persistence dimension of emotional reactivity.

These findings are consistent with the results of Joeng et al. (2017), who explain the mediating role of self-compassion in the relationship between attachment style and emotional distress. When we investigate the IPARTheory in an attachment context, it can be said that attachment theory is one of the most important theoretical paradigms that explains the construct mechanisms behind parental rejection in the IPARTheory (Rohner, Khaleque, & Cournoyer, 2005). Attachment theory suggests that the fulfillment of children's physical and emotional needs and the satisfaction of their expectations from significant attachment figures in the early years of life affects their personal development and the establishment of secure interpersonal

relationships in adulthood (Bowlby, 1980). With respect to Bowlby's attachment theory, children's acceptance or rejection by their attachment figures in the early years of life affect their personality and emotional development in adulthood, manifested as insecure attachment style and untrustworthy relations with significant others (Bowlby, 1980). With regard to the strong connection with and similarity between the attachment theory and the IPARTheory, the findings of Joeng et al. (2017) may shed light on the results of the current study.

To summarize, in terms of both maternal and paternal rejection, all six domains of self-compassion mediate a relationship with the persistence domain of emotional reactivity. That is to say, the relationship between maternal and paternal rejection and emotional reactivity are insignificant when self-compassion is considered. However, in terms of the arousal/intensity dimension of emotional reactivity, a difference appears between maternal and paternal rejection. The over-identification domain of self-compassion fully mediates the relationship between parental (i.e., maternal and paternal) rejection and the arousal/intensity dimension of emotional reactivity. In other words, the association between being accepted or rejected by parents in childhood and the strength of emotional experiences are insignificant when individuals exaggeratedly personalize failures or inadequacies they have experienced and do not approach these negative life events, negative thoughts, and disturbing emotions as a part of the human existence. On the other hand, while the self-kindness, self-judgment, common humanity, isolation, and mindfulness domains of self-compassion fully mediate the relationship between maternal rejection, and the arousal/intensity dimension of emotional reactivity, a partial mediation was found for paternal rejection. That is to say, while these five domains of self-compassion render the association between maternal rejection and

the arousal/intensity domain insignificant, they only reduce the strength of the relationship between paternal rejection and strong experience of emotions. In other words, the strength of the emotional experience associated with paternal rejection is not fully diminished after the five components of self-compassion are considered. The fact that paternal rejection is found to be higher than maternal rejection in the sample may explain this. The personality sub-theory of the IPARTheory mentions possible negative outcomes of parental rejection such as feelings of anxiety and insecurity (Rohner & Khaleque, 2005a), dependent personality characterized by constant emotional support from others (Rohner, 2016), aggression, emotional instability, hostility, impaired self-esteem, impaired self-adequacy, and negative worldview (Rohner, Khaleque & Cournoyer, 2005). Since the results of the current study indicate that perceived maternal acceptance levels of the participants are higher than perceived paternal acceptance levels, there may be a negative outcome as a result of less perceived acceptance from the father, which affects the mediating role of self-compassion in the relationship between paternal acceptance-rejection and the persistence of emotional experience.

5.4 Strengths of the current study

The results of the current study suggest that self-compassion and parental rejection are important variables in the three-dimensional model of emotional reactivity due to their direct and mediating effects. The results obtained from present study are consistent with other studies that examine relationships between emotional reactivity, parental rejection and self-compassion (Polanco-Roman et al., 2017; Fosco et al., 2016; Cook et al., 2017, Leary et al., 2007; López et al., 2016; Hayes 2013, Joeng et

al., 2017; Muris & Petrocchi, 2017; Yang 2016; Neff and Beretvas 2013; Kuyumcu & Rohner, 2016).

Hayes (2013) explains mediation analysis as a unique way to explain the process or mechanism by which one variable affects another. The mediation models tested in this study may help researchers determine how or why links between emotional reactivity, parental rejection, and self-compassion are conditional. Additionally, testing for mediational effect by looking at how much the immediate effect between independent variable and outcome is reduced or disappears after accounting for the mediator variable may enable researchers to understand the complex phenomenon (Hayes, 2013).

The results of the current study point out the importance of self-compassion-based interventions that may facilitate university students' emotional development by reducing the possible negative emotional outcomes of rejection from significant others in the early years of life. Neff and McGehee (2010) also suggest that self-compassion might be a significant intervention target because it reduces psychological problems and negative self-views in emergent adults and adolescents. Similarly, Stephenson, Watson, Chen, and Morris (2017) compared the effectiveness of self-compassion and self-esteem in Rational-Emotive Behavior Therapy (REBT) with a university student population. The result of Stephenson et al.'s study also shows that self-compassion predicts lower levels of depressive symptoms, anxiety, and frustration tolerance. Thus, self-compassion may work as an effective coping mechanism, and the integration of self-compassion-based intervention methods in college counseling settings may enhance the emotional and psychological well-being of university students.

Unlike other studies conducted to understand the relationship between emotional reactivity, parental rejection, and self-compassion, the current study examined all three of these constructs by analyzing and testing their sub-constructs. For example, taking the suggestion of Bernard and Curry (2011) into consideration, instead of examining self-compassion as a single construct, I investigated the mediating role of six domains of self-compassion and reported them separately. Along the same lines, emotional reactivity, which was the criterion variable in the current study, was examined through its three dimensions, namely sensitivity, arousal/intensity, and persistence. This analytical examination may provide a broader, more extended and more comprehensive point of view while examining and understanding these constructs and the relationships between them.

5.5 Limitations of the study, future directions and recommendations

First, in the participant selection, convenience sampling method was used for this study. Participants were from only one specific university, so the results are not generalizable to all young adults in the country. It could be more comprehensive to include young adult populations from different educational, socio-economic, and cultural backgrounds. Second, data was collected through an online tool rather than face-to-face interaction and therefore under the control of the researcher. This is a drawback in terms of data reliability. Nevertheless, preventive strategies were used to eliminate the drawbacks of online data collection, as discussed in the procedure section (3.3). Moreover, the data of the current study was analyzed and examined through a mixed gender group. Thus, gender differences in terms of emotional reactivity, parental rejection and emotional reactivity were not considered in discussing the results. In terms of gender, significant differences were found between

females and males in the total emotional reactivity score (females scored higher than males), the sensitivity dimension of emotion reactivity (females scored higher than males), the persistence dimension of emotion reactivity (females scored higher than males) and the over-identification component of self-compassion (males scored higher than female participants). Thus, for further research, gender differences may be investigated in detail. Moreover, the relationship between parental rejection and the sensitivity dimension of emotional reactivity was found insignificant in the current research. Therefore, the mediating role of self-compassion examined only the relationship between parental rejection and the arousal/intensity and persistence dimensions of emotion reactivity. Over-identification was found to be the only domain of self-compassion that fully mediated the relationship between paternal acceptance-rejection and the persistence dimension of emotional reactivity. Another limitation of the study is that the general results obtained from mediation analysis could not be compared with other findings in the literature because the same constructs had not been examined in the mediational model. As a result of this, the mediational model analysis was compared to a similar study of Joeng et al. (2017) in which they tested the mediational role of self-compassion in the relationship between attachment style and emotional distress. In addition to this, Joeng et al. (2017) did not examine parental rejection separately (i.e., maternal and paternal), but recent research did, so the comparison between maternal and paternal rejection could not be made. Polanco et al. (2017) found a gender difference in the emotional reactivity levels of young adults. However, the gender difference was not considered and examined in the current study. Finally, it was found in the present study that all of the domains of self-compassion (except the over-identification domain) partially mediate the relationship between paternal rejection and the persistence dimension of

emotional reactivity, whereas all six domains fully mediated the relationship between maternal rejection and the persistence dimension of emotional reactivity. These differences in the mediating role of self-compassion can be explained through gender differences in maternal and paternal rejection in future research.



CHAPTER 6

CONCLUSION

According to coping sub-theory of the IPARTheory, some individuals cope with negative emotional and interpersonal outcomes of parental rejection without suffering negative mental health consequences (Rohner, 2016). In order to understand the coping mechanism and the process, a person-in-context approach should be adopted considering the self, the other, and the context. Active copers, as defined in the coping sub-theory of the IPARTheory, are those who were rejected by their parents in the past and who remain emotionally and mentally healthy (Rohner et al., 2012; Rohner, 2016). That is to say, internal or external coping mechanisms considering the self, the other, or the context may reduce the negative emotional and mental health consequences of perceived rejection from parents. Thus, the mediating role of self-compassion in the relationship between parental rejection and emotional reactivity implies that self-compassion may also be considered a coping mechanism because it reduces the negative emotional consequences of parental rejection. Neff and McGehee (2010) also point out the importance of family and cognitive agents as determinants of the subjective nature of self-compassion. Thus, these findings identify a transactional relationship between self-compassion and perceived parental rejection. That is to say, perceived rejection may be a determinant of the variety and the subjectivity in self-compassion, and developing self-compassion as a coping mechanism may reduce the negative consequences of parental rejection.

By considering self-compassion as a coping mechanism, it can be concluded that self-compassion is an important intervention and a prevention target for college counseling settings, as it reduces or eliminates negative emotional consequences of

perceived rejection from significant others in the interpersonal relationship context. Previous research also supports this idea, as self-compassion has been found to be a protective coping mechanism university students use to deal with negative life experiences such as academic failure (Neff, Hsieh, & Dejitterat, 2004), psychological problems (Neff & McGehee, 2010), negative self-views (Allen & Leary, 2010), procrastination and perfectionism (Williams, Stark, & Foster, 2008), and inaccurate performance evaluations (Leary et al., 2007). The previous literature supports this interpretation of the current findings. A variety of self-compassion based intervention programs were found as effective intervention practices for emerging adult populations, such as self-compassion based Rational-Emotive Behavior Therapy (Stephenson, Watson, Chen and Morris, 2017). Adams and Leary (2007) used the induction of self-compassion for a series of intervention programs developed for women college students' rigid restrained eating attitudes (desire and effort to avoid eating unhealthy foods), and comparisons between their control group and the experimental group show that self-compassion-based intervention was the most effective for each intervention condition (Adams & Leary, 2007). Also, a strong association between self-compassion and psychological well-being (Neff 2003a; Neff & McGehee, 2010) shows that therapeutic interventions that aim to increase self-compassion are effective for preventing psychological problems in emerging adult populations. Self-compassion has been found to be an effective component in a variety of therapeutic intervention practices such as Compassionate Mind Training (CMT) (Gilbert & Procter, 2006), the Compassionate Image technique (Gilbert & Irons, 2004), the Gestalt Two-Chair exercise (Neff, Kirkpatrick, & Rude, 2007), and Mindfulness-Based Stress Reduction (MBSR) (Saphiro, Astin, Bishop, & Cordova, 2005).

To conclude, the results of the current study and previous findings from self-compassion-based intervention programs show that self-compassion and its six components are important intervention targets for college counseling practices.



APPENDIX A

ETHICAL PERMISSION FORM

T.C.
BOĞAZIÇI ÜNİVERSİTESİ
İnsan Araştırmaları Kurumsal Değerlendirme Alt Kurulu

Sayı: 2017/59

21 Haziran 2017

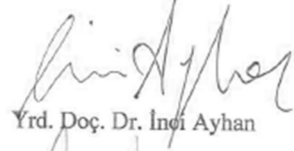
Merve Dökmeci
Rehberlik ve Psikolojik Danışmanlık

Sayın Araştırmacı,

"Üniversite Öğrencilerinde Duygusal Tepkisellik, Ebeveyn Kabulü-Reddi ve Öz-Duyarlık Arasındaki İlişki" başlıklı projeniz ile ilgili olarak yaptığımız SBB-EAK 2017/61 sayılı başvuru İNAREK/SBB Etik Alt Kurulu tarafından 21 Haziran 2017 tarihli toplantıda incelenmiş ve uygun bulunmuştur.



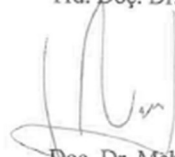
Doç. Dr. Ebru Kaya



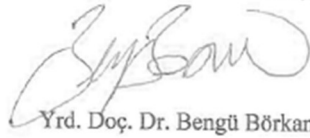
Yrd. Doç. Dr. İnci Ayhan



Doç. Dr. Gül Sosay



Doç. Dr. Mehmet Yiğit Gürdal



Yrd. Doç. Dr. Bengü Börkan

APPENDIX B

INFORMED CONSENT FORM (TURKISH)

Araştırmayı destekleyen kurum: Boğaziçi Üniversitesi
Araştırmanın adı: Üniversite Öğrencilerinde Duygusal Tepkisellik, Ebeveyn Kabulü-Reddi ve Öz-Duyarlık Arasındaki İlişki
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Araştırmacının adı: Merve Dökmeci
E-mail adresi: mervedokmeci@gmail.com
Telefonu: 0212 359 64 74

Boğaziçi Üniversitesi Eğitim Bilimleri Bölümü yüksek lisans öğrencisi Merve Dökmeci “Üniversite Öğrencilerinde Duygusal Tepkisellik, Ebeveyn Kabulü-Reddi ve Öz-Duyarlık Arasındaki İlişki” adı altında bilimsel bir araştırma projesi yürütmektedir. Bu çalışmanın amacı üniversite öğrencilerinde duygusal tepkisellik, ebeveyn kabulü-reddi ve öz-duyarlık arasındaki ilişkiyi incelemektir. Projenin gerçekleşmesi için yaklaşık 300 katılımcıya ihtiyaç vardır. Katılımcılar Boğaziçi Üniversitesi’nde kayıtlı olan hazırlık, remedial ve lisans öğrencilerinden oluşmaktadır. Tüm ölçekler Boğaziçi Üniversitesi etik kurulu onayı ile araştırmacı ve proje yürütücüsü kontrolünde çevrimiçi ortamda doldurulacaktır.

Bu araştırmaya katılmayı kabul ettiğiniz takdirde sizden öncelikle yaşıınız, cinsiyetiniz, eğitim durumunuz ve aile durumunuzla ilgili sorular içeren demografik bilgi formunu doldurmanızı ve sonrasında toplamda 91 sorudan oluşan 4 ayrı ölçeği doldurmanızı bekliyoruz. Demografik bilgi formunun ve ölçeklerin doldurulması yaklaşık 20 dakika sürmektedir.

Çalışmaya katılım tamamen gönüllülük esasına dayalı olup katılımcılara herhangi bir ödül ya da ücret verilmeyecektir.

Bu araştırma bilimsel bir amaçla yapılmaktadır ve katılımcı bilgilerinin gizliliği esas tutulmaktadır. Sizden herhangi bir kimlik bilgisi talep etmemekteyiz. Bu araştırmaya katılmak tamamen isteğe bağlıdır. Katıldığınız takdirde çalışmanın herhangi bir aşamasında herhangi bir sebep göstermeden onayınızı çekmek hakkına da sahipsiniz. Araştırma projesi hakkında ek bilgi almak istediğiniz takdirde lütfen Boğaziçi Üniversitesi Eğitim Bilimleri Bölümü Öğretim Üyesi Doç. Dr. Hande Sart ile temasa geçiniz (Telefon: 0212 359 6902, Adres: Boğaziçi Üniversitesi, Kuzey Kampüs Eğitim Fakültesi Eğitim Bilimleri Bölümü, 34342 Bebek, İstanbul).

Yukarıdaki metni okudum ve katılmam istenen çalışmanın kapsamını ve amacını, gönüllü olarak üzerime düşen sorumlulukları tamamen anladım. Çalışma hakkında soru sorma imkanı buldum. Bu çalışmayı istediğim zaman ve herhangi bir neden belirtmek zorunda kalmadan bırakabileceğimi ve bıraktığım takdirde herhangi bir olumsuzluk ile karşılaşmayacağımı anladım.

Bu koşullarda söz konusu araştırmaya kendi isteğimle, hiçbir baskı ve zorlama olmaksızın katılmayı kabul ediyorum.

APPENDIX C

INFORMED CONSENT FORM (ENGLISH)

Supporting Institution of the Research Project: Boğaziçi University

Name of the Research Project: Relationship among Emotional Reactivity, Parental Acceptance-Rejection and Self-Compassion in University Students

Project Coordinator: Assoc. Dr. Hande Sart

E-mail address: hande.sart@boun.edu.tr

Phone: 0212 359 69 02

Researcher's name: Merve Dökmeci

E-mail address: mervedokmeci@gmail.com

Phone: 0212 359 64 74

Merve Dökmeci, a graduate student at Boğaziçi University Department of Educational Sciences, conducts a scientific research project under the name "Relationship among Emotional Reactivity, Parental Acceptance-Rejection and Self-Compassion in University Students". The aim of this study is to examine the relationship between emotional reactivity, parental acceptance-rejection and self-compassion in university students. Approximately 300 participants are needed for the project to take place. Participants consist of preparatory, remedial and undergraduate students who are registered at Boğaziçi University. All scales will be completed online with the approval of the ethics committee of Boğaziçi University under the control of the researcher and the project manager.

If you agree to participate in this survey, we expect you to first fill out the demographic information form consist of questions about your age, gender, educational status and family status; and then fill in 4 different measures. It takes about 15 minutes to complete the demographic information form and the measures.

Participation in the work is entirely voluntary and no prize or fee will be given to the participant.

This research is done for scientific purposes and the confidentiality of participant information is based on. We do not require any identification information from you. Participation in this research is entirely voluntary. If you participate, you also have the right to withdraw your consent without any reason at any stage of the process. If you wish to receive additional information about the research project, please contact Boğaziçi University, Department of Educational Sciences, Assoc. Dr. Hande Sart (Phone: 0212 359 6902, Address: Boğaziçi University, North Campus Education Faculty Department of Educational Sciences, 34342 Bebek, Istanbul).

I have read the text above and fully understand the scope and purpose of the work I want to participate in, and the responsibilities that are voluntary. I had the opportunity to ask questions about the work. I understood that I would not have to work with this neglect when I left and left it without having to specify the time and any reason I wanted to do this work.

Under these circumstances I agree to participate in the research in my own favor, without any pressure or coercion.

APPENDIX D

PERSONAL INFORMATION FORM (TURKISH)

Doğum Yılıınız: _____

Cinsiyetiniz: Kadın _____ Erkek _____ Diğer(belirtiniz) _____

Öğrenim görmekte olduğunuz üniversitenin adı:

Üniversitede kaçınıcı yılınız (hazırlık dahil)? : _____

1 ___ 2 ___ 3 ___ 4 ___ 5 ve daha fazla ___

Remedial olduysanız lütfen kaç yıl olduğunuzu belirtiniz ___

Lisans eğitiminde kaçınıcı döneminiz?: _____

Anneniz hayatta mı?: Evet _____ Hayır _____

Anneniz hayatta değilse, annenizi kaybettiğinizde siz kaç yaşındaydınız? _____

Babanız hayatta mı? Evet _____ Hayır _____

Babanız hayatta değilse, babanızı kaybettiğinizde siz kaç yaşındaydınız? _____

Ailenizle mi yaşıyorsunuz?: Evet _____ Hayır _____

Ailenizle yaşamıyorsanız, kaç yıldır ailenizden ayrı yaşıyorsunuz? : _____

Ailenizle yaşamıyorsanız, nerede yaşıyorsunuz?

Tek başıma evde _____ Ev arkadaşım / arkadaşlarımla evde _____

Okulun yurdunda _____ Özel yurttta _____

Diğer(belirtiniz) _____

APPENDIX E

PERSONAL INFORMATION FORM (ENGLISH)

Date of birth: _____

Gender: Female _____ Male _____ Other (specify) _____

Name of the registered university:

Years have been spent in university (including English preparation year)? _____

1 _____ 2 _____ 3 _____ 4 _____ 5 or more _____

If you are/were remedial student, for how many years? _____

Semester in undergraduate education: _____

Is your mother alive? Yes _____ No _____

If your mother is not alive, how old were you when you lost her? _____

Is your father alive? Yes _____ No _____

If your father is not alive, how old were you when you lost him? _____

Are you living with your family?: Yes _____ No _____

If you are not living with your family, for how many years you are living separately?

If you are not living with your family, where are you living? : _____

Separate home alone _____ Shared house with housemate(s) _____

University dormitory _____ Private dormitory _____

Other (specify) _____

APPENDIX F

EMOTION REACTIVITY SCALE (TURKISH)

Aşağıdaki ifadeleri okuduktan sonra kendinizi değerlendirmeniz ve sizin için en uygun seçeneğin ("Tamamen katılıyorum", "Katılıyorum", "Katılmıyorum", "Hiç katılmıyorum") altına çarpı (X) işareti koymanız beklenmektedir. Lütfen her ifadeye mutlaka TEK yanıt veriniz ve BOŞ bırakmayınız.

| | Tamamen katılıyorum | Katılıyorum | Katılmıyorum | Hiç katılmıyorum |
|---|---------------------|-------------|--------------|------------------|
| 1. Üzücü olaylar karşısında çok kolayca duygusallaşırım | | | | |
| 2. Çok küçük şeyler bile beni duygusallaştırır. | | | | |
| 3. Bir duyguyu yaşadığımda çok yoğun yaşarım. | | | | |
| 4. Üzücü bir şey yaşadığımda, uzun bir süre ona kafa yorarım | | | | |
| 5. Duygularımı çok yoğun yaşarım. | | | | |
| 6. Duygularımda ani iniş-çıkışlar yaşadığım olur. | | | | |
| 7. Bir duyguyu yaşadığımda başka bir duyguyu yaşamak benim için çok zordur. | | | | |
| 8. Benim için mantıklı/ düzgün düşünmek zordur, bu yüzden kendimi genellikle mutsuz hissedirim. | | | | |
| 9. Duygusal olarak çok çabuk incinirim. | | | | |
| 10. Kızgın olduğumda çevremdekiler beni zor sakinleştirir. | | | | |
| 11. Kendimi genellikle endişeli hissedirim. | | | | |
| 12. Diğer insanların önemsemediği şeylere çok kafa yorarım. | | | | |
| 13. Üzücü bir durum karşısında kolayca dağılırım. | | | | |
| 14. Çevremdekiler olaylara aşırı tepki verdiğimi söyler. | | | | |
| 15. Kötü bir olay yaşadığımda, ruh halim hızlıca değişir. | | | | |
| 16. Çevremdekiler olaylar karşısında sakinliğimi koruyamadığımı söyler. | | | | |
| 17. Eğer biriyle bir anlaşmazlık yaşarsam, bu durumu kafamdan atmam zaman alır. | | | | |

© Seçer, İ., Halmatov, S., & Gençdoğan, B. (2013). Duygusal Tepkisellik Ölçeğinin Türkçeye Uyarlanması: Güvenirlilik ve Geçerlilik Çalışması. Sakarya University Journal of Education, 3(1), 82.

APPENDIX G

EMOTION REACTIVITY SCALE (ENGLISH)

| | Totally Agree | Agree | Not Agree | Totally Not Agree |
|--|---------------|-------|-----------|-------------------|
| When something happens that upsets me, it's all I can think about it for a long time. | | | | |
| My feelings get hurt easily. | | | | |
| When I experience emotions, I feel them very strongly/intensely. | | | | |
| When I'm emotionally upset, my whole body gets physically upset as well. | | | | |
| I tend to get very emotional very easily. | | | | |
| I experience emotions very strongly. | | | | |
| I often feel extremely anxious. | | | | |
| When I feel emotional, it's hard for me to imagine feeling any other way. | | | | |
| Even the littlest things make me emotional. | | | | |
| If I have a disagreement with someone, it takes a long time for me to get over it. | | | | |
| When I am angry/upset, it takes me much longer than most people to calm down. | | | | |
| I get angry at people very easily. | | | | |
| I am often bothered by things that other people don't react to. | | | | |
| I am easily agitated. | | | | |
| My emotions go from neutral to extreme in an instant. | | | | |
| When something bad happens, my mood changes very quickly. People tell me I have a very short fuse. | | | | |
| People tell me that my emotions are often too intense for the situation. | | | | |
| I am a very sensitive person. | | | | |
| My moods are very strong and powerful. | | | | |
| I often get so upset it's hard for me to think straight. | | | | |
| Other people tell me I'm overreacting. | | | | |

APPENDIX H

PARENTAL ACCEPTANCE-REJECTION QUESTIONNAIRE (PARQ)

MOTHER VERSION (TURKISH)

Yönerge: Bu bölümde anne-çocuk ilişkisini içeren ifadeler bulunmaktadır. Bu ifadelerin annenizin size olan davranışlarıyla benzer olup olmadığını düşünün. Sonrasında “Hemen Hemen Her Zaman Doğru”, “Bazen Doğru”, “Nadiren Doğru”, “Hiçbir Zaman Doğru Değil” şıklarından sizin için en uygun olanı işaretleyin.

| ANNEM | ANNEM İÇİN DOĞRU | | ANNEM İÇİN DOĞRU DEĞİL | |
|--------------------------------|------------------------------------|--------------------------|--------------------------|---------------------------------|
| | <i>Hemen Hemen Her Zaman Doğru</i> | <i>Bazen Doğru</i> | <i>Nadiren Doğru</i> | <i>Hiçbir Zaman Doğru Değil</i> |
| Ben hiç yokmuşum gibi davrandı | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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Translation and adaptation by F.Erkman &, B. Yılmaz. Additional translation by B. Kuyumcu, 2014

| ANNEM | | Hemen Hemen Her Zaman Dođru | Bazen Dođru | Nadiren Dođru | Hiçbir Zaman Dođru Deđil |
|-------|---|---|-----------------------|-----------------------|-----------------------------------|
| 1 | Benim hakkımda güzel şeyler söylerdi. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2 | Bana hiç ilgi göstermezdi. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3 | Benim için önemli olan şeyleri anlatabilmemi kolaylaştırırdı. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4 | Hak etmediğim zaman bile bana vururdu. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5 | Beni büyük bir baş belası olarak görürdü. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6 | Kızdığı zaman beni cezalandırırdı. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7 | Sorularımı cevaplayamayacak kadar meşguldü. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8 | Benden hoşlanmıyor gibiydi. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9 | Yaptığım şeylerle gerçekten ilgilenirdi. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 | Bana bir sürü kırıcı şey söylerdi. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11 | Ondan yardım istediğimde beni duymazlıktan gelirdi. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 | Bana istenilen ve ihtiyaç duyulan biri olduğumu hissettirirdi. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 | Bana çok ilgi gösterirdi. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14 | Beni kırmak için elinden geleni yapardı. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15 | Hatırlaması gerekir diye düşündüğüm önemli şeyleri unuturdu. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16 | Eđer kötü davranırsam benden hoşlanmadığımı hissettirirdi. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17 | Bana yaptığım şeylerin önemli olduğunu hissettirirdi. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18 | Yanlış bir şey yaptığımda beni korkutur veya tehdit ederdi. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19 | Benim ne düşündüğüme önem verir ve düşündüklerim hakkında konuşmamdan hoşlanırdı. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | Ne yaparsam yapayım, diđer çocukların benden daha iyi olduğunu hissederdi. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21 | Bana istenmediğimi belli ederdi. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22 | Beni sevdiğini belli ederdi. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23 | Onu rahatsız etmediğim sürece benimle ilgilenmezdi. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24 | Bana karşı yumuşak ve iyi kalpliydi. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

APPENDIX I

PARENTAL ACCEPTANCE-REJECTION QUESTIONNAIRE (PARQ) MOTHER
VERSION (ENGLISH)

The following pages contain a number of statements describing the way mothers sometimes act toward their children. I want you to think about how each one of these fits the way your mother treats you.

Four boxes are drawn after each sentence. If the statement is *basically* true about the way your mother treats you then ask yourself, “Is it almost *always* true?” or “Is it only *sometimes* true?” If you think your mother almost always treats you that way, put an *X* in the box ALMOST ALWAYS TRUE; if the statement is sometimes true about the way your mother treats you then mark SOMETIMES TRUE. If you feel the statement is basically *untrue* about the way your mother treats you then ask yourself, “Is it *rarely* true?” or “Is it almost *never* true?” If it is rarely true about the way your mother treats you put an *X* in the box RARELY TRUE; if you feel the statement is almost never true then mark ALMOST NEVER TRUE.

Remember, there is no right or wrong answer to any statement, so be as honest as you can. Respond to each statement the way you feel your mother really is rather than the way you might like her to be. For example, if she almost always hugs and kisses you when you are good, you should mark the item as follows:

| MY MOTHER | TRUE OF MY MOTHER | | NOT TRUE OF MY MOTHER | |
|-----------------------------------|---------------------------|--------------------------|--------------------------|--------------------------|
| | <i>Almost Always True</i> | <i>Sometimes True</i> | <i>Rarely True</i> | <i>Almost Never True</i> |
| Hugs and kisses me when I am good | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| MY MOTHER | | Almost Always True | Sometimes True | Rarely True | Almost Never True |
|-----------|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 1 | Said nice things about me | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2 | Paid no attention to me | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3 | Made it easy for me to tell her things that were important to me | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4 | Hit me, even when I did not deserve it | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5 | Saw me as a big nuisance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6 | Punished me severely when she was angry | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7 | Was too busy to answer my questions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8 | Seemed to dislike me | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9 | Was really interested in what I did | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 | Said many unkind things to me | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11 | Paid no attention when I asked for help | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 | Made me feel wanted and needed | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 | Paid a lot of attention to me | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14 | Went out of her way to hurt my feelings | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15 | Forgot important things I thought she should remember | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16 | Made me feel unloved if I misbehaved | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17 | Made me feel what I did was important | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18 | Frightened or threatened me when I did something wrong | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19 | Cared about what I thought, and liked me to talk about it | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | Felt other children were better than I was no matter what I did | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21 | Let me know I was not wanted | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22 | Let me know she loved me | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23 | Paid no attention to me as long as I did nothing to bother her | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24 | Treated me gently and with kindness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

APPENDIX J

PARENTAL ACCEPTANCE-REJECTION QUESTIONNAIRE (PARQ)

FATHER VERSION (TURKISH)

Yönerge: Bu bölümde baba-çocuk ilişkisini içeren ifadeler bulunmaktadır. Bu ifadelerin babanızın size olan davranışlarıyla benzer olup olmadığını düşünün. Sonrasında “Hemen Hemen Her Zaman Doğru”, “Bazen Doğru”, “Nadiren Doğru”, “Hiçbir Zaman Doğru Değil” şıklarından sizin için en uygun olanı işaretleyin.

| | BABAM İÇİN DOĞRU | | BABAM İÇİN DOĞRU DEĞİL | |
|----------------------------------|-----------------------------|-----------------------|------------------------|--------------------------|
| | Hemen Hemen Her Zaman Doğru | Bazen Doğru | Nadiren Doğru | Hiçbir Zaman Doğru Değil |
| BABAM | | | | |
| Ben hiç yokmuşum gibi davranırdı | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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Translation and adaptation by F.Erkman &, B. Yılmaz. Additional translation by B. Kuyumcu, 2014

| BABAM | | Hemen Hemen Her Zaman Dođru | Bazen Dođru | Nadiren Dođru | Hiçbir Zaman Dođru Deđil |
|-------|---|---|-----------------------|-----------------------|-----------------------------------|
| 1 | Benim hakkımda güzel şeyler söylerdi. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2 | Bana hiç ilgi göstermezdi. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3 | Benim için önemli olan şeyleri anlatabilmemi kolaylaştırırdı. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4 | Hak etmediğim zaman bile bana vururdu. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5 | Beni büyük bir baş belası olarak görürdü. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6 | Kızdığı zaman beni cezalandırırdı. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7 | Sorularımı cevaplayamayacak kadar meşguldü. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8 | Benden hoşlanmıyor gibiydi. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9 | Yaptığım şeylerle gerçekten ilgilenirdi. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 | Bana bir sürü kırıcı şey söylerdi. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11 | Ondan yardım istediğimde beni duymazlıktan gelirdi. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 | Bana istenilen ve ihtiyaç duyulan biri olduğumu hissettirirdi. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 | Bana çok ilgi gösterirdi. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14 | Beni kırmak için elinden geleni yapardı. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15 | Hatırlaması gerekir diye düşündüğüm önemli şeyleri unuturdu. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16 | Eđer kötü davranırsam benden hoşlanmadığımı hissettirirdi. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17 | Bana yaptığım şeylerin önemli olduğunu hissettirirdi. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18 | Yanlış bir şey yaptığımda beni korkutur veya tehdit ederdi. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19 | Benim ne düşündüğüme önem verir ve düşündüklerim hakkında konuşmamdan hoşlanırdı. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | Ne yaparsam yapayım, diđer çocukların benden daha iyi olduğunu hissederdi. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21 | Bana istenmediğimi belli ederdi. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22 | Beni sevdiğini belli ederdi. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23 | Onu rahatsız etmediğim sürece benimle ilgilenmezdi. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24 | Bana karşı yumuşak ve iyi kalpliydi. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

APPENDIX K

PARENTAL ACCEPTANCE-REJECTION QUESTIONNAIRE (PARQ)

FATHER VERSION (ENGLISH)

The following pages contain a number of statements describing the way fathers sometimes act toward their children. I want you to think about how each one of these fits the way your father treats you.

Four boxes are drawn after each sentence. If the statement is *basically* true about the way your father treats you then ask yourself, “Is it almost *always* true?” or “Is it only *sometimes* true?” If you think your father almost always treats you that way, put an *X* in the box ALMOST ALWAYS TRUE; if the statement is sometimes true about the way your father treats you then mark SOMETIMES TRUE. If you feel the statement is basically *untrue* about the way your father treats you then ask yourself, “Is it *rarely* true?” or “Is it almost *never* true?” If it is rarely true about the way your father treats you put an *X* in the box RARELY TRUE; if you feel the statement is almost never true then mark ALMOST NEVER TRUE.

Remember, there is no right or wrong answer to any statement, so be as honest as you can. Respond to each statement the way you feel your father really is rather than the way you might like him to be. For example, if he almost always hugs and kisses you when you are good, you should mark the item as follows:

| MY FATHER | TRUE OF MY FATHER | | NOT TRUE OF MY FATHER | |
|-----------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | <i>Almost Always True</i> | <i>Sometimes True</i> | <i>Rarely True</i> | <i>Almost Never True</i> |
| Hugs and kisses me when I am good | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| MY FATHER | | Almost Always True | Sometimes True | Rarely True | Almost Never True |
|-----------|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 1 | Said nice things about me | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2 | Paid no attention to me | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3 | Made it easy for me to tell him things that were important to me | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4 | Hit me, even when I did not deserve it | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5 | Saw me as a big nuisance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6 | Punished me severely when he was angry | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7 | Was too busy to answer my questions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8 | Seemed to dislike me | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9 | Was really interested in what I did | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 | Said many unkind things to me | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11 | Paid no attention when I asked for help | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 | Made me feel wanted and needed | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 | Paid a lot of attention to me | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14 | Went out of his way to hurt my feelings | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15 | Forgot important things I thought he should remember | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16 | Made me feel unloved if I misbehaved | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17 | Made me feel what I did was important | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18 | Frightened or threatened me when I did something wrong | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19 | Cared about what I thought, and liked me to talk about it | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | Felt other children were better than I was no matter what I did | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21 | Let me know I was not wanted | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22 | Let me know he loved me | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23 | Paid no attention to me as long as I did nothing to bother him | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24 | Treated me gently and with kindness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

APPENDIX L

SELF-COMPASSION SCALE (TURKISH)

Bu anketten elde edilen sonuçlar bilimsel bir çalışmada kullanılacaktır. Sizden istenilen bu ifadeleri okuduktan sonra sizin için en uygun seçeneğin karşısına çarpı (X) işareti koymanızdır. Her sorunun karşısında bulunan; "(1) Hiç bir zaman", "(2) Nadiren", "(3) Sık sık", "(4) Genellikle" ve "(5) Her zaman" anlamına gelmektedir. Lütfen her ifadeye mutlaka TEK yanıt veriniz ve kesinlikle BOŞ bırakmayınız. Katkılarınız için teşekkür ederim.

| | | Hiçbir zaman | Nadiren | Sık sık | Genellikle | Her zaman |
|----|---|--------------|---------|---------|------------|-----------|
| 1 | Hata ve yetersizliklerime karşı kınayıcı ve yargılayıcı bir tavır takınırım. | 1 | 2 | 3 | 4 | 5 |
| 2 | Kendimi kötü hissettiğimde kötü olan her şeye kafamı takar ve onunla meşgul olurum. | 1 | 2 | 3 | 4 | 5 |
| 3 | Benim için bir şeyler kötüye gittiğinde, bu durumun herkesin yaşayabileceğini ve yaşamın bir parçası olduğunu düşünürüm. | 1 | 2 | 3 | 4 | 5 |
| 4 | Yetersizliklerim hakkında düşündüğümde, bu kendimi yalnız hissetmeme ve dünyayla bağlantımı koparmama neden olur. | 1 | 2 | 3 | 4 | 5 |
| 5 | Duygusal anlamda acı çektiğim durumlarda kendime sevgiyle yaklaşırım. | 1 | 2 | 3 | 4 | 5 |
| 6 | Benim için önemli olan bir şeyde başarısız olduğumda, yetersizlik duygularıyla kendimi harap ederim. | 1 | 2 | 3 | 4 | 5 |
| 7 | Kendimi çok kötü hissettiğim durumlarda, dünyadaki birçok insanın benzer duygular yaşadığını hatırlamaya çalışırım. | 1 | 2 | 3 | 4 | 5 |
| 8 | Sıkıntı çektiğim durumlarda kendime karşı biraz acımasız olabilirim. | 1 | 2 | 3 | 4 | 5 |
| 9 | Bir şey beni üzdüğünde duygularımı dengede tutmaya çalışırım. | 1 | 2 | 3 | 4 | 5 |
| 10 | Bir yetersizlik hissettiğimde, kendime bu yetersizlik duygusunun insanların birçoğu tarafından paylaşıldığını hatırlatmaya çalışırım. | 1 | 2 | 3 | 4 | 5 |
| 11 | Kişiliğimin beğenmediğim yönlerine karşı sabırlı ve hoşgörülü değilimdir. | 1 | 2 | 3 | 4 | 5 |
| 12 | Zor zamanlarımda ihtiyaç duyduğum özen ve şefkati kendime gösteririm. | 1 | 2 | 3 | 4 | 5 |
| 13 | Kendimi üzgün hissettiğimde, diğer insanların çoğunun belki de benden daha mutlu olduklarını düşünürüm. | 1 | 2 | 3 | 4 | 5 |
| 14 | Acı veren bir şeyler yaşadığımda bu duruma dengeli bir bakış açısıyla yaklaşmaya çalışırım. | 1 | 2 | 3 | 4 | 5 |
| 15 | Başarısızlıklarımı insanlık halinin bir parçası olarak görmeye çalışırım. | 1 | 2 | 3 | 4 | 5 |
| 16 | Hoşlanmadığım yönlerimi fark ettiğimde kendimi suçlarım. | 1 | 2 | 3 | 4 | 5 |

| | | Hiçbir zaman | Nadiren | Sık sık | Genellikle | Her zaman |
|----|--|--------------|---------|---------|------------|-----------|
| 17 | Bir şeyde başarısızlık yaşadığımda nesnel bir bakış açısı takınmaya çalışırım. | 1 | 2 | 3 | 4 | 5 |
| 18 | Zor durumlarla mücadele ettiğimde, diğer insanların daha rahat bir durumda olduklarını düşünürüm. | 1 | 2 | 3 | 4 | 5 |
| 19 | Acı veren olaylar yaşadığımda kendime kibar davranırım. | 1 | 2 | 3 | 4 | 5 |
| 20 | Bir şey beni üzdüğünde, duygularıma kapılıp giderim. | 1 | 2 | 3 | 4 | 5 |
| 21 | Gerçekten güç durumlarla karşılaştığımda kendime kaba davranırım. | 1 | 2 | 3 | 4 | 5 |
| 22 | Kendimi kötü hissettiğimde duygularıma ilgi ve açıklıkla yaklaşmaya çalışırım. | 1 | 2 | 3 | 4 | 5 |
| 23 | Hata ve yetersizliklerimi anlayışla karşılarım. | 1 | 2 | 3 | 4 | 5 |
| 24 | Sıkıntı veren bir olay olduğunda olayı mantıksız biçimde abartırım. | 1 | 2 | 3 | 4 | 5 |
| 25 | Benim için önemli olan bir şeyde başarısız olduğumda, kendimi bu başarısızlıkta yalnız hissedirim. | 1 | 2 | 3 | 4 | 5 |
| 26 | Kişiliğimin beğenmediğim yönlerine ilişkin anlayışlı ve sabırlı olmaya çalışırım. | 1 | 2 | 3 | 4 | 5 |

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APPENDIX M

SELF-COMPASSION SCALE (ENGLISH)

HOW I TYPICALLY ACT TOWARDS MYSELF IN DIFFICULT TIMES

Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale:

- | Almost
never | | | | | Almost
always | | | |
|-------------------------|-----|--|--|----------|--------------------------|----------|--|----------|
| 1 | | 2 | | 3 | | 4 | | 5 |
| ___ | 1. | I'm disapproving and judgmental about my own flaws and inadequacies. | | | | | | |
| ___ | 2. | When I'm feeling down I tend to obsess and fixate on everything that's wrong. | | | | | | |
| ___ | 3. | When things are going badly for me, I see the difficulties as part of life that everyone goes through. | | | | | | |
| ___ | 4. | When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world. | | | | | | |
| ___ | 5. | I try to be loving towards myself when I'm feeling emotional pain. | | | | | | |
| ___ | 6. | When I fail at something important to me I become consumed by feelings of inadequacy. | | | | | | |
| ___ | 7. | When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am. | | | | | | |
| ___ | 8. | When times are really difficult, I tend to be tough on myself. | | | | | | |
| ___ | 9. | When something upsets me I try to keep my emotions in balance. | | | | | | |
| ___ | 10. | When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people. | | | | | | |
| ___ | 11. | I'm intolerant and impatient towards those aspects of my personality I don't like. | | | | | | |
| ___ | 12. | When I'm going through a very hard time, I give myself the caring and tenderness I need. | | | | | | |
| ___ | 13. | When I'm feeling down, I tend to feel like most other people are probably happier than I am. | | | | | | |
| ___ | 14. | When something painful happens I try to take a balanced view of the situation. | | | | | | |
| ___ | 15. | I try to see my failings as part of the human condition. | | | | | | |
| ___ | 16. | When I see aspects of myself that I don't like, I get down on myself. | | | | | | |
| ___ | 17. | When I fail at something important to me I try to keep things in perspective. | | | | | | |

- _____ 18. When I'm really struggling, I tend to feel like other people must be having an easier time of it.
- _____ 19. I'm kind to myself when I'm experiencing suffering.
- _____ 20. When something upsets me I get carried away with my feelings.
- _____ 21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.
- _____ 22. When I'm feeling down I try to approach my feelings with curiosity and openness.
- _____ 23. I'm tolerant of my own flaws and inadequacies.
- _____ 24. When something painful happens I tend to blow the incident out of proportion.
- _____ 25. When I fail at something that's important to me, I tend to feel alone in my failure.
- _____ 26. I try to be understanding and patient towards those aspects of my personality I don't like.



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