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THE MEDIATING ROLE OF MARITAL ADJUSTMENT AND PARENTING STRESS ON THE RELATIONSHIP BETWEEN ALEXITHYMIA AND PSYCHOPATHOLOGY

MASTER THESIS

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The study titled "**The Mediating Role of Marital Adjustment and Parenting Stress on the Relationship Between Alexithymia and Psychopathology**", which belongs to **Beyhan ÖZTÜRK**, was certified as fully adequate in scope and quality, and as a **thesis for the degree of Master of Science** by the examining committee members.

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Beyhan ÖZTÜRK

09.01.2020

PREFACE

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ABSTRACT

THE MEDIATING ROLE OF MARITAL ADJUSTMENT AND PARENTING STRESS ON THE RELATIONSHIP BETWEEN ALEXITHYMIA AND PSYCHOPATHOLOGY

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The current study was conducted to examine the factors that are related to psychological symptoms in married women. To this end, firstly, the relationships between alexithymia, marital adjustment, parenting stress, attachment styles, and psychological symptoms were examined. Secondly, within the main purpose of the study, the mediating role of marital adjustment and parenting stress on the relationship between alexithymia and psychological symptoms was examined after controlling for the effects of attachment styles and age. The data of the study was obtained from 419 married women who have children. For this purpose, A Demographical Information Form, Toronto Alexithymia Scale, Dyadic Adjustment Scale, Parenting Stress Scale, The Inventory of Experiences in Close Relationships-Revised and Brief Symptom Inventory were applied on the participants. According to the results, marital adjustment and parenting stress mediated the relationship between alexithymia and depression, anxiety, hostility, and negative self, respectively. However, marital adjustment and parenting stress did not mediate the relationship between alexithymia and somatization. The findings of the study were discussed on the basis of the literature.

Keywords: Alexithymia, Marital Adjustment, Parenting Stress, Psychological Symptoms, Attachment.

ÖZET

ALEKSİTİMİ VE PSİKOPATOLOJİ ARASINDAKİ İLİŞKİDE EVLİLİK UYUMU VE EBEVEYNLİK STRESİNİN ARACI ROLÜ

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Bu çalışma, evli kadınlarda psikolojik belirtileri yordayan faktörleri incelemeyi hedeflemiştir. Bu doğrultuda ilk olarak, aleksitimi, evlilik uyumu, ebeveynlik stresi, bağlanma stilleri ve psikolojik belirtiler arasındaki ilişkiler incelenmiştir. İkinci olarak, araştırmanın temel amacı kapsamında aleksitimi ve psikolojik belirtiler arasındaki ilişkide evlilik uyumu ve ebeveynlik stresinin aracı rolü, bağlanma stillerinin ve yaşın etkisi kontrol edilerek incelenmiştir. Araştırmanın verileri 419 evli ve çocuk sahibi kadın katılımcıdan elde edilmiştir. Bu amaçla katılımcılara Demografik Bilgi Formu ile birlikte Toronto Aleksitimi Ölçeği, Çift Uyum Ölçeği, Ebeveynlik Stres Ölçeği, Yakın İlişkilerde Yaşantılar Envanteri-II ve Kısa Semptom Envanteri uygulanmıştır. Araştırmanın sonuçlarına göre, evlilik uyumu ve ebeveynlik stresi, aleksitimi ile ayrı ayrı depresyon, anksiyete, hostilite ve olumsuz benlik arasındaki ilişkiye aracılık etmektedir. Ancak, aleksitimi ve somatizasyon arasındaki ilişkide evlilik uyumu ve ebeveynlik stresinin aracı rolü bulunamamıştır. Araştırmanın bulguları literatür temelinde tartışılmıştır.

Anahtar Kelimeler: Aleksitimi, Evlilik Uyumu, Ebeveynlik Stresi, Psikolojik Belirtiler, Bağlanma.

To my daughter…

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ABBREVIATION LIST

BSI : Brief Symptom Inventory

DAS : Dyadic Adjustment Scale

ECR-R : Experiences in Close Relationships-Revised

PSS : Parenting Stress Scale

Std : Standard

TAS : Toronto Alexithymia Scale

TAS-20 : Twenty-item Toronto Alexithymia Scale

TL : Turkish Lira

INTRODUCTION

The marked sex differences in psychopathology illustrate that women are vulnerable to many psychological symptoms throughout their lives. In other words, psychological symptoms such as anxiety, depression, and somatization are generally more prevalent in women than men (Fox, 1980; Kessler et al., 2003; Linzer et al., 1996; Weissman et al., 1993). In addition, some studies report that married women experience more psychological symptoms as compared to married men (Gove, 1972; Whitton and Kuryluk, 2012). According to a population-based prevalence survey, one in five women reported that they had experienced mental health problems (McManus et al., 2016: 10). Several explanations for these gender differences have indicated that increased responsibility for parenting (Epifanio et al., 2015: 41) and marital interaction (Proulx et al., 2007: 584) may contribute to the development of psychological symptoms in married women. According to a study by McLanahan and Adams (1989: 139), parents have lower levels of well-being than those who do not have children. In the light of the literature, this study aims to examine the possible pathways to psychopathology in married women who have children.

One of the factors affecting psychological well-being is the inability to express emotions (Rief et al., 1996: 425). Alexithymia refers to the difficulties in regulating emotions and it is found to be highly related to psychopathological symptoms such as depression, anxiety, and somatization (Allen et al., 2011; Haviland et al., 1994; Honkalampi et al., 2000; Marchesi et al., 2000; Mattila et al., 2008). However, as stated above, there may be other factors that mediate the relationship between alexithymia and psychological symptoms; including poor relationship functioning (Foran and O'leary, 2013; Holder et al., 2014). According to Hawkins and Booth (2005: 464), women with low-quality marriages have more psychological distress than single women. Namely, the relationship quality is related to psychological symptoms (Proulx et al., 2007; Kersh et al, 2006; Scorsolini-Comin and Dos Santos, 2012; Whisman et al., 2018). Increased psychological symptoms, especially depression (McShall and Johnson, 2015; Proulx et al., 2007) and anxiety (Leach et al., 2013: 422) were found to be associated with low marital adjustment. In a study conducted by Foran and O'leary (2013: 477), relationship dysfunctions including low social support, intimacy, relationship dissatisfaction, and negative relationship behaviors mediated the relationship between alexithymia and

depression. Also, in another study, this relationship was mediated by the poor quality of romantic relationships (Holder et al., 2014: 126).

Parenthood is another important factor affecting psychological symptoms (Essex et al., 2002; O'Hara and Wisner, 2014). Although the parenting stress is mostly studied among mothers of children with disabilities, women with healthy children also experience parenting stress (Baker et al., 2002; Benson et al., 2006; Dabrowska and Pisula, 2010; Hall and Graff, 2011; Lavee et al., 1996). After a child is born, the couples experience substantial changes in their lives. In particular, as a result of the unfamiliar increasing demands of the child and too many responsibilities, individuals may experience parenting stress (Leahy-Warren and McCarthy, 2011; Milkie et al., 2008; Moreira et al., 2015). This increased stress may have negative effects on the psychological well being of married women (Deater-Deckard et al., 1994; Farmer and Lee, 2011; Kohn et al., 2012). Farmer and Lee (2011: 522) found that parenting stress was closely related to the quality of the parent-child relationship and the mother's psychological symptoms like depression. Yürümez and her colleagues (2014: 193), based on the assumption that alexithymia is a trait that can affect the attachment styles in the relationships, conducted a study to examine the relationship between alexithymia, mother-infant relationship quality and depression levels. According to the results, highly alexithymic mothers had higher depression levels and lower relationship quality with their infants. Schechter and his colleagues (2015: 411) has found that alexithymia was associated with parenting stress. In a recent study (Silvestria et al., 2019: 466), the difficulty in identifying feelings dimension of alexithymia was reported to be associated with increased parenting stress in mothers of children with tic disorder. However, there is not a study focusing on the mediating role of parenting stress on the relationship between alexithymia and psychological symptoms. Based on the literature, the current study aims to examine the mediating role of marital adjustment and parenting stress on the relationship between alexithymia and psychological symptoms among married women who have children.

CHAPTER I

1. LITERATURE REVIEW

In this section, firstly, a literature review about alexithymia and its relationship with psychological symptoms will be presented. Secondly, marital adjustment and its relationship with alexithymia and psychological symptoms will be focused. Thirdly, a literature review about parenting stress and its relationship with alexithymia and psychological symptoms will be provided. Lastly, attachment, which may be a confounding factor in the proposed model, and its relationship with psychological symptoms will be reviewed. After the literature review, the purpose and the hypotheses of the current study will be presented.

1.1. Alexithymia

1.1.1. Definition of Alexithymia

Alexithymia which means "the absence of words for the emotions" was first used by Sifneos to describe psychosomatic patients in 1973 (Preece et al., 2018: 35). Then, according to the theory put forward by Nemiah and his colleagues, people who exhibit alexithymic features have difficulties in identifying, describing feelings and distinguishing between feelings and bodily sensations of emotional arousal (Jordan and Smith, 2017; Nemiah, 2000). Also, it is stated that the inadequacy of abreacting, incapacity of fantasy, externally oriented thinking, which means focusing on an external stimuli instead of emotional processes and using concrete speech are among the characteristics of alexithymia (Besharat and Khajavi, 2013: 571).

Alexithymia is approached by the theorists in two different ways. One of them is primary alexithymia that emerges as a personality trait (Nemiah, 2000: 302). However, secondary alexithymia is seen as a response to stressful situations with other psychological problems (Freyberger, 1977; Kajanoja et al., 2017; Wise and Mann, 1995). Therefore, alexithymia is seen in both clinical and non-clinical samples. While in the non-clinical samples an overall alexithymia prevalence have been stated to be between % 10 to % 18 (Honkalampi et al., 2000; Mason et al., 2005; Salminen et al., 1999); in some of the clinical samples these rates have been varied between % 32 to %

77.1 (Bourke et al., 1992; Honkalampi et al., 2000; Lumley and Roby, 1995). Moreover, there are findings that alexithymia is more common in women than men (De Barros et al., 2018; Hamaideh, 2017; Mason et al., 2005), while there are also studies that do not find a difference between genders (Gabriel et al., 2016; Wester et al., 2002; Vanheule et al., 2007).

The difficulties in identifying, processing and regulating emotions are evident in alexithymia (Montebarocci et al., 2004: 500). These difficulties reflect the assumption that cognitive processing of emotional experiences is impaired (Luminet et al., 2006: 716). The right hemisphere is specialized in the constitution of emotional reactions, recalling emotions, communication with feelings, and emotion regulation (Tucker, 1981: 39). Alexithymic individuals were reported to display dysfunction in their right hemispheres or hyperactivity in their left hemispheres (Bermond et al., 2006; Jessimer and Markham, 1997; Larsen et al., 2003).

Both genetic and environmental factors may play an important role in the development and maintenance of alexithymia (Jorgensen et al., 2007; Picardi et al., 2011; Valera and Berenbaum, 2001). In many studies, a significant relationship was found between the level of alexithymia of the parents and of their children. (Grabe et al, 2008; Fukunishi and Paris, 2001; Lumley et al., 1996). This relationship was manifested especially in describing emotions (Grabe et al., 2008: 38). Also, the environmental characteristics shared by family involving dysfunctional interactions (Mallinckrodt et al., 1998: 501), inadequate expressiveness (Kench and Irvin, 2000: 741), perceived insufficient care (Fukunishi et al, 1997: 144) and not feeling emotionally safe (Berenbaum and James, 1994: 353) were associated with the development of alexithymia.

1.1.2. Dimensions of Alexithymia

Alexithymia, which causes difficulties in emotion regulation is linked with a lack of emotional sensitivity in childhood (Besharat and Khajavi, 2013; Thorberg et al., 2011: 190). This association manifests as a high alexithymia level in adulthood, especially in identifying and describing emotions (Mason et al., 2005; Thorberg et al., 2011).

One of the most prominent features of alexithymia is the difficulty in identifying subjective feelings and making the distinction between emotions and physical sensations (Bagby and Taylor, 1997: 29). This reflects in alexithymic individuals'

difficulties in assessing what emotional responses are and what they mean (Preece et al., 2018: 33). Accordingly, when alexithymic individuals are asked about their emotions, they experience confusion and report their physical condition (Lumley et al., 2007: 231). Moreover, Kaukonen and his colleagues (2001: 474) stated that these difficulties are more common in women than men.

Another prominent feature is the difficulty of using the language to express emotions arising from bodily sensations to other people (Messina et al., 2014: 40). In other words, alexithymic individuals do not tend to use complex and detailed words in describing their emotions (Lumley et al., 2007: 240). In an experimental study conducted by Suslow and Junghanns (2002: 548), individuals were assigned the task of deciding to emotions verbally after the presentation of the related emotional stimulus. As a result, it is revealed that people with high levels of alexithymia were late in that process. This finding is in line with the proposed difficulty of alexithymic individuals in using language to express emotions. Lastly, restricted imaginal processes and externally oriented cognitive style are other common features of alexithymia (Lumley et al., 2007: 231). Externally oriented thinking is conceptualized as difficulty in focusing on emotional situations (Preece et al., 2018: 35). Accordingly, alexithymic individuals focus on external stimuli rather than internal experiences (Taylor et al., 1985: 191). In other words, the content of their thinking is restricted to the concrete details of the external environment such as events, objects, and people. Therefore, these individuals have inadequate internal emotional experience (Taylor et al., 1985: 191). For instance, when alexithymic individuals are describing their emotions, they may express physical symptoms, health and details of daily events (Lumley et al., 2007: 240).

In brief, alexithymia consists of three different dimensions (Güleç and Yenel, 2010: 110). The first dimension is the difficulty in identifying emotions. The second dimension is the difficulty in describing emotions and the last dimension is externally oriented thinking (Taylor et al., 2003: 278).

1.1.3. The Relationship Between Alexithymia and Psychopathology

1.1.3.1. The Relationship Between Alexithymia and Depression

Many studies have been conducted to reveal the relationship between depression and alexithymia (Lipsanen et al., 2004; Marchesi et al., 2000; Parker et al., 1991). These studies showed that there was a significant relationship between the level of alexithymia and depression. Leweke and his colleagues (2012: 24) concluded that patients with

depressive disorders displayed higher alexithymia levels compared to other diagnostic groups such as anxiety disorders and somatoform disorders. Moreover, Son and his colleagues (2012: 329) also suggested that alexithymic traits might be associated with susceptibility to depressive disorders and the difficulties in describing emotions were higher in depression than in other psychopathologies. Similarly, Duddu and his colleagues (2003: 437) found that there were difficulties in expressing emotions in depressive disorder. Furthermore, in a meta-analysis study conducted by Li and his colleagues (2015: 4), it was found that depression and the difficulty in recognizing emotions and the difficulty in describing emotions dimensions of alexithymia had moderate significant relationships. On the other hand, a weak relationship was found between depression and externally oriented thinking dimension of alexithymia (Li et al., 2015: 8).

The relationship between alexithymia and depression was investigated in many sample. For example, in a study conducted with a non-clinical sample by Honkalampi and his colleagues (2000: 99), a strong relationship was found between alexithymia and depression. In another study conducted with depressed outpatients, alexithymic patients showed more psychiatric symptoms, and depression severity was higher than non-alexithymic patients (Honkalampi et al., 1999: 274). Finally, according to a study conducted with women who are married and have children, it was found that women with high alexithymia levels had higher depression scores than women with low alexithymia levels (Yürümez et al., 2014: 193).

1.1.3.2. The Relationship Between Alexithymia and Anxiety

In the studies focusing on the relationship between anxiety and alexithymia, it was found that alexithymia was associated with anxiety (Hamaideh, 2017; Karakuvi et al., 2010). In one of these studies conducted by Marchesi and his colleagues (2000: 46), it was found that the level of alexithymia was higher in individuals with anxiety disorders compared to the control group. This differentiation was more common in the sub-dimension of the difficulty in identifying emotions. In other studies, similar results have emerged that anxiety symptoms were associated with the difficulty in identifying emotions (Devine et al., 1999: 154; Hendryx et al., 1991; Motan and Gençöz, 2007) and the difficulty in describing emotions (Devine et al., 1999: 154).

1.1.3.3. The Relationship Between Alexithymia and Somatization

The concept of alexithymia was developed as a result of clinical observations of individuals with psychosomatic disorders. It is stated that this structure is associated with continuous physiological arousal and biased perception of bodily sensations (Lumley et al., 1996: 508). Individuals with somatoform disorders were mainly alexithymic and had more difficulties in identifying bodily sensations and feelings than those in the normal control group (Duddu et al., 2003: 437).

Alexithymia may be one of the factors increasing the risk of somatization in the non-clinical sample (Mattila et al., 2008: 720) as the somatic complaints are common in individuals who experience alexithymic traits (Taylor et al., 1992; Wise and Mann, 1995). Similarly, in a study conducted by Bach and Bach (1995: 47), it was found that a high level of alexithymia is a significant predictor of persistent somatization. However, in a study with a non-clinical sample, it was found that the level of alexithymia predicted high levels of physical symptoms and low perception of physical health (Kauhanen et al., 1991: 251). In another study conducted with a non-clinical sample, fantasizing and the difficulty in identifying emotions dimension of alexithymia were significantly associated with somatization (Bailey and Henry, 2007: 16).

1.1.3.4. The Relationship Between Alexithymia and Hostility

Hostility represents the cognitive structures of aggression including feelings of revenge, suspicion, malevolence and injustice (Buss and Perry, 1992: 457). Also, it usually refers to an attitude accompanied by anger which is the emotional structure of aggression (Ramirez and Andreu, 2006: 280). This concept can be used to distinguish between low and high aggression (Buss and Perry, 1992: 458). Therefore, sometimes hostility is treated as synonyms with anger or aggression (Cavalcanti et al., 2019: 374).

The difficulties in recognition, regulation and expression of emotions may constitute the inabilities to control aggressive tendencies (Eom and Shin, 2016; Velotti et al., 2016). Accordingly, alexithymic individuals are prone to anger and show more aggressive behaviors when they get angry (Oktay and Batıgün, 2014; Zimmermann et al., 2005). For instance, in a study conducted by Berenbaum and Irvin (1996: 207), it was found that individuals with high levels of alexithymia showed more anger than individuals with low levels of alexithymia. Additionally, in other studies, alexithymia was associated with anger/hostility (Castelli et al., 2013; Jordan and Smith, 2017).

Moreover, the difficulties in identifying emotions were a strong predictor of aggression (Fossati et al., 2009: 177).

1.1.3.5. The Relationship Between Alexithymia and Negative Self

Self is what is thought about personality (Jiao and Onwuegbuzie, 1999: 140). Self-perception includes expectations, feelings, and beliefs that reflect the viewpoint of self which has been formed as a result of interactions with other people (Baldwin, 1994; Jiao and Onwuegbuzie, 1999). These perceptions can be positive or negative depending on the self-statements (Baldwin, 1994: 385). However, alexithymia was associated with negative self, including negative evaluation of self (Kahramanol and Dağ, 2018: 34). Accordingly, in a study conducted by Batıgün and Büyükşahin (2008: 109), alexithymic individuals were found to show more negative evaluations about self than non-alexithymic individuals.

Negative self indicates decreased self-esteem (Bagley and Mallick, 1995: 123). Therefore, many studies have shown significant associations between high levels of alexithymia and lower self-esteem (Sasai et al., 2010; Ünal, 2004). According to these studies, individuals with higher levels of alexithymia were found to have lower self-perception and lower levels of self-esteem than those with low alexithymia levels (Oktay and Batıgün, 2014; Sayar et al., 2005: 129). In addition to this, as the difficulties in expressing emotions increase, self-esteem decreases (Yelsma, 1995: 737).

1.2. Marital Adjustment

1.2.1. Definition of Marital Adjustment

Marital relationship is based on the experiences of each partner, the quality of their environment and their past experiences. Hence, this relationship has been one of the most important interpersonal relationships developed throughout life for many people (Karney et al., 2005: 28). To evaluate the quality of this relationship, many concepts such as marital adjustment, marital satisfaction, marital distress, and marital quality were used interchangeably (Karney and Bradbury, 1995: 3).

Marital adjustment reflects the quality of the relationship according to the satisfaction of each couple (Eid and Boucher, 2012: 1097). According to Lewis and Spanier (1979: 269), the high marital quality depends on the integration of the couples in the marriage, the happiness attained with this relationship, the adequate

communication, and the harmony between the couples. Besides, sharing similar interests and activities, having the characteristics of conflict resolution and fulfilling the expectations of spouses related to marriage are indicators of marital adjustment (Locke and Williamson, 1958: 562).

1.2.2. Dimensions of Marital Adjustment

Many criteria were used to determine the quality of marriage such as intimacy, satisfaction, sexual relationship, consensus, cohesion, happiness, integration, conflict resolution and conflict management (Locke and Wallace, 1959: 252). One of the most used of these is marital satisfaction (Spanier and Cole, 1976: 129). This concept reflects the degree to which each couple is satisfied with their relationship (Graham et al., 2006: 702). According to Hawkins and Johnsen (1969: 507), marital satisfaction occurs as a result of the perception that situations related to one's marriage is in line with own expectations. Moreover, it depends on the happiness or tension in the marriage (Orden and Bradburn, 1968: 723).

Dyadic consensus is another criterion used to assess marital adjustment (Fışıloğlu and Demir, 2000: 216). It demonstrates the extent of agreement on important issues for each of the partners in their marriage (Graham et al., 2006: 702). For instance, the consensus on the role expectations in marriage was found to be related to marital satisfaction (Hawkins and Johnsen, 1969: 510). Moreover, when there is more perceived agreement on finance, friendships, relationships with parents, goals and career plans, the partners show high consensus in marriage (Prouty et al., 2000: 251).

Another criterion for the evaluation of marital adjustment is dyadic cohesion (Spanier and Cole, 1976: 129). It indicates the degree to which couples share common interests and activities (Graham et al., 2006: 702). For example, having an exchange of ideas, laughing together, discussing issues calmly and working together on a project are indicators of cohesion in marriage (Prouty et al., 2000: 251). According to Rhoden (2003: 249), the use of positive communication skills in maintaining these activities improves cohesion between the dyads.

Lastly, affectional expression is one of the criteria which reflects the adjustment in the marital relationship (Fışıloğlu and Demir, 2000: 216). It shows the perception of the dyad's agreement on the disclosure of their feelings and having a sexual relationship (Graham et al., 2006: 702; Prouty et al., 2000: 251). The romantic relationship that provides satisfaction requires the ability of the individuals to demonstrate their feelings

towards partners (Meeks et al., 1998). According to Ickes (1985: 202), the degree of satisfaction provided in close relationships depends on how sensitive and supportive a person perceives his or her partner. However, the couples are less comfortable sharing their feelings and thoughts as the negative communication between the couples increases (Pittman et al., 1983: 523). On the other hand, the quality of sexual relationship reflects affectional expression (Fitzpatrick and Best, 1979: 174). According to Yeh and his colleagues (2006: 342), people who provide satisfaction from sexual relationships are prone to be satisfied and happy in their marriage.

In brief, dyadic satisfaction, dyadic consensus, dyadic cohesion, and affectional expression reflect different aspects of marital adjustment (Fışıloğlu and Demir, 2000; Spanier and Cole, 1976). In other words, marital adjustment is evaluated to the extent that dyads reveal these qualities in their relationships (Prouty et al., 2000: 251).

1.2.3. Marital Adjustment and Alexithymia

The ability to establish and maintain romantic relationships that provide satisfaction requires identifying emotions and disclosure these feelings to the partner (Meeks et al., 1998: 761). The difficulty in identifying and describing emotions may also cause problems in the communication of couples (Kafetsios and Hess, 2019: 80). Moreover, a high level of alexithymia is associated with more negative communication behaviors of partners (Perusse et al., 2012: 1020). According to a study conducted on alexithymia and satisfaction in close relationships, high levels of alexithymia were associated with less satisfaction (Humphreys et al., 2009: 45).

According to a study conducted with women who are married and have children, it was found that women with high alexithymia levels had lower relationship qualities than women with low alexithymia levels (Yürümez et al., 2014: 193). In another study, a negative association between alexithymia and marital adjustment was found. Also, the alexithymic characteristics of the women predicted the marital adjustment of both themselves and their spouses (Epözdemir, 2012: 122). Moreover, women's difficulties in identifying emotions (Cordova et al., 2005; Yelsma and Marrow, 2003) and the difficulties in describing emotions (Cordova et al., 2005: 226) showed negative associations with marital adjustment.

1.2.4. Marital Adjustment and Psychopathology

The studies which have investigated the quality of the marital relationship that affects physical and mental health of individuals are focused extensively in the literature (Proulx et al., 2007; Humphreys et al., 2009; Whisman and Baucom, 2012). Adjustment of each spouse in relationships (Shek, 2000: 156) and satisfaction with the relationships (Scorsolini-Comin and Dos Santos, 2012: 172), lead to high levels of well-being. According to Whisman and his colleagues (2018: 657), as marital adjustment decreases, many psychological disorders like depression and anxiety occur. In other studies, marital distress was generally associated with depression (Bookwala and Jacobs, 2004; Kim, 2012; Whitton and Whisman, 2010) and anxiety (Dehle and Weiss, 2002; Hafner and Spence, 1988).

The quality of marital relationship affects the psychological well-being of women more as compared to men (Proulx et al, 2007; Whisman, 1999). For instance, in a study conducted by Whisman (2001: 127), the severity of depressive symptoms is higher in people with low marital adjustment. This association is more common in women compared to men. According to Dehle and Weiss (1998: 1010), this difference is explained by the fact that generally women are more sensitive to conflicts in marriage than men. In other words, when women experience negativities in their marriages, they tend to feel more responsibility than men (Lussier et al., 1993: 329).

1.3. Parenting Stress

1.3.1. Definition of Parenting Stress

Stress that affects people at different degrees is an inevitable aspect of human life (Lazarus and Folkman, 1984: 6). Transition to parenting, one of the expected life changes, can be a source of stress for people (Kohn et al., 2012: 1506). However, the role changes that occur during this transition and the increasing demands of the child affect the perceived stress associated with being a parent (Leahy-Warren and McCarthy, 2011; Moreira et al., 2015).

Parenting stress is defined as the stress which parents or the persons who are in the parent role experience to varying degrees when parenting demands are greater than the resources of the persons (Deater-Deckard, 1998; Sharda et al., 2019). However, Özmen and Özmen (2012: 21) have also stated that parenting stress involves physiological and psychological responses that result from adaptation to the responsibilities of having children. These perceived stress of parents determines the

quality of the parent-child relationship and affects parenting behaviors negatively (Baker et al., 2002; Deater-Deckard, 1998; Dumas et al., 1991).

According to Abidin's model, parental characteristics, child characteristics (demands, hyperactivity, adaptation, etc.) and life stress affect the level of parenting stress (Abidin, 1992: 409). However, low parenting stress was found to be related to the absence of symptoms such as restlessness, hyperactivity, attention deficit in children, matching of the expectation of the parent with the physical, mental and emotional characteristics of the child and the health of the parent (Willinger et al., 2005: 67). Furthermore, it was stated that parents with older children had higher levels of well-being than parents with younger children (Nomaguchi, 2012: 491).

Evaluation of parenting stress is also important in terms of a child's developmental characteristics. In this context, studies in the literature with parents of children with developmental difficulties are common (Dabrowska and Pisula, 2010; Hall and Graff, 2011; Lederberg and Goldbach, 2002). These studies showed that raising children with developmental delays and health problems of the children predicted higher levels of parenting stress (Baker et al., 2002, Tahmassian et al., 2011), but also negatively affected the well-being of parents (Benson et al., 2006; Cummings et al., 1966; Dumas et al., 1991). On the other hand, parents of children with normal developmental characteristics may also have high parenting stress (Aydoğan and Özbay, 2017; Lavee et al., 1996). In addition to this, having children is more stressful for women than for men (Miller and Sollie, 1980; Dabrowska and Pisula, 2010). High maternal workload, low social support, perception of the child as with difficult temperament, negative life events, childcare difficulties, more children in the family and higher maternal age are directly related to more parenting stress (Östberg and Hagekull, 2000: 615).

1.3.2. Parenting Stress and Alexithymia

Alexithymic individuals show physiological hyperarousal responses against stress (Rabavilas, 1987; Newton and Contrada, 1994). Alexithymia may lead to inaccurate subjective perception of stress in stress provoking-situations, which prevents proper self-regulation in these situations (Näring and van der Staak, 1995; Papciack et al., 1985). According to the studies, it was found that the difficulty in identifying emotions dimension of alexithymia was associated with parenting stress (Silvestri et al., 2019: 466) and that as alexithymia level increases, parenting stress increases (Schechter et al., 2015: 411). In another study conducted with married women who have children, a negative association was found between the level of alexithymia of the mothers and the

quality of the mother-child relationship. Mothers with high levels of alexithymia showed low relationship quality than mothers with low levels of alexithymia (Yürümez et al., 2014: 193)

1.3.3. Parenting Stress and Psychopathology

The studies show that parents have lower levels of well-being than those who do not have children (McLanahan and Adams, 1989: 139). Increasing demands and role changes in parenting affect the well-being of individuals and influence the emergence of psychological symptoms (Essex et al., 2002; O'Hara and Wisner, 2014). Accordingly, mothers are more prone to parenting stress than fathers due to taking more responsibility in child-rearing processes (Pimentel et al., 2011; Vismara et al., 2016).

Parenting stress is ultimately associated with higher rates of psychopathological symptoms (O'Hara and Wisner, 2014: 6). For instance, anxiety is a psychological condition frequently seen in mothers (Martini et al., 2015; Vismara et al., 2016). In other words, general anxiety level, concerns and specific phobias are the symptoms that may occur after parenting (Fenaroli and Saita, 2013: 145). When mothers and fathers are compared, mothers have higher levels of anxiety than fathers (Candelori et al., 2015; Figueiredo and Conde, 2011; Vismara et al., 2016). On the other hand, Anding and his colleagues (2016: 306) stated that parenting stress was a predictor of depressive symptoms for both mother and father. However, this association is higher in mothers than fathers (Paulson and Bazemore, 2010; Vismara et al., 2016).

Generally, the relationship between parenting stress and psychological symptoms was investigated in the parents of children with developmental disabilities (Cousino and Hazen, 2013: 809). According to these studies, higher parenting stress was associated with greater psychological distress such as depression (Helgeson, 2012: 473) and anxiety (Streisand et al., 2001: 160). Moreover, these psychological symptoms were found to be higher for mothers than fathers (Kim and Swain, 2007; Paulson and Bazemore, 2010; Vismara et al., 2016).

On the other hand, fewer studies were conducted to assess parenting stress in parents of children with normal developmental characteristics. According to a study conducted by Crnic and Greenberg (1990: 1635), it was found that parental hassles, especially those caused by behaviors of the children, predicted the psychological distress of mothers. In another study, it was also showed the stress resulting from

parenting affected the psychological well-being of the parents negatively (Lavee et al., 1996: 130).

At the same time, increased psychological distress was related to the more stressful perception of parenting (Farmer and Lee, 2011: 522). Accordingly, higher psychological symptoms of mothers were predicted higher parenting stress (Williford et al., 2007: 260). There is a bidirectional relationship between these two variables. More specifically, the onset of depressive symptoms in women also predicts stress in the parent-child relationship (Jacob and Johnson, 1997: 402). Furthermore, high levels of depression in the mother increase the emotional and behavioral problems of the child (Goodman and Gotlib, 1999: 461).

1.4. Attachment

1.4.1. Definition of Attachment

Attachment is defined as a tendency to seek out and maintain proximity to a specific person during times of stress (Ainsworth, 1979: 38). Attachment theory was formulated by Bowlby to explain the emotional ties between the infant and his caregiver (Mikulincer and Shaver, 2012: 11). According to Bowlby, babies are born with a physiological system and this system improves their behaviors to develop intimacy when they need the attachment figure (Bowlby, 1982: 670).

In attachment theory, early experiences with the caregiver constitute the mental representations of individuals about self and others. Depending on the accessibility of the attachment figure at the time needed, the content of the mental representations varies as positive or negative (Bowlby, 1988: 6). The positive Internal Working Model develops in children whose support and protection needs were consistently responded. On the other hand, the negative Internal Working Model develops in children whose expectations were not consistently responded (Ainsworth et al., 2015: 13). These attachment qualities, which were formed in childhood, continue in adulthood (Hazan and Shaver, 1987: 521). Therefore, the attachment pattern is thought to affect the relationships of the individuals throughout life (Wearden et al., 2005: 279).

1.4.2. Dimensions of Attachment

Bowlby's theoretical approach was tested by Ainsworth and her colleagues at the Strange Situation Laboratory in 1978 (Ainsworth et al., 2015: 17). Ainsworth and her

colleagues defined three different attachment patterns namely secure, anxious and avoidant by observing the reactions of children during the separation and reunification between them and their caregivers, in which the attachment system is activated (Shaver and Brennan, 1992; Bartholomew and Horowitz, 1991).

In 1987, Hazan and Shaver conducted semi-structured interviews to classify adult romantic relationships, each of which corresponded to childhood attachment styles (Bartholomew and Horowitz, 1991: 227). As a result of this study, it was revealed that the styles observed in infancy reflect the styles in adulthood (Hazan and Shaver, 1987: 521). Individuals with secure attachment have reported more positive experiences about romantic relationships, longer duration of romantic relationships, and a more positive definition of childhood relationships with their parents compared to individuals with insecure attachment (Collins and Read, 1990: 645). In the secure attachment style, individuals maintain their romantic relationships in a sense of happiness, trust and generally evaluate other people as favorable. In the attachment anxiety style, individuals experience marked jealousy, emotional ups and downs in their relationships and consider others are less willing to engage with them. Also, in the attachment avoidance style, individuals experience fear of intimacy and do not trust other people sufficiently (Hazan and Shaver, 1987: 515).

According to the four categories of attachment model, the mental representations of the self and others are the basic dimensions that determine the attachment styles. Different adult attachment styles have been identified using these representations, which vary according to whether the individual evaluates self and others as positive or negative (Bartholomew and Horowitz, 1991: 227). These four categories were termed as secure, preoccupied, dismissing and fearful attachment (Bartholomew and Horowitz, 1991: 227). In recent years, it has been proposed that attachment dimensions would be more descriptive than categories (Sümer, 2006: 20). Therefore, measuring basic dimensions rather than attachment styles is generally accepted (Feeney, 2002; Selçuk et al., 2005). Accordingly, the anxiety dimension reflects the degree of concern and continuous thinking about close relationships. On the other hand, the avoidance dimension reflects the feeling of discomfort in the relationships (Stanton et al., 2017: 569).

1.4.3. Attachment and Psychopathology

The studies showed that while secure attachment is associated with better mental health (Mikulincer and Shaver, 2007; Williams and Riskind, 2004); insecure attachment

is associated with depression (Conradi et al., 2018; Mikulincer and Shaver, 2007; Pickard et al., 2016), anxiety (Schimmenti and Bifulco, 2015: 46), somatization (Neuman et al., 2015; Riem et al., 2018; Wise and Mann, 1995), chronic pain (Davies et al., 2009: 203), hostility (Darrell Berry, 2017; Fossati et al., 2009; Mikulincer, 1998) and low self-esteem (Doinita, 2015; Mikulincer and Shaver, 2007; Park et al., 2004).

Depressive symptoms were found to be higher in insecurely attached individuals than securely attached individuals (Dagan et al., 2018: 274). However, when the degree of insecure attachment increases, the relationship between insecure attachment and clinical depression is high (Bifulco et al., 2002: 55). Moreover, avoidantly attached individuals are more likely to isolate themselves and their emotions when faced with intense feelings and threatening emotional experiences, which predicts higher symptoms of depression in them (Simon et al., 2019: 139).

Emotional neglect, rejection, criticism reflecting negative interactions with attachment figures in childhood are associated with the development of anxiety disorders in adolescence and adulthood (Schimmenti and Bifulco, 2015: 41). Attachment anxiety also constitutes difficulties in emotion regulation strategies. These difficulties may increase anxiety symptoms and pose a risk for the development of anxiety disorder. In a study conducted with adults with and without anxiety disorders, a significant relationship between anxiety attachment and anxiety symptoms was found (Nielsen et al., 2017: 256).

Attachment styles influence how people experience physical symptoms, interpret pain and manage stress related to illness. These styles may increase the perception of stress related to disease or protect against stress (Adshead and Guthrie, 2015: 173). Accordingly, somatization, which is a result of somatic experience of psychological stress, was higher in attachment anxiety than attachment avoidance (Neuman et al., 2015: 104). However, in anxiously attached individuals, the difficulties in expressing emotions may pose a risk for the development of medically unexplained somatic symptoms. Therefore, the severity of medically unexplained somatic symptoms is associated with attachment anxiety (Riem et al., 2018: 108).

1.5. Purpose of the Study

In the literature the relationship between alexithymia and psychological symptoms has been revealed by many studies (Batıgün and Büyükşahin, 2008; Gabriel et al., 2016; Kerr et al., 2004; Lumley et al., 1996; Rief et al., 1996; Taylor et al., 1992).

However, it is noteworthy that there are few studies focusing on the factors affecting this relationship (Foran and O'leary, 2013; Hesse and Floyd, 2008; Holder et al., 2014). In general, in these studies, poor relationship quality mediated the relationship between alexithymia and various indices of psychological health including depression (Foran and O'leary, 2013; Holder et al., 2014). Regarding this, the current study was conducted to contribute to the findings obtained previously. Therefore, as marital adjustment and parenting stress are important factors that are related to psychopathological symptoms in women, understanding their role is also important. Hence, this study aims to focus on the mediating factors between alexithymia and psychopathological symptoms, namely marital adjustment and parenting stress, in married women who have children (see Figure 1). Moreover, while examining these effects, it is aimed to control the effect of attachment styles which is closely related to psychopathology (Mikulincer and Shaver, 2012; Ward et al., 2006).

In the literature, a study that examines the mediating effects of marital adjustment and parenting stress on the relationship between alexithymia and psychological symptoms after controlling the effects of attachment styles has not been found. Therefore, it is thought that this study would contribute to the understanding of the possible paths of psychopathology developing in married women who have children.

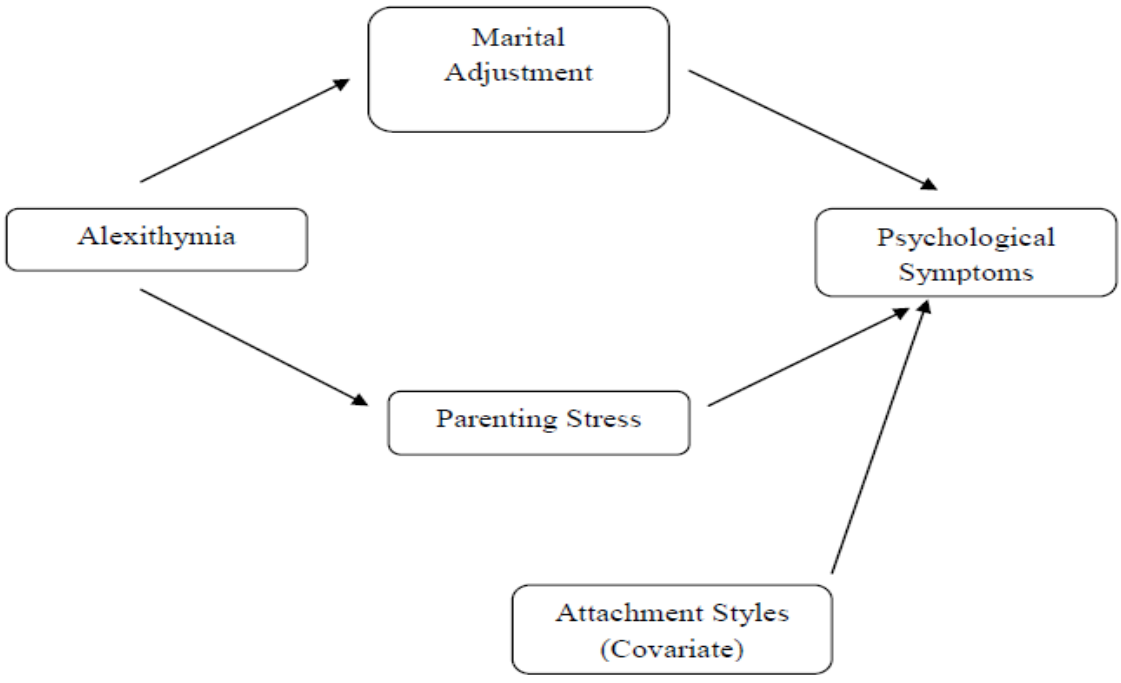


Figure 1.1: The Proposed Mediational Model of Marital Adjustment and Parenting Stress

1.6. Hypotheses of the Study

The hypotheses of the current study based on the literature were formulated as shown below.

H1: Alexithymia would be significantly associated with psychological symptoms. More specifically, individuals who reported higher levels of alexithymia were expected to report higher psychological symptoms.

H2: Alexithymia would be significantly associated with marital adjustment. More specifically, individuals who reported higher levels of alexithymia were expected to report lower marital adjustment.

H3: Alexithymia would be significantly associated with parenting stress. More specifically, individuals who reported higher levels of alexithymia were expected to report higher parenting stress.

H4: Marital adjustment would be significantly associated with psychological symptoms. More specifically, individuals who reported lower marital adjustment were expected to report higher psychological symptoms.

H5: Parenting stress would be significantly associated with psychological symptoms. More specifically, individuals who reported higher parenting stress were expected to report higher psychological symptoms.

H6: Attachment styles would be significantly associated with psychological symptoms. More specifically, individuals who reported higher attachment anxiety and higher attachment avoidance were expected to report higher psychological symptoms.

Finally, the main hypothesis of this study is presented as follows.

H7: Marital adjustment would mediate the relationship between alexithymia and depression after controlling for attachment styles and age.

H8: Marital adjustment would mediate the relationship between alexithymia and anxiety after controlling for attachment styles and age.

H9: Marital adjustment would mediate the relationship between alexithymia and somatization after controlling for attachment styles and age.

H10: Marital adjustment would mediate the relationship between alexithymia and hostility after controlling for attachment styles and age.

H11: Marital adjustment would mediate the relationship between alexithymia and negative self after controlling for attachment styles and age.

H12: Parenting stress would mediate the relationship between alexithymia and depression after controlling for attachment styles and age.

H13: Parenting stress would mediate the relationship between alexithymia and anxiety after controlling for attachment styles and age.

H14: Parenting stress would mediate the relationship between alexithymia and somatization after controlling for attachment styles and age.

H15: Parenting stress would mediate the relationship between alexithymia and hostility after controlling for attachment styles and age.

H16: Parenting stress would mediate the relationship between alexithymia and negative self after controlling for attachment styles and age.

CHAPTER II

2. METHOD

In this chapter, information about participants, materials, and procedure of the current study will be presented.

2.1. Participants

The sample of the current study consisted of 419 married women who have children. The ages of these women ranged between 22 and 59 years (M = 35.07, S.D. = 6.13). Participants were recruited from social media announcements or by personal interaction. The inclusion criteria were a) to be a woman b) to be married c) to have at least one child d) not to have a current psychiatric diagnoses e) not to have children with disabilities or chronic health problems which could be associated with increased parenting stress and psychological problems.

In terms of educational status, 2.1% of the participants were primary school graduates (n = 9), 1.2% were middle school graduates (n = 5), and 16.0% were high school graduates (n = 67). 14.3% of the participants had two-year degree (n = 60). 50.4 % of the participants had bachelor's degree (n = 211) whereas 11.7% of them had master's degree (n = 49) and 4.3% of them (n = 18) had doctorate degree. In terms of working status, 63.2% (n = 265) of the women were working, 34.4% (n = 144) were not working and 2.4% (n = 10) were retired. While 15.8% (n = 66) of the women were housewives, 84.2% (n = 353) of them had other occupations (e.g., academicians, teachers, nurses, lawyers, etc.). In addition, the income level of the majority of the sample was between 4001-5000 TL (63.2%, n = 265). The details about the demographic variables of the participants is presented in Table 2.1.

When the information about the participants' marriage is examined, 95% (n = 398) of the participants were in their first marriage. Moreover, the length of the marriage of the majority of the individuals (36%, n = 151) ranged from 5 years to 10 years. In terms of marriage type, 81.6% (n = 342) of the participants reported to have a companionate marriage. Furthermore, the majority of the participants (57.3%, n = 240) had a child while 35.5% (n = 149) had two children and 7.2% (n = 30) had three or

more children. In addition, information related to health problems of the participants and their family members were obtained for exploratory purposes. The detailed information related to the marital relationship of the participants is presented in Table 2.2.

Table 2.1: Demographic variables of the participants

	Demographic Variables	N	%
Gender			
	Female	419	100
Age			
	22-30	90	21.5
	31-40	265	63.2
	41-50	52	12.4
	51-59	12	2.9
Education			
	Primary school graduate	9	2.1
	Middle school graduate	5	1.2
	High school graduate	67	16.0
	Two-year degree	60	14.3
	Bachelor's degree	211	50.4
	Master's degree	49	11.7
	Doctorate degree	18	4.3
Income			
	0-1000 TL	2	0.5
	1001-1500 TL	8	1.9
	1501-2000 TL	16	3.8
	2001-3000 TL	42	10.0
	3001-4000 TL	62	14.8
	4001-5000 TL	265	63.2
	over 5001 TL	24	5.7
Job status			
	Working	265	63.2
	Not working	144	34.4
	Retired	10	2.4
Profession			
	Housewife	66	15.8
	Midwife-Nurse	27	6.4
	Banker	11	2.6
	Medical secretary	7	1.7
	Academician	14	3.3
	Accountant	20	4.8
	Teacher	77	18.4
	Other(doctor, lawyer, dentist vb.)	197	47.0

Table 2.2: Variables related to marriage and health of the participants

Marriage related variables	N	%	Health related variables	N	%
Number of marriges			**Total number of medical conditions**		
First	398	95.0	None	365	87.1
Second	20	4.8	One	44	10.5
Third	1	0.2	Two or more	10	2.4
Marriage type			**Medical conditions**		
Companionate marriage	342	81.6	Endocrine system problems	25	5.9
Arrenged marriage	24	5.7	Heart/circulatory/respiratory system	23	5.5
Arranged and Companionate m.	53	12.6	Neurological problems	5	1.2
Duration of marriage			Digestive and urinary system	3	0.7
1-5 years	133	31.7	Musculoskeletary system	3	0.7
5-10 years	151	36.0	Sensory system	2	0.5
11-20 years	99	23.6	Oncological disease	2	0.5
21-30 years	29	6.9	**Previous psychological problems**		
30-37 years	7	1.7	Depressive disorders	20	4.8
Number of marriges of husband			Anxiety disorders	32	7.6
First	389	92.8	Somatic symptom disorders	1	0.2
Second	29	7.0	Sexual disorders	1	0.2
Third	1	0.2			
Psychological symptoms of husband					
None	413	98.56			
Panic Disorder	3	0.72			
Obsessive compulsive disorder	3	0.72			
Other people living together in the house					
None	372	88.8			
Mother-in-law/Father-in-law	33	7.8			
Other (Sister-in-law, nephew, stepchild etc.)	14	3.4			
Number of children					
One	240	57.3			
Two	149	35.5			
Three or more	30	7.2			

2.2. Materials

A demographical Information Form, Inventory of Experiences in Close Relationships-II, Toronto Alexithymia Scale, Dyadic Adjustment Scale, Parenting Stress Scale and Brief Symptom Inventory were used to obtain the data of the current study. Detailed information about measurements is presented below.

2.2.1. Demographical Information Form

The Demographical Information Form was constituted to determine the information of the participants and their spouses (e.g., age, education level, occupation, income, etc.) and children (e.g., age, gender, medical illness, etc.). This form also included questions about whether people have any psychological problems (present, previous, etc.) and questions related to marriage (marriage age, duration of marriage, etc.). This form is presented in Appendix A.

2.2.2. Experiences in Close Relationships-Revised (ECR-R)

The Experiences in Close Relationships-Revised was modified by Fraley and his colleagues (2000) from the Inventory of Experiences in Close Relationships developed by Brennan and his colleagues (1998) for the measurement of adult attachment dimensions. ECR-R, which has been shown to have higher measurement sensitivity than other attachment scales, consists of 36 items. More clearly, 18 items of this scale measure attachment anxiety dimension and the remaining 18 items measure attachment avoidance dimension. Therefore, participants are asked to evaluate the extent to which each of the items reflects feelings and thoughts in their marriages on the 7 point Likert scale (1= Strongly Disagree, 7= Strongly Agree). The attachment anxiety dimension is obtained with averaging the odd number of items. However, the attachment avoidance dimension is obtained with averaging the even number of items. Also, four types of attachment styles can be obtained as a result of the cluster analysis of the scores acquired from these two dimensions. As a result, it is considered those who score low in both dimensions (low anxiety-low avoidance) have secure attachment style, those who score high in both dimensions (high anxiety-high avoidance) have fearful attachment, those who score high in avoidance dimension and low in anxiety dimension have dismissing attachment style and those who score high in anxiety dimension and low in avoidance dimension have preoccupied attachment style (Sümer, 2006: 9). In addition, 14 items (4, 8, 16, 17, 18, 20, 21, 22, 24, 26, 30, 32, 34, 36) are reverse scored items in the scale.

The psychometric evaluation of this scale in the Turkish sample was conducted by Selçuk and his colleagues (2005). It was found that anxiety and avoidance dimensions measured by The Experiences in Close Relationships-Revised had high internal consistency and Cronbach alpha coefficients for these dimensions were .86 and .90, respectively. Also, test-retest reliability coefficients were found to be .82 in anxiety dimension and .81 in avoidance dimension (Selçuk et al., 2005: 8). The form of the scale for married couples was used in the current study. Examples of items of the ECR-R are presented in Appendix B.

2.2.3. Twenty-item Toronto Alexithymia Scale (TAS-20)

The Toronto Alexithymia Scale developed by Bagby and his colleagues (1994) to measure the level of alexithymia in individuals consists of 20 items. This is a Likert type scale in which participants evaluate themselves ranging from 1 to 5 (1 = Never, 5 = Always). Moreover, Bagby and his colleagues (1994: 27) found the internal consistency

of this scale as .81 in their study. Also, test-retest reliability was found .77 in a 3-week period. Difficulty Identifying Feelings (1, 3, 6, 7, 9, 13 ve 14. items), Difficulty Describing Feelings (2, 4, 11, 12 ve 17. items) and Externally-Oriented Thinking (5, 8, 10, 15, 16, 18, 19 ve 20. items) are subscales of the TAS-20. In addition, 5 items (4, 5, 10, 18, 19. items) are reverse scored items in the scale. Furthermore, higher scores indicate a high level of alexithymia and these scores can be categorized using cut-off points. In the studies of determining the cut-off score of the Turkish version of the scale, the lower value was 51 and the upper value was 59 (Güleç and Yenel, 2010: 112). Also, it was stated that 59 points should be taken as an upper value to work with pure alexithymic group.

The scale was adapted to Turkish by Güleç and his colleagues (2009). As a result of the validity and reliability studies, the internal consistency coefficient of the total scale was found to be .78. Also, the internal consistency coefficients for the Difficulty Identifying Feelings (TAS-1), Difficulty Describing Feelings (TAS-2) and Externally-Oriented Thinking (TAS-3) subscales were .80, .57 and .63, respectively. The Turkish version of the TAS-20 was found to be valid and reliable for the Turkish population (Güleç et al., 2009: 214). Examples of items of the TAS-20 are included in Appendix C.

2.2.4. Dyadic Adjustment Scale (DAS)

Dyadic Adjustment Scale was developed by Spanier (1976) to evaluate the perceived relationship quality of married individuals or couples living together. It is a Likert type scale consists of 32 items scored on five-point, six-point and seven-point. The majority of the scale has a 6-point rating system (5= Always Agree, 0= Always Disagree or 0= Never, 5= All The Time). However, two questions of the scale that are answered as “Yes” or “No”. Furthermore, dyadic consensus, dyadic satisfaction, dyadic cohesion and affectional expression are subscales of the DAS. The total score is obtained with the sum of the scale items and ranges from 0 to 151. Also, the higher scores indicate higher perceived relationship quality. In the study conducted by Spanier, the reliability coefficient of this scale was reported .96, and the reliability coefficient for each subscale was reported to be between .73 and .94. According to the validity study, the correlation coefficient of the DAS with the Locke-Wallace Marital Adjustment Scale was .86 (Spanier, 1976: 23).

The DAS was adapted to Turkish by Fışıloğlu and Demir (2000). As a result of this study, the Cronbach reliability coefficient of the scale was found to be .92 and the

reliability coefficients of the four subscales were found between .75 and .83. Similarly, the validity study of the DAS was made using the Turkish version of the Locke-Wallace Marital Adjustment Scale and the correlation coefficient was calculated .82 (Fışıloğlu and Demir, 2000: 216). The Turkish version of the DAS was found to be a valid and reliable tool for assessing marital adjustment in the Turkish sample. Examples of items of the DAS are presented in Appendix D.

2.2.5. Parenting Stress Scale

The Parenting Stress Scale was developed by Aydoğan and Özbay (2017) to measure parenting stress of the parents of children with normal developmental characteristics. It is a Likert type scale consists of 18 items scored on four-point (0= Never, 4= Very good). Moreover, the items of the scale related to the characteristics of the parent, child and parent-child relationship constitute a one-dimensional structure. Also, the total score of the scale shows the level of parenting stress and ranges from 0 to 72.

The psychometric properties of the scale were examined in a study conducted with married couples aged 22-53 years. As a result of this study, it was concluded that the scale was capable of measuring the stress of the parents of children with normal developmental characteristics. In terms of reliability, the internal consistency coefficient of the scale was found to be .96 (Aydoğan and Özbay, 2017: 37). Examples of items of the Parenting Stress Scale are included in Appendix E.

2.2.6. Brief Symptom Inventory (BSI)

Brief Symptom Inventory is an abbreviated version of the Symptom Checklist-90 (SCL-90) by Derogatis (1992). This scale consists of 53 items that determine the severity of psychological symptoms. Participants are asked to rate the degree of discomfort from these symptoms in the last week between 0 to 4 (0= Not At All, 4= Extremely). Moreover, the scale consists of five basic symptom dimensions including Depression (9, 14, 16, 17, 18, 19, 20, 25, 27, 35, 37, 39. items), Anxiety (12, 13, 28, 31, 32, 36, 38, 42, 43, 45, 46, 47, 49. items), Somatization (2, 5, 7, 8, 11, 23, 29, 30, 33. items), Hostility (1, 3, 4, 6, 10, 40, 41. items) and Negative self (15, 21, 22, 24, 26, 34, 44, 48, 50, 51, 52, 53. items). In addition, the total score of the scale ranges from 0 to 212 and high scores indicate the intensity of psychological symptoms.

The scale was adapted to Turkish by Şahin and Durak (1994). As a result of three different reliability studies, the internal consistency coefficient of the total scale was found to be between .93 and .96. Also, the internal consistency coefficient for each subscale ranged from .63 to .86. In brief, the Turkish version of the BSI is a reliable and valid measurement tool for the Turkish sample (Şahin and Durak, 1994: 54). Examples of items of the BSI are presented in Appendix F.

2.3. Procedure

Before the data collection stage, permission was obtained from Abant İzzet Baysal University Human Research Ethics Committee. In addition, permission to use the scales were obtained from the authors who adapted the scales to Turkish. Also, informed consent forms were obtained from the participants before the study. The participants accepted to be volunteers by approving the consent form. After they accepted to volunteer in the study, the participants were asked to complete the scales via online surveys or paper based-form. It took on average 25 minutes to fill in the scales of the study.

CHAPTER III

3. RESULTS

In this section, the findings obtained as a result of statistical analyses will be presented. Firstly, the information about data cleaning, descriptive statistics and the results of the correlational analysis will be provided. Then, the results of the mediation analyses to evaluate mediating effects of marital adjustment and parenting stress on the relationship between alexithymia and psychological symptoms (e.g., depression, anxiety, somatization, hostility, and negative self) after controlling for covariate variables will be presented.

3.1. Data Cleaning

Data analysis of the current study was performed with IBM Statistical Package for the Social Sciences 21 program. Firstly, participants who were not eligible in terms of the participation criteria of the study were evaluated before analysis. For this purpose, 37 women who stated to have current psychiatric problems and 30 women who reported to have children with developmental disabilities were excluded from the analysis. In addition to this, 14 individuals who were identified to be univariate outliers and 12 individuals who were identified to be multivariate outliers using Mahalanobis distance, were excluded from the analysis. As a result, the data consisted of 419 participants.

3.2. Descriptive Statistics

Means, standard deviations, maximum and minimum scores of the variables were calculated. The descriptive information is presented in Table 3.1.

Table 3.1: Descriptive information of the variables

Variables	Mean	Std. Deviation	Minimum	Maximum
TAS	44,39	10,15	24	75
DAS	106,34	26,35	20	148
PSS	5,34	5,42	0	25
BSI	38.00	33,97	0	161
Depression	11,15	10,32	0	47
Anxiety	7,46	7,97	0	43
Somatization	4,56	4,96	0	24
Hostility	6,06	4,84	0	25
Negative Self	8,78	8,85	0	42
Attachment Anxiety	2,66	1,04	1	6
Attachment Avoidance	2,32	1,18	1	6
Age	35,07	6,13	22	59

Note: TAS: Toronto Alexithymia Scale
DAS: Dyadic Adjustment Scale
PSS: Parenting Stress Scale
BSI: Brief Symptom Inventory

3.3. Results of the Correlational Analysis

The Pearson correlation analysis was performed to reveal the relationships between the variables which were alexithymia, marital adjustment, parenting stress, psychological symptoms, attachment styles, and a demographic variable, namely, age. The results of the correlational analysis are presented in Table 3.2.

Table 3.2: Correlational analysis of the variables

Variables	1	2	3	4	5	6	7	8	9	10	11
TAS		-.345**	.255**	.501**	.521**	.488**	.480**	.497**	.362**	.351**	-.109*
DAS			-.269**	-.499**	-.456**	-.393**	-.420**	-.462**	-.475**	-.665**	-.056
PSS				.415**	.379**	.276**	.399**	.424**	.291**	.196**	-.016
Depression					.848**	.755**	.771**	.875**	.538**	.367**	-.158**
Anxiety						.778**	.768**	.858**	.545**	.296**	-.157**
Somatization							.650**	.733**	.481**	.323**	-.103*
Hostility								.784**	.535**	.317**	-.243**
Negative Self									.565**	.367**	-.179**
Attachment Anxiety										.411**	-.169**
Attachment Avoidance											.116*
Age											

Note: ** $p \leq .01$, * $p \leq .05$
TAS: Toronto Alexithymia Scale
DAS: Dyadic Adjustment Scale
PSS: Parenting Stress Scale

As it can be seen from the table 3.2, TAS was significantly and positively correlated with PSS ($r = .26$, $p \leq .01$), depression ($r = .50$, $p \leq .01$), anxiety ($r = .52$, $p \leq .01$), somatization ($r = .49$, $p \leq .01$), hostility ($r = .48$, $p \leq .01$), negative self ($r = .50$, $p \leq .01$), attachment anxiety ($r = .36$, $p \leq .01$), and attachment avoidance ($r = .35$, $p \leq .01$).

According to the correlational analysis, DAS was significantly and negatively correlated with TAS ($r = -.35$, $p \leq .01$), PSS ($r = -.27$, $p \leq .01$), depression ($r = -.50$, $p \leq .01$), anxiety ($r = -.46$, $p \leq .01$), somatization ($r = -.39$, $p \leq .01$), hostility ($r = -.42$, $p \leq .01$), negative self ($r = -.46$, $p \leq .01$), attachment anxiety ($r = -.48$, $p \leq .01$), and attachment avoidance ($r = -.67$, $p \leq .01$).

The correlational analysis indicated that PSS was significantly and positively correlated with depression ($r = .42$, $p \leq .01$), anxiety ($r = .38$, $p \leq .01$), somatization ($r = .28$, $p \leq .01$), hostility ($r = .40$, $p \leq .01$), negative self ($r = .42$, $p \leq .01$), attachment anxiety ($r = .29$, $p \leq .01$), and attachment avoidance ($r = .20$, $p \leq .01$).

The correlational analysis also showed that attachment anxiety was significantly and positively correlated with depression ($r = .54$, $p \leq .01$), anxiety ($r = .55$, $p \leq .01$), somatization ($r = .48$, $p \leq .01$), hostility ($r = .54$, $p \leq .01$), and negative self ($r = .57$, $p \leq .01$). However, attachment avoidance was significantly and positively correlated with depression ($r = .37$, $p \leq .01$), anxiety ($r = .30$, $p \leq .01$), somatization ($r = .32$, $p \leq .01$), hostility ($r = .32$, $p \leq .01$), and negative self ($r = .37$, $p \leq .01$).

In addition, age was significantly and negatively correlated with TAS ($r = -.11$, $p \leq .05$), depression ($r = -.16$, $p \leq .01$), anxiety ($r = -.16$, $p \leq .01$), somatization ($r = -.10$, $p \leq .05$), hostility ($r = -.24$, $p \leq .01$), negative self ($r = -.18$, $p \leq .01$), and attachment anxiety ($r = -.17$, $p \leq .01$) while it was significantly and positively correlated with attachment avoidance ($r = .12$, $p \leq .05$).

3.4. Results of the Mediation Analyses

In this section, the results of the mediation analyses that were performed to investigate whether marital adjustment and parenting stress mediated the relationship between alexithymia and psychological symptoms (e.g., depression, anxiety, somatization, hostility, and negative self) after controlling for attachment styles and age are presented. The analysis was conducted via Process Macro for SPSS. More clearly, the Parallel Multiple Mediation Analysis proposed by Hayes (2013: 126) was used to

test the indirect effects of these multiple mediators. Moreover, the results of the analysis were performed using bootstrapping method with 5000 resample. In this analysis, if the 95% CI does not contain 0 (zero), the indirect effect of the variable is said to be significant with $p < .05$.

3.4.1. Results of the Mediation Analysis in the Relationship Between Alexithymia and Depression

To evaluate the mediating effects of both marital adjustment and parenting stress on the relationship between alexithymia and depression after controlling for attachment styles and age, two mediators were entered into the model simultaneously (see Figure 3.1). According to the results, the suggested model was significant ($F (6, 412) = 65.55$, $p < .001$) and this model accounted for 49% of the variance in depression. In more detail, alexithymia was significantly associated with (a1 path) marital adjustment ($B = -.20$, $SE = .10$, $p < .05$, CI [-.397, -.001]). According to b1 path, marital adjustment was significantly associated with depression ($B = -.10$, $SE = .02$, $p < .001$, CI [-.033, -.141]). Moreover, alexithymia was found to be significantly associated with (a2 path) parenting stress ($B = .09$, $SE = .03$, $p < .01$, CI [.034, .141]). Furthermore, parenting stress was significantly associated with (b2 path) depression ($B = .40$, $SE = .07$, $p < .001$, CI [.254, .536]). In addition, both direct effect of alexithymia on depression (c′ path) ($B = .27$, $SE = .04$, $p < .001$, CI [.193, .352], and total effect (c path) ($B = .33$, $SE = .04$, $p < .001$, CI [.243, .411]) were significant.

When both marital adjustment and parenting stress were included into the model as the mediators, the indirect effects of both marital adjustment ($B = .02$, $SE = .01$, CI [.0008, .0500]) and parenting stress ($B = .03$, $SE = .02$, CI [.0123, .072]) on the relationship between alexithymia and depression were significant after controlling for attachment anxiety, attachment avoidance, and age. More specifically, parenting stress and marital adjustment mediated the relationship between alexithymia and depression after controlling for the effects of attachment styles and age.

In terms of covariate variables, depression was significantly associated with attachment anxiety ($B = 2.55$, $SE = .43$, $p < .001$, CI [1.71, 3.39]) and age ($B = -.16$, $SE = .06$, $p < .05$, CI [-.277, -.034]) while it was not significantly associated with attachment avoidance ($B = -.27$, $SE = .43$, $p = .518$, CI [-1.12, .56]).

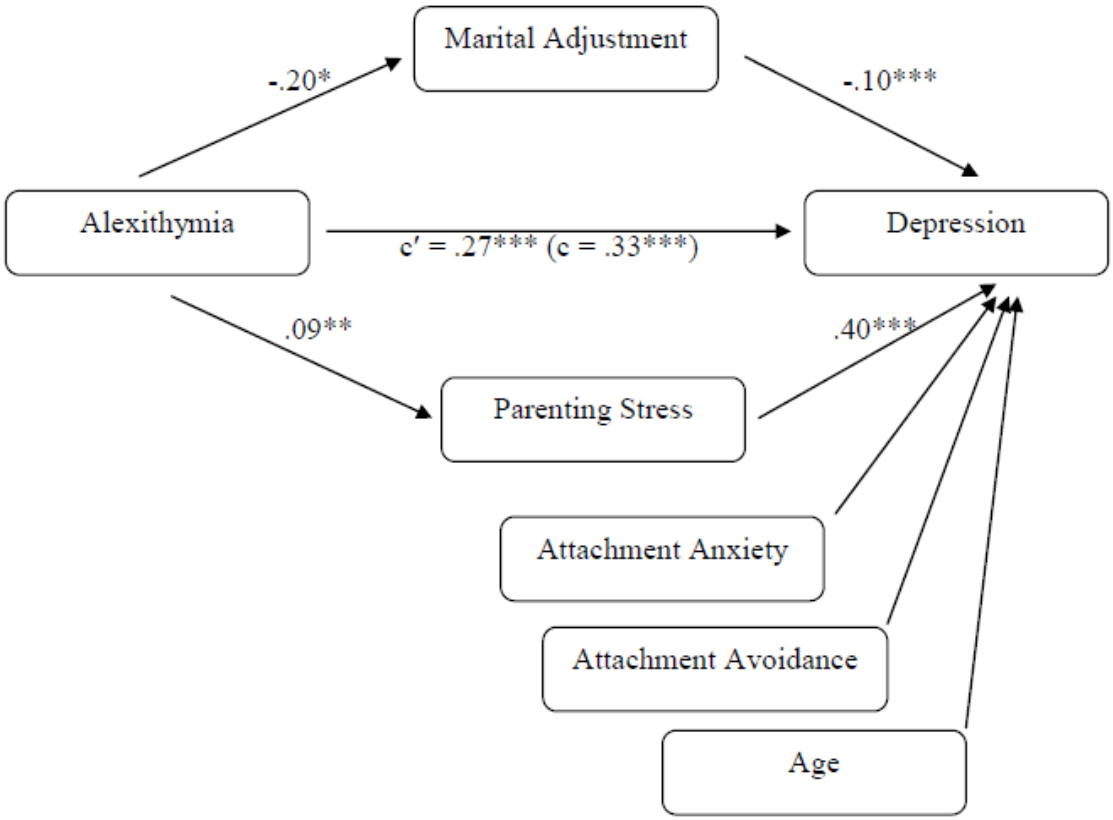


Figure 3.1: The Parallel Multiple Mediational Model of Marital Adjustment and Parenting Stress on the Relationship Between Alexithymia and Depression. Attachment Anxiety, Attachment Avoidance, and Age were control variables in the model. ***p < .001, **p < .01, *p < .05

3.4.2. Results of the Mediation Analysis in the Relationship Between Alexithymia and Anxiety

According to the results of the analysis to test the mediating effects of both marital adjustment and parenting stress on the relationship between alexithymia and anxiety after controlling for attachment styles and age (see Figure 3.2), the suggested model was significant (F (6, 412) = 63.77, p < .001) and this model accounted for 48% of the variance in anxiety. In more detail, alexithymia was significantly associated with (a1 path) marital adjustment (B = -.20, SE = .10, p < .05, CI [-.397, -.001]). According to b1 path, marital adjustment was significantly associated with anxiety (B = -.07, SE = .02, p < .001, CI [-.104, -.044]). Moreover, alexithymia was found to be significantly associated with (a2 path) parenting stress (B = .09, SE = .03, p < .01, CI [.034, .141]). Furthermore, parenting stress was significantly associated with (b2 path) anxiety (B = .25, SE = .06, p < .001, CI [.134, .354]). In addition, both direct effect of alexithymia on anxiety (c′ path) (B = .25, SE = .03, p < .001, CI [.191, .315], and total effect (c path) (B = .29, SE = .03, p < .001, CI [.225, .353]) were significant.

When both marital adjustment and parenting stress were included into the model as the mediators, the indirect effects of both marital adjustment (B = .02, SE = .01, CI [.0006, .0396]) and parenting stress (B = .02, SE = .01, CI [.0064, .046]) on the relationship between alexithymia and anxiety were significant after controlling for attachment anxiety, attachment avoidance, and age. More specifically, parenting stress and marital adjustment mediated the relationship between alexithymia and anxiety after controlling for the effects of attachment styles and age.

In terms of covariate variables, anxiety was significantly associated with attachment anxiety (B = 2.36, SE = .33, p < .001, CI [1.70, 3.01]) and attachment avoidance (B = -.88, SE = .33, p < .01, CI [-1.53, -2.27]) while it was not significantly associated with age (B = .09, SE = .05, p = .076, CI [-.180, .009]).

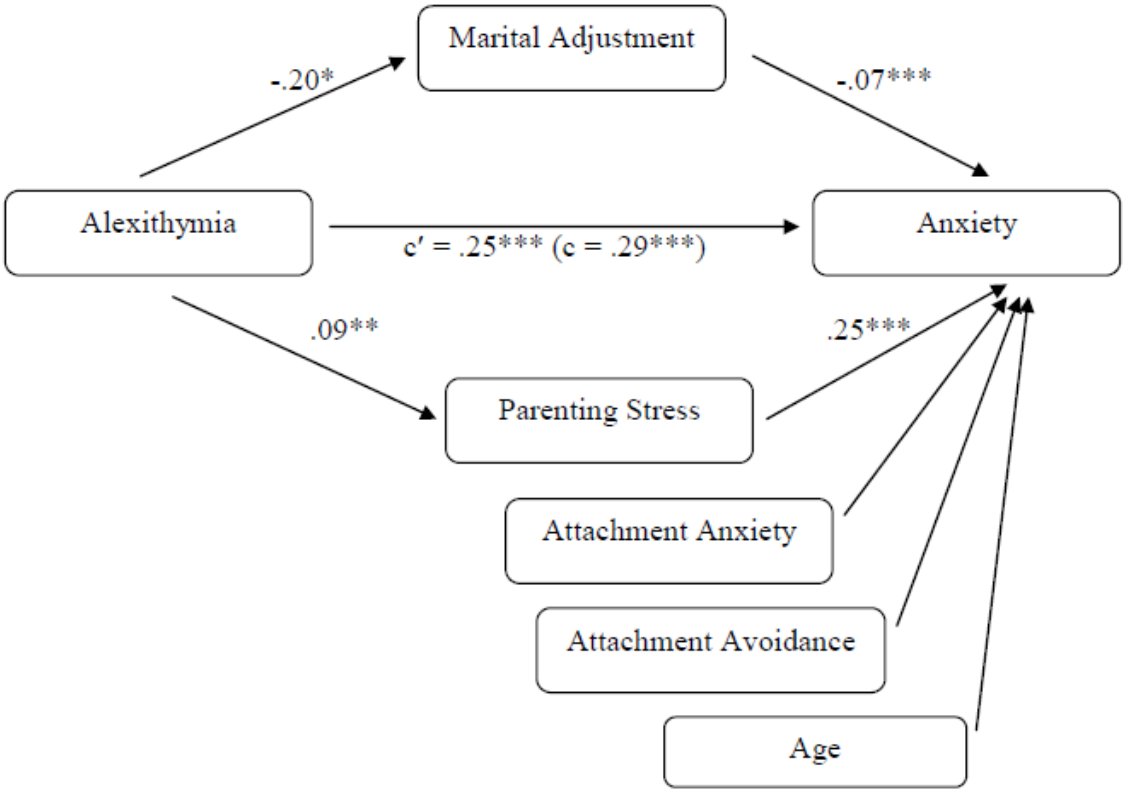


Figure 3.2: The Parallel Multiple Mediational Model of Marital Adjustment and Parenting Stress on the Relationship Between Alexithymia and Anxiety. Attachment Anxiety, Attachment Avoidance, and Age were control variables in the model. ***p < .001, **p < .01, *p < .05

3.4.3. Results of the Mediation Analysis in the Relationship Between Alexithymia and Somatization

To test the mediating effects of both marital adjustment and parenting stress on the relationship between alexithymia and somatization after controlling for attachment styles and age, two mediators were entered into the model (see Figure 3.3). According to the results, alexithymia was significantly associated with (a1 path) marital adjustment (B = -.20, SE = .10, p < .05, CI [-.397, -.001]). According to b1 path, marital adjustment was significantly associated with somatization (B = -.03, SE = .01, p < .05, CI [-.046, -.005]). Moreover, alexithymia was found to be significantly associated with (a2 path) parenting stress (B = .09, SE = .03, p < .01, CI [.034, .141]). On the other hand, parenting stress was not significantly associated with (b2 path) somatization (B = .07, SE = .04, p = .062, CI [-.004, .147]). In addition, both direct effect of alexithymia on somatization (c′ path) (B = .16, SE = .02, p < .001, CI [.114, .199]) and total effect (c path) (B = .17, SE = .02, p < .001, CI [.126, .210]) were significant.

When both marital adjustment and parenting stress were included into the model as the mediators, the indirect effects of both marital adjustment (B = .01, SE = .004, CI [-.0001, .0178]) and parenting stress (B = .01, SE = .005, CI [-.0002, .0188]) on the relationship between alexithymia and somatization were not significant after controlling for attachment anxiety, attachment avoidance, and age. More specifically, marital adjustment and parenting stress did not mediate the relationship between alexithymia and somatization after controlling for the effects of attachment styles and age.

In terms of covariate variables, somatization was significantly associated with attachment anxiety (B = 1.31, SE = .23, p < .001, CI [.86, 1.76]). While the relationship between alexithymia and all other psychological symptoms (e.g., depression, anxiety, hostility, negative self) were mediated by marital adjustment and parenting stress, for somatization this effect was not found. To investigate whether this was related to the effect of controlling for attachment variables, an additional analysis was performed (see Figure 3.4).

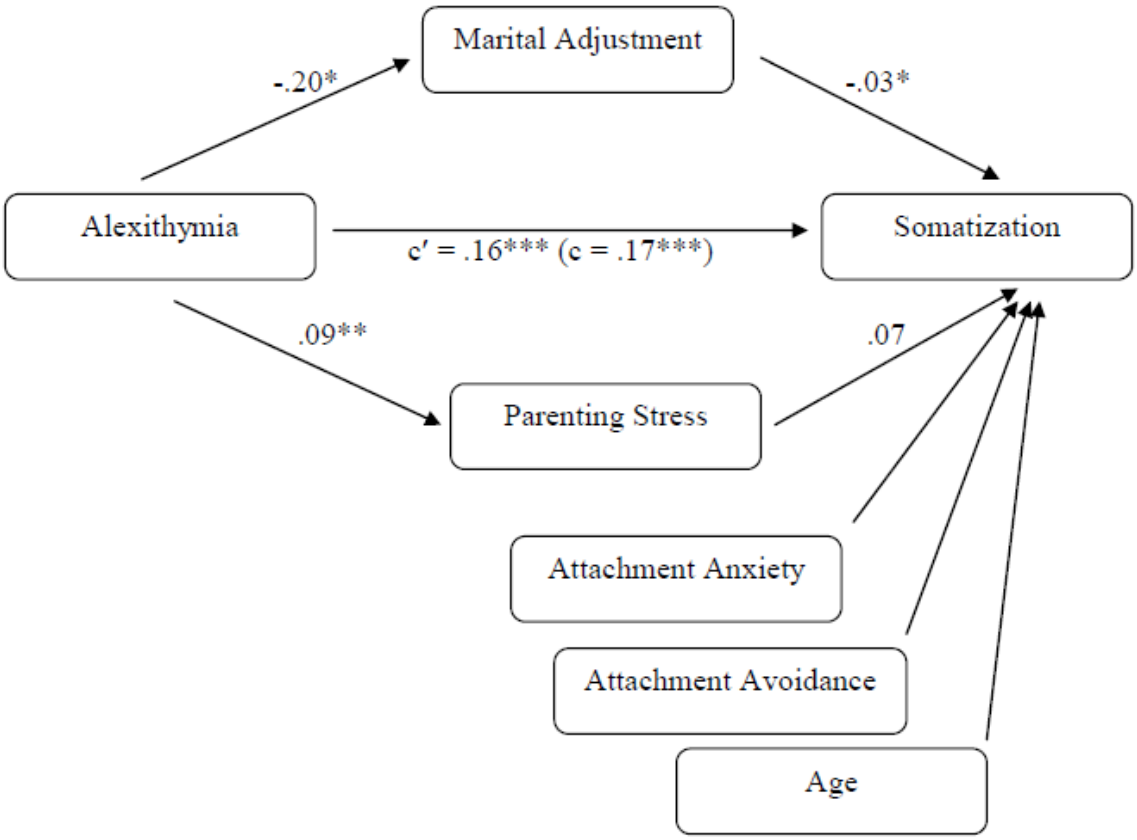


Figure 3.3: The Parallel Multiple Mediational Model of Marital Adjustment and Parenting Stress on the Relationship Between Alexithymia and Somatization. Attachment Anxiety, Attachment Avoidance, and Age were control variables in the model. ***p < .001, **p < .01, *p < .05

According to the results of this analysis, marital adjustment and parenting stress mediated the relationship between alexithymia and somatization after controlling for age (see Figure 3.4). Also, the suggested model was significant (F (6, 412) = 47.25, p < .001) and this model accounted for 31% of the variance in somatization. In more detail, alexithymia was significantly associated with (a1 path) marital adjustment (B = -.92, SE = .12, p < .001, CI [-1.16, -.688]). According to b1 path, marital adjustment was significantly associated with somatization (B = -.05, SE = .01, p < .001, CI [-.062, -.029]). Moreover, alexithymia was found to be significantly associated with (a2 path) parenting stress (B = .14, SE = .03, p < .001, CI [.087, .187]). Furthermore, parenting stress was significantly associated with (b2 path) somatization (B = .11, SE = .04, p < .05, CI [.030, .184]). In addition, both direct effect of alexithymia on somatization (c′ path) (B = .18, SE = .02, p < .001, CI [.137, .222]) and total effect (c path) (B = .24, SE = .02, p < .001, CI [.194, .277]) were significant.

When both marital adjustment and parenting stress were included into the model as the mediators, the indirect effects of both marital adjustment (B = .04, SE = .01, CI [.022, .068]) and parenting stress (B = .02, SE = .01, CI [.004, .031]) on the relationship between alexithymia and somatization were significant after controlling for age.

Briefly, while the effects of attachment anxiety and attachment avoidance were not controlled, marital adjustment and parenting stress mediated the relationship between alexithymia and somatization. Therefore, it may be concluded that there may be a more direct link between attachment and somatization which make other factors useless in explaining the somatization dimension.

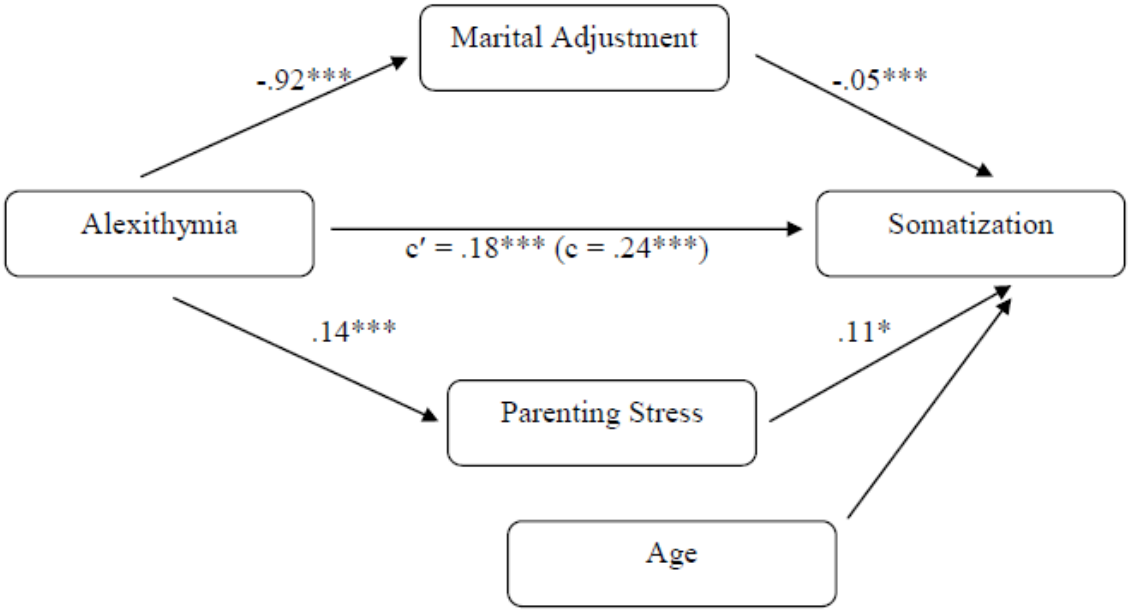


Figure 3.4: The Parallel Multiple Mediational Model of Marital Adjustment and Parenting Stress on the Relationship Between Alexithymia and Somatization. Age was control variable in the model. ***p < .001, **p < .01, *p < .05

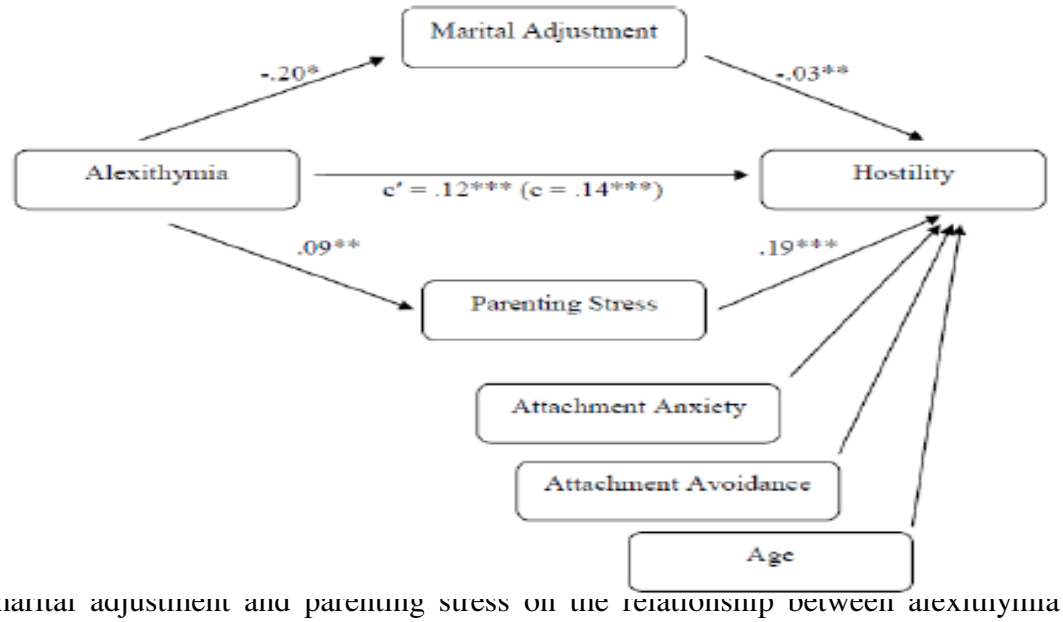
3.4.4. Results of the Mediation Analysis in the Relationship Between Alexithymia and Hostility

According to the results of the analysis that was performed to test the mediating effects of both marital adjustment and parenting stress on the relationship between alexithymia and hostility after controlling for attachment styles and age (see Figure 3.2), the suggested model was significant (F (6, 412) = 58.84, p < .001) and these model accounted for 46% of the variance in hostility. In more detail, alexithymia was significantly associated with (a1 path) marital adjustment (B = -.20, SE = .10, p < .05,

CI [-.397, -.001]). According to b1 path, marital adjustment was significantly associated with hostility (B = -.03, SE = .01, p < .01, CI [-.049, -.011]). Moreover, alexithymia was found to be significantly associated with (a2 path) parenting stress (B = .09, SE = .03, p < .01, CI [.034, .141]). Furthermore, parenting stress was significantly associated with (b2 path) hostility (B = .19, SE = .04, p < .001, CI [.118, .253]). In addition, both direct effect of alexithymia on hostility (c′ path) (B = .12, SE = .02, p < .001, CI [.084, .16], and total effect (c path) (B = .14, SE = .02, p < .001, CI [.105, .184]) were significant.

When both marital adjustment and parenting stress were included into the model as the mediators, the indirect effects of both marital adjustment (B = .006, SE = .004, CI [.0002, .0177]) and parenting stress (B = .016, SE = .007, CI [.0054, .033]) on the relationship between alexithymia and hostility were significant after controlling for attachment anxiety, attachment avoidance, and age. More specifically, marital adjustment and parenting stress mediated the relationship between alexithymia and hostility after controlling for the effects of attachment styles and age.

In terms of covariate variables, hostility was significantly associated with attachment anxiety (B = 1.32, SE = .21, p < .001, CI [.917, 1.72]) and age (B = -.14, SE = .03, p < .001, CI [-.193, -.076]) while it was not significantly associated with attachment avoidance (B = -.08, SE = .21, p = .708, CI [-.48, .326]).



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marital adjustment and parenting stress on the relationship between alexithymia and negative self after controlling for attachment styles and age (see Figure 3.6), the suggested model was significant (F (6, 412) = 67.14, p < .001) and this model accounted for 49% of the variance in negative self. In more detail, alexithymia was significantly

associated with (a1 path) marital adjustment (B = -.20, SE = .10, p < .05, CI [-.397, -.001]). According to b1 path, marital adjustment was significantly associated with negative self (B = -.06, SE = .02, p < .001, CI [-.09, -.024]). Moreover, alexithymia was found to be significantly associated with (a2 path) parenting stress (B = .09, SE = .03, p < .01, CI [.034, .141]). Furthermore, parenting stress was significantly associated with (b2 path) negative self (B = .36, SE = .06, p < .001, CI [.239, .479]). In addition, both direct effect of alexithymia on negative self (c′ path) (B = .23, SE = .04, p < .001, CI [.157, .292], and total effect (c path) (B = .27, SE = .04, p < .001, CI [.197, .338]) were significant.

When both marital adjustment and parenting stress were included into the model as the mediators, the indirect effects of both marital adjustment (B = .01, SE = .01, CI [.0004, .0346]) and parenting stress (B = .03, SE = .01, CI [.01, .064]) on the relationship between alexithymia and negative self were significant after controlling for attachment anxiety, attachment avoidance, and age. More specifically, parenting stress and marital adjustment mediated the relationship between alexithymia and negative self after controlling for the effects of attachment styles and age.

In terms of covariate variables, negative self was significantly associated with attachment anxiety (B = 3.37, SE = .37, p < .001, CI [2.65, 4.09]), attachment avoidance (B = .81, SE = .32, p < .05, CI [.173, 1.44]) and age (B = -.13, SE = .06, p < .05, CI [-.24, -.02])

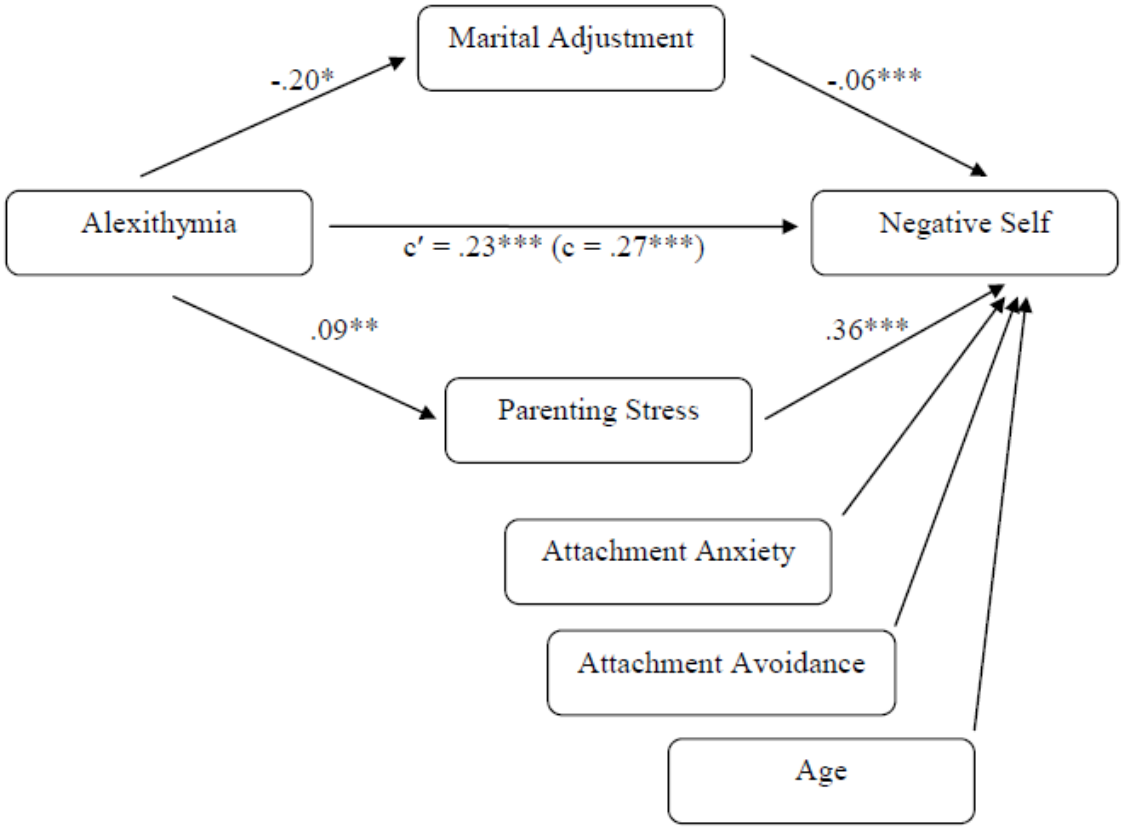

Figure 3.6: The Parallel Multiple Mediational Model of Marital Adjustment and Parenting Stress on the Relationship Between Alexithymia and Negative Self. Attachment Anxiety, Attachment Avoidance, and Age were control variables in the model. ***p < .001, **p < .01, *p < .05

CHAPTER IV

4. DISCUSSION

The first aim of this study was to examine the relationship between the variables alexithymia, psychological symptoms, marital adjustment, parenting stress. The second and main aim of the study was to investigate a possible mediation model, in which marital adjustment and parenting stress were the mediators between alexithymia and psychological symptoms (e.g., depression, anxiety, somatization, hostility, and negative self). In the following sections, the results of the analyses were interpreted in the light of the literature. In addition, the strengths, limitations, and suggestions for further studies and the clinical implications of the current study were discussed.

4.1. Evaluation of the Preliminary Analysis

In this section, the findings of the preliminary analysis related to the hypotheses of the study were discussed.

Firstly, it was hypothesized that alexithymia would be significantly associated with psychological symptoms. More specifically, individuals who reported higher levels of alexithymia were expected to report higher psychological symptoms. Results showed that individuals with high levels of alexithymia manifested high scores on psychological symptoms. This finding is consistent with the results of the prior studies in the literature (e.g., Batıgün and Büyükşahin, 2008; Rief et al., 1996) demonstrating that alexithymic individuals have more psychological symptoms.

Affection is thought to be the basis of mental health and functionality (Gross and Munoz, 1995: 160). Besides, the awareness of emotions provides adaptive regulation of emotional states (Mennin et al., 2007: 300). The difficulties in emotion regulation of alexithymic individuals may be a significant risk factor for psychological disorders in which emotion regulation processes play an important role (Güleç et al., 2013; Nemiah, 2000) such as depressive disorders (Berthoz et al., 1999; Honkalampi et al., 2000), anxiety disorders (Berthoz et al., 1999; Cox et al., 1995; Marchesi et al., 2000). However, in alexithymic individuals, less use of social support (Fukunishi and Rahe, 1995: 1300) that has a protective effect against the onset of psychological symptoms

(Beach et al., 1990: 70) may lead to these disorders. Furthermore, alexithymic individuals tend to seek treatment for their physical symptoms by misinterpreting or exaggerating bodily sensations (Taylor et al., 1992: 417). Hence, the difficulty in differentiating feelings from bodily sensations in alexithymic individuals (Jordan and Smith, 2017; Nemiah, 2000) may lead to more prevalent somatic symptom and related disorders including medically unexplained symptoms (De Gucht et al., 2003: 201) and conversion disorder (Çelikel and Saatçioğlu, 2002: 229).

Secondly, it was hypothesized that alexithymia would be significantly associated with marital adjustment. More specifically, individuals who reported higher levels of alexithymia were expected to report lower levels of marital adjustment. Results showed that individuals with high levels of alexithymia manifested low scores on marital adjustment. This finding is consistent with the results of the prior studies (e.g., Epözdemir, 2012; Humphreys et al., 2009; Taylor et al., 2014) demonstrating that alexithymic individuals have poor marital adjustment.

In close relationships, recognizing emotions and expressing these emotions to the partner has an effect on the satisfaction with this relationship (Meeks et al., 1998: 761). The inability of disclosure of feelings (Hesse and Floyd, 2011: 797) and the lack of intimacy (Lyvers et al., 2017: 8) in alexithymic individuals may lead to a decrease in marital adjustment. Furthermore, for marital adjustment understanding partners' feelings, as well as the individual's own feelings, may be important. However, the lack of empathy (Guttman and Laporte, 2002: 453) shown by alexithymic individuals may be a potential explanation for low marital adjustment. Accordingly, Ickes (1985: 202) stated that the degree of satisfaction in close relationships depends on how sensitive and supportive people perceive their partners. Hence, less use of social support (Wells et al., 2016: 374) against marital distress in alexithymic individuals may lead to low marital quality.

Thirdly, it was hypothesized that alexithymia would be significantly associated with parenting stress. More specifically, individuals who reported higher levels of alexithymia were expected to report higher parenting stress. Results showed that individuals with high levels of alexithymia manifested high scores on parenting stress. This finding is consistent with the results of the prior studies (e.g., Kerr et al., 2004; Saarijarvi et al., 2001; Schechter et al., 2015; Silvestria et al., 2019) demonstrating that alexithymic individuals have higher levels of parenting stress.

Experiences with caregivers in childhood are thought to play an important role in the development of emotion regulation processes (Besharat and Khajavi, 2013: 571). However, growing up in a family structure that does not allow the expression of emotions may lead to the development of alexithymia (Berenbaum and James, 1994: 355). According to Crespo and his colleagues (2017: 2800), mothers' emotion regulation difficulties were associated with difficulties in emotion regulation of children (Crespo et al., 2017: 2800). These difficulties of the children may increase parenting stress by causing behavioral problems in children (Neece et al., 2012: 61).

Alexithymic traits may affect individuals' reactions in stressful times (Martin and Pihl, 1986: 74). For instance, alexithymic individuals are less likely to use social support during stressful situations (Fukunishi and Rahe, 1995: 1300). According to Bodenmann and Shantinath (2004: 483), dealing with stress as a couple reduces parenting stress. However, alexithymic individuals manifested poor responses to cope with stress (Fukunishi and Rahe, 1995; Kerr et al., 2004; Zimmermann et al., 2005). In other words, alexithymic traits were associated with using emotion-oriented coping (Myers et al., 2013: 637). The use of this coping in alexithymic people may lead to greater parenting stress.

Also, it was hypothesized that marital adjustment would be significantly associated with psychological symptoms. More specifically, individuals who reported lower marital adjustment were expected to report higher psychological symptoms. Results showed that individuals with low marital adjustment manifested high scores on psychological symptoms. This finding is consistent with the results of the prior studies (e.g., Scorsolini-Comin and Sautos, 2012; Whisman et al., 2018) demonstrating that individuals with low marital adjustment have higher levels of psychological symptoms.

According to Hawkins and Booth (2005: 464), people with low-quality marriages had lower levels of happiness and more psychological distress. Moreover, marital dissatisfaction occurs when one's marriage is not in line with their expectations (Hawkins and Johnsen, 1969: 507). This distress in marital relationship may lead to psychological symptoms. A possible explanation for this relationship may be the predisposing effect of stress in marriage on psychological problems (Neff and Karney, 2004: 145). Furthermore, more dysfunctional relationship beliefs (Hamamcı, 2015: 257) and marital discord (O'Leary et al., 1990: 418) may determine the higher psychological symptoms. In these problems, the use of positive communication skills (Rhoden, 2003:

249) may lead to low levels of psychological symptoms by increasing the marital adjustment between couples.

In addition, it was hypothesized that parenting stress would be significantly associated with psychological symptoms. More specifically, individuals who reported higher parenting stress were expected to report higher psychological symptoms. Results showed that individuals with high parenting stress manifested high scores on psychological symptoms. This finding is consistent with the results of the prior studies (e.g., Farmer and Lee, 2011; Kohn et al., 2012) demonstrating that individuals with high parenting stress have higher levels of psychological symptoms.

Individuals may experience enhanced parenting stress as a result of the increasing demands of parenthood (Milkie et al., 2008: 87). Specifically, the mother is generally held responsible for matters including childcare since the birth of the child. Therefore, childcare difficulties may be a potential cause of increasing parenting stress. Accordingly, Crnic and Greenberg (1990: 1635) stated that parental hassles, especially those caused by behaviors of the children, predicted the psychological symptoms of mothers. However, the perceived parenting self-efficacy may be another potential factor leading to psychopathology. Accordingly, in a study conducted by Cutrona and Troutman (1986: 1513), parenting self-efficacy was found to be associated with depressive symptoms. Furthermore, using social support against parenting stress may reduce psychological symptoms. According to Dabrowska and Pisula (2010: 267), parenting stress levels of individuals decrease when they see family members as supportive.

Lastly, it was hypothesized that attachment styles would be significantly associated with psychological symptoms. More specifically, individuals who reported higher attachment anxiety and higher attachment avoidance were expected to report higher psychological symptoms. Results showed that individuals with high insecure attachment manifested high scores on psychological symptoms. This finding is consistent with the results of the prior studies (e.g., Conradi et al., 2018; Mikulincer and Shaver, 2007; Pickard et al., 2016; Schimmenti and Bifulco, 2015; Neuman et al., 2015; Riem et al., 2018; Fossati et al., 2009; Park et al., 2004) demonstrating that individuals with high insecure attachment have higher levels of psychological symptoms.

According to attachment theory, early experiences with attachment figure constitute one's perceptions and expectations about close relationships (Bowlby, 1988: 4). Moreover, internal working models that develop over time lead to the belief that one

is worthy of being loved and supported by others. Therefore, depending on the dimension of the attachment style, namely attachment anxiety and attachment avoidance, the qualities of the close relationships may change. These qualities may affect the relationship between attachment styles and psychopathology. Accordingly, insecure attachment in romantic relationships, especially attachment anxiety is associated with poor psychological health (Neuman et al., 2015: 104).

Attachment styles regulate both the ability to cope with stress and proximity seeking behaviors (Fernandes et al., 2012: 91). More specifically, individuals with secure attachment regulate their negative emotions by seeking support or thinking that support is available when they need (Mikulincer and Shaver, 2007: 142). This may be a possible reason that secure attachment style is associated with less psychological symptoms. Moreover, difficulties in regulating emotions in insecure attachment styles (Montebarocci et al., 2004; Riem et al., 2018) may affect the emergence of psychological symptoms.

4.2. The Mediating Role of Marital Adjustment in the Relationship Between Alexithymia and Psychological Symptoms

It was hypothesized that marital adjustment would mediate the relationship between alexithymia and psychological symptoms which are depression, anxiety, somatization, hostility, and negative self, respectively after controlling for attachment styles and age. The results confirmed the hypothesis for depression, anxiety, hostility, and negative self. However, for somatization, this mediating relationship was not found.

4.2.1. The Mediating Role of Marital Adjustment in the Relationship Between Alexithymia and Depression

It was hypothesized that marital adjustment would mediate the relationship between alexithymia and depression after controlling for the effects of attachment styles and age. Specifically, individuals who reported higher levels of alexithymia were expected to report lower marital adjustment, which would lead to an increase in depression. Results showed that marital adjustment mediated the relationship between alexithymia and depression after controlling for attachment styles and age. This finding is consistent with the results of the prior studies in the literature (e.g., Foran and O'leary, 2013; Holder et al., 2014) demonstrating that poor relationship quality mediates the relationship between alexithymia and depression.

Jabalamelian (2011: 55) stated that the emotional dimension of the romantic relationship has a great impact on psychological health. Moreover, the Abraham-Freud model emphasizes that depression occurs when a person directs his negative emotions to himself instead of directing them to the appropriate object (Akiskal and McKinney, 1975: 291). Accordingly, in alexithymic individuals, the difficulty in expressing negative feelings resulting from conflicts in marriage may lead to depression. According to Son and his colleagues (2012: 329), the difficulties in describing emotions were higher in depression than in other psychopathologies. Hence, both being aware of emotions (Li et al., 2015: 10) and expressing these emotions to the partner (Duddu et al., 2003: 437) may prevent the occurrence of depression.

The alexithymic people who show reduced emotional communication in interpersonal relationships feel uncomfortable in sharing their feelings (Hesse and Floyd, 2011: 805). Hence, alexithymic traits may prevent using social support given by the spouse. According to Wells and his colleagues' (2016: 375) study, alexithymic individuals reported less support in their relationship than non-alexithymic individuals. This may explain why alexithymic individuals are susceptible to depression.

4.2.2. The Mediating Role of Marital Adjustment in the Relationship Between Alexithymia and Anxiety

It was hypothesized that marital adjustment would mediate the relationship between alexithymia and anxiety after controlling for the attachment styles and age. Specifically, individuals who reported higher levels of alexithymia were expected to report lower marital adjustment, which would lead to an increase in anxiety. Results showed that marital adjustment mediated the relationship between alexithymia and anxiety after controlling for the attachment styles and age.

Worry, which is a cognitive component of anxiety, is manifested under conditions of uncertainty perceived as a threat (Borkovec and Inz, 1990: 153). From this point of view, alexithymic individuals may perceive intimacy in marriage as a threat. According to the observation of Sifneos (1973: 256), alexithymic individuals showed distant, indifferent and withdrawn features in interpersonal interaction patterns. Therefore, enhanced emotional expression in romantic relationships may help to reduce the anxiety of alexithymic individuals. Accordingly, alexithymic features and characteristics of family functioning (e.g., communication, affective involvement) were associated with difficulties in reducing anxiety symptoms (Mantani et al., 2007: 866).

According to McLeod's study (1994: 774), individuals with anxiety disorders manifested increased marital distress. This stress may affect the course of therapy when working with people with anxiety disorders. Furthermore, the quality of marriage and anxiety level was found to be associated with the course of treatments including cognitive therapy, anxiety management training (Durham et al., 1997: 110). For this reason, focusing on marital problems in the treatment of anxiety disorder in alexithymic individuals may be a remarkable element. According to Marcaurelle and his colleagues (2003: 267), the ability to communicate problems in a romantic relationship during and after treatment is associated with treatment efficiency for anxiety-related disorders.

4.2.3. The Mediating Role of Marital Adjustment in the Relationship Between Alexithymia and Somatization

It was hypothesized that marital adjustment would mediate the relationship between alexithymia and somatization after controlling for attachment styles and age. Specifically, individuals who reported higher levels of alexithymia were expected to report lower marital adjustment, which would lead to an increase in somatization. Results showed that marital adjustment did not mediate the relationship between alexithymia and somatization after controlling for the attachment styles and age. This result may be due to controlling for the effect of attachment styles. However, a study that investigated the mediating role of marital adjustment between alexithymia and somatization could not be found in the literature.

The attachment pattern is thought to affect the relationships of the individuals throughout life (Wearden et al., 2005: 279) and significantly contributes to psychological disorders (Mikulincer and Shaver, 2012: 12). Furthermore, in romantic relationships poor mental health is related to somatic complaints in individuals with insecure attachment styles, especially attachment anxiety (Neuman et al., 2015: 101). Hence, additional analysis was also performed to test whether the reason for an absent relationship could be related to controlling for the effects of attachment styles. Results showed that the mediating role of marital adjustment was found on the relationship between alexithymia and somatization while attachment anxiety and attachment avoidance were not controlled. Therefore, it may be concluded that there may be a more direct link between attachment and somatization, which causes other factors to lose their significance in explaining somatization.

While somatization involves being engaged with somatic complaints, the structure of attachment anxiety involves engaging with relationship issues. Furthermore,

extreme fear in interpersonal relationships is typically seen in somatic patients (Neuman et al., 2015: 104). Hence, considering possible predisposing factors, including early traumatic experiences, is an important element in the therapy. Also, identifying familial factors that maintain somatic symptoms may contribute to the treatment of somatization.

Alexithymia, which is associated with emotional and somatic experiences, was used to identify people who had difficulty in expressing their emotions and dreams. From a cultural perspective, cultural influences may affect the experience and expression of emotions (Le et al., 2002: 341). In various countries, it is stated that individuals with high levels of alexithymia have more somatic symptoms (Kirmayer, 1987; Taylor, 2000). Depending on the cultural characteristics, somatic symptoms may arise as a way of expressing emotion when verbal communication is blocked in interpersonal relationships (Ford and Folks, 1985: 372). Accordingly, these symptoms may occur when alexithymic individuals can not cope with any distress in the family. According to a study, it was found that the rate of alexithymia was high among female patients with conversion disorder and the majority of these patients had problems with family or spouse (Çelikel and Saatçioğlu, 2002: 231).

4.2.4. The Mediating Role of Marital Adjustment in the Relationship Between Alexithymia and Hostility

It was hypothesized that marital adjustment would mediate the relationship between alexithymia and hostility after controlling for the attachment styles and age. Specifically, individuals who reported higher levels of alexithymia were expected to report lower marital adjustment, which would lead to an increase in hostility. Results showed that marital adjustment mediated the relationship between alexithymia and hostility after controlling for the attachment styles and age.

Criticism is often used when conflicts occur within marriage (Gottman, 2014: 260). Being criticized for alexithymic individuals may lead to anger in them. Moreover, the difficulties in recognition and regulation of this emotion may constitute the inabilities to control aggressive tendencies (Eom and Shin, 2016: 67). Hence, the anger which can not be expressed to the partner for a long time (Velotti et al., 2016: 300) may lead to an accumulation that can cause hostility. According to Newton and Kiecolt-Glaser (1995: 613), decreased marital quality was associated with hostility among individuals. Therefore, improving the proper expression of negative emotions in alexithymic individuals may prevent the emergence of hostility.

4.2.5. The Mediating Role of Marital Adjustment in the Relationship Between Alexithymia and Negative Self

It was hypothesized that marital adjustment would mediate the relationship between alexithymia and negative self after controlling for the attachment styles and age. Specifically, individuals who reported higher levels of alexithymia were expected to report lower marital adjustment, which would lead to an increase in negative self. Results showed that marital adjustment mediated the relationship between alexithymia and negative self after controlling for the attachment styles and age.

Negative mental representations of individuals may lead to the formation of self-value (Park et al., 2004: 1250), which varies depending on the need for approval by others. Hence, support from the spouse may improve one's perception of self. Accordingly, individuals who perceived their relatives as supportive reported higher self-efficacy (Major et al., 1990: 460). On the other hand, conflicts within marriage may weaken one's self-perception. Because of these conflicts, negative statements about the self are often used between the spouses (Gottman, 2014: 24).

4.3. The Mediating Role of Parenting Stress in the Relationship Between Alexithymia and Psychological Symptoms

It was hypothesized that parenting stress would mediate the relationship between alexithymia and psychological symptoms which are depression, anxiety, somatization, hostility, and negative self, respectively after controlling for attachment styles and age. The results confirmed the hypothesis for depression, anxiety, hostility, and negative self. However, for somatization, this mediating relationship was not found.

4.3.1. The Mediating Role of Parenting Stress in the Relationship Between Alexithymia and Depression

It was hypothesized that parenting stress would mediate the relationship between alexithymia and depression after controlling for the attachment styles and age. Specifically, individuals who reported higher levels of alexithymia were expected to report higher parenting stress, which would lead to an increase in depression. Results showed that parenting stress mediated the relationship between alexithymia and depression after controlling for the attachment styles and age. This finding is consistent with the results of the prior studies in the literature demonstrating that alexithymia is associated with parenting stress (e.g., Schechter et al., 2015; Silvestri et al., 2019) and

parenting stress is associated with depression (e.g., Huang et al., 2014; Paulson and Bazemore, 2010; Vismara et al., 2016).

The difficulties of alexithymic individuals in recognizing emotions may lead to react inappropriately to the child's emotions. Accordingly, Crespo and his colleagues (2017: 2800) stated that a mother's emotion regulation difficulties were positively associated with her child's emotion dysregulation. Moreover, the inability of alexithymic individuals to empathize may cause difficulties in understanding the emotional needs of their children. Hence, more negative emotions that occur in children increase parenting stress (Anthony et al., 2005: 142), which may be associated with susceptibility to depression. According to the diathesis-stress model, which is one of the basic approaches used to explain psychopathologies, stress may predispose individuals to develop psychopathology (Beach et al., 2003: 25).

Alexithymic individuals are less likely to use social support during stressful situations (Fukunishi and Rahe, 1995: 1302). Moreover, maladaptive methods used by alexithymic individuals to cope with stress (Besharat, 2010: 616) may increase the effects of stress, which causes psychological problems as well as depression. Hence, in the treatment of depression in alexithymic individuals, problem-solving training (Dugas et al., 2007: 170) would guide the difficulties encountered in parenthood.

4.3.2. The Mediating Role of Parenting Stress in the Relationship Between Alexithymia and Anxiety

It was hypothesized that parenting stress would mediate the relationship between alexithymia and anxiety after controlling for the attachment styles and age. Specifically, individuals who reported higher levels of alexithymia were expected to report higher parenting stress, which would lead to an increase in anxiety. Results showed that parenting stress mediated the relationship between alexithymia and anxiety after controlling for the attachment styles and age.

Alexithymic individuals manifest increased stress under conditions related to parenthood (Schechter et al., 2015: 411). Because of the difficulties of alexithymic individuals in regulating stress-related sensations may lead to a sense of uncontrollability. This sense of uncontrollability constitutes a greater risk factor for anxiety disorders (Barlow, 1991: 60). Hence, the main goal of therapy may be creating adaptive forms of stress rather than complete elimination of this stress (Rygh and Sanderson, 2004: 165).

Enhanced parenting stress in alexithymic individuals may lead them to develop anxiety symptoms against future demands. Because, becoming parents is a life-long process and it involves many responsibilities and demands (Milkie et al., 2008: 87). Therefore, reducing stressful responses to parenthood (Leahy and Holland, 2000: 219) should be among the goals of therapy with anxiety disorders in alexithymic individuals. Accordingly, parents' daily stress was found associated with anxiety symptoms (Banez and Compas, 1990; Finegood et al., 2017). In addition, discussing the dangerousness of worry (Behar et al., 2009: 1017) may reduce anxiety in these individuals.

4.3.3. The Mediating Role of Parenting Stress in the Relationship Between Alexithymia and Somatization

It was hypothesized that parenting stress would mediate the relationship between alexithymia and somatization after controlling for the attachment styles and age. Specifically, individuals who reported higher levels of alexithymia were expected to report higher parenting stress, which would lead to an increase in somatization. Results showed that parenting stress did not mediate the relationship between alexithymia and somatization after controlling for the attachment styles and age. This result may be due to controlling for the effect of attachment styles. However, a study that investigated the mediating role of parenting stress between alexithymia and somatization could not be found in the literature.

The attachment pattern is thought to affect the relationships of the individuals throughout life (Wearden et al., 2005: 279) and significantly contributes to psychological disorders (Mikulincer and Shaver, 2012: 12). Furthermore, the attachment system is activated especially in stressful situations and the effect of attachment styles on the ability to manage stress emerges this period (Rodin et al., 2007: 1088). Hence, attachment styles may affect the occurrence of somatization throughout stressful events (Adshead and Guthrie, 2015: 168). Therefore, additional analysis was also performed to test whether the reason for an absent relationship could be related to controlling for the effects of attachment styles. Results showed that the mediating role of parenting stress was found on the relationship between alexithymia and somatization while attachment anxiety and attachment avoidance were not controlled. Especially, for somatization, there may be a strong and direct relationship between attachment and somatization, which causes other factors to lose their significance in explaining somatization.

Experiences with caregivers in childhood are thought to play an important role in the development of emotion regulation processes (Besharat and Khajavi, 2013: 571). According to Feeney (1999: 169), attachment styles emerge as a result of interactions with the attachment figure to regulate negative emotions of the individuals. Furthermore, the difficulties in describing emotions in individuals with insecure attachment may pose a risk to the development of medically unexplained somatic symptoms (Riem et al., 2018: 110). Accordingly, attachment styles affect how people experience their bodies, interpret their pain, and how to manage stress related to illness. Also, attachment style may increase the perception of stress related to the disease or create a buffer (Adshead and Guthrie, 2015: 170). Hence, in the relationship between alexithymia and psychological symptoms, controlling for the effects of attachment styles could lead to the result that parenting stress was not a mediating role in this relationship. Therefore, it may be concluded that there may be a more direct link between attachment and somatization, which causes other factors were insignificant in explaining somatization.

4.3.4. The Mediating Role of Parenting Stress in the Relationship Between Alexithymia and Hostility

It was hypothesized that parenting stress would mediate the relationship between alexithymia and hostility after controlling for the attachment styles and age. Specifically, individuals who reported higher levels of alexithymia were expected to report higher parenting stress, which would lead to an increase in hostility. Results showed that parenting stress mediated the relationship between alexithymia and hostility after controlling for the attachment styles and age.

Alexithymia, especially difficulties in identifying emotions, is strongly associated with perceived chronic stress (Terock et al., 2019: 409). The difficulty in regulating stress sensation may manifest anger in alexithymic individuals. According to Rodriguez and Green (1997: 376), parenting stress is related to greater anger expression. However, lack of awareness of physiological signs of anger constitutes difficulties in controlling aggressive tendencies (Velotti et al., 2016: 301). Also, the use of suppression of emotion (Bariola et al., 2012: 446) or not properly the expression of negative emotions (Eom and Shin, 2016: 67) may lead to hostility in alexithymic individuals when they confront with stressors. Therefore, the therapist should learn what they do in order to cope with their symptoms related to stress, which may provide additional information about patient. Also, improving appropriate expression of

aggression would reduce hostility in alexithymic individuals (Eom and Shin, 2016: 67). In addition, being supplied use of social support to cope with parenting hassles may decrease hostility in them. According to Diong and his colleagues (2005: 467), lower perceived social support was associated with higher levels of anger.

4.3.5. The Mediating Role of Parenting Stress in the Relationship Between Alexithymia and Negative Self

It was hypothesized that parenting stress would mediate the relationship between alexithymia and negative self after controlling for the attachment styles and age. Specifically, individuals who reported higher levels of alexithymia were expected to report higher parenting stress, which would lead to an increase in negative self. Results showed that parenting stress mediated the relationship between alexithymia and negative self after controlling for the attachment styles and age.

The responding appropriately to the child's emotional expression is important in the development of self-efficacy (McLean and Anderson, 2009: 501). On the other hand, the inability to respond to the child's emotion expression may lead to ego depletion, which means a temporary reduction in self capacity (Baumeister et al., 1998: 1253). This decrease may lead to negative evaluations of self in women by increasing parenting stress.

The decreased capacity in coping with stressors and maladaptive coping strategies were found to be related to alexithymic traits (Besharat, 2010: 616). More specifically, the use of emotion-oriented coping in alexithymic people is related to unsolved problems and may continue to be exposed to greater stress (Myers et al., 2013: 637). Hence, the incompetence to fulfill demands of parenthood in alexithymic individuals may lead to negativity in perceived self-efficacy. Similarly, focusing on difficulties (Rholes et al., 2006: 282) in parenting may increase the perception of inability. Therefore, cognitive restructuring of these thoughts (O'Donohue and Fisher, 2012: 133) related to parenthood may prevent negative self-evaluation.

Consequently, after controlling for attachment styles and age, marital adjustment and parenting stress mediated the relationship between alexithymia and psychological symptoms which are depression, anxiety, hostility, and negative self, respectively. However, the mediating effect was not found for the relationship between alexithymia and somatization. This finding may be interpreted as there may be a more direct and strong relationship between attachment styles and somatization. In brief, while

alexithymia impairs the psychological well-being of individuals, marital adjustment and parenting stress facilitate this relationship. In other words, high alexithymia level was associated with more psychological symptoms, also low marital adjustment and high levels of parenting stress strengthen this relationship.

4.4. The Strengths and Limitations of the Study and Suggestions for Further Studies

The findings of the current study should be evaluated within the scope of some limitations. First of all, this study was conducted with married women who have children. However, for further studies, the participation of both genders may produce a more generalizable result in terms of using variables (e.g. marital adjustment, parenting stress). In this context, studies comparing the experiences of women and men can also be informative. Moreover, further studies that investigate factors affecting psychological symptoms can be conducted with couples who do not have children. Another limitation of the sample is that the majority of the participants had a bachelor's degree and almost all of the participants had a profession. Hence, for further studies, a normal distribution is suggested in terms of demographic variables such as education and working status. Furthermore, in the current study, when examining the factors affecting psychological symptoms, the effects of previous psychological disorders were not controlled. Further studies should be considered the effects of previously experienced psychological disorders. Besides, self-rated scales were used in this study. Further studies should be used observation method to assess alexithymic traits and attachment patterns in more detail.

The strength of this study is that it focuses on the psychological symptoms women experience in the context of familial relationships. Namely, the mediating role of marital adjustment and parenting stress was focused in the current study. Psychopathology of any individual within the family implies a dysfunctional family structure that has an impact on mental health. In other words, mental disorders may develop as a result of faulty interpersonal relationships (Kumar, 2008: 140). Hence, this model also points out the importance of marital adjustment and parenting stress, which are important family-related variables, in the relationship between alexithymia, an individual personality variable, and psychopathology. Moreover, parenting stress was studied in mothers of children with normal developmental characteristics (e.g., not to have any developmental disabilities or chronic health problems) unlike the previous studies which were mostly conducted with mothers of children with developmental

disabilities (Dabrowska and Pisula, 2010; Hall and Graff, 2011). Also, while the mediating role of marital adjustment and parenting stress on the relationship between alexithymia and psychological symptoms was evaluated, the effects of variables that could be confounding on this relationship (attachment styles, age, current psychiatric diagnoses) were controlled. Hence, the effects of other important factors on psychological symptoms were clearly demonstrated in this study.

4.5. Clinical Implication of the Study

The results of the current study indicated important findings that should be considered in the treatment of psychopathology of married women who have children. First of all, the results of the study revealed that alexithymia was found to be related to psychological symptoms. Hence, the therapist should take into account that the presence of alexithymic traits of individuals may affect the course of the therapy. In respect to this, improvement of emotional expression in alexithymic individuals may provide a protective effect against the emergence of psychological symptoms. Furthermore, considering that attachment styles related to alexithymic traits affect psychopathology to a great extent, gathering in-depth information about attachment styles of individuals would provide important information for the client in the therapy.

Moreover, the results of the study revealed that marital adjustment mediated the relationship between alexithymia and psychological symptoms. In this context, in the treatment of psychological symptoms of alexithymic individuals, the effort of revealing the family processes is important in terms of prevention and intervention programs. Especially, these programs should be focused on changing a dysfunctional family system. Hence, the therapist should guide treatment planning for the development of more functional interaction between couples such as the use of constructive communication styles, discussion of issues calmly, allowing the expression of emotions and being consensus in sharing responsibilities related to marriage. Strengthening these constructs between couples may reduce the intensity of psychological symptoms.

Finally, the results of the study revealed that parenting stress mediated the relationship between alexithymia and psychological symptoms. For this reason, the alleviation of parenting stress of alexithymic individuals would have a protective effect against psychological problems. Considering that alexithymic traits negatively affect the coping with stress, developing effective coping strategies to cope with parental hassles would become a substantial element in preventive interventions. The results of this study showed that parents of normal developmental children may also have parenting

stress. Therefore, psychoeducation is recommended in the therapy to supply a more adaptive response to the child's emotional and behavioral responses. Also, increasing parental collaboration is an effective strategy for alleviating of parenting stress. Besides, improving behaviors that enable mothers how to be more assertive in expressing their wants and desires related to parenthood may reduce the intensity of parenting stress.

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APPENDICES

Appendix A: Demographical Information Form

1) Cinsiyetiniz:

☐ Kadın ☐ Erkek

2) Yaşınız: ……..

3) Yaşadığınız İl:…..

4) Eğitim Düzeyiniz (Halen okuyorsanız son olarak mezun olduğunuz okulun türünü seçiniz) :

☐ İlkokul ☐ Ortaokul ☐ Lise ☐ Ön lisans

☐ Lisans ☐ Yüksek Lisans ☐ Doktora ☐ Diğer (Belirtiniz):……..

5) Çalışma durumunuz:

☐ Çalışıyorum ☐ Çalışmıyorum ☐ Emekliyim

6) Mesleğiniz: ……..

7) Eve giren aylık toplam gelir miktarınızı işaretleyiniz:

☐ 1000 TL ve altı ☐ 1000-1500 TL ☐ 1500-2000 TL ☐ 2000-3000 TL

☐ 3000-4000 TL ☐ 4000-5000 TL ☐ 5000 TL üstü ☐ Diğer (Belirtiniz):……..

8) Evlilik Süreniz :

☐ 1 yıl altı:…..ay (belirtiniz) ☐ 1 yıl üstü:…..yıl (belirtiniz)

9) Evlenme Biçiminiz:

☐ Anlaşarak ☐ Görücü usulü ☐ Görücü usulü tanışıp kendi kararımızla

10) Evlenme Yaşınız: ……..

11) Bu sizin kaçıncı evliliğiniz?

☐ İlk Evliliğim ☐ İkinci Evliliğim ☐ Diğer (Lütfen Açıklayınız):…..

12) Eşinizin Yaşı: ……..

13) Eşinizin Eğitim Düzeyi (Halen okuyorsa son olarak mezun olduğu okulun türünü seçiniz) :

☐ İlkokul ☐ Ortaokul ☐ Lise ☐ Ön lisans

☐ Lisans ☐ Yüksek Lisans ☐ Doktora ☐ Diğer (Belirtiniz):……..

14) Eşinizin kaçıncı evliliği:

☐ İlk Evliliği ☐ İkinci Evliliği ☐ Diğer (Lütfen Açıklayınız):…..

15) Eşinizin tıbbi bir hastalığı var mı?

☐ Yok ☐ Var (Belirtiniz):……

16) Eşinizin psikolojik bir rahatsızlığı var mı?

☐ Yok ☐ Var (Belirtiniz):……

17) Çocuğunuz var mı?

☐ Evet ☐ Hayır

18) Çocuğunuz varsa **yaşlarını ve cinsiyetlerini** lütfen belirtiniz. [Önceki evlilik(ler)inizden çocuğunuzun olması durumunda sadece mevcut evliliğinizden olan çocuklarınızın yaşlarını ve cinsiyetlerini belirtiniz.]

Kaçıncı Çocuk	Yaşı	Cinsiyeti

19) Çocuğunuzun tıbbi bir hastalığı var mı?

☐ Yok ☐ Var (Belirtiniz):……

20) Çocuğunuzun psikolojik bir rahatsızlığı var mı?

☐ Yok ☐ Var (Belirtiniz):……

21) Evinizde eşiniz ve (varsa) çocuklarınız dışında sizinle birlikte yaşayan (kendi anneniz, babanız, kardeşiniz veya eşinizin annesi, babası, kardeşi vb.) başka bireyler var mı?

☐ Yok ☐ Var (Belirtiniz):……

22) Kronik bir rahatsızlığınız var mı? Belirtiniz:

☐ Yok ☐ Var (Belirtiniz):……

23) Şu anda herhangi bir psikolojik sorun yaşıyor musunuz?

☐ Hayır ☐ Evet (Belirtiniz):…… Yardım aldınız mı?

☐ Evet ☐ Hayır

24) Daha önce herhangi bir psikolojik sorun yaşadınız mı?

☐ Hayır ☐ Evet (Belirtiniz):…… Yardım aldınız mı?

☐ Evet ☐ Hayır

Appendix B: Experiences in Close Relationships-Revised (ECR-R)

Aşağıdaki maddeler evliliğinizde hissettiğiniz duygularla ilgilidir. Bu araştırmada sizin yalnızca şu anda değil, genel olarak eşinizle neler yaşadığınızla ilgilenmekteyiz. Her bir maddenin evliliğinizdeki duygu ve düşüncelerinizi ne oranda yansıttığını karşılarındaki 7 aralıklı ölçek üzerinde ilgili rakam üzerine çarpı (X) koyarak gösteriniz.

1----------2----------3----------4----------5----------6----------7

Hiç	Kararsızım/	Tamamen
Katılmıyorum	fikrim yok	katılıyorum

Examples of items:

1. Eşimin sevgisini kaybetmekten korkarım.
5. Sıklıkla, eşimin beni gerçekten sevmediği kaygısına kapılırım.
14. Eşim benimle çok yakın olmak istediğinde rahatsızlık duyarım.
23. Eşimin, bana benim istediğim kadar yakınlaşmak istemediğini düşünürüm.
30. Eşime güvenip inanma konusunda rahatımdır

Appendix C: Twenty-item Toronto Alexithymia Scale (TAS-20)

Lütfen aşağıdaki maddelerin sizi ne ölçüde tanımladığını işaretleyiniz.

Hiçbir zaman (1),....., Her zaman (5) olacak şekilde bu maddelere puan veriniz.

Examples of items:

1. Ne hissettiğimi çoğu kez tam olarak bilemem.
9. Tam olarak tanımlayamadığım duygularım var.
14. Çoğu zaman neden kızgın olduğumu bilmem.
19. Kişisel sorunlarımı çözerken duygularımı incelemeyi yararlı bulurum.

Appendix D: Dyadic Adjustment Scale (DAS)

Birçok insanın ilişkilerinde anlaşmazlıkları vardır. Lütfen aşağıda verilen maddelerin her biri için siz ve eşiniz arasındaki anlaşma veya anlaşmama ölçüsünü aşağıda verilen altı düzeyden birini seçerek belirtiniz.

Examples of items:

21. Ne sıklıkla eşinizle münakaşa edersiniz?

Her zaman	Hemen hemen her zaman	Zaman zaman	Ara sıra	Nadiren	Hiçbir zaman

24. Siz ve eşiniz ev dışı etkinliklerinizin ne kadarına birlikte katılırsınız?

Hepsine	Çoğuna	Bazılarına	Çok azına	Hiçbirine

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Appendix E: Parenting Stress Scale

Değerli Katılımcı, bu bölüm içerisinde EBEVEYNLİK ya da ANNE BABA olmaya ilişkin yaşamış olduğunuz STRES durumuna ilişkin maddeler bulunmaktadır. Her bir maddede sizin için en uygun olan ifadeyi işaretleyiniz. Eğer bir çocuğa sahip iseniz maddeleri cevaplarken o çocuğunuzu düşünerek, eğer birden fazla çocuğa sahipseniz sizi daha çok her türlü (duygusal, fiziksel, sosyal, ekonomik vb...) bakımı sunmada zorlayan çocuğunuzu düşünerek maddeleri cevaplayınız.

0.Hiç Tanımlamıyor, 1.Biraz Tanımlıyor, 2.Oldukça İyi Tanımlıyor, 3.İyi tanımlıyor, 4.Çok iyi tanımlıyor

Examples of items:

1. Ebeveyn olma konusunda kendimi yetersiz buluyorum.
5. Çocuğumun sorduğu soruları cevaplamakta zorlanıyorum.
10. Nasıl bir ebeveyn olduğumu düşündükçe kendimi kötü hissediyorum.
13. Ebeveynlik rolünü üstlenmek bana çok zor geliyor.
17. Ebeveyn olduğum için pişmanlık duyuyorum.

Appendix F: Brief Symptom Inventory (BSI)

Aşağıda insanların bazen yaşadıkları sıkıntılar ve yakınmaların bir listesi verilmiştir. Lütfen listedeki her bir maddeyi dikkatle okuyun. Daha sonra o belirtilerin **sizi bugün dahil, son bir haftadır ne kadar rahatsız ettiğini** yandaki bölmede uygun olan yerde işaretleyin. Her belirti için sadece bir yeri işaretlemeye ve hiçbir maddeyi atlamamaya özen gösterin. Eğer fikir değiştirirseniz ilk yanıtınızın üstünü karalayın.

0 Hiç	1 Biraz	2 Orta Derecede	3 Oldukça fazla	4 Ciddi derecede

Examples of items:

1. İçinizdeki sinirlilik ve titreme hali
7. Göğüs (kalp) bölgesinde ağrılar
29. Nefes darlığı, nefessiz kalma
33. Bedeninizin bazı bölgelerinde uyuşmalar, karıncalanmalar
40. Birini dövme, zarar verme, yaralama isteği
52. Suçluluk duyguları