

T.C. DOĐUŐ UNIVERSITY
INSTITUTE OF SOCIAL SCIENCES
MASTER OF ARTS IN CLINICAL PSYCHOLOGY

**THE RELATIONSHIP BETWEEN EARLY MALADAPTIVE SCHEMAS,
PERCEIVED MATERNAL PARENTING STYLE, EMOTION
REGULATION DIFFICULTIES AND PSYCHOLOGICAL WELL-BEING**

Graduation Thesis

Buket alıŐkan

201280003

Thesis Advisor:

Assist. Prof. Hasan Galip Bahekapılı

İstanbul, January 2017

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Committee Members:

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PREFACE

This thesis is submitted for the degree of Master of Arts in Clinical Psychology at the Dođuş University. The research described herein was conducted under the supervision of Assistant Proffessor Dr. Hasan Galip Bahçekapılı between May 2016 and January 2017. This study is an original, unpublished, and independent work by the author.

This work aims to explore the relationships between early maladaptive schemas, perceived maternal parenting style, emotion regulation difficulties and psychological well-being. In order to investigate the influence of demographic variables on the measures of the study, a series of One-Way between subjects analysis of variance (ANOVA), Multivariate Analysis of Variance (MANOVA), and independent sample t-tests were used. Pearson's Correlation Analysis was used to assess interrelationships between the study variables. In order to examine independent predictors of schema domains, emotion regulation difficulties and psychopathology, three sets of hierarchical regression analysis were conducted.

Istanbul, January 2017

Buket Çalıřkan

ABSTRACT

RELATIONSHIP BETWEEN EARLY MALADAPTIVE SCHEMAS, PERCEIVED MATERNAL PARENTING STYLE, EMOTION REGULATION DIFFICULTIES AND PSYCHOLOGICAL WELL-BEING

Çalışkan, Buket

M.A., Department of Psychology

Supervisor: Assist. Prof. Hasan Galip Bahçekapılı

January 2017

Although many studies have elaborated the relationships between early maladaptive schemas, perceived maternal parenting style and psychopathology regarding Young's Schema Theory, few researches examined the relations of these dynamics with emotion regulation difficulties. Therefore, the purpose of the present study was (1) to examine possible effects of demographic variables on schema domains, maternal parenting style, emotion regulation difficulties and psychological symptoms; (2) to investigate the relationships between perceived maternal parenting style, schema domains, difficulties in emotion regulatory processes and psychological distress level; (3) to determine predictive factors of schema domains, emotion regulation difficulties and psychopathology.

The sample of the study consisted of 372 individuals who were mostly recruited from the Doğuş University (285). Young Schema Questionnaire- Short Form 3 (YSQ-SF3), Young Parenting Inventory (YPI), Difficulties in Emotion Regulation Scale (DERS) and Brief Symptom Inventory (BSI) were administered to participants. In order to investigate the research question, a separate set of MANOVAs, ANOVAs, t- tests, bivariate correlation and hierarchical regression analyses were conducted.

Results of MANOVA yielded that females had lower scores in Disconnection schema domains while they obtained higher score in Clarity subscale of DERS than males. Besides, younger participants had higher scores in this Clarity subscale, compared to older ones. The zero order correlations indicated a number of significant correlations between measures of the study, which was consistent with the previous findings. The hierarchical analyses revealed that negative maternal parenting behaviors were significant predictor of all schema domains. Regarding Goal subscale of DERS, the negative maternal parenting and Impaired Autonomy positively predicted difficulties in engaging goal-directed behaviors during negative emotional state, whereas Disconnection was negatively predicted difficulties in engaging goal-directed behaviors. In terms of Strategy and Impulse subscales of DERS, the negative maternal parenting and Impaired Autonomy were positively associated with difficulties in using effective strategies and controlling impulsive behaviors when experiencing negative affect, Impaired Limits appeared as negatively associated factor for Strategy and Impulse subscale. The significant predictor of Non-Acceptance subscale of DERS was found as Impaired Autonomy. Regarding Clarity and Awareness subscales, Disconnection was positively predicted difficulties in being clear and aware of negative emotions, whereas Other-Directedness was negatively predicted difficulties in Clarity and Awareness subscales. Finally, perceived negative maternal parenting style, Impaired Autonomy and Disconnection schema domains were positively associated with psychological symptoms, while Impaired Limits was negatively associated with psychological distress level. On the contrary of expectations, emotion regulation difficulties were not appeared as significant predictors of general psychological disturbances in spite of the fact that the zero-order correlation analyses found significant association between them. These results were discussed regarding potential limitations and future suggestions.

Keywords: Early maladaptive schemas, perceived maternal parenting styles, emotion regulation difficulties, psychological symptoms.

ÖZ

ERKEN DÖNEM UYUMSUZ ŞEMALAR, ANNELİK ALGISI, DUYGU DÜZENLEME BECERİLERİ VE PSİKOLOJİK SIKINTILAR ARASINDAKİ İLİŞKİ

Çalışkan, Buket

Yüksek Lisans, Psikoloji

Danışman: Yrd. Doç. Dr. Hasan Galip Bahçekapılı

Ocak, 2017

Pek çok çalışma erken dönem uyumsuz şemalar, algılanan annelik biçimleri ve psikolojik sıkıntılar arasındaki ilişkiyi Young'ın şema teorisi bağlamında incelemesine rağmen, duygu düzenleme becerilerinde yaşanan zorlukların etkisini bu bağlamda inceleyen az sayıda çalışma vardır. Bu nedenle bu çalışmanın amacı; (1) demografik değişkenlerin şema alanları, algılanan annelik biçimleri, duygu düzenleme becerilerinde yaşanan zorluklar ve psikolojik sıkıntılar üzerindeki etkisini incelemek; (2) şema alanları, algılanan annelik biçimleri, duygu düzenleme güçlükleri ve psikopatoloji arasındaki ilişkileri değerlendirmek; (3) şema alanları, duygu düzenlemede yaşanan zorluklar ve psikolojik sıkıntılarının bağımsız yordayıcılarını belirlemektir.

Araştırma örneklemini çoğunun üniversite öğrencisi olduğu 372 Türk genç yetişkinden oluşmaktadır. Katılımcılar Young Şema Ölçeği, Young Ebevenylik Ölçeği, Duygu Düzenleme Güçlüğü Ölçeği ve Kısa Semptom Envanteri'ni içeren ölçek setini doldurmuşlardır. Demografik değişkenlerin etkisini incelemek için yapılan analizlerin sonuçları bir takım anlamlı ilişkiler dizisi göstermiştir. Buna göre, kadınlar Kopukluk şema

alanında erkeklerden daha düşük puanlar alırken; erkekler duygu düzenlemede yaşanan güçlükler arasında olan Açıklık alt ölçeğinden kadınlara göre daha düşük puan almıştır. Yapılan korelasyon analizi, ölçümlenen değişkenler arasında bir çok anlamlı ilişki bulunduğunu göstermiştir. Ayrıca, şema alanlarının, duygu düzenlemede yaşanan zorlukların ve psikolojik sıkıntıların yordayıcılarını belirlemek amacıyla hiyerarşik regresyon analizleri uygulanmıştır. Sonuçlar, olumsuz annelik biçimlerinin tüm şema alanlarını pozitif yönde yordadığını göstermiştir. Bunun yanı sıra, Zedenlenmiş Otonomi şema alanının duygu düzenlemede yaşanan zorlukları pozitif yönde yordadığı; Kopukluk, Zedenlenmiş Sınırlar ve Diğer Yönelimlilik şema alanlarının duygu düzenleme becerilerinde yaşanan zorlukları negatif yönde yordadığı belirlenmiştir. Son olarak, psikolojik sıkıntıların anlamlı yordayıcıları olarak olumsuz annelik biçimleri, Zedenlenmiş Sınırlar, Kopukluk ve Zedenlenmiş Otonomi şema alanları bulunmuş, duygu düzenlemede yaşanan zorlukların etkisi belirlenmemiştir. Araştırmanın sonuçları, potansiyel sınırlılıkları ve gelecek araştırmalar için önemi çerçevesinde tartışılmıştır.

Anahtar Kelimeler: Erken dönem uyumsuz şemalar, algılanan annelik biçimleri, duygu düzenleme becerileri, psikolojik sıkıntılar.

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LIST OF ABBREVIATIONS

YSQ: Young Schema Questionnaire

IA: Impaired Autonomy

D: Disconnection

IL: Impaired Limits

US: Unrelenting Standards

OT: Other Directedness

YPI-MF: Young Parenting Inventory- Mother Form

DERS: Difficulties in Emotion Regulation Scale

G: Goals

S: Strategy

N: Non-Acceptance

I: Impulse

C: Clarity

A: Awareness

BSI: Brief Symptom Inventory

1. INTRODUCTION

All people have mental categorical rules or scripts which are used to understand the world. Individuals filter or allow the environmental stimuli regarding these mental rules and, behave, feel and anticipate depending on this information. These mental rules are called as schemas and can shape the present and the future (Widmayer, 2007).

In the early of 1960s, Beck started to conceptualize cognitive theory and its core assumptions especially for depression. As one of the major prominent assumption of cognitive theory, it was proposed that the underlying dynamic of various emotional disorders was negative core beliefs about self, other people and the world (Van Vlierberghe, Braet, Bosmans, Rosseel and Bögels, 2010). It is proposed that these negative core beliefs are acquired in the early years of life through adverse experiences with primary caregivers and the activation of the negative beliefs in adulthood make individuals vulnerable to psychological distresses (Thimm, 2013). Beck (1967) determined the prominent cognitive theme for each specific disorder such as depression, anger and anxiety disorders. Inspired by these studies and findings, Jeffrey Young elaborated the cognitive conceptualization depending on his comprehensive clinical experiences and developed Schema Theory (Young, 1990). Perceived parenting practices are presumed to be the core contributor of development of schemas while trait of the child is also taken into consideration in Schema Therapy (Schmidt, Joiner, Young, and Telch, 1995). More importantly, schemas were categorized into groups as adaptive and maladaptive, and the central of the schema theory was accepted as the notion of so-called Early Maladaptive Schemas (EMSs) (Theiler, 2005). These EMSs were supposed to develop in early in life and be functional in some degree during childhood. However, with the changing circumstances, these schemas resist change and make people use these primitive and maladaptive coping ways, which eventually results in psychological distress. In other words, while Beck mostly tries to measure and treat psychological disorders with the help of negative core beliefs, Young mostly tries to determine deep-rooted schemas in order to understand and treat psychological symptoms.

Another theory Young benefitted from while developing the Schema Theory was Bowlby's attachment theory (Gök, 2012). As the basic assumptions of attachment theory, early interactions between child and primary caregiver are the origin of mental representations of self and others (Levy, Blatt and Shaver, 1998). It is hypothesized that early experiences with more responsive and sensitive caregivers form the secure base for the child to be attached (Bosmans, Braet and Van Vlierberghe, 2010). However, when the child is exposed to insensitive and irrelevant parenting practices during the first years of life, he/ she is insecurely attached to the primary caregiver. The repetitive and exaggerated exposure to the insensitive caregiver influences the mental representations of the child, which is called internal working model (Ünal, 2012; Mikulincer, Shaver and Pereg, 2003). In attachment theory, internal working model is conceptualized as inner representations for screening, encoding, remembering and reappriasing impinging stimuli (Bosmans et. al., 2010), which is the meeting point of the attachment theory and Young's schema conceptualization. It is assumed that the long-lasting effects of EMSs stem from early toxic experiences with parents and its effect size on schema acquisition is greater than peers, school or socio-cultural structures (Young, Klosko and Weishaar, 2003)

Emotion regulation, which is another research question of the current study, is conceptualized as process in which one modifies which emotions to have, when one has them, and how to experience or express these emotions (Gross, 2013). Any rupture in this process results in difficulties in emotion regulation which is elaborated and defined by Gratz and Roemer (2004) as disruption in the capability to screen, evaluate and change emotional state in order to achieve personal goals (Bardeen, Fergus, Hannan and Orcutt, 2016). It is proposed that perceived difficulties in emotion regulatory processes underlie extensive psychological disturbances such as depression, anxiety disorders, and substance abuse disorders (Gross, 2008). In the literature, it is widely investigated the effect of attachment style on emotion regulation process so that the transmission of emotions between child and primary caregiver determines the prospective difficulties in emotion regulation (Rugancı, 2008). Furthermore, several maladaptive schemas have a facilitator role in experiencing difficulties in emotion regulation so that the link between EMSs and difficulties in emotion regulation will be examined (Eldoğan and Barışkın, 2014).

Up to present, to our knowledge, the current study will be the first one to elaborate the interrelations between maternal parenting style, maladaptive schemas, emotion regulation difficulties and psychopathological symptoms together, administering a combination of Young Schema Scale, Young Parenting Inventory, Difficulties in Emotion Regulation Scale, and Brief Symptom Inventory.

1.1 Perceived Parenting Style in Young Schema Theory

According to Bowlby's attachment theory (1977, p. 201), attachment was defined as 'the propensity of human beings to make strong affectional bonds to particular others', and the disruption of these bonds 'explaining the many forms of emotional distress and personality disturbance, including anger, anxiety, depression and emotional detachment' (cited in Platts, Tyson and Mason, 2002). Primary care during the early years of life is dramatically important for not only survival of the infant but also behaviors and emotional experiences (Simard, Moss and Pascuzzo, 2011). The satisfaction level of primary caregiver's care determines the child's attachment quality and shapes the attachment behaviors of the infant. The main dynamic underlying the attachment quality and behaviors is internal working models which are described as "internalized representations of the history of attachment-related experiences, which influence expectations and attitudes concerning self and others" (Simard et. al., 2011; p. 350). Accordingly, the optimum availability and responsiveness of primary caregiver, that implies secure attachment style, enables the child to develop healthy internal working model, which helps the child to make realistic attributions about self, others and world. The deviance of the quality of this care might cause the child to develop negative representations of self, others and world, which indicates insecure attachment style (Sümer, Berument-Kazak and Sayıl, 2009). As having roots in attachment theory, it is argued that schemas are the representations which are outcomes of child-mother interactions, and early maladaptive schemas (EMSs) are resembled conceptually to internal working models of insecurely attached individuals (Sheffield, Waller, Emanuelli, Murray, & Meyer, 2005).

According to Young et. al. (2003), the perceived parenting style is significant for schema conceptualization because in the early years children have some critical emotional needs

that parents would be expected to meet. These basic needs are autonomy, competence and sense of identity; freedom to express valid needs and emotions; secure attachment to others (stability, safety, acceptance and nurturance); spontaneity and play; and realistic limits and self-control. When these needs are not fulfilled appropriately by parents, children have some difficulties about adjusting to environmental demands and circumstances. The reason might be that these children perceive themselves as worthless and incapable, perceive others as rejecting and so they have limited control over their environment. It is proposed that such representations or schemas regarding parental experiences shape one's perceptions, anticipations, behaviors and relationships in adulthood. In other words, these early basic schemas about parenting would probably shape representations about the whole world. Given the significance of the effect of early parenting experiences, Young (1994) developed a scale in which participants rated their parents' behaviors separately for both mother and father during childhood years. Controlling, pessimistic/fearful, perfectionist, emotionally depriving, overprotective, punitive, belittling, emotionally inhibited, and conditional/narcissistic is revealed as 9 different parenting styles (Sheffield et. al., 2005).

1.2 Schema Conceptualization

The "schema" concept is older than Young's schema conceptualization. The first references to schema were quoted by Bartlett (1932) and Piaget (1952) (cited in Gök, 2012; Theiler, 2005). They are described as mental structures that influence the way of experiencing and perceiving the environmental stimuli (Gök, 2012). Following them, Beck (1967) emphasized the "schemas" in that they might be positive or negative, adaptive or maladaptive, developed during childhood and they had long-term effect on one's life. It was proposed that the schemas were cognitive representations which modified apprehension of environmental variables and shaped formation of emotions and behaviors, depending on one's earlier experiences. Furthermore, Beck's definition of schema was stated as cognitive organizations which monitored, coded, and assessed the stimuli that influenced the human being (Alfasfos, 2009). Another conceptualization was stated by Thorndyke and Hayes-Roth (1979) in that a schema is abstract representation inferred from a stimulus with complex content which is processed in the light of compound effect of previous experiences and new information. In spite of the differential terminological

definitions between them, all of these concepts of schema created the base for the Young's schema.

According to Young's schema conceptualization, the composite effect of early parental experiences and emotional temperament of the child gives rise to formation of the schemas (Cecero, Nelson, Gillie, 2004). A schema is represented as a cognitive map which might include basic assumptions about self and world, and guide one to arrange new information according to them (Kömürcü, 2014). It is proposed that schemas developed from early personal experiences and one's identification with significant others, and in the future life they were reinforced by similar experiences, perceptions and learnings (Kömürcü, 2014).

1.2.1 Early Maladaptive Schemas (EMS) of Young Schema Theory

While some schemas which developed during childhood would be adaptive in one's later life, the maladaptive ones has drawn remarkable attention because of their noxious effects on one's psychological processes. Young called them as "Early Maladaptive Schemas (EMS)" and defined them as "a broad pervasive theme or pattern, comprised of memories, emotions, cognitions, and bodily sensations; regarding one's self and one's relationship with others; developed during childhood or adolescence; elaborated through one's life time; dysfunctional to some degree" (Young et al, 2003, p. 7). It is proposed that when one was child and had these schemas, they were functional in order to understand and make sense of the world. However, when time passes and the environmental circumstances start to change, these schemas lose their functionality and start to harm oneself by causing maladaptive behaviors, emotions and cognitions (Alfasfos, 2009). The effect of EMS is experienced adversely in that people are inclined to ignore stimuli inconsistent with these schemas while the information that is consonant with EMSs is embraced and internalized by them, which in turn shape perceptions and interpretations of world (Alfasfos, 2009; Kömürcü, 2014; McGinn and Young, 1996; Schmidt et. al, 1995). In other words, people behave maladaptively as a response to EMSs and their behaviors are also driven by these EMSs during adulthood (Ünal, 2012).

1.2.2 Young's Schemas and Schema Domains

According to Young's model, there are 18 early maladaptive schemas within 5 schema domains (Young et al., 2003). "Disconnection and Rejection" is the first schema domain, which includes Abandonment/ Instability, Mistrust/ Abuse, Emotional Deprivation, Defectiveness/Shame and Social Isolation/Alienation. This schema domain refers to the fact that the safety, security, acceptance, stability and empathy needs could not be fulfilled in an expected way. The general family atmosphere is mostly cold, rejecting, abusive, isolated and unpredictable. Schemas in this domain are more likely to activate in neglectful environment or experiencing a loss.

The second schema domain is called as "Impaired Autonomy and Performance" that includes Dependence/Incompetence, Vulnerability to Harm or Illness, Enmeshment/Undeveloped Self and Failure. This schema domain and related EMSs appear as a result of inhibition of need for autonomy, competence and sense of identity. The EMSs regarding this schema domain are related about unsatisfied needs of separating and functioning independently. The enmeshed relations between family members, overprotective parents or decreased reinforcement of the child for acting competently are typical characteristics of family environment.

"Impaired Limits" is the third schema domain and includes Entitlement/Grandiosity and Insufficient Self-Control/Self-Discipline schemas. It refers to disruptions in inner limits, commitments to others, or long-term goal engagement. This schema domain causes one to have difficulties respecting others' rights, collaborating with others, setting expectations, or determining realistic personal goals. Parental characteristics of these individuals include generally permissiveness, overindulgence and a sense of superiority rather than reinforcing proper confrontation by parents.

The fourth schema domain is "Other-Directedness" which includes Subjugation, Self-Sacrifice and Approval Seeking/ Recognition-Seeking schemas. This schema domain refers to that people give top priority to satisfy others' need, neglecting their own needs in order to obtain affection and affirmation of others. They are generally afraid of rejecting, failure in emotional connection and discrimination. In the family environment, these

children are more likely to experience conditional love, which causes them to restrain their own needs and emotions to obtain parental approval.

The final schema domain is “Overvigilance and Inhibition” which includes Negativity/Pessimism, Emotional Inhibition, Unrelenting Standards /Hypercriticalness and Punitiveness. This schema domain is related to inhibiting one’s spontaneous emotions and drives and following internal strict rules and scripts; sacrificing self-expression, happiness, relief and intimate relationships. Also, these individuals incline to avoid pleasure and intimacy. Parents of these individuals are generally rigid, highly demanding, punitive and perfectionist.

1.2.3 Roots of EMS

“The EMSs develop out of interplay between the child’s temperament and ongoing harmful experiences of child with parents, siblings or peers, such as abuse, neglect, excessive criticism, abandonment” (Young and Behary, 1998; cited by Alfasfos, 2009, p. 15). Young et. al. (2003) asserted three factors which would be determinants of EMSs development; core emotional needs, early life experiences and emotional temperament. From that point of view, it seems that Young agreed with both one’s biological disposition effect on the schema acquisition and developmental theories which highlight the remarkable effect of childhood experiences on adult life (Theiler, 2005). However, Young et. al. (2003, p.10) noted that “toxic childhood experiences are the primary origin of early maladaptive schemas”. Furthermore, in their study, Renner, Lobbestael, Peeters, Arntz, & Huibers (2012) supported this argument in that certain schemas had more significant correlations with corresponding adverse childhood experiences than emotional needs and temperaments.

Young (1999) confirmed the dominant influence of negative parenting on EMSs in that this first type of relationship became a sample for the others during the attachment process. Furthermore, Young et. al. (2003) emphasized the greater effect of early parental experiences on development of EMSs, compared to effect of interaction with peers, siblings and cultural variables. The repetitive exposure to the harmful parenting style

modifies the cognitive component of the bonding (Riso, Froman, Raouf, Gable, Maddux, Turini-Santorelli, Penna, Blandino, Jacobs & Cherry, 2006). As a cognitive part, internal mental model inferred from these noxious parental experiences became a foundation for future relationship with others and the world. Therefore, Young et. al. (2003) proposed 4 processes which operate in acquisition of EMSs.

The first and most significant one is “Toxic frustration of needs”. As mentioned above, children have core emotional needs which are expected to be fulfilled by parents. When the child receives insufficient stability, understanding, love and attention from parents, their positive experiences diminish dramatically and negative perceptions have place in his/her memory. As Young et. al. (2003) indicated the unmet basic emotional needs as a reason for acquisition EMSs; frustration of these needs causes one to form one or more early maladaptive schemas. “Emotional deprivation” and “Abandonment” are evaluated to stem from this frustration process.

The second condition is “Traumatization of victimization experience in early childhood”. The child is exposed to traumatic condition and experiences the victimization. He might be suppressed or damaged and this results in such schemas as “Mistrust/Abuse”, “Defectiveness/Shame” and “Vulnerability to harm” (Young et. al., 2003).

The third process in the development of EMSs is that “child receive too much of a good thing”. As opposed the first condition, in this process the child experiences the immediate satisfaction of their needs beyond his expectations. Over-involved and permissive parenting attitudes, parents’ engagement of the tasks under the child’s responsibility instead of him, providing him with excessive level of freedom could prevent the child from becoming aware and fulfilling his own needs. This is more likely, in turn, to make him dependent and enmeshed. The EMSs such as “Entitlement” and “Dependence/Incompetence” could appear as a result of this process (Young et. al., 2003).

The final one is “selective/extreme internalization or identification with significant others such as parents”. During this process, the child would not internalize the whole attributions of their parents, but identifies with specific thoughts, emotions and behaviors of them. As

an example, some people who exposed to abusive parenting style adopt the aggressive and impulsive behaviors as a result of their internalization of parents' aggressive attitudes. However, some people who experience similar conditions in their family environment would have passive and withdrawn characteristic because of internalization of/ identification of himself with parents' submissive attitudes. The temperament of the child would influence this selective identification and extreme internalization of particular aspects of significant others (Young et. al., 2003).

1.2.4 Characteristics of EMSs

People develop certain EMSs during childhood as a result of adverse experiences and in adulthood their schemas become activated with particular life events. These adulthood experiences are evaluated as similar to the traumatic events of the childhood, mostly unconsciously. The activation of one of these schemas causes one to experience an effective negative associative feeling, such as grief, anxiety or anger (Kömürçü, 2014; Alfasfos, 2009).

It is not proposed that all schemas are based on totally traumatic experiences or mistreatment. Some EMSs, such as "Dependence/Incompetence", could develop due to receiving excessive good thing from parents, such as overprotection and care. The most destructive aspect of the EMSs is that the child is exposed to repeated experiences of too much good or bad thing continuously for a long time. Therefore, for the development of an EMS, traumatization during childhood is not the only source (Ünal, 2012; Gök, 2012; Alfasfos, 2009).

Schemas have remarkable enduring nature in that "they (EMSs) fight for survival" (Alfasfos, 2009). This feature of the schemas is rooted human need for consistency. Even though they are evaluated as maladaptive and dysfunctional for oneself, the schemas provide the individual with a comfortable base, which makes him feel "right". Because schema is the way people perceive, understand and behave, they were inclined to re-live repeatedly life events similar to adverse childhood experiences to activate their schemas. Regarding schemas as deep-rooted truths is one of the reasons for their hard-to-change

nature (Hawke & Provencher, 2012; Gök, 2012). As a result of this characteristic, schemas influence the later experiences by effecting way of thinking, feeling, behaving and relating to others. This process, ironically, puts oneself in a scenario in that one is exposed himself to most noxious conditions and events similar to childhood (Riso et. al., 2006).

Schemas become more maladaptive and harmful in adult life, compared to childhood years. During childhood, the child might develop these schemas in order to deal with environmental circumstances adaptively. As these circumstances and expectancies are changing, it is expected the individual modifies his perception and adapts himself to his environment. However, when one insists on keeping these primitive perceptions, schemas became maladaptive and turn into EMSs (Thimm, 2010).

Schemas are muted when everything is under control. However, when life events go wrong and stress comes along, in other words when psychological problems arise, EMSs take the role in influencing one's life course. By selective attention people process new experiences under the effect of EMSs; and by selective recalling they reorganize previous memories and perceptions, which process perpetuates the schemas (Young, 1999).

In origin, it was proposed that Young's schema conceptualization is different from Beck's core beliefs in that schemas are defined as unconditional while core beliefs are conditional. However, Young et. al. (2003) asserted that some schemas are unconditional and others are the conditional. The unconditional schemas are evaluated as most basic, rigid and hard-to-change ones. They are assumed to develop earliest and function as a core beliefs about self, others, world and future. It is proposed that in order to change the unconditional schemas, one has to reorganize and modify total self-concept, which seems to be very radical and hard process. Young determines the 13 unconditional EMSs; Abandonment/Instability, Mistrust /Abuse, Emotional Deprivation, Defectiveness/Shame, Social Isolation, Dependence/Incompetence, Vulnerability to Harm or Illness, Enmeshment/ Undeveloped Self, Failure, Negativity/ Pessimism, Punitiveness, Entitlement/Grandiosity, Insufficient Self-Control/Self-Discipline. On the other hand, conditional schemas develop as attempts to deal with unconditional schemas, so they are defined as "secondary schemas". The conditional schemas are; Subjugation, Self-Sacrifice, Emotional Inhibition, Approval

Seeking/ Recognition Seeking, Unrelenting Standards/ Hypercriticalness. As an explanatory example, the individual would develop the “Subjugation” schema to compensate “Abandonment” schema in that he believes “If I do whatever the other person wants and never get angry about it, then the person will stay with me.”

1.3 Emotion Regulation Difficulties and Schemas

As another predictor variable, “Emotion Regulation” is drawn attention in terms of schema conceptualization. As mentioned above, schemas are formed at very young age and operate functionally and adaptively in order to help children make sense the self, the others, the world and the relationships around them. In time, while environmental circumstances and expectancies are changing, one may resist to change their schemas, making these mental representations maladaptive and harmful to the self. In other words, schemas become a part of the self and gain more significance for the sense of identity, which prevents one to easily relinquish them. The individual behaves, feels and thinks in a way to adapt to their schemas and make them endure in his life. All of these behaviors, emotions and thoughts are evaluated as schema perpetuating (Young et. al., 2003; Alfasfos, 2009). As one focus of the current study, emotion regulation difficulties are seen as an outcome of process of coping with EMSs, which could result in development of psychopathology (Eldoğan & Barışkın, 2014; Mikulincer et. al., 2003).

1.3.1 Emotion Regulation Process

In order to understand interrelations between emotion regulation and schema conceptualization properly, the development and the core features of emotion regulation (ER) will be investigated.

As a beginning point, the development of ER is elaborated in that the various studies emphasize the remarkable effect of early interaction between child and the caregiver. Rugancı (2008) reviewed the emotional socialization process of the child from the birth, which resulted in the development of ER abilities. “With the birth of child, vocal and facial expressions have the most significant role in transmission of affective states from mother

to child” (Ruganci, 2008, p. 3). These first interacted emotions are basic ones and biological in their nature. As a result of this interaction, the infant also displays expression as a response to the primary caregiver, which impresses the mother and is mirrored by her. This mutual relationship enables the infant to feel synchronism between the self and the other, which implies that “each one’s following behavior can be predicted from other’s action” (Ruganci, 2008, p. 4). Bebee, Rustin, Sorter and Knoblauch (2003) proposed that during early period the infant feels the affective states of primary caregiver in various ways and this repetitive process is adopted in terms of timing, form, intensity and rhythm by the baby, developing a certain pattern between them. When this healthy transition of emotional states is interrupted, this failure is also registered by the infant. The optimal interruptions and their fixations have functional effects on mental enhancement of the child, which expands the cognitive processes regarding emotional regulation (Pearson, 2013). As seen, during the early life the individual regulates their emotions on basis of the interaction between him/her and primary caregiver, depending their regulation abilities on the prediction of the primary caregiver’s behaviors and strategies. This mutual regulation process constitutes the basis of later emotion regulation beliefs, goals and strategies of the individual. Jabeen, Anis-ul-Haque and Riaz (2013) proposed that parents have a major effect on children abilities and they modify development of ER as a result of the parent-child interaction. Emotion regulation is conceptualized as a socialization process and acquire through parenting experiences, affective atmosphere of the family, mirroring and modeling (Morris, Silk, Steinberg, Myers and Robinson, 2007). Fletcher, Parker, Bayes, Paterson, and McClure (2014) elaborated this process in that the parental practices and attitudes such that tolerance toward emotion expression and encouragement of extreme emotional disclosure cause children to develop dysfunctional emotion regulation skills. As a result of such interaction, children could not perceive, label, regulate or tolerate their affective states, resulting in developing emotion regulation difficulties.

Before associating ER with schema conceptualization, core features and processes of ER will be investigated. According to Eisenberg and Spinrad (2004, p. 338), emotion regulation is defined as the combination of various mechanisms which initiate, withdraw, display or organize the onset, form, density and continuity of the emotional states; and modify emotion related processes such as physical, cognitive and behavioral responses

(cited in Jabeen et al., 2013). Gratz and Roemer (2004, p. 53) mentioned emotion dysregulation as a “multidimensional construct which can involve reduced awareness, understanding, and acceptance of emotions; lack of access to adaptive strategies for modulating the intensity and/or duration of emotional responses; an unwillingness to experience emotional distress during pursuit of desired goals; and an inability to engage in goal-directed behaviors when experiencing emotional distress”. Depending on these definitions, it could be suggested that emotion regulation contains two perspectives which are that emotion regulation consists of “heterogeneous processes by which emotions are regulated”, and that emotion regulation refers to “how emotions regulate something else” (Gross, 2008).

As another aspect of ER, it might be either an intrinsic process which refers to regulation of one’s own emotion; or extrinsic process which implies regulation of someone else’s emotion.(Gross, 2013) The decision of which ER process will be activated is closely related to one’s goals to achieve as a result of ER. Furthermore, ER is evaluated as a set of processes/engagements to modify emotion generation trajectory in a continuum between conscious/effortful strategies and unconscious/automatic strategies (Gross, 2013). In other words, under certain circumstances one might regulate one’s emotions explicitly to accomplish certain goals while in another conditions one might engage in implicit ER strategies without conscious awareness.

Final feature of ER is that people might not necessarily regulate their emotions to decrease negative emotions and increase positive emotions, as having hedonic considerations (Hu, Zhang, Wang, Mistry, Ran and Wang, 2014). However, when individuals want to experience emphatic viewpoint or to have an effect on others’ action, they might up-regulate negative emotions; they might decrease their positive emotions to have realistic limits, behave more mindfully or hiding their actual feelings. These motivations are evaluated as “instrumental considerations” (Gross, 2013) and people are motivated to modify their emotions to experience non-hedonic outcomes (Tamir and Mauss, 2011). In other words, in everyday life people might not always regulate their emotions in terms of immediate satisfaction of emotional needs, but they could have complex motivations while

regulating the emotions. Therefore, ER should be investigated with other personal variables to gain proper insights about underlying motivations.

Implications of ER for psychological well-being were exclusively highlighted, and the factors that influenced how individuals regulate their affective states were aimed to be determined in previous studies (Tamir and Mauss, 2011; Arndt & Fujiwara, 2014; Hu et. al., 2014). These key factors are determined as beliefs about controllability of emotion, emotional values and regulatory goals, and emotion regulation strategies (Tamir and Mauss, 2011). These different components operate sequentially and have unique contributions. This sequence of ER from cognitive to behavioral expressions gains great importance because any deviation in one of the sequences might influence quality of the emotional response. In other words, a rupture in this process is highly probable to result in maladaptive emotional experiences and responses, which means “Emotion Dysregulation” or “Emotion Regulation Difficulty” (Gross and John, 2003).

People would have beliefs that “the emotion can be controlled” which is referred to as “implicit theories” (Dweck, 1999) and that “I can control my emotions” (Bandura, 1977) which is referred to as “self-efficacy” (cited in Tamir and Mauss, 2011). Both kinds of beliefs about emotion-related processes are significant determinant for the initiation of people’s attempts to regulate their emotions. People who evaluate emotions as controllable also present themselves as having more self-efficacy in ER. When individuals believe that they could change the trajectory of emotion generation process, they might devote more resources to regulate their emotions. In time, with numerous practices and experiences the individuals are more likely to learn more adaptive and healthy ER strategies in the pursuit of their goals, compared to individuals with low levels of self-efficacy (Tamir and Mauss, 2011). In summary, beliefs about controllability of emotions and self-efficacy determine the initiation and quality of ER.

Once ER is initiated, people choose to increase or decrease that which emotion is valuable for them in order to achieve their goals (Tamir and Mauss, 2011). In other words, the values people hold and goals they pursue determine the content /target of ER. It is universal that people aim to obtain an outcome they value as a result of ER. However,

every person attains unique value to certain outcome with differentiated motivations. One of the most prominent motivations, mentioned before, stems from the need to satisfy immediate pleasure, namely hedonistic considerations. The numerous studies replicated the finding that pleasant affective states were evaluated as more desirable than unpleasant ones across various cultures (Rusting and Larsen, 1995; Tsai, Knutson, and Fung, 2006). Secondly, cultural expectancies and differences are other determinants of the value people attain to emotional outcome because the mental representation of the “value” shapes in the specific cultural context (Tamir and Mauss, 2011). The distinction between individualistic and collectivistic cultural principles is a prominent example in this domain regarding to valuing either high arousal or low arousal emotions, respectively (Tsai et al., 2006). The individuals from a collectivistic culture learn to value social harmony and togetherness while those from individualistic cultures learn to value self-achievement (Morling, Kiyatama ve Miyamoto, 2002 cited in Tamir and Mauss, 2011). In other words, this deep-rooted social-based motivation system could override the hedonistic concerns to obtain long-term outcomes. According to social norms in a given context, people are motivated to experience unique set of emotions to attain their specific goals while regulating emotions. Final determinant of which emotion people value to attain their goals is about satisfying important needs, changing from person to person (Tamir and Mauss, 2011). It is universal that if one wants to obtain reward, he/she is motivated/inclined to value excitement; and if one wants to avoid danger, he/she tends to value fear (Tamir, Chiu and Gross, 2007). However, every individual experiences different life events and develop unique value system and coping style so that sometimes value of an emotion can gain importance according to its short-term usefulness, which implies the instrumental considerations mentioned before, contrast to hedonic concerns (Koole, 2009). The difference between neurotic and extraverted people’s value of emotions could be an example in that neurotic ones are inclined to value fear and worry with avoidance motivation while extraverted ones tend to value happiness with approach motivation.

Hedonic and nonhedonic concerns about emotional values orient the goals people pursue while regulating emotions to attain certain outcome. As beliefs about controllability of emotions and self-efficacy have a remarkable effect on initiation and progress of ER and,

in turn, on psychological well-being; values assigned to emotions and goals people attain gain a great importance in terms of mental health by shaping emotional content of ER.

Final step of ER process is strategies which draw prominent interest in emotion-related studies because emotion regulation strategies are evaluated as more measurable and more associated with several psychological issues. ER strategies are defined as possible behavioral, cognitive and affective procedures to modify actions for achieving certain aims (Tamir and Mauss, 2011,). Hyperactivating and deactivating strategies; reappraisal and suppression strategies; and modulation of negative affect are common investigated emotion regulation strategies in studies (Ruganci, 2008). Gross (2008, 2013) develop “a Process Model of Emotion Regulation” in that emotion regulatory acts are accumulated under five families as Situation Selection, Situation Modification, Attentional Deployment, Cognitive Change and Emotional Responses. The first two groups of regulatory process, Situation Selection and Situation Modification, are antecedent-focused. These types of ER strategies involve the actions to modify situation in which the way of experiencing emotions is anticipated before the full-blown emotional responses. Once exposed to a certain external situation, one has to direct his/her attention to certain aspect of a given situation to experience desirable emotion, which refers to Attentional Deployment. One of the most used forms of this kind of ER strategy is distraction in that the attention is moved away from emotional tone of situation or is shifted away from situation altogether. Second common form of Attentional Deployment is rumination which refers to perseverative engagement on specific aspect of emotion-related process/event. Attentional deployment could be evaluated as internal situation selection among several emotional aspects of given external situation. Cognitive Change refers to regulating appraisals of given situation to change its emotional importance to the individual by altering the way of thinking about the situation. Reappraisal draws prominent attention form of Cognitive Change in that people change their perception of situation, resulting in altering emotional response to that situation. In various studies, reappraisal is depicted as to decrease negative emotional experiences, being among functional ER strategies. As a final family of ER processes, Response Modulation involves the alterations in experiential, behavioral and physiological component of emotional response. Relaxation and breathing techniques; using drugs and cigarettes are among these emotion regulatory acts. Expressive suppression is one of the

most studied forms of Response Modulation in that the individual tries to inhibit ongoing/current positive or negative emotion-expressive behavior. In emotion-related studies, reappraisal is evaluated as adaptive emotion regulation strategy while expressive suppression is evaluated as maladaptive one (Gross, 2008; Gross, 2013; John and Gross, 2004).

1.4 The Relationship of EMSs, Perceived Parenting Style and Emotion Regulation Difficulties with Psychopathology

1.4.1 Studies about Relationship between EMS and Psychopathology

The empirical findings supported the theoretical relationship between EMS and psychological problems for both clinical and nonclinical sample. In the current study, the participants were recruited from nonclinical sample so that the hypotheses and results will be evaluated according to this condition. However, in this review section the different research conducted with both clinical and nonclinical participants will be investigated regarding relationship between EMS and psychological symptoms.

It is proposed that EMSs which were functional during childhood to understand the self and the world lose their adaptability in adult life with changing environment (Soygüt, Karaosmanoğlu ve Çakır, 2009). Their persistency and resistance to change make one vulnerable to develop psychological problems in that he/she behaves according to distorted schemas in a maladaptive way. Young (1999) and Young et. al. (2003) stated presence of EMSs increase the possibility of occurrence and relapse of psychological problems about personality and Axis I disorders such as depression, anxiety or eating disorders. Moreover, Young (1994) proposed that EMSs which are conceptually related to certain psychological symptoms are more likely to significantly correlate with these psychological disorders (cited in Welburn, Coristine, Dagg, Pontefract, & Jordan, 2002). Also, it was hypothesized that a psychological disorder is stemmed from co-occurrence of various EMSs, showing close association between them (Young et. al., 2003; Kömürcü, 2014). In the present study, the tendency to develop Axis I symptomatology of nonclinical sample will be investigated so that the link between Axis I disorders and EMSs will be examined.

Depression is the most commonly investigated psychological disorder regarding the cognitive schemas. The feeling of sadness, pessimism, decreased self-confidence, reduced energy, lowered ability to enjoy daily activities, lessened appetite and disturbed sleep are common symptoms of depression (Alfasfos, 2009). The research found that the Defectiveness/Shame, Insufficient Self-control, Vulnerability and Incompetence/Inferiority schemas show correlation with depression symptomatology in a nonclinical student sample (Harris and Curtin, 2002). Schmidt et. al. (1995) proposed that people with Dependence/Incompetence and Defectiveness/Shame schemas were more likely to have depressive symptoms. Furthermore, another cognitive schemas related to depressive symptom of a clinical sample were found as Abandonment and Insufficient Self-control which were the indicators of decreased attention and action (Welburn et. al. 2002). Finally, a study conducted with adolescents displayed that Social Undesirability, Mistrust/Abuse, Unrelenting Standards and Failure schemas strongly predicted depressive symptoms (Muris, 2006).

Anxiety disorders such as social phobia, obsessive-compulsive disorder and panic disorder are more likely to associate with certain EMSs for clinical and nonclinical sample. The common symptoms of anxiety are feeling of dread, fear or distress due to an actual or imaginative danger to mental or physical well-being (Alfasfos, 2009). Various studies elucidated the different EMSs which are specifically congruent with several symptoms of anxiety disorders. For the clinical sample, Schmidt et. al. (1995) specified Vulnerability, Failure and Emotional Inhibition as associative schemas with anxious symptoms; while Welburn et. al. (2002) asserted Vulnerability, Abandonment, Dependence, Emotional Inhibition and Self-Sacrifice schemas as associated factors of anxiety disorder. Furthermore, Pinto-Gouveia, Castilho, Galhardo and Cunha (2006) compared the schema scores of patients with social phobia, panic and obsessive-compulsive disorders and found that individuals with social phobia symptoms appeared to have more EMSs, compared to other anxiety symptoms. Researchers proposed that Disconnection/Rejection schema domain was significantly associated with social phobia. Besides, Entitlement, Shame, Unrelenting Standards, Emotional Deprivation, Mistrust/Abuse, and Social Undesirability/Defectiveness schemas were significantly correlated with general anxiety symptoms.

Eldoğan and Barışkın (2014) conducted a study with a nonclinical sample and acquired a parallel association with previous findings. According to that, Disconnection/ Rejection, Impaired Autonomy and Impaired Limits schema domains were strong predictors of social anxiety symptoms. A study conducted with nonclinical adolescents revealed that Emotional Inhibition, Abandonment and Social Isolation/Alienation schemas uniquely predicted anxious symptoms, supporting prior results (Muris, 2006).

Hostility that is defined as having negative cognitions, emotions and actions toward others is another subscale of the BSI (Alfasfos, 2009). Barefoot, Peterson, Dahlstrom, Siegler, Anderson and Williams Jr. (1991) proposed that the hostile and aggressive behaviors resulted from negative mental and emotional mindset so that the associative negative schemas would be the root of hostile attitudes of the individuals. In accordance with this proposition, the studies conducted with adolescents found association between disruptive behaviors and various EMSs (Muris, 2006; Van Vlierberghe et. al., 2010). According to these studies, Dependence/Incompetence, Social Isolation/Alienation, Self-Sacrifice, Entitlement/Grandiosity, Enmeshment and Failure to Achieve (Muris, 2006); also Unrelenting Standards and Defectiveness/Shame (Van Vlierberghe et. al., 2010) were predictor schemas of disruptive behaviors of nonclinical adolescent sample. The studies conducted with adults had denominators with adolescents' outcomes in that Entitlement and Negativity/Pessimism schemas were significantly correlated with hostility subscales (Alfasfos, 2009; Moeller, Crocker and Bushman, 2009). Finally, Sarıtaş and Gençöz (2011) investigated the association between adolescents' EMS and their anger score/level and found that Impaired Limits and Exaggerated Standards schema domains had significant relationship with hostility.

Somatization is described as the tendency to have physical complaints without physiological reasons and seek for medical treatment. The patients with somatization either display their psychological distress through medical complaints or continuously desire medical help (Alfasfos, 2009). The Vulnerability to Harm/Illness was found as mostly correlated schema with somatic complaints.

In this study, BSI which had anxiety, depression, somatization, negative self and hostility subscales was used. It is hypothesized that specific symptom tendencies of nonclinical participants will associate with specific EMSs and schema domains, depending on abovementioned anticipations/findings.

1.4.2 Studies about Relationship between Perceived Parenting Style and Psychopathology

Young based his conceptualization of perceived parenting styles on Bowlby's attachment theory (1973) in that the interaction between child and the primary caregiver enables child to develop attachment patterns in various ways (cited in Soygüt, Çakır and Karaosmanoğlu, 2008; Şahin and Özer, 2012). These early-developed mental patterns about parent-child interaction determine cognitive representations about whole world, influencing the child's perception of security. If the child perceives the significant other as sensitive and responding, he/she feels himself/herself as worthy and others as available, forming healthy internal working model. When the attachment between child and parent is insecure and insensitive, the child is more likely to feel as unworthy and have negative expectations about others' availability (Gök, 2012). The quality of childhood security and expectations about the world has a remarkable effect on future relationships and adulthood behaviors. In order to emerge as a psychologically healthy adult, the childhood emotional needs (secure attachment autonomy, competence and sense of identity; freedom to express valid needs and emotions; spontaneity and play; and realistic limits and self-control) should be satisfied by significant others adaptively (Soygüt et. al., 2008). Otherwise, the maladaptive cognitive schemas regarding negative parenting makes one vulnerable to psychological problems in stressful situations. The various researches revealed the association between parenting style and psychological disorders (McGinn, Cukor and Sanderson, 2005; Soygüt et. al., 2008; Welburn et. al., 2002; Sheffield et al., 2005; Ünal, 2012). In the current study, only maternal parenting style will be examined in terms of associative factors such as psychopathology, EMS and ER difficulties. However, I will review studies about perception of both maternal and paternal parenting style associating with various psychological problems.

The studies in which parenting styles were assessed with Parental Bonding Instrument (Parker, Tupling, Brown, 1979) demonstrated that there was a significant correlation between negative parenting practices and depressive symptomatology. Harris and Curtin (2002) found that depressive symptoms had significant correlation with low perceived parental care and high overprotection. In accordance with this finding, the strong negative association between maternal care and depression was revealed by McGinn et. al. (2005). Another parenting style measurement, “My Memories of Upbringing (EMBU) (Arrindell, Sanavio, Aguilar,-Sica, Hatzichristou, Eisemann, Recinos, Gaszner, Peter, Battagliese, Kallai, and van der Ende, 1999), was used in a study and it was found that participant from middle socioeconomic background who experienced higher emotional parental warmth have lower depression score (below the critical levels) (Anlı and Karşlı, 2010). There are also studies in which Young Parenting Inventory was used to demonstrate the link between parenting style and depressive symptomatology. For both mother and father, negative parenting style was associated with depressive symptoms in that negative parenting was measured the total score of the YPI (Ünal, 2012). In Gök’s (2012) study, only positive maternal parenting style was found as correlated with lower depressive scores. Furthermore, Soygüt et. al. (2008) administered factor analysis of YPI and revealed 10-factor structure that were Emotionally Depriving, Overprotective/Anxious, Belittling/Criticizing, Pessimistic/Worried, Normative, Restricted/Emotionally Inhibited, Punitive, Conditional/Achievement Focused, Overpermissive/Boundless and Exploitative/Abusive Parenting styles. It was found that depression symptomatology had significant association with all maternal parenting styles, except Overpermissive/Boundless Parenting. For paternal parenting, depression was significantly correlated with all subscales of YPI, except Exploitative/Abusive and Overpermissive/Boundless Parenting. After that, Şahin and Özer (2012) conducted a study with adolescents and aimed to specify the effect of negative maternal practices on teenagers’ psychological distress. Similar to prior research, the factor analysis of YPI for adolescent sample was administered and yielded 6 factor solutions for maternal form. The depression score had positive correlation with 5 parenting styles which were Controlling/Ruling, Exploiting/Rejecting, Belittling/Humiliating, Success-focused/Perfectionist, Undisciplined/ Laissez-faire parenting styles while it had negative significant correlation with Compassionate parenting style of YPI.

In terms of anxiety disorders, various studies revealed the close relationship between perceived parenting and anxiety symptoms. In the study of Soygüt et. al. (2008), Normative, Belittling/Criticizing, Overprotective/Anxious, Conditional/Achievement Focused, Pessimistic/Worried and Punitive maternal parenting styles had significant positive correlation with anxiety symptoms. For paternal parenting, anxiety scores showed significant associations with Normative, Belittling/Criticizing, Emotionally Depriving, Overprotective/Anxious, Conditional/Achievement Focused, Pessimistic/Worried, Punitive and Restricted/Emotionally Inhibited perceived parenting styles. The study conducted with adolescents found all maternal parenting style had positive correlation with anxiety symptoms; except Compassionate maternal parenting which had negative association with them (Şahin and Özer, 2012). Alfasfos (2009) investigated the most important predictors of psychological disorders in terms of 17 subscales of YPI and revealed significant relationship between several anxiety disorders and parenting styles. Participant with higher Obsessive-Compulsive symptoms had higher scores on Emotional Inhibition subscale on father division and Emotional Deprivation subscale on mother division. Furthermore, Dependence/Incompetence paternal parenting style was found as an important predictor of general anxiety symptoms. The studies used EMBU (Arrindell et. al., 1999) to assess perceived parenting behaviors also displayed associations between anxiety disorders and various parental attitudes. Anlı and Karşlı (2010) conducted a study with adolescents and found that parents with higher emotional warmth had a protective role against anxiety disorders for middle socioeconomic families. With similar scale, EMBU (Arrindell et al., 1999), Aka and Gençöz (2014) investigated the predictors of Obsessive-Compulsive and Social Anxiety symptoms. They found that participants who reported higher maternal rejection had higher scores on Social Anxiety scales; while participants with higher maternal overprotection scores obtained also higher scores on the Obsessive-Compulsive measure.

The association between adulthood hostility symptoms and perceived parenting is also investigated in several studies. First of all, Soygüt and Çakır (2009) revealed the strong associations between hostility and Normative, Belittling/Criticizing and Pessimistic/Worried maternal behavior; and Normative, Belittling/Criticizing, Emotionally

Depriving, Pessimistic/Worried, Punitive and Restricted/Emotionally Inhibited paternal attitudes had strong correlation with hostility symptoms. Furthermore, it was found that participants who had higher scores on Failure subscale on mother dimension and lower scores on Insufficient Self-Control on father dimension obtained higher levels in Hostility symptomatology (Alfasfos, 2009). Finally, Controlling/Ruling, Exploiting/Rejecting, Belittling/Humiliating, Success-focused/Perfectionist, Undisciplined/Laissez-faire maternal behaviors were found as positively associated with higher Hostility scores; while participants who reported higher Compassionate maternal parenting styles had lower levels of Hostility symptoms (Şahin and Özer, 2012).

Finally, somatization was asserted as having relation with perceived parenting styles. Şahin and Özer (2012) revealed parallel a trend in Somatization, similar to other BSI subscales. According to that Compassionate maternal parenting had negative correlation with Somatization; while Controlling/Ruling, Exploiting/Rejecting, Belittling/Humiliating, Success-focused/Perfectionist, and Undisciplined/Laissez A faire maternal behaviors showed positive associations with it. The relationship between perceived paternal parenting styles and Somatization symptoms was stated by Alfasfos (2009) in that participants who had higher score on Mistrust/Abuse paternal behaviors also obtained higher levels on Somatization scale.

1.4.3 Studies about Relationship between Emotion Regulation Difficulties and Psychopathology

The way of how to experience and express emotions is remarkable contributor to psychological well-being, and the difficulties of effectively regulating emotions consist of core features of many psychopathologies (Arndt and Fujiwara, 2014). Kring and Werner (2004) emphasized the close and strong association between emotion regulatory processes and different psychological disorders, displaying various case examples. They proposed some examples of difficulties of regulating emotions for several mental disorders; “problems to control hostility” for Borderline Personality Disorder; “inhibiting expressing emotions” for Posttraumatic Stress Disorder (PTSD); “trouble to cope with anxiety” for Generalized Anxiety Disorder; “sudden change of emotional responses” in Histrionic

Personality Disorder (Kring and Werner, 2004). Shaver and Mikulincer (2002) proposed two different ER strategies which were related to experiences with attachment figures and quality of attachment bond; security based strategies and secondary attachment strategies. When parents could satisfy child's proximity need and smooth his/her elevated emotions/arousal with supportive and effective responses in stressful situations, the child is more likely to feel confident and worthy. As result of this repetitive healthy interaction between mother-child, child both experience negative feelings and also learn how to cope, namely regulate, these emotions, which implies the security based strategies. Secondary attachment strategies might appear as a result of lack of effective intervention of primary caregiver in the stressful situation. These strategies might be experienced either as deactivating emotional arousal by suppressing the negative emotion; or passively ruminate over negative feeling, increasing the distress (Rugancı, 2008). The emotion-related psychological problems might appear as a result of the differential internalization of these emotion-regulatory strategies. Although in the current study the emotion regulation strategies were measured for different six subscales which were awareness, clarity, non-acceptance, strategies, impulse and goals; the research about ER mostly focused on distinctive effects of "Suppression" and "Reappraisals" on psychological well-being as negatively and positively, respectively. In the next sections, I will review the association between different emotion regulation strategies and specific psychological problems.

First of all, depression is a commonly investigated mental problem in terms of effect of emotion regulation strategies because it is characterized by increased negative affect and decreased positive affect (Gross, 2008; Kring and Werner, 2004). In other words, depression is conceptualized as disruption of adaptive emotional responding as result of difficulties in emotion regulatory abilities. Nolen-Hoeksema (2012) revealed in a longitudinal study that the increased experience of dysfunctional emotion regulation strategies such as suppression anticipated individuals' later-reported depression symptoms. Further, a study conducted with elderly people found that participants who reported less use of reappraisal had more depressive symptoms than ones with higher use of reappraisals (Kraaij, Pruymboom and Garnefski, 2002). The Garnefski and Kraaij (2006) replicated their findings for clinical group in that depressed outpatients had lower levels of self-reported reappraisal scale. Finally the standardization study conducted by Rugancı (2008)

revealed the association between depression and subscales of “Difficulties in Emotion Regulation Scale” (DERS). According to the outcomes of this study, there was a positive correlation between total score of DERS, which implied maladaptive emotion regulation strategies generally, and Depression scale. In addition, the Depression symptoms had significant associations with all DERS subscales (Clarity, Non-Acceptance, Strategies, Impulse, and Goals), except the Awareness subscale.

Secondly, anxiety disorders consist of several heterogeneous psychological disorders and the common emotional response is increased negative affect such as fear, worry and disgust (Kring and Werner, 2004). The problematic emotion regulation process of these anxiety disorders is characterized by exaggerated fear, anxiety or worry, and inability to express or modify these feelings. In other words, the difficulty about the extent, the timing and the way of expressing anxiety-related emotions are central clinical features of anxiety disorders, regarding emotion regulatory processes. A study conducted with community sample compared both objective and subjective social anxiety symptoms during giving a speech between people who have more anxious trait and low anxious trait (Mauss, Wilhelm and Gross, 2004). The results indicated that the high-trait-anxiety participants reported increased worry and physiological arousal than low-trait-anxiety ones. However, there was not found significant difference between these two groups regarding objective responses to the anxious situation in that participants in both groups displayed similar sympathetic nervous system activation. Eldoğan and Barışkın (2014) proposed that the common emotion regulatory difficulty of socially anxious people is avoidance and inhibiting to express their negative feelings. These dysfunctional emotion regulation strategies might tighten the existing anxiety and fear, increasing psychological burden of the individuals. Besides, higher scores on social anxiety and obsessive-compulsive symptoms were found as significantly associated with “Suppression” regulatory mechanism while “Reappraisal” was negatively correlated with social anxiety symptoms (Aka and Gençöz, 2014). Baker, Holloway, Thomas, Thomas and Owens (2004) compared the panic-disordered patients with control group in terms of emotion processing and found that the clinical participants reported higher scores on “Suppression” than healthy. In terms of “Reappraisal” regulatory mechanism, the military veterans participants were compared and it was found that one the participants with high-trait-reappraisal reported less severe

PTSD symptoms than low-trait-reappraisal participants (Boden, Westermann, McRae, Kuo, Alvarez, Kulkarni, Gross, & Bonn-Miller, 2013).

Oatley, Keltner and Jenkins (2006) emphasized the effect of emotion regulatory processes on somatic symptoms. They proposed that individuals who scarcely/ merely express or experience their emotions are more likely to develop bodily complaints and symptoms than those who adaptively experience and express their feelings. They supported their proposition with the idea that prolonged inhibited stress and anxiety might extinguish the functional emotion regulation abilities and strategies, frustrating the psycho-physiological system. Rugancı (2008) investigated the correlation between DERS and BSI in terms of both total and each subscale and found positive associations between Somatization symptoms and total DERS scores.

Rugancı (2008) also demonstrated the correlation between various emotion regulation difficulties and Hostility and Negative Self symptoms. Hostility had positive and the strongest association with DERS total score. Following that, it was found that participant who obtained higher Hostility symptoms also had difficulties in controlling impulses during experiencing negative emotions. Lessened ability to use effective strategies and non-acceptance of affective response were found as common dysfunctional emotion regulatory strategies of participant with higher Hostility symptoms. Furthermore, people with higher on Negative Self obtained increased scores on total DERS scale. Specifically, inability to use adaptive strategies and non-acceptance of emotions were found as positively associated with Negative Self symptoms.

1.5 Aims of the Present Study

In a similar trend with the existing literature, early maladaptive schemas (EMSs) are evaluated as ones of the most prominent predictors of various psychological symptomatologies. Young et. al. (2003) proposed that quality of early experiences with parents has a great effect on the acquisition process of EMSs, in addition to the effect of temperamental characteristics. Moreover, it is proven that there is a significant association between negative maternal parenting style and increased psychological symptoms in later

years. In addition to those, emotion regulatory processes will be also investigated in terms of Schema Theory concepts. To our knowledge, the research up to date was administered to designate either the association between perceived parenting practices and ER processes, or relationship between EMSs and ER processes. In this study, we will elaborate the combined effect of perceived maternal parenting behaviors and EMSs on the emotion regulation for each process of emotion regulation difficulties. In addition, the correlational analyses of association between ER processes and psychopathological symptoms will be conducted. Hence, the goals of the present study are:

- 1) To designate the differential effects of demographic characteristics (gender, age, education level of mothers and fathers, and monthly income) on the study variables (perceived maternal parenting style, schema domains, difficulties in emotion regulation and psychopathology)
- 2) To determine the interrelations between demographic information and the study variables
- 3) To detect independent predictors of schema domains.
- 4) To detect independent predictors of difficulties in emotion regulatory processes.
- 5) To detect independent predictors of the psychological symptoms.

Thus, the hypotheses of the present study are as follows:

- 1) There will be differentiating role of demographic characteristics on study variables.
- 2) There will be significant associations between all of the measures.
- 3) Perceived negative maternal parenting style will be correlated positively to presence of EMSs, after controlling for demographic variables.

- 4) The early maladaptive schemas will be correlated positively to difficulties in emotion regulatory processes, after controlling for demographic variables and maternal parenting style.
- 5) Increased levels of emotion regulation difficulties will be related to increased psychological disturbances, when controlling the effects of demographic variables, maternal parenting style and EMSs.



2. METHOD

2.1 Participants

In the present study, the questionnaire battery was administered to 372 participants. The majority of sample was Doğuř University undergraduate students, 310 (83.4 %). Twenty participants (5.4 %) were recruited via SurveyMonkey.com (a web-based survey platform); and 37 of participants (10 %) were from the occupational network. 64.2% (n = 239) of participants were female; while 35.2% (n = 131) were male. The age range of the sample was between 16 and 60 ($M = 24$, $SD = 7.1$).

Regarding parental education level, participants were asked to report parents' last degree completed. It was reported that 147 (39.5 %) of mothers were graduate of secondary school or below; 141 (37.9 %) were graduate of high school, and 81 (21.8 %) were graduate of college or above. Fathers' education level scattered as 112 (30.1 %) were graduate of secondary school or below; 121 (32.5 %) were graduate of high school, and 136 (36.6 %) were graduate of college or more.

In terms of monthly income, 23.7% (n = 88) of participants reported their income between 0-2999 Turkish Liras (TL). 28.2 % (n = 105) had an income between 3000-4999 TL.; 22.6 % (n = 88) had income between 5000-6999 TL; 12.1 % (n = 45) reported an income between 7000-9999 TL; and finally 11.6 % (n = 43) of participants had income as above 10000 TL.

The results indicated that 60 (16.1 %) of participants had no siblings. One hundred seventy (45.7 %) reported having one sibling; 80 (21.5) participants reported 2 siblings; 58 (15.6 %) reported 3 or more siblings they had.

The results about psychological treatment history showed that 117 (31.5 %) respondents received psychological support while 254 (68.3 %) of them reported no treatment experience.

The detailed demographic information about participants is represented in Table 2.

2.1 Measures

Firstly, a demographic information form (See Appendix B) was given to participants. It is a 13-question questionnaire which asks about participants' sex, age, education level, occupation, marital status, maternal and paternal education level, sibling number, marital status of parents, monthly income and psychological treatment history. Following demographic information form, a set of questionnaires was administered. It includes Young Schema Questionnaire-Short Form 3 (YSQ-SF3; See Appendix C) to evaluate early maladaptive core beliefs; Young Parenting Inventory- Mother Form (YPI- MF; See Appendix D) to assess negative maternal parenting style; Difficulties of Emotion Regulation Scale (DERS; See Appendix E) to identify difficulties in regulating emotional responses and finally Brief Symptom Inventory (BSI; See Appendix F) to detect psychological distress.

2.2.1 The Young Schema Questionnaire-Third Version (YSQ-SF3)

The Young Schema Questionnaire-Third Version (YSQ-SF3; Young, et. al., 2003) was developed to investigate and assess the maladaptive cognitive schemas. The original form of YSQ-SF3 is 90-item self-report questionnaire which includes 18 different EMSs under 5 schema domains. The schema domains are called Disconnection/Rejection, Impaired Autonomy and Performance, Impaired Limits, Other-Directedness, and Overvigilance and Inhibition. The subscales grouped under these schema domains are Emotional Deprivation, Abandonment, Mistrust /Abuse, Social Isolation, Defectiveness/Shame, Failure, Dependence/Incompetence, Vulnerability to Harm or Illness, Enmeshment, Subjugation, Self-Sacrifice, Emotional Inhibition, Unrelenting Standard, Entitlement, Insufficient Self-Control/ Self Discipline, Approval Seeking, Negativity/Pessimism, and Punitiveness. Respondents are expected to rate items on a 6-point Likert type scale (ranging from 1: "Completely untrue of me" to 6: "Describes me perfectly") and higher scores show more pathological cognitive schemas. Soygüt, Karaosmanoğlu and Çakır (2009) performed the standardization study of the YSQ-SF3 with university students and revealed 14 different schemas under 5 schema domains. According to this study, the internal consistency coefficients ranged between .53 (Unrelenting Standards) and .81 (Impaired Autonomy) for

schema domains; the test-retest reliability coefficients of schema domains were found between .66 (Impaired Limits) and .83 (Disconnection). Furthermore, the YSQ-SF3 had significant convergent validity with symptom checklist inventories, indicating coefficients that were parallel to theoretical/empirical expectations. The results showed that the convergent validity coefficients of schema domains with psychological problems ranged between .30 (Impaired Limits) and .65 (Impaired Autonomy); for depression between .55 (Impaired Limits) and .68 (Unrelenting Standards); for anxiety between .18 (Impaired Limits) and .54 (Impaired Autonomy); and for interpersonal sensitivity between .20 (Impaired Limits) and .60 (Disconnection). Therefore, the YSQ-SF3 had valid psychometric scores for Turkish university students and it could be used for research and clinical aims.

2.2.2 Young Parenting Inventory (YPI-MF)

Young Parenting Inventory (YPI) was developed on the basis of Young's clinical experiences in order to measure potential underlying roots of negative schemas (EMSs) (Young, 1994). It is a 72-item retrospective self-report inventory in which participants are expected to describe their parents' behaviors during their childhood for mother and father, separately. In the current study, Young Parenting Inventory-Mother Form was used in order to detect only maladaptive maternal parenting behaviors. Each item corresponds to one of the 17 parenting styles that reflect related EMSs. The original form of YPI has subscales of Abandonment, Mistrust/Abuse, Defectiveness/Shame, Failure, Dependence/Incompetence, Vulnerability to Harm or Illness, Enmeshment, Subjugation, Self-Sacrifice, Emotional Inhibition, Unrelenting Standards, Entitlement, Insufficient Self-Control, Approval Seeking, Negativity/Pessimism, Punitiveness. It was a 6-point Likert type scale (ranging from 1: "Does not describe him/her at all" to 6: "Describes him/her perfectly") and rated for both mother and father separately in original form. Soygüt, Çakır and Karaosmanoğlu (2008) conducted Turkish adaptation study of YPI with university student sample. According to factor analysis of this study, 10-factor structure revealed both for mother and father form of YPI which were Emotionally Depriving, Overprotective/Anxious, Normative, Belittling/ Criticizing, Exploitative/Abusive, Conditional/ Achievement Focused, Overpermissive/Boundless, Restricted/Emotionally

Inhibited, Pessimistic/Worried and Punitive parenting styles. The reliability analysis showed good test-retest reliability coefficients for maternal and paternal form ranging between .38 and .83; and between .56 and .85, respectively. The internal consistency correlation coefficients ranged from .56 to .86 for maternal form; .61 to .88 for paternal form of YPI. The convergent validity analyses supported the theoretical expectations in that maternal form of YPI had significant correlation coefficients with GSI Index ($r = .12 - .39$, $p < .05 - .01$). The relation between paternal form of YPI and psychological distress was also in similar direction in that the correlation coefficients ranged between .21 and .35 ($p < .05 - .01$) for GSI Index. The higher scores in the questionnaire indicate perception of negative parenting style, which is more likely to cause one to develop negative core beliefs/schemas/EMSs. It is noted that only items of Emotional Deprivation subscale must be scored backward in order to obtain total score of YPI.

2.2.3 Difficulties in Emotion Regulation Scale (DERS)

Difficulty of Emotion Regulation (DERS) was developed by Gratz and Roemer (2004) in order to evaluate difficulties in regulating emotions. It includes 36 statements which were clinically relevant problems in ER process. The DERS has 6 subscales which are Awareness (lack of awareness of affective responses); Clarity (lack of clarity of affective responses); Non-Acceptance (non-acceptance of affective responses); Strategies (decreased ability to use effective strategies); Impulse (difficulty to control impulses during negative emotional state); Goals (difficulty to keep goal-directed behavior during negative emotional state). The respondents were expected to rate items on a 5-point Likert type scale, ranging from 1 (Almost Never) to 5 (Almost Always). The higher scores indicate increasing perceived difficulties in regulating emotional responses, from awareness level to expression level. The coefficient of internal consistency for total scale was .93, and for subscales the Cronbach's alpha level ranged between .80 (Awareness) and .89 (Goals); showing high internal consistency. The test-retest reliability analysis revealed correlation coefficient as .88 for the total DERS, and ranging from .57 (Impulse) to .80 (Clarity) for six subscales. The DERS also had adequate construct and predictive validity correlation coefficients with related psychological constructs, verifying its clinical relatedness. The Turkish standardization study of the DERS was administered by Rugancı (2008) and they

revealed a similar 6-factor structure of the scale. The alpha coefficient of internal consistency was found as .94 for total DERS score, and ranging between .75 and .90 for subscales. The correlation coefficient of test-retest reliability analysis was .83 for total DERS, and ranged from .60 to .85 for six subscales. The association of DERS with Brief Symptom Inventory (BSI) was found as adequate level, indicating good convergent validity of the scale.

2.2.4 Brief Symptom Inventory (BSI)

Brief Symptom Inventory (BSI) was developed by Derogatis (1992) to measure psychological and somatic symptoms. The BSI includes 53 statements of psychological problems and the participants are asked to decide which one causes them to distress in the last 7 days. It is a 5-point Likert type scale, ranging from 0 (Not at all) to 4 (Extremely). The increasing scores mean that the psychological discomfort level escalates. It has 5 subscales which are Anxiety, Depression, Negative Self, Somatization and Hostility. There is also General Severity Index (GSI) which is calculated in order to obtain total distress level of the participants. Şahin and Durak (1994) conducted the Turkish adaptation study of the BSI and revealed similar 5-factor solution. The internal consistency of total BSI was .95, and the Cronbach's alpha level for subscales ranged between .71 (Somatization) and .88 (Depression), indicating adequate reliability of the scale. As a result, BSI was found as statistically and clinically reliable and valid instrument for the Turkish sample.

2.3 Procedure

Firstly, the necessary ethical consent was obtained from the ethic committee at Doğuş University. Participants were given information about their rights and completed a consent form either on paper or online in accordance with university IRB standards. After this process, a set of questionnaires including YPI-MF, YSQ-SF3, DERS and BSI in a random order was distributed to the participants. The instruments were completed by participants either in a classroom setting or as online using the web-based survey platform www.surveymonkey.com. Responses were gathered and saved anonymously. It took 30-45

minutes on average to complete the survey. Students sample completed the questionnaire in one session and they gained credits for the related course.

2.4 Statistical Analyses

The Statistical Package for Social Sciences (SPSS), version 18 for Windows, was administered to conduct statistical analyses in the current study. Firstly, the frequencies of demographic variables and descriptive information of measure of the study were calculated. Secondly, in order to detect the effect of demographics on the study measures, separate Multivariate Analysis of Variance (MANOVA), Analyses of Variance (ANOVA) and independent t-tests were administered. Thirdly, the interrelations between all demographic variables and measures of the study were investigated through bivariate correlation analyses. Lastly, in order to determine predictive factors of schema domains, difficulties in emotion regulation and psychopathology, separate hierarchical regression analyses were performed.

3. RESULTS

Before conducting all statistical analyses, the data correction process was administered. Firstly, the wrong data were determined and corrected by using Frequency analyses. After that, the missing data analysis was performed in order to determine which data set needed to be corrected to proceed statistical analyses properly. According to results, the missing values of the Young Schema Questionnaire and Difficulties in Emotion Regulation Scale data set were determined to need to be transformed and the missing values were filled with mean score of each participant.

3.1 Descriptive Characteristics of the Study Variables

Means, standard deviations, minimum and maximum score, Cronbach's alpha level for internal consistency were calculated for Young Schema Questionnaire (YSQ) with Impaired Autonomy (IA), Disconnection (D), Impaired Limits (IL), Unrelenting Standards (US), and Other Directedness (OD) schema domains; Young Parenting Inventory mother (YPI-M); Difficulties in Emotion Regulation Strategies (DERS) with Goals, Strategy, Awareness, Non-Acceptance, Impulse and Clarity subscales; and Brief Symptom Inventory (BSI). The calculations were conducted by summing up total scores of items for each questionnaire. The descriptive information of measures is given in Table 3.1.

Table 3.1. Descriptive Information of the Study Variables

Measures	N	Mean	SD	Min-Max	Cronbach's Alpha
YSQ					
IA	372	60.82	25.18	30-195	.92
D	372	46.36	18.99	23-129	.92
IL	372	15.92	7.67	9-54	.71
US	372	27.92	8.49	9-54	.78
OD	372	33.48	9.24	13-65	.76
YPI-MF	313	161.66	41.71	91-326	.93
DERS					
G	372	15.26	4.70	5-25	.87
S	372	18.77	6.93	8-40	.88
A	372	15.26	4.09	6-28	.72
N	372	12.33	5.02	6-30	.86
I	372	14.11	5.15	6-30	.85
C	372	12.26	4.17	5-25	.85
BSI	313	48.64	34.68	0-183	.96

Note. YSQ = Young Schema Questionnaire, IA = Impaired Autonomy, D = Disconnection, IL = Impaired Limits, US = Unrelenting Standards, OD = Other Directedness, YPI-MF = Young Parenting Inventory Mother Form, DERS = Difficulties in Emotion Regulation Strategies, G = Goals, S = Strategy, A = Awareness, N = Non-Acceptance, I = Impulse, C = Clarity, BSI = Brief Symptom Inventory.

3.2 Differences of Demographics on the Study Variables

In order to investigate the influence of demographic characteristics (gender, age, income level, mother education and father education level) on the measures (Schema Domains, Maternal Parenting Behavior, Difficulties in Emotion Regulation and Psychopathology) of the study, all demographic variable except gender were separated into categories. Separate ANOVAs, MANOVAs and t-tests were conducted for determining the relationship

between variables. Among the results, only significant ones were reported. The categorization of the variables is given in Table 3.2.

Table 3.2. Categorization of Demographic Variables of the Study

Variables	n	%
Gender		
Female	239	64.2
Male	131	35.2
Age		
16-23 (Younger)	247	66.4
24-60 (Older)	112	30.1
Mother Education		
Graduate of secondary school or low	147	39.5
Graduate of high school	141	37.9
Graduate of college or high	81	21.8
Father Education		
Graduate of secondary school or low	112	30.1
Graduate of high school	121	32.5
Graduate of college or high	136	36.6
Monthly Income		
Low (0-2999 TL)	88	23.7
Middle (3000- 6999 TL)	189	50.8
High (7000+ TL)	88	23.7

3.2.1 Differential Effect of Demographic Variables on Schema Domains

Demographic characteristics were grouped to analyze demographic variables as independent variables. For five Schema Domains (Impaired Autonomy, Disconnection, Impaired Limits, Unrelenting Standards, and Other Directedness), Separate Multivariate Analyses of Variance were conducted for different categorized demographic variables. Only significant results were reported.

3.2.1.1 The Effect of Gender on Schema Domains

A one-way between subjects MANOVA was performed to reveal gender difference in Schema Domains of Impaired Autonomy, Disconnection, Impaired Limits, Unrelenting Standards, and Other Directedness.

The results revealed a significant multivariate main effect of gender on Schema Domains [Multivariate $F(5, 364) = 3.26, p < .01$; Pillai's Trace = .05, partial $\eta^2 = .04$]. Therefore, univariate analyses were examined with Bonferroni correction (adjusting the significance level to .01, by dividing .05 to levels of the variable; $.05/5 = .01$), considering alpha levels lower than .01 as significant. According to this adjustment, the analyses indicated that there was a significant gender differences only in Disconnection schema domain [$F(1, 368) = 11.20, p < .01$, partial $\eta^2 = .03$]. Precisely, females ($M=43.93$) obtained lower scores than males ($M = 50.75$) in Disconnection domain.

Table 3.3. Gender Differences on Schema Domains

	Female	Male	Multivariate $F(5,364)$	Univariate $F(1,368)$
Schema Domains			3.26 **	
IA	59.02	63.92		3.21
D	43.93	50.75		11.20**
II	15.25	17.08		4.82
US	27.46	28.79		2.07
OD	32.72	34.65		3.79

** $p < .01$

3.2.2 Differential Effect of Demographic Variables on Maternal Parenting Style

Demographic variables were categorized into various groups for particular variable, as can be seen from Table 2. Several independent sample t-tests and one-way ANOVAs were administered to investigate possible effects of demographic variables on Young Parenting Inventory- Mother Form. However, there was found no significant results.

3.2.3 Differential Effect of Demographic Variables on Difficulties in Emotion Regulation

Categorized demographic variables were examined in terms of their differentiated effects on Difficulties in Emotion Regulation subscales which were Goals, Strategy, Awareness, Non-Acceptance, Impulse and Clarity.

3.2.3.1 The Effect of Gender on Emotion Regulation Difficulties

In order to detect the effect of gender on emotion regulation difficulties, separate one-way between subjects MANOVA was conducted with Goals, Strategy, Awareness, Non-Acceptance, Impulse and Clarity subscales.

According to results, there was a significant main effect of gender on emotion regulation difficulties [Multivariate $F(6, 363) = 6.01, p < .01$; Pillai's Trace = .09, partial $\eta^2 = .08$]. Univariate analyses with Bonferroni correction (in which alpha coefficients lower than .008 (ie, $.05/6$) were considered as significant) were examined. The analyses indicated that gender had a significant effect only on Clarity subscale of DERS [$F(1, 368) = 7.53, p < .008$, partial $\eta^2 = .02$]. Precisely, males ($M = 11.48$) obtained lower scores in Clarity subscales of DERS than females ($M = 12.71$). No significant gender differences were found for other subscales (Goals, Strategy, Awareness, Non-Acceptance and Impulse) of DERS.

Table 3.4. Gender Differences on Emotion Regulation Difficulties

	Female	Male	Multivariate <i>F</i> (6,363)	Univariate <i>F</i> (1,368)
Emotion Regulation Difficulties			5.27 **	
Goals	15.58	14.54		4.29
Strategy	19.27	17.79		3.87
Non-Acceptance	13.18	12.54		0.27
Impulse	13.91	14.34		0.59
Clarity	12.71	11.48		7.53*
Awareness	15.03	15.74		2.59

* $p < .008$, ** $p < .001$

3.2.3.2 The Effect of Age on Emotion Regulation Difficulties

In order to determine the effect of age (younger and older), a one-way between subjects MANOVA was performed with 6 subscales of DERS (Goals, Strategy, Awareness, Non-Acceptance, Impulse and Clarity) as the dependent variables.

The results showed that age had a significant main effect on emotion regulation difficulties [Multivariate $F(6, 352) = 2.92, p < .05$; Pillai's Trace = .05, partial $\eta^2 = .04$]. Hence, the univariate analysis with Bonferroni correction (.008) was examined and a significant age differences was found only in Clarity subscale of DERS [$F(1, 357) = 7.96, p < .008$, partial $\eta^2 = .02$]. To be more precise, younger participants ($M = 12.91$) obtained higher scores in Clarity subscale of DERS than older one ($M = 11.67$).

Table 3.5. Age Differences on Emotion Regulation Difficulties

	Younger (16-23)	Older (24-60)	Multivariate <i>F</i>(6,352)	Univariate <i>F</i>(1,357)
Emotion Regulation Difficulties			2.92 *	
Goals	15.53	15.14		0.61
Strategy	19.24	18.40		1.34
Non-Acceptance	13.16	11.71		7.46
Impulse	15.01	13.58		6.98
Clarity	12.90	11.67		7.96**
Awareness	15.52	15.06		1.11

* $p < .01$, ** $p < .008$

3.2.4 Differential Effect of Demographic Variables on Psychological Symptoms

Several independent sample t-tests and one-way ANOVAs were conducted to investigate potential differences of demographic variables on Psychopathological Symptoms. However, no significant results were found in the analyses.

3.3 Intercorrelations between Demographic Characteristics and the Study Variables

In order to designate the link between demographic characteristics (gender, age, mother and father education level, and monthly income) and the study variables (Young Schema Questionnaire Domains: with Impaired Autonomy, Disconnection, Impaired Limits, Unrelenting Standards, and Other Directedness; Young Parenting Inventory-Mother Form; DERS subscales: Goals, Strategy, Awareness, Non-Acceptance, Impulse and Clarity; and Brief Symptom Inventory), Pearson correlation coefficients were calculated. Correlations which are higher than .25 are considered as significant and reported (Table 6).

Correlation analyses were examined in terms of gender for all other demographics and the study variables. The results revealed that gender was found significantly associated only with Clarity subscale of DERS ($r = -.40$, $p < .01$), meaning that females experienced more difficulty in expressing their emotion response clearly than males.

In terms of age of participants, the analyses revealed that age had strong correlation with one of the DERS subscale, Clarity ($r = -.25, p < .01$), similar to gender. This finding means that younger participants experience more difficulties in being clear in expressing emotional response to the negative affect.

Final demographic variable which had significant correlation with measures of the study was Mother Education. According to analysis, only Clarity subscale of DERS showed a significant relationship with Mother Education ($r = .27, p < .05$), meaning that participants with more educated mothers experienced greater lack of clarity of their emotional response.

The correlation analysis regarding maternal parenting styles revealed that all of Impaired Autonomy, Disconnection, Unrelenting Standards, Impaired Limits and Other Directedness domains had significant association with perceived parenting style from mother ($r = .47, p < .01$; $r = .46, p < .01$; $r = .25, p < .01$; $r = .45, p < .01$, $r = .26, p < .01$ respectively). These outcomes suggest that negative maternal parenting style was correlated to more maladaptive core beliefs in terms of five Schema Domains. In addition to this, maternal parenting behavior was found correlated with DERS subscales of Strategy and Impulse ($r = .36, p < .01$; $r = .32, p < .01$, respectively). It means that negative maternal parenting behaviors are associated to more difficulties in emotion regulatory processes such as Strategy and Impulse.

Regarding Impaired Autonomy, Disconnection, Impaired Limits, Unrelenting Standards, and Other Directedness, all of domains had strong association with each other. For instance, Impaired Autonomy was positively correlated with Impaired Limits ($r = .88, p < .01$) and with Disconnection ($r = .81, p < .01$). Similarly, Other Directedness Schema Domain was found as significantly correlated with Unrelenting Standards ($r = .48, p < .01$), and with Disconnection ($r = .45, p < .01$). As seen the examples, there was strong interrelationships between all Schema Domains with alpha level lower than .01. These results suggest that people who have schemas from one schema domains incline also have schemas from other domains.

The correlation analyses between Schema Domains and subscales of DERS revealed Impaired Autonomy was strongly associated with DERS subscales of Goals, Strategy, Impulse and Clarity ($r = .38, p < .01$; $r = .53, p < .01$; $r = .45, p < .01$, $r = .30, p < .01$, respectively), meaning that participants who have more negative core beliefs about Impaired Autonomy Schema Domains experience difficulties in engaging goal-directed behaviors, using effective strategy, controlling impulsive behaviors and expressing clear emotional responses. It was found that Disconnection domain associated with Strategy, Impulse, Clarity and Awareness subscales of DERS ($r = .44, p < .01$; $r = .39, p < .01$; $r = .33, p < .01$, $r = .28, p < .01$, respectively), showing that stronger forms of schemas in Disconnection is positively correlated with difficulties in emotion regulation regarding Strategy, Impulse, Clarity and Awareness. Schema Domain of Unrelenting Standards was also found as significantly related with Goals and Impulse subscale of DERS ($r = .25, p < .01$ and $r = .25, p < .01$, respectively), indicating participants with stronger schema structure in Unrelenting Standards also had difficulties about acting goal-directed behaviors and controlling impulsive behavior in response to negative emotional stimuli. Fourthly, Impaired Limits domain was correlated to Goals, Strategy, Impulse and Clarity subscales of DERS ($r = .29, p < .01$; $r = .42, p < .01$; $r = .35, p < .01$, $r = .29, p < .01$, respectively). This finding means that people with unrealistically high standards also experience problems in emotion regulation process regarding goal-directed, strategic, non-impulsive and clear emotional responses. Finally, the association level between Other-Directedness Schema Domains and subscales of DERS did not reach the adequate significance level.

In terms of subscales of DERS, the results revealed significant correlations of subscales with each other. For instance, Goals subscale was found as positively associated with Strategy, Impulse and Clarity ($r = .68, p < .01$; $r = .62, p < .01$; $r = .31, p < .01$, respectively), meaning participants experiencing difficulties in goal-directed behaviors in response to negative emotions also had problems with giving strategic, non-impulsive and clear emotional response. Secondly, Strategy subscale of DERS was also positively correlated with Non-Acceptance, Impulse and Clarity ($r = .25, p < .01$, $r = .72, p < .01$ and $r = .46, p < .01$, respectively), indicating individuals experiencing emotion regulation difficulties in Strategy subscale also had higher scores on Non-Acceptance, Impulse and

Clarity subscales of DERS. The correlation between Impulse and Clarity subscale of DERS reached the significance level ($r = .36, p < .01$), which means that people who experience lack of clarity in emotional response also had problems in controlling impulsive behaviors during regulating emotions. Finally, there was a strong relationship between Clarity and Awareness subscales of DERS ($r = .45, p < .01$), showing lack of clarity in emotional response is positively related to lack of awareness of emotional reaction.

The last correlation analyses was examined in terms of psychological distress levels which measured by BSI. Firstly, all Impaired Autonomy, Disconnection, Impaired Limits, Unrelenting Standards, and Other Directedness domains were found as significantly and positively correlated with general psychopathology symptomatology ($r = .58, p < .01$; $r = .58, p < .01$; $r = .28, p < .01$, $r = .45, p < .01$, $r = .28, p < .01$, respectively). These outcomes suggest that presence of stronger schema structure is positively related with greater symptoms of psychopathology. Besides, the association between perceived maternal parenting style and psychological distress level was found as significant ($r = .44, p < .01$), which means that participants who experience negative maternal parenting behaviors reported higher scores in psychopathological symptoms. Finally, in terms of emotion regulation difficulties, the general psychological symptoms were found as related strongly with several subscales of DERS, namely Goals, Strategy, Impulse and Clarity ($r = .42, p < .01$; $r = .56, p < .01$; $r = .49, p < .01$, $r = .40, p < .01$, respectively). These results mean that people experiencing problems in engaging goal-directed behaviors, using effective strategies, controlling impulsive behaviors and expressing clear emotional response also reported greater psychological distress.

Table 3.6. Pearson Correlation Coefficients between Variables of the Study

Variables	G	A	I	ME	FE	IA	D	IL	US	OD	YPI	G	S	N	I	C	A	BSI
G	1	-.07	.03	-.01	.12*	.09	.17**	.11*	.08	.10	.04	-.11*	-.10*	-.02	.04	-.14**	.08	-.02
A		1	.02	-.24	-.25**	-.08	-.08	-.09	-.04	.05	-.01	-.18**	-.16**	.02	-.21**	-.25**	-.03	-.14*
I			1	.10	.12	.01	-.08	.02	-.01	-.10	-.04	.06	.06	.02	.05	-.02*	.03	-.05
ME				1	.58**	-.01	-.01	-.03	.02	-.14	-.01	.07	.07	.01	.09	.12	.09	.02
FE					1	-.04	-.01	-.03	-.06	-.13*	.03	.04	.01	-.07	.01	.05	.04	-.04
IA						1	.81**	.87**	.46**	.51**	.47**	.38**	.53**	.20**	.44**	.29**	.19**	.58**
D							1	.73**	.38**	.45**	.46**	.24**	.44**	.16**	.39**	.32**	.28**	.58**
IL								1	.37**	.40**	.45**	.29**	.42**	.15**	.35**	.29**	.22**	.44**
US									1	.48**	.25**	.25**	.24**	.14**	.25**	.09	-.01	.28**
OD										1	.25**	.19**	.21**	.09	.19**	-.02	-.10	.28**
YPI-MF											1	.23**	.35**	.08	.31**	.21**	.12*	.44**
G												1	.67**	.11*	.61**	.31**	.03	.42**
S													1	.25**	.72**	.46**	.24**	.55**
N														1	.19**	.10	.05	.48**
I															1	.36**	.19**	.48**
C																1	.45**	.40**
A																	1	.16**
BSI																		1

* p < .05; ** p < .01

3.4 Regression Analysis

In order to investigate predictive factors of schema domains, difficulties in emotion regulation processes and psychopathologies, a separate set of hierarchical regression analyses were performed.

3.4.1 Predictive Factors of Schema Domains

In the first set of hierarchical multiple regression analyses, we examined the independent effect of maternal parenting style on Schema Domains, higher scores of both inventory representing higher level of negative maternal parenting behaviors and presence of more maladaptive schemas, respectively. For Impaired Autonomy, Disconnection, Impaired Limits, Unrelenting Standards, and Other Directedness, five separate regression analyses were conducted. In all five analyses, all demographic information including gender, age, mother education level, father education level and monthly income were entered first. On the second step, maternal parenting behaviors were entered into the regression for each schema domain.

3.4.1.1 Predictors of Impaired Autonomy

Results of regression analysis indicated that none of demographics had significant correlation with Impaired Autonomy Schema Domain. In the second step, maternal parenting style was found as significantly related to Impaired Autonomy domain ($\beta = .47$, $p < .001$). Therefore, these result revealed that participants who experienced negative parenting style from mothers were more likely to have stronger Schema Domain of Impaired Autonomy.

Table 3.7. Hierarchical Regression Analysis in Predicting Impaired Autonomy Schema Domain

Impaired Autonomy			
	Step 1	Step 2	
	β	β	ΔR^2
Demographics			.01
Gender	.09	.07	
Age	-.03	-.03	
Income	-.02	.06	
Mother Education	.04	-.03	
Father Education	-.03	-.01	
Maternal Parenting Style			.23**
YPI-MF		.47**	

* $p < .05$; ** $p < .01$

3.4.1.2 Predictors of Disconnection

In the first step of regression analyses only gender was found as significantly associated with Disconnection ($\beta = .17, p = .004$). In the second step, the significant effect of gender ($\beta = .15, p = .004$) remained and, maternal parenting style was found as significantly related to Disconnection Schema Domain ($\beta = .46, p < .001$). These outcomes might mean that male individuals who had mothers with negative behaviors inclined to acquire more schemas regarding Disconnection Schema Domains.

Table 3.8. Hierarchical Regression Analysis in Predicting Disconnection Schema Domain

Disconnection			
	Step 1	Step 2	
	β	β	ΔR^2
Demographics			.04*
Gender	.17*	.15*	
Age	-.04	-.03	
Income	-.08	-.07	
Mother Education	-.01	-.01	
Father Education	.02	.01	
Maternal Parenting Style			.25**
YPI-MF		.46**	

* $p < .05$; ** $p < .01$

3.4.1.3 Predictors of Unrelenting Standards

In the first step of regression analyses, for the demographic variables, none of them had significant association with Schema Domain of Unrelenting Standards. Second step of analysis indicated that maternal parenting practices had a significant correlation with Unrelenting Standard domain ($\beta = .28, p < .001$). This finding showed that people who had more negative maternal experience were more probable to have more maladaptive schemas related to Unrelenting Standards Schema Domain.

Table 3.9. Hierarchical Regression Analysis in Predicting Unrelenting Standards Schema Domain

Unrelenting Standards			
	Step 1	Step 2	
	β	β	ΔR^2
Demographics			.02
Gender	.09	.08	
Age	-.04	-.04	
Income	-.01	.01	
Mother Education	.12	.13	
Father Education	-.12	-.12	
Maternal Parenting Style			.10**
YPI-MF		.28**	

* $p < .05$; ** $p < .01$

3.4.1.4 Predictors of Impaired Limits

Demographic variables were analyzed in the first step and no significant associations between these variables and Impaired Limits Schema Domains was found. In the second step on regression analysis, the significant relationship between negative parenting style from mother and Impaired Limits was found ($\beta = .45, p < .001$). According to this result, participants who were exposed to negative maternal parenting style tended to develop dysfunctional beliefs about Impaired Limits Schema Domain.

Table 3.10. Hierarchical Regression Analysis in Predicting Impaired Limits Schema Domain

Impaired Limits			
	Step 1	Step 2	
	β	β	ΔR^2
Demographics			.02
Gender	.11	.09	
Age	-.10	-.09	
Income	.03	.04	
Mother Education	-.03	-.01	
Father Education	-.03	-.04	
Maternal Parenting Style			.23**
YPI-MF		.45**	

* $p < .05$; ** $p < .01$

3.4.1.5 Predictors of Other Directedness

Regarding demographic variables, no significant correlation was obtained between them and Other Directedness Schema Domain in the first step of regression analyses. Parenting style from mothers had significant association with Other Directedness ($\beta = .26, p < .001$), after controlling demographic variables. Therefore, in similar trend with other Schema Domains, experiencing negative maternal parenting practices increases the likelihood of acquiring maladaptive schemas from Other Directedness Schema Domain.

Table 3.11. Hierarchical Regression Analysis in Predicting Other Directedness Schema Domain

Other Directedness			
	Step 1	Step 2	
	β	β	ΔR^2
Demographics			.03
Gender	.10	.09	
Age	.06	.06	
Income	-.07	-.06	
Mother Education	-.04	-.03	
Father Education	-.10	-.10	
Maternal Parenting Style			.10**
YPI-MF		.26**	

* $p < .05$; ** $p < .01$

3.4.2 Predictive Factors of Emotion Regulation Difficulties

As second set of analyses, six different hierarchical regression analyses were performed with Goals, Strategy, Non-Acceptance, Impulse, Clarity and Awareness as dependent variables. First of all, the demographics which were gender, age, mother education, father education and monthly income were entered into the analyses. When eliminating the demographic information, in the second step, perceived maternal parenting style was added into the analysis. Lastly, third step of the analysis included Schema Domains of Impaired Autonomy, Disconnection, Impaired Limits, Unrelenting Standards, and Other Directedness.

3.4.2.1 Predictors of Goals

In the first step, the outcomes of the regression analysis showed that gender ($\beta = -.17, p = .005$) and age ($\beta = -.14, p = .020$) were found as significant predictors of Goals. In step 2, both gender ($\beta = -.18, p = .002$) and age ($\beta = -.14, p = .018$) remained significant while perceived parenting style from mothers ($\beta = .25, p < .001$) made significant independent contributions. Lastly, in the third step gender ($\beta = -.17, p = .002$), age ($\beta = -.14, p = .011$),

and maternal parenting behaviors ($\beta = .13, p = .045$) remained significant. Further, only Impaired Autonomy ($\beta = .61, p < .001$) and Disconnection ($\beta = -.25, p = .013$) Schema Domains were found as significantly correlated with DERS subscales of Goals. Therefore, it could be suggested that participants who were female and younger, who experienced negative parenting style from mothers, and had more maladaptive schemas from Impaired Autonomy and less schemas from Disconnection Schema Domains were inclined to experience more difficulties in engaging goal-directed behaviors in response to negative affect.

Table 3.12. Hierarchical Regression Analysis in Predicting Goals in Emotion Regulation Difficulties

Goals	Step 1	Step 2	Step 3	
	β	β	β	ΔR^2
Demographics				.06**
Gender	-.16**	-.18**	-.17**	
Age	-.14*	-.14*	-.14*	
Income	.07	.07	.07	
Mother Education	.06	.07	.02	
Father Education	.01	.01	.04	
Maternal Parenting Style				.12**
YPI-MF		.25**	.12*	
Schema Domains				.23**
IA			.60**	
D			-.24*	
IL			-.19	
US			.12	
OD			.01	

* $p < .05$; ** $p < .01$

3.4.2.2 Predictors of Strategy

The outcomes indicated that among demographic variables, only gender ($\beta = -.12, p = .046$) were associated with Strategy subscale of DERS in the first step of regression analyses. In step 2, the results revealed that while gender ($\beta = -.14, p = .014$) remained as one of the predictors of Strategy, negative parenting practices of mothers had significant correlation with Strategy ($\beta = .38, p < .001$). In the third step, gender ($\beta = -.17, p = .001$) and maternal parenting style ($\beta = .18, p = .001$) remained significant while age ($\beta = -.11, p = .037$) was found as also associated with Strategy. Among five schema domains, Impaired Autonomy ($\beta = .59, p < .001$) and Impaired Limits ($\beta = -.30, p = .005$) were entered into the regression equation, showing significant correlation with Strategy. Thus, it could be concluded that those who were female and younger, exposed to negative parenting practices from mothers, and had more schemas from Impaired Autonomy and less schemas from Impaired Limits domain inclined to experience difficulties in using effective emotion regulation strategies during negative emotional state.

Table 3.13. Hierarchical Regression Analysis in Predicting Strategy in Emotion Regulation Difficulties

Strategy	Step 1	Step 2	Step 3	
α	β	β	β	ΔR^2
Demographics				.03
Gender	-.12*	-.13*	-.17**	
Age	-.11	-.11	-.11*	
Income	.02	.03	.05	
Mother Education	.09	.10	.06	
Father Education	-.02	-.03	-.02	
Maternal Parenting Style				.18**
YPI-MF		.28**	.18**	
Schema Domains				.35**
IA			.59**	
D			.13	
IL			-.29**	
US			.04	
OD			-.06	

* $p < .05$; ** $p < .01$

3.4.2.3 Predictors of Non-Acceptance

Predictive factors of Non-Acceptance subscale of DERS were investigated through hierarchical regression analyses and results yielded that in the first and second step neither demographic variable nor maternal parenting style were found as associated with Non-Acceptance. However, in the third step, Impaired Autonomy Schema Domain ($\beta = .32, p = .040$) was found as significantly associated with Non-Acceptance, meaning that participants who had stronger maladaptive schemas regarding Impaired Autonomy Schema Domains were more probably to encounter problems in accepting their negative emotions and emotional response.

Table 3.14. Hierarchical Regression Analysis in Predicting Non-Acceptance in Emotion Regulation Difficulties

Non-Acceptance				
	Step 1	Step 2	Step 3	
	β	β	β	ΔR^2
Demographics				.01
Gender	-.03	-.03	-.04	
Age	.04	.04	.04	
Income	.01	.01	.07	
Mother Education	.05	.05	.02	
Father Education	-.08	-.08	-.07	
Maternal Parenting Style				.02
YPI-MF		.09	.02	
Schema Domains				.05
IA			.32*	
D			.01	
IL			-.19	
US			.10	
OD			-.06	

* $p < .05$; ** $p < .01$

3.4.2.4 Predictors of Impulse

Outcomes of the study indicated that only age variable ($\beta = -.18, p = .004$) significantly predicted Impulse subscale of DERS in the step 1. In step 2, age ($\beta = -.17, p = .002$) remained significant predictor while maternal parenting behaviors ($\beta = .36, p < .001$) was found as correlated with Impulse. Finally, in the third step, age ($\beta = -.18, p = .001$) and perceived parenting style from mother ($\beta = .24, p < .001$) remained significant and among Schema Domains Impaired Autonomy ($\beta = .52, p < .001$) and Impaired Limits ($\beta = -.33, p = .003$) made significant independent contributions. These outcomes suggested that people who were younger and experienced negative maternal parenting practices, and developed more schemas regarding Impaired Autonomy and fewer schemas regarding Impaired

Limits had more difficulties in controlling impulsive reactions in response to negative affect.

Table 3.15. Hierarchical Regression Analysis in Predicting Impulse in Emotion Regulation Difficulties

Impulse				
	Step 1	Step 2	Step 3	
	β	β	β	ΔR^2
Demographics				.05*
Gender	-.01	-.03	-.04	
Age	-.18**	-.17**	-.18**	
Income	.05	.06	.08	
Mother Education	.11	.12	.08	
Father Education	-.04	-.04	-.03	
Maternal Parenting Style				.18**
YPI-MF		.36**	.24**	
Schema Domains				.27**
IA			.52**	
D			.06	
IL			-.33**	
US			.08	
OD			-.07	

* $p < .05$; ** $p < .01$

3.4.2.5 Predictors of Clarity

The analyses were performed to determine associative factors of Clarity subscale of DERS and in the first step the results yielded that two demographic variables, gender ($\beta = -.12$, $p = .035$) and age ($\beta = -.26$, $p < .001$), were significantly correlated with Clarity. In the next step, gender ($\beta = -.13$, $p = .020$) and age ($\beta = -.26$, $p < .001$) kept their significant effects, and perceived parenting style from mothers ($\beta = .22$, $p < .001$) made significant contributions to Clarity. Lastly, in the third step, effects of Schema Domains were examined after controlling effects of other variables. According to outcomes, gender ($\beta = -$

.18, $p = .001$) and age ($\beta = -.23$, $p < .001$) remained significant while maternal parenting style lost its significant effect. Among the Schema Domains, Disconnection ($\beta = .37$, $p < .001$) and Other Directedness ($\beta = -.19$, $p = .003$) was found as associative with Clarity. These findings could mean that female and younger participants with stronger schema structure of Disconnection Schema Domains and fewer schemas from Other Directedness Schema Domains were more probable to have difficulties in expressing negative emotions clearly and properly.

Table 3.16. Hierarchical Regression Analysis in Predicting Clarity in Emotion Regulation Difficulties

Clarity				
	Step 1	Step 2	Step 3	
	β	β	β	ΔR^2
Demographics				.09**
Gender	-.12*	-.13*	-.18**	
Age	-.26**	-.26**	-.23**	
Income	-.02	-.01	.01	
Mother Education	.08	.09	.07	
Father Education	-.05	-.06	-.07	
Maternal Parenting Style				.14**
YPI-MF		.22**	.05	
Schema Domains				.27**
IA			.08	
D			.37**	
IL			.01	
US			.03	
OD			-.19**	

* $p < .05$; ** $p < .01$

3.4.2.6 Predictors of Awareness

Final set of the regression analyses was administered to specify the associative factors of Awareness subscale of DERS, and in step 1 demographic variable and in step 2 maternal

parenting practices were entered into the regression analyses. It was found that there were no significant independent contributions of demographic variables and perceived parenting style from mothers. In the third step, Disconnection ($\beta = .49, p < .001$) and Other Directedness ($\beta = -.21, p = .003$) Schema Domains were found to be correlated with Awareness subscale of DERS. Therefore, it could be concluded that people who had more schemas from Disconnection and less schemas from Other Directedness domains were inclined to have problems about being aware of their own negative emotions and emotional responses.

Table 3.17. Hierarchical Regression Analysis in Predicting Awareness in Emotion Regulation Difficulties

Awareness				
	Step 1	Step 2	Step 3	
\square	β	β	β	ΔR^2
Demographics				.02
Gender	.09	.08	.03	
Age	.01	.01	.04	
Income	.07	.08	.09	
Mother Education	.09	.09	.09	
Father Education	-.01	-.01	-.04	
Maternal Parenting Style				.04
YPI-MF		.14*	.02	
Schema Domains				.16**
IA			-.18	
D			.49**	
IL			.09	
US			-.02	
OD			-.21**	

* $p < .05$; ** $p < .01$

3.4.3 Predictive Factors of Psychopathology

In order to detect independent predictors of psychopathological symptoms, a third set of hierarchical regression analysis was performed by taking Brief Symptom Inventory total score as the dependent variable. In order to control the influence of demographic information, these variables were added firstly to regression analysis. Secondly, maternal parenting practices were added into the analysis. In the third step, the additional effects of Impaired Autonomy, Disconnection, Impaired Limits, Unrelenting Standards, and Other Directedness domains were examined. Lastly, after controlling the effect of these variables, in the fourth step subscales of DERS which were Goals, Strategy, Non-Acceptance, Impulse, Clarity and Awareness were entered into the analyses.

According to results, none of the demographic characteristics were found as significant predictors of psychological symptoms. For the perceived parenting practices from mothers, the outcomes yielded that there was a significant association between parenting from mothers and general psychopathology of participants ($\beta = .46, p < .001$) in the second step of regression analyses.

In the third step, the Schema Domains, including Impaired Autonomy, Disconnection, Impaired Limits, Unrelenting Standards, and Other Directedness were taken into consideration. According to results, the effect of perceived parenting style from mothers ($\beta = .24, p < .001$) remained significant. Also, among Schema Domains, Impaired Autonomy ($\beta = .48, p < .001$), Disconnection ($\beta = .35, p < .001$) and Impaired Limits ($\beta = -.34, p = .001$) made significant independent contributions, after controlling effects of other variables.

Finally, in the fourth step, the regression analyses were conducted with addition of subscales of DERS into the hierarchy, which were Goals, Strategy, Non-Acceptance, Impulse, Clarity and Awareness. The results showed that maternal parenting behaviors ($\beta = .17, p = .001$) remained as significant predictor of psychological well-being. Regarding Schema Domains, Impaired Autonomy ($\beta = .25, p = .039$), Disconnection ($\beta = .32, p < .001$) and Impaired Limits ($\beta = -.22, p = .027$) also remained significant in this step of regression analyses. However, none of the DERS subscales was found as significantly associative with psychopathological symptoms. Therefore, it could be concluded that

participants who were exposed to negative parenting practices from mothers and who had strong schema structure of Impaired Autonomy and Disconnection Schema Domains and had fewer schemas of Impaired Limits Schema Domains were more likely to develop psychological symptoms.

Table 3.18. Hierarchical Regression Analysis in Predicting Psychopathology in Emotion Regulation Difficulties

Psychopathology (KSE)					
	Step 1	Step 2	Step 3	Step 4	
	β	β	β	β	ΔR^2
Demographics					.02
Gender	-.01	-.01	-.06	.01	
Age	-.12	-.11	-.11	-.03	
Income	-.07	-.05	-.02	-.05	
Mother Education	.04	.06	-.01	-.05	
Father Education	-.05	-.05	-.04	-.02	
Maternal Parenting Style					.23**
YPI-MF		.46**	.24**	.17**	
Schema Domains					.45**
IA			.48**	.25*	
D			.35**	.31**	
IL			-.34**	-.22*	
US			.01	-.02	
OD			-.04	-.01	
Emotion Regulation Difficulties					.53**
Goals				.10	
Strategy				.14	
Non-Acceptance				.02	
Impulse				.11	
Clarity				.11	
Awareness				-.05	

* $p < .05$; ** $p < .01$

4. DISCUSSION

In the present study, the relationship between perceived maternal parenting styles, early maladaptive schemas (EMSs), difficulties in emotion regulatory processes and psychological symptoms were investigated. For this aim, in the first place the differential influences of demographics on the study variables were examined. Secondly, interrelations between demographic variables and all the measures were analyzed. Finally, three different sets of regression analyses were administered to detect the factors associated with schema domains, emotion regulation difficulties and psychopathology. In the following section, the outcomes of the present study were discussed regarding related literature.

4.1 Findings Related to Differential Role of Demographic Characteristics on the Study Variables

In this section, the effects of demographics which were gender, age, maternal education level, paternal education level and monthly income were determined in terms of all the study variables which were Schema Domains (Impaired Autonomy, Disconnection, Impaired Limits, Unrelenting Standards, and Other Directedness), maternal parenting practices, difficulties in emotion regulatory processes (Goals, Strategy, Awareness, Non-Acceptance, Impulse and Clarity) and general psychological symptomatology. There were found several significant results.

4.1.1 The Effects of Demographic Variables on Schema Domains

The outcomes indicated that only gender had a differential role on Disconnection domain in that men reported having more maladaptive schemas than female. These findings are in accordance with prior researches which are conducted with Turkish university students similarly (Gök, 2012; Ünal, 2012). When we consider the schemas of Disconnection domain, Emotional Deprivation, Defectiveness, Social Isolation and Emotional Inhibition are seen among this schema domain. Because in Turkish culture males are expected to be more assertive and independent to look after their significant others, they tend to learn to

survive without connection to anyone else. Therefore, it could be suggested that males cannot make mental investment on emotional and social issues so that their maladaptive schemas regarding Disconnection domains increased, compared to females.

4.1.2 The Effects of Demographic Variables on the Perceived Maternal Parenting Style

The outcomes regarding the effects of demographic characteristics on perceived parenting styles from mothers yielded that no significant differences in any demographic variables. This result may be because perception of maternal parenting practices was not influenced by gender, age, parental education level and income.

4.1.3 The Effects of Demographic Variables on the Difficulties of Emotion Regulation

In this section, findings related to differential role of demographic variables on difficulties of emotion regulatory processes namely Goals, Strategy, Non-Acceptance, Impulse, Clarity and Awareness. According to results, the significant effects of gender, age, parental education and monthly income on Goals, Strategy, Non-Acceptance, Impulse and Awareness were not found. So, it might be concluded that the experienced difficulties in emotion regulatory processes did not differentiate depending on these demographic characteristics.

However, the significant differences of gender and age variable on Clarity subscale of DERS were revealed. First of all, regarding gender, males obtained lower scores in Clarity than female, meaning that men were clearer in expressing negative emotions than females. In the study of Gratz and Roemer (2004), although there was found no significant differences between males and females for Clarity subscales, males had higher scores than females. The reason of this difference might be that the number of the present study's male participants (131) outnumbered than Gratz and Roemer's study (2004) which had 97 male participants. Also, it could be stemmed from that male tended to use more direct-communication skills compared to females so that males' emotion regulatory processes in

response to negative feelings contains more clear-cut emotional reactions. That's why, males could express their negative emotion clearly in stressful situations than females.

Furthermore, age variable was differentiated in terms of Clarity subscale of DERS. According to findings, older participants had lower scores in Clarity than younger ones. This difference between two groups could be explained in that older people had more times to experience emotion regulatory processes and over time they learn to express negative emotions with more clarity (Tamir and Mauss, 2011).

4.1.4 The Effects of Demographic Variables on Psychopathology

In this part, the differential effects of demographic characteristics on general psychological symptomatology were investigated. The results yielded that none of demographic variables of gender, age, parental education level and monthly income level was differentiated depending on psychopathology. It might be concluded that the presence of psychological disturbances was not influenced by given demographic variables.

4.2 Findings Regarding Interrelations of the Study Variables

Correlational analyses between all demographic variables and measures of the study were conducted in this section. According to results, there were several significant associations between demographics and the study variables, which were discussed in previous section.

Correlations between schema domains, perceived maternal parenting style, difficulties in emotion regulatory processes and psychological symptomatology which examined through hierarchical regression analyses will be elaborated in the following part. However, in the regression analyses no significant contributions of difficulties in emotion regulation processes on psychological problems were yielded. Thus, in this section the bivariate correlation analyses of associations between emotion regulation difficulties and general psychological well-being will be investigated.

The results yielded that for six subscales which were Goals, Strategy, Non-Acceptance, Clarity, Impulse and Clarity, there were found significant positive associations between psychological symptomatology in the one hand, and Goals, Strategy, Impulse and Clarity on the other hand. These outcomes indicate that people, who lack of clarity in their emotional response and who cannot control impulsive behaviors, take action according to their desired goals and have decreased capability to use emotion regulation strategies during negative affect are also more likely to develop psychological symptoms. These findings are in accordance with former study that asserted positive correlation coefficients between same subscales of DERS and total BSI (Rugancı, 2008). The significant association between these two dynamics is interpreted such that emotion dysregulation is one of the prominent underlying factors of diverse psychological disorders and these perceived difficulties in emotion regulation might play a predictive role in prospective psychological problems (Bardeen, Fergus, Hannan and Orcutt, 2016; Rugancı, 2008, Gross and John, 2003).

4.3 Findings Related to Hierarchical Regression Analyses

In this section, the outcomes related to independent predictive factors of Schema Domains (Impaired Autonomy, Disconnection, Impaired Limits, Unrelenting Standards, and Other Directedness), difficulties in emotion regulatory processes (Goals, Strategy, Awareness, Non-Acceptance, Impulse and Clarity) and general psychological symptomatology will be discussed.

4.3.1 The Predictive Factors of Schema Domains

Regarding schema domains, separate five regression analyses were performed, and independent effects of demographic characteristics and maternal parenting practices were examined. According to results, none of demographic variables were found as significantly associated with any Schema domains, except gender for Disconnection Schema Domain. Accordingly, males had more maladaptive schemas of Disconnection Schema Domains than females. This finding agreed with previous studies according to which males obtained significantly higher scores in Disconnection schema domains (Ünal, 2012; Gök, 2012).

When eliminating the effects of demographics, parenting style from mothers was found as significant predictive factor for all Schema Domains, namely Impaired Autonomy, Disconnection, Impaired Limits, Unrelenting Standards, and Other Directedness. Although, regression analyses do not propose causal relationships between variables, according to accepted chronological order of mother-child interaction engaged previously, and effect of EMSs currently; it might be concluded that negative maternal experiences during childhood underlie the acquisition of EMSs. Young et. al. (2003) state that one of the prominent predisposing factors of acquisition of EMSs is toxic interaction between infant and primary caregiver. This premise was validated in previous studies indicating that each EMS had significant correlations with corresponding subscales of Young Parenting Inventory (Sheffield et. al., 2005; Harris and Curtin, 2002; Gök, 2012; Ünal, 2012). For instance, people who reported to have Emotionally Depriving mothers and fathers also had higher scores in Emotional Deprivation subscale of the Young Schema Questionnaire. Furthermore, it should be emphasized that there was not a direct link between subscales of YPI and corresponding subscales of YSQ. Rather, one subscale of YPI might be significantly associated with more than one EMS, which means that negative parenting practices during childhood put individuals at a greater risk to develop numerous negative schemas.

To be specific, in the current study the strongest correlation with negative maternal parenting practices are belong to Impaired Autonomy, Disconnection and Impaired Limits. When we consider the general theme of schema domains, namely personal autonomy, disconnection and personal limits; it is very predictable for Turkish culture. Türkdoğan (2013) conceptualizes the motherhood in Turkish culture such that parenting of Turkish mothers is widely depending on behaving on behalf of their children. In the first years of the child, motherhood is often experienced through making the child eat according to the mothers' own saturation level, or behave according to their own rules. Following these years, the mothers have a variety of roles in the child's self-development process because they want their child to feel more comfortable and valuable. However, such a parenting style from this kind of mothers might prevent the child to develop sufficient, independent

and confident self-concept because experiences with the primary attachment figure are very important determinant in the long term (Türkdoğan, 2013; Alfasfos, 2009).

4.3.2 The Predictive Factors of Difficulties in Emotion Regulation

In this section, the outcomes regarding factors associated with six subscales of DERS, namely Goals, Strategy, Non-Acceptance, Impulse, Awareness and Clarity, will be discussed.

First of all, gender was indicated to significantly correlate with Goals and Strategy; in which males had fewer difficulties in emotion regulation processes regarding Goals and Strategies. This finding is parallel with former researches in which females experience more difficulties to control their emotional state and continue to their goal-oriented behaviors while feeling negative emotions (Gratz and Roemer, 2004; Gross and John, 2003). In addition, it is proposed that in order to deal with negative emotions, males incline to benefit from situationally effective emotion regulation strategies. The differential cultural expectancies for males and females might provide females with environment in which emotion socialization processes are reinforced. However, males are expected to deal with the problematic situations mindfully in a short time so that negative emotions are perceived as obstacles which must be solved to proceed to the next step. According to results, age was also found as significant contributor to Impulse and Clarity subscales of DERS, in which older people experienced less difficulties in controlling impulsive behaviors during negative emotional state, and being clear in emotional responses. As mentioned previously, this differentiation between younger and older participants could be related to time to practice emotion regulation abilities. In other words, with more experiences, individuals learn more adaptive emotion regulation strategies.

After controlling demographic variables on the subscales of DERS, negative maternal parenting practices were determined as significant contributor to subscales of Goals, Strategy, Impulse and Clarity. Accordingly, people whose mothers used negative parenting practices were more likely to experience difficulties in engaging goal-directed behaviors, using appropriate strategies, accepting emotions, controlling impulsive behaviors, being

aware of and clear in their emotions while experiencing negative affect. This result is in agreement with prior researches in that participants with insecurely attached to their primary caregiver had more problems in similar emotion regulation processes while securely attached participants had significantly lower scores in all subscales of DERS (Rugancı, 2008; Mikluncer et. al., 2003). The possible explanation for this differentiation is that both dynamics of attachment and affect regulation is developmentally relevant processes. Maternal reactions to children's emotion regulation are imitated by children and repetitive exposure to this interaction form and modify children's own emotion regulation system (Saritaş, Grusec and Gençöz, 2013). The unresponsive and insensitive emotion socialization process between mother and child is more likely to result in emotion dysregulation.

After controlling the effect of demographics and negative maternal behaviors, independent contributions of schema domains on difficulties in emotion regulatory processes were examined. The results yielded that Goals subscale of DERS was found to be positively correlated with Impaired Autonomy and negatively with Disconnection domain. It might be suggested that people with strong schemas regarding Impaired Autonomy which includes Enmeshment, Abandonment, Failure and Pessimism are more likely to have difficulties behaving according to desired goals while experiencing negative affect. On the other hand, individuals who experience more difficulties in engaging goal-directed behaviors during negative emotional state tend to have less schema structure regarding Disconnection domains such as Emotional Deprivation, Emotional Inhibition, Social Isolation and Defectiveness. Although such correlation between schema domains and emotion regulation difficulties was investigated in terms of total scores of the DERS in a study which conducted with Turkish sample (Eldoğan & Barışkın, 2013), this study elaborates the association between schema domains and emotion regulatory processes by examining each subscale of DERS. According to mentioned study (Eldoğan & Barışkın, 2013), Impaired Autonomy and Disconnection domains predicted the perceived general difficulties in emotion regulation, paralleling with our findings.

After controlling demographic variables and negative maternal parenting behaviors, Impaired Autonomy and Impaired Limits were found as significant predictors of Strategy

and Impulse subscales. Regarding Impaired Autonomy, people with Enmeshment, Abandonment, Failure and Pessimism schemas are more likely to have problems using adaptive strategies and controlling impulsive behaviors during negative emotional experience. An explanation for this positive relationship between them may be because people with incompetent and vulnerable self-concept believe that their emotional expression and regulation of negative affect will be ineffective and they are more likely to fail, so they should avoid any attempt to regulate their emotions (Eldoğan & Barışkın, 2013). On the other side, as for Impaired Limits, participants who have more effective emotion regulation strategies and more control over their impulsive behaviors report to have less Entitlement schemas. The reason of this negative association between them might be that individuals with the Entitlement schemas were more probably to be raised as spoiled children and they became more self-confident, though it would be ungrounded. Hence, this kind of self-concept might facilitate to develop more self-efficient emotion regulation strategies and make these individuals be more successful in controlling emotions during negative emotional states.

Regarding Non-Acceptance, after controlling other variables, only significant predictive factor was found as Impaired Autonomy Schema Domain. As discussed above, this positive association is consistent with the Eldoğan and Barışkın's (2013) study in which Impaired Autonomy domain was revealed as one of the significant predictors of total score of emotion regulation difficulties. When we consider in terms of specific schemas in Impaired Autonomy such as Abandonment, Failure, Pessimism and Vulnerability, it is most probably that people with these negative beliefs think that they live in an unsafe emotional environment and have defect in their emotion regulation processes (Alfasfos, 2009). So, they might reject to embrace their negative emotional responses in order to avoid their inner conflict.

Finally, after controlling the influence of demographic characteristics and negative maternal practices, the most significant predictors of Clarity and Awareness subscales of DERS were found as Disconnection and Other-Directedness. Although, mentioned previously, Disconnection domain was found significantly correlated with total emotion regulation difficulties, there was no findings regarding association between emotion

regulation difficulties and Other-Directedness. The reason for positive association Clarity and Awareness in the one hand and Disconnection on the other hand might be that people with Emotional Deprivation, Defectiveness and Emotion Inhibition schemas could not make adequate investment in emotion socialization processes. As a result of this process, they are more probably to feel themselves as defective and their emotions as invalid so that they might be unaware of their emotions, and, in turn, less clear in expressing negative feelings. Regarding Other-Directedness, the possible explanation for negative relationships with Clarity and Awareness might be that people with schemas of Other-Directedness domain are more likely to overvalue others' feelings and thoughts in order to being accepted or avoid feeling guilty (Alfasfos, 2009; Young et. al., 2003). This mental causal relationship may cause individuals to explain their negative emotional processes more clearly to avoid possible misunderstanding and being rejected so that their clarity and awareness of own negative emotional states eventually increase.

4.3.1 The Predictive Factors of Psychopathology

The first step of the regression analyses asserted that no independent effect of demographics on psychological symptoms was found. Similarly, according to bivariate correlation analyses, there was found no significant association between any demographic variable and general psychological well-being.

Secondly, perceive negative maternal parenting style was found as significant predictor of general psychological symptomatology, indicating people who experienced insensitive and unresponsive maternal practices were more vulnerable to develop psychological distresses. In the present study, the psychological symptomatology was measured as total evaluation and analyzed as a general psychological well-being, instead of specified disorders. The outcomes of the present study are in accordance with prior studies in which perceived negative parenting style from mothers was revealed as significant predictor of general psychological distress level and depressive symptoms (Ünal, 2012; Gök, 2012). Furthermore, in a study conducted with adolescents, the t-test analyses yielded that participants who had more psychological disturbances reported to perceive their mothers' as more Normative, Abusive/Rejecting, Belittling / Humiliating, Conditional/ Perfectionist,

Undisciplined/ Laissez-Faire, and less Compassionate (Şahin & Özer, 2012). Also, regarding specific psychological disorders, there were various studies which investigated the relationship between psychological disorders and perceived maternal parenting style that was measured different inventories (Aka & Gençöz, 2014; Harris & Curtin, 2002). In Aka and Gençöz's (2014) study, the stepwise regression analyses revealed that participants who experienced more maternal rejection during childhood were also more likely to develop social anxiety symptoms. On the other hand, it was found that increased maternal overprotection was significantly associated with obsessive-compulsive symptoms. Harris and Curtin (2002) examined the relation of parental caring and overprotection with depression, indicating that both paternal and maternal lower caring and higher overprotection were positively correlated with depressive symptoms. Therefore, it could be concluded that the current study's findings were parallel to both the hypothesis and the previous research.

When controlling the effect of the demographics and maternal parenting behaviors, the predictive effects of Schema Domains (Impaired Autonomy, Disconnection, Unrelenting Standards, Impaired Limits and Other- Directedness) on psychological symptoms were examined. According to results, psychopathology was significantly related with Impaired Autonomy and Disconnection positively, and Impaired Limits negatively. As mentioned previously, in the present study psychological disturbances were evaluated in terms of total score, so it could be concluded that the presence of strong schema structures regarding Impaired Autonomy and Disconnection domains make individuals vulnerable to develop several psychological symptoms. Individuals with these resistant and pervasive schemas such as Abandonment, Failure and Defectiveness are more likely to exaggerate the environmental stimuli consistent with these maladaptive schemas, preventing their validity to test (Lee, Taylor and Dunn, 1999). For example, a person with Defectiveness schema might misunderstand the neutral stimuli as negative attempt to their self-concept in the interpersonal relationships so that they incline to avoid social interaction due to fear of criticizing or rejecting by significant others. When this dysfunctional pattern repeats and information which inconsistent with the negative schemas is ignored pervasively, the individuals are most probably to develop cognitive distortions, and eventually psychological symptoms. The previous studies which conducted to examine association

between EMSs and specific psychological disorders also agree with the current findings (Alfasfos, 2009; Schmidt et. al., 1995; Van Vlierberghe et. al., 2010; Hawke and Provencher, 2012). In the study of Alfasfos (2009), Social Isolation and Negativity/Pessimism schemas, which were belong to Disconnection and Impaired Autonomy schema domains, respectively, were found as significant predictors of depression. Furthermore, Defectiveness and Dependency schemas which were under Impaired Autonomy domain were determined as significant associative of depression (Schmidt et. al., 1995). Also, it was found that anxious people excessively engaged with the idea that sudden traumatic catastrophe happened and they could not survive, which addressed the Vulnerability to Harm or Illness schema that under the Impaired Autonomy domain (Van Vlierberghe et. al., 2010). Lastly, according to Hawke and Provencher's (2012) study, the positive correlation was found between Beck Anxiety Inventory and Defectiveness and Emotional Inhibition schemas, which were from Disconnection domain. Further, anxiety symptoms were also determined as positively associated with Vulnerability to Harm and Illness, Enmeshment and Pessimism, which were from Impaired Autonomy domain. Opposing the expectations, the negative association was found between Impaired Limits schema domain and psychopathology. There is one schema under Impaired Limits domain as Entitlement which is related to perceiving oneself as superior and entitled, and deserving unique rights and privileges, implying strong but ungrounded self-concept (Oei & Baranoff, 2007). Therefore, it could be suggested that people with the Entitlement schema are less probably to have capability to detect any cognitive distortion or mental disruptions in order to protect their well-defended self-concept.

Regarding emotion regulatory difficulties, the outcomes showed that after controlling the predictive effect of negative maternal parenting practices and early maladaptive schemas, there were found no significant independent contributions of difficulties of emotion regulatory processes on the psychological distress level, on the contrary of our hypothesis. Although the bivariate correlations indicated significant correlation between emotion regulatory difficulties and psychological symptoms, these effects disappeared when negative maternal practices and EMSs were entered into the equation. To our knowledge, this is the first study which investigates the combined effect of retrospective report of perceived maternal parenting style, early maladaptive schemas and emotion regulatory

difficulties on psychological symptomatology. Therefore, these findings could be interpreted in that negative maternal practices and early-developed maladaptive schemas have more influence on maintenance of psychological symptoms than independent effect of emotion regulation difficulties. As discussed in the previous section, it might be that negative maternal parenting style and EMSs have a prominent preparatory role for both emotion regulation difficulties and psychopathology.

4.4 Limitations and Further Implications

In the first place, the majority of the present study's participants comprised educated young adults so that the inductions could not be generalized to the population. In future studies, more homogenous sample in terms of demographic characteristics should be needed to provide better designation of the association between measures of the studies.

Secondly, all inventories in the present study were self-report, which might cause one to give biased responses. Especially for perceived maternal parenting style, individuals were expected to evaluate mothers retrospectively, but they might overestimate or underestimate the childhood experiences with the effects of current circumstances. Moreover, they would want to indicate that they have good and desirable childhood and parents, or conversely, they might exaggerate the dramatic experiences with parents in order to draw attention. The more objective assessment of childhood experiences with parents could enrich the findings in future research.

Thirdly, in the present study, only perceived maternal parenting style was investigated in terms of relationship with early maladaptive schemas, emotion regulation difficulties and psychopathology. However, in various researches, the prominent effects of paternal parenting practices were also emphasized which influenced the acquisition of different schemas or contributed to develop specific psychological disorders. Therefore, in the prospective studies both maternal and paternal form of Young Parenting Inventory could be used to obtain more comprehensive findings.

Finally, the findings showed that there was independent predictive effect of both negative maternal parenting style and schema domains on psychological symptoms. In the future studies, the possible mediator role of maladaptive schemas in the association between negative maternal practices and psychopathology might be investigated.

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APPENDIX A

Turkish Version of the Consent Form

KATILIMCI ONAM FORMU

Araştırmanın Adı : Erken Dönem Uyumsuz Şemalar, Annelik Algısı, Duygu Düzenleme Becerileri ve Psikolojik Sıkıntılar Arasındaki İlişki
Araştırmacı : Buket Yaşar & Yrd. Doç. Dr. Hasan Galip Bahçekapılı

Buket Yaşar & Yrd. Doç. Dr. Hasan Galip Bahçekapılı tarafından yürütülmekte olan bu proje, bireylerin anne algısı ile duygu düzenlemeleri arasındaki ilişkiyi incelemeyi amaçlamaktadır.

Bu çalışmada, sizden anne algınızı, duygu durumunuzu, davranışlarınızı ve düşüncelerinizi değerlendirmenize yönelik bir dizi ölçeği doldurmanız istenecektir.

Çalışmanın tamamı yaklaşık 20-25 dakika sürmektedir. Bu çalışmada vermiş olduğunuz tüm cevaplar tamamen gizlidir ve sadece bu araştırmanın kapsamı içinde kullanılacaktır. Tüm veriler, size verilecek bir katılımcı kodu ile girilecek, hiç bir yerde kimliğinize ilişkin herhangi bir bilgi sorulmayacaktır. Ayrıca, isminizi ya da imza gibi kimliğinizi belirtecek herhangi bir bilgiyi bu onam formu dışındaki hiçbir yazılı forma yazmamalısınız. Bu çalışmadan herhangi bir neden belirtmeksizin istediğiniz an çekilebilirsiniz. Çalışmadan çekilmeniz durumunda herhangi bir cezai yaptırımla karşılaşmayacaksınız ve yine de katılım puanı alacaksınız.

Bu çalışma ile ilgili herhangi bir endişeniz ya da sorunuz olursa bu projenin araştırmacısı olan Buket Yaşar (buketyasar89@gmail.com) Yrd. Doç. Dr. Hasan Galip Bahçekapılı (hbahcekapili@dogus.edu.tr) ile iletişim kurabilirsiniz.

Eğer bu çalışmaya katılmayı istiyorsanız, lütfen aşağıdaki onay formunu okuyarak imzalayınız.

Buket Yaşar & Yrd. Doç. Dr. Hasan Galip Bahçekapılı tarafından yürütülmekte olan bu çalışmaya katılmayı kabul ediyorum. Bilgi-Onam metnini okudum ve bu

çalışmaya katılmakla ilgili olarak sormak istediğim soruları arařtırmacının kendisine ya da asistanına sorarak öğrenme fırsatım olduđunu biliyorum. Çalışmadan herhangi bir neden belirtmeksizin istediđim her aşamada çekilebileceđimi biliyorum. Herhangi bir gerekçe ile bilgi almak istediđimde arařtırmacılara başvurabileceđim konusunda bilgilendirildim.

Eđer bu bilgiler dođrultusunda arařtırmaya katılmak istiyorsanız, lütfen Onam Formunu imzalayınız.

Katılımcının Adı-Soyadı (lütfen yazınız): _____

Katılımcının İmzası: _____

Tarih: _____

Kredi İstenen Dersin Kodu: _____

Arařtırma projesine vermiř olduđunuz destek ve yardım için teřekkür ederiz.

APPENDIX B**Turkish Version of Demographic Information Form****Demografik Bilgi Formu**

1. Cinsiyetiniz: (1) Kadın (2) Erkek
2. Doğum Tarihiniz: .../.../.....
3. Tamamladığınız eğitim düzeyinizi işaretleyiniz.

- (1) Okuma-yazma bilmiyorum
- (2) İlkokul
- (3) Ortaokul
- (4) Lise
- (5) Yüksek Okul (2 yıllık)
- (6) Üniversite (4 yıllık)
- (7) Yüksek Lisans ve üzeri

4. Mesleğiniz (size uygun olanı işaretleyiniz):

- (1) Öğrenci (2) Devlet Memuru (3) Fabrikada Çalışan İşçi
- (4) Ofiste Çalışan İşçi (5) Akademisyen (6) Öğretmen
- (7) Ev Hanımı (8) Emekli
- (9) Diğer (lütfen belirtiniz) _____

5. Medeni Haliniz (size uygun olanı işaretleyiniz):

- | | |
|-------------|--------------------------------|
| (1) Bekarım | (2) Nişanlıyım |
| (3) Evliyim | (4) Boşandım |
| (5) Dulum | (6) Evliyim ama ayrı yaşıyorum |

6. Kimlerle birlikte yaşıyorsunuz?

- (1) Eşim ve çocuklarımla birlikte
- (2) Anne-baba, (varsa) kardeşlerimle birlikte
- (3) Eşimden ayrı, çocuklarımla birlikte
- (4) Karşı cinsten biri ile
- (5) Yakın akraba ile
- (6) Arkadaş ile
- (7) Yalnız
- (8) Diğer:

7. Annenizin tamamladığını eğitim düzeyinizi işaretleyiniz.

- (1) Okuma-yazma bilmiyor
- (2) İlkokul
- (3) Ortaokul
- (4) Lise
- (5) Yüksek Okul (2 yıllık)
- (6) Üniversite (4 yıllık)
- (7) Yüksek Lisans ve üzeri

8. Babanızın tamamladığını eğitim düzeyinizi işaretleyiniz.

- (1) Okuma-yazma bilmiyor

- (2) İlkokul
- (3) Ortaokul
- (4) Lise
- (5) Yüksek Okul (2 yıllık)
- (6) Üniversite (4 yıllık)
- (7) Yüksek Lisans ve üzeri

9. Kaç tane kardeşiniz var?

- (0)
- (1)
- (2)
- (3) ve üzeri

10. Anne-babanızın beraberlik durumu:

- (1) Birlikte yaşıyorlar
- (2) Anne ölü
- (3) Baba ölü
- (4) Boşanmamış ama ayrı
- (5) Boşanmış
- (6) Anne ve baba ölü

11. Ortalama aylık geliriniz ne kadardır?

- (1) 0- 3000 TL
- (2) 3000 -5000 TL
- (3) 5000 -7000 TL
- (4) 7000 - 10000 TL
- (5) 10000 TL ve üzeri

12. Herhangi bir psikolojik sorununuz için bir ruh sağlığı uzmanına (psikiyatrist-psikolog) gittiniz mi?

- (1) Evet
(Ne olduğunu lütfen belirtiniz)
- (2) Hayır

13. Varsa, psikolojik sorununuz için nasıl bir yardım / tedavi aldınız / alıyorsunuz?

- (1) Sadece psikoterapi
- (2) Sadece ilaç
- (3) Psikoterapi ve ilaç

APPENDIX C

YOUNG SCHEMA QUESTIONNAIRE- SHORT FORM 3

<p>Aşağıda, kişilerin kendilerini tanımlarken kullandıkları ifadeler sıralanmıştır. Lütfen her bir ifadeyi okuyun ve sizi ne kadar iyi tanımladığına karar verin. Emin olamadığınız sorularda neyin doğru olabileceğinden çok, sizin duygusal olarak ne hissettiğinize dayanarak cevap verin.</p> <p>Bir kaç soru, anne babanızla ilişkiniz hakkındadır. Eğer biri veya her ikisi şu anda yaşamıyorlarsa, bu soruları o veya onlar hayatta iken ilişkinizi göz önüne alarak cevaplandırın.</p> <p>1 den 6'ya kadar olan seçeneklerden sizi tanımlayan en yüksek şıkkı seçerek işaretleyiniz.</p> <p><u>Derecelendirme:</u></p> <ol style="list-style-type: none"> 1) Benim için tamamıyla yanlış 2) Benim için büyük ölçüde yanlış 3) Bana uyan tarafı uymayan tarafından biraz fazla 4) Benim için orta derecede doğru 5) Benim için çoğunlukla doğru 6) Beni mükemmel şekilde tanımlıyor 	1 - Benim için tamamıyla yanlış	2 - Benim için büyük ölçüde yanlış	3 - Bana uyan tarafı uymayan tarafından biraz fazla	4 - Benim için orta derecede doğru	5 - Benim için çoğunlukla doğru	6 - Beni mükemmel şekilde tanımlıyor
1. Bana bakan, benimle zaman geçiren, başıma gelen olaylarla gerçekten ilgilenen kimsem olmadı.	1	2	3	4	5	6

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

gösteren kimsem yok.						
20. Diğer insanlara o kadar muhtacım ki onları kaybedeceğim diye çok endişeleniyorum.	1	2	3	4	5	6
21. İnsanlara karşı tedbiri elden bırakamam yoksa bana kasıtlı olarak zarar vereceklerini hissederim.	1	2	3	4	5	6
22. Temel olarak diğer insanlardan farklıyım.	1	2	3	4	5	6
23. Gerçek beni tanırlarsa beğendiğim hiç kimse bana yakın olmak istemez.	1	2	3	4	5	6
24. İşleri halletmede son derece yetersizim.	1	2	3	4	5	6
25. Gündelik işlerde kendimi başkalarına bağımlı biri olarak görüyorum.	1	2	3	4	5	6
26. Her an bir felaket (doğal, adli, mali veya tıbbi) olabilir diye hissediyorum.	1	2	3	4	5	6
27. Annem, babam ve ben birbirimizin hayatı ve sorunlarıyla aşırı ilgili olmaya eğilimliyiz.	1	2	3	4	5	6
28. Diğer insanların isteklerine uymaktan başka yolum yokmuş gibi hissediyorum; eğer böyle yapmazsam bir şekilde beni reddederler veya intikam alırlar.	1	2	3	4	5	6
29. Başkalarını kendimden daha fazla düşündüğüm için ben iyi bir insanım.	1	2	3	4	5	6
30. Duygularımı diğerlerine açmayı utanç verici bulurum.	1	2	3	4	5	6
31. En iyisini yapmalıyım, “yeterince iyi” ile yetinemem.	1	2	3	4	5	6
32. Ben özel biriyim ve diğer insanlar için konulmuş olan kısıtlamaları veya sınırları kabul etmek zorunda değilim.	1	2	3	4	5	6
33. Eğer hedefime ulaşamazsam kolaylıkla yılgınlığa düşer ve vazgeçerim.	1	2	3	4	5	6
34. Başkalarının da farkında olduğu başarılar benim için en değerlisidir.	1	2	3	4	5	6
35. İyi bir şey olursa, bunu kötü bir şeyin izleyeceğinden endişe	1	2	3	4	5	6

ederim.						
36. Eğer yanlış yaparsam, bunun özürü yoktur.	1	2	3	4	5	6
37. Birisi için özel olduğumu hiç hissetmedim.	1	2	3	4	5	6
38. Yakınlarımla beni terk edeceği ya da ayrılacağından endişe duyarım.	1	2	3	4	5	6
39. Herhangi bir anda birileri beni aldatmaya kalkışabilir.	1	2	3	4	5	6
40. Bir yere ait değilim, yalnızım.	1	2	3	4	5	6
41. Başkalarının sevgisine, ilgisine ve saygısına değer bir insan değilim.	1	2	3	4	5	6
42. İş ve başarı alanlarında birçok insan benden daha yeterli.	1	2	3	4	5	6
43. Doğru ile yanlış birbirinden ayırmakta zorlanırım.	1	2	3	4	5	6
44. Fiziksel bir saldırıya uğramaktan endişe duyarım.	1	2	3	4	5	6
45. Annem, babam ve ben özel hayatımız birbirimizden saklarsak, birbirimizi aldatmış hisseder veya suçluluk duyarız.	1	2	3	4	5	6
46. İlişkilerimde, diğer kişinin yönlendirici olmasına izin veririm.	1	2	3	4	5	6
47. Yakınlarımla o kadar meşgulüm ki kendime çok az zaman kalıyor.	1	2	3	4	5	6
48. İnsanlarla beraberken içten ve cana yakın olmak benim için zordur.	1	2	3	4	5	6
49. Tüm sorumluluklarımı yerine getirmek zorundayım.	1	2	3	4	5	6
50. İstedikimi yapmaktan alıkonulmaktan veya kısıtlanmaktan nefret ederim.	1	2	3	4	5	6
51. Uzun vadeli amaçlara ulaşabilmek için şu andaki zevklerimizden fedakarlık etmekte zorlanırım.	1	2	3	4	5	6
52. Başkalarından yoğun bir ilgi görmezsem kendimi daha az önemli hissederim.	1	2	3	4	5	6
53. Yeterince dikkatli olmazsanız, neredeyse her zaman bir şeyler	1	2	3	4	5	6

	ters gider.						
54.	Eğer işimi doğru yapmazsam sonuçlara katlanmam gerekir.	1	2	3	4	5	6
55.	Beni gerçekten dinleyen, anlayan veya benim gerçek ihtiyaçlarımı ve duygularımı önemseyen kimsem olmadı.	1	2	3	4	5	6
56.	Önem verdiğim birisinin benden uzaklaştığını sezersem çok kötü hissederim.	1	2	3	4	5	6
57.	Diğer insanların niyetleriyle ilgili oldukça şüpheliyimdir.	1	2	3	4	5	6
58.	Kendimi diğer insanlara uzak veya kopmuş hissediyorum.	1	2	3	4	5	6
59.	Kendimi sevilebilecek biri gibi hissetmiyorum.	1	2	3	4	5	6
60.	İş (okul) hayatımda diğer insanlar kadar yetenekli değilim.	1	2	3	4	5	6
61.	Günelik işler için benim kararlarım güvenilemez.	1	2	3	4	5	6
62.	Tüm paramı kaybedip çok fakir veya zavallı duruma düşmekten endişe duyarım.	1	2	3	4	5	6
63.	Çoğunlukla annem ve babamın benimle iç içe yaşadığını hissediyorum - Benim kendime ait bir hayatım yok.	1	2	3	4	5	6
64.	Kendim için ne istediğimi bilmediğim için daima benim adıma diğer insanların karar vermesine izin veririm.	1	2	3	4	5	6
65.	Ben hep başkalarının sorunlarını dinleyen kişi oldum.	1	2	3	4	5	6
66.	Kendimi o kadar kontrol ederim ki insanlar beni duygusuz veya hissiz bulurlar.	1	2	3	4	5	6
67.	Başarmak ve bir şeyler yapmak için sürekli bir baskı altındayım.	1	2	3	4	5	6
68.	Diğer insanların uyduğu kurallara ve geleneklere uymak zorunda olmadığımı hissediyorum.	1	2	3	4	5	6
69.	Benim yararına olduğunu bilsem bile hoşuma gitmeyen şeyleri yapmaya kendimi zorlayamam	1	2	3	4	5	6
70.	Bir toplantıda fikrimi söylediğimde veya bir topluluğa tanıttığımda onaylanılmayı ve takdir görmeyi isterim	1	2	3	4	5	6
71.	Ne kadar çok çalışırsam çalışayım, maddi olarak iflas edeceğimden ve neredeyse her şeyimi kaybedeceğimden	1	2	3	4	5	6

endişe ederim.						
72. Neden yanlış yaptığının önemi yoktur; eğer hata yaptıysam sonucuna da katlanmam gerekir.	1	2	3	4	5	6
73. Hayatımda ne yapacağımı bilmediğim zamanlarda uygun bir öneride bulunacak veya beni yönlendirecek kimsem olmadı.	1	2	3	4	5	6
74. İnsanların beni terk edeceği endişesiyle bazen onları kendimden uzaklaştırırım.	1	2	3	4	5	6
75. Genellikle insanların asıl veya art niyetlerini araştırırım.	1	2	3	4	5	6
76. Kendimi hep grupların dışında hissederim.	1	2	3	4	5	6
77. Kabul edilemeyecek pek çok özelliğim yüzünden insanlara kendimi açamıyorum veya beni tam olarak tanımlarına izin vermiyorum.	1	2	3	4	5	6
78. İş (okul) hayatımda diğer insanlar kadar zeki değilim.	1	2	3	4	5	6
79. Ortaya çıkan gündelik sorunları çözebilme konusunda kendime güvenmiyorum.	1	2	3	4	5	6
80. Bir doktor tarafından herhangi bir ciddi hastalık bulunmamasına rağmen bende ciddi bir hastalığın gelişmekte olduğu endişesine kapılıyorum.	1	2	3	4	5	6
81. Sık sık annemden babamdan ya da eşimden ayrı bir kimliğimin olmadığını hissediyorum.	1	2	3	4	5	6
82. Haklarıma saygı duyulmasını ve duygularımın hesaba katılmasını istemekte çok zorlanıyorum.	1	2	3	4	5	6
83. Başkaları beni, diğerleri için çok, kendim için az şey yapan biri olarak görüyorlar.	1	2	3	4	5	6
84. Diğerleri beni duygusal olarak soğuk bulurlar.	1	2	3	4	5	6
85. Kendimi sorumluluktan kolayca sıyıramıyorum veya hatalarım için gerekçe bulamıyorum.	1	2	3	4	5	6
86. Benim yaptıklarımın, diğer insanların katkılarından daha önemli olduğunu hissediyorum.	1	2	3	4	5	6
87. Kararlarıma nadiren sadık kalabilirim.	1	2	3	4	5	6
88. Bir dolu övgü ve iltifat almam kendimi değerli birisi olarak	1	2	3	4	5	6

hissetmemi sağlar.						
89. Yanlış bir kararın bir felakete yol açabileceğinden endişe ederim.	1	2	3	4	5	6
90. Ben cezalandırılmayı hakeden kötü bir insanım.	1	2	3	4	5	6

APPENDIX D

YOUNG PARENTIN INVENTORY- MOTHER FORM

<p>Aşağıda annenizi tarif etmekte kullanabileceğiniz tanımlamalar verilmiştir. Lütfen her tanımlamayı dikkatle okuyun ve annenize ne kadar uyduğuna karar verin. 1 ile 6 arasında, çocukluğunuz sırasında annenizi tanımlayan en yüksek dereceyi seçin. Eğer sizi anneniz yerine başka insanlar büyüttü ise onları da aynı şekilde derecelendirin. Eğer anne veya babanızdan biri hiç olmadı ise o sütunu boş bırakın.</p> <p><u>Derecelendirme:</u></p> <p>1) Tamamıyla yanlış 2) Çoğunlukla yanlış 3) Uyan tarafı daha fazla 4) Orta derecede doğru 5) Çoğunlukla doğru 6) Tamamı ile doğru</p>	1 - Tamamı ile yanlış	2 - Çoğunlukla yanlış	3 - Uyan tarafı daha fazla	4 - Orta derecede doğru	5 - Çoğunlukla doğru	6 - Tamamı ile doğru
1. Beni sevdi ve bana özel birisi gibi davrandı.	1	2	3	4	5	6
2. Bana vaktini ayırdı ve özen gösterdi.	1	2	3	4	5	6
3. Bana yol gösterdi ve olumlu yönlendirdi.	1	2	3	4	5	6
4. Beni dinledi, anladı ve duygularımızı karşılıklı paylaştık.	1	2	3	4	5	6
5. Bana karşı sıcaktı ve fiziksel olarak şefkatliydi.	1	2	3	4	5	6

6. Ben çocukken öldü veya evi terk etti.	1	2	3	4	5	6
7. Dengesizdi, ne yapacağı belli olmazdı veya alkolikti.	1	2	3	4	5	6
8. Kardeş(ler)imi bana tercih etti.	1	2	3	4	5	6
9. Uzun süreler boyunca beni terk etti veya yalnız bıraktı.	1	2	3	4	5	6
10. Bana yalan söyledi, beni kandırdı veya bana ihanet etti.	1	2	3	4	5	6
11. Beni dövdü, duygusal veya cinsel olarak taciz etti.	1	2	3	4	5	6
12. Beni kendi amaçları için kullandı.	1	2	3	4	5	6
13. İnsanların canını yakmaktan hoşlanırdı.	1	2	3	4	5	6
14. Bir yerimi inciteceğim diye çok endişelenirdi.	1	2	3	4	5	6
15. Hasta olacağım diye çok endişelenirdi.	1	2	3	4	5	6
16. Evhamlı veya fobik/korkak bir insandı.	1	2	3	4	5	6
17. Beni aşırı korurdu.	1	2	3	4	5	6
18. Kendi kararlarım veya yargılarıma güvenememe neden oldu.	1	2	3	4	5	6
19. İşleri kendi başıma yapmama fırsat vermeden çoğu işimi o yaptı.	1	2	3	4	5	6
20. Bana hep daha çocukmuşum gibi davrandı.	1	2	3	4	5	6
21. Beni çok eleştirirdi.	1	2	3	4	5	6
22. Bana kendimi seilmeye layık olmayan veya dışlanmış bir gibi hissettirdi.	1	2	3	4	5	6
23. Bana hep bende yanlış bir şey varmış gibi davrandı.	1	2	3	4	5	6
24. Önemli konularda kendimden utanmama neden oldu.	1	2	3	4	5	6
25. Okulda başarılı olmam için gereken disiplini bana kazandırmadı.	1	2	3	4	5	6
26. Bana salakmışım veya beceriksizmişim gibi davrandı.	1	2	3	4	5	6
27. Başarılı olmamı gerçekten istemedi.	1	2	3	4	5	6
28. Hayatta başarısız olacağıma inandı.	1	2	3	4	5	6

29. Benim fikrim veya isteklerim önemsizmiş gibi davrandı.	1	2	3	4	5	6
30. Benim ihtiyaçlarımı gözetmeden kendisi ne isterse onu yaptı.	1	2	3	4	5	6
31. Hayatımı o kadar çok kontrol altında tuttu ki çok az seçme özgürlüğüm oldu.	1	2	3	4	5	6
32. Her şey onun kurallarına uymalıydı.	1	2	3	4	5	6
33. Aile için kendi isteklerini feda etti.	1	2	3	4	5	6
34. Günlük sorumluluklarının pek çoğunu yerine getiremiyordu ve ben her zaman kendi payıma düşenden fazlasını yapmak zorunda kaldım.	1	2	3	4	5	6
35. Hep mutsuzdu; destek ve anlayış için hep bana dayandı.	1	2	3	4	5	6
36. Bana güçlü olduğumu ve diğer insanlara yardım etmem gerektiğini hissettirdi.	1	2	3	4	5	6
37. Kendisinden beklentisi hep çok yüksekti ve bunlar için kendini çok zorlardı.	1	2	3	4	5	6
38. Benden her zaman en iyisini yapmamı bekledi.	1	2	3	4	5	6
39. Pek çok alanda mükemmeliyetçiydi; ona göre her şey olması gerektiği gibi olmalıydı.	1	2	3	4	5	6
40. Yaptığım hiçbir şeyin yeterli olmadığını hissetmeme sebep oldu.	1	2	3	4	5	6
41. Neyin doğru neyin yanlış olduğu hakkında kesin ve katı kuralları vardı.	1	2	3	4	5	6
42. Eğer işler düzgün ve yeterince hızlı yapılmazsa sabırsızlanırdı.	1	2	3	4	5	6
43. İşlerin tam ve iyi olarak yapılmasına, eğlenme veya dinlenmekten daha fazla önem Verdi.	1	2	3	4	5	6
44. Beni pek çok konuda şımarttı veya aşırı hoşgörülü davrandı.	1	2	3	4	5	6
45. Diğer insanlardan daha önemli ve daha iyi olduğumu hissettirdi.	1	2	3	4	5	6
46. Çok talepkardı; her şeyin onun istediği gibi olmasını isterdi.	1	2	3	4	5	6
47. Diğer insanlara karşı sorumluluklarımın olduğunu bana öğretmedi.	1	2	3	4	5	6
48. Bana çok az disiplin veya terbiye verdi.	1	2	3	4	5	6
49. Bana çok az kural koydu veya sorumluluk verdi.	1	2	3	4	5	6

50. Aşırı sinirlenmeme veya kontrolümü kaybetmeme izin verirdi.	1	2	3	4	5	6
51. Disiplinsiz bir insandı.	1	2	3	4	5	6
52. Birbirimizi çok iyi anlayacak kadar yakındık.	1	2	3	4	5	6
53. Ondan tam olarak ayrı bir birey olduğumu hissedemedim veya bireyselliğimi yeterince yaşayamadım.	1	2	3	4	5	6
54. Onun çok güçlü bir insan olmasından dolayı büyürken kendi yönümü belirleyemiyordum.	1	2	3	4	5	6
55. İçimizden birinin uzağa gitmesi durumunda, birbirimizi üzebileceğimizi hissedirdim.	1	2	3	4	5	6
56. Ailemizin ekonomik sorunları ile ilgili çok endişeli idi.	1	2	3	4	5	6
57. Küçük bir hata bile yapsam kötü sonuçların ortaya çıkacağını hissettirirdi.	1	2	3	4	5	6
58. Kötümser bir bakışı açısı vardı, hep en kötüsünü beklerdi.	1	2	3	4	5	6
59. Hayatın kötü yanları veya kötü giden şeyler üzerine odaklanırdı.	1	2	3	4	5	6
60. Her şey onun kontrolü altında olmalıydı.	1	2	3	4	5	6
61. Duygularını ifade etmekten rahatsız olurdu.	1	2	3	4	5	6
62. Hep düzenli ve tertipliydi; değişiklik yerine bilineni tercih ederdi.	1	2	3	4	5	6
63. Kızgınlığımı çok nadir belli ederdi.	1	2	3	4	5	6
64. Kapalı birisiydi; duygularını çok nadir açardı.	1	2	3	4	5	6
65. Yanlış bir şey yaptığımda kızardı veya sert bir şekilde eleştirdiği olurdu.	1	2	3	4	5	6
66. Yanlış bir şey yaptığımda beni cezalandırdığı olurdu.	1	2	3	4	5	6
67. Yanlış yaptığımda bana aptal veya salak gibi kelimelerle hitap ettiği olurdu.	1	2	3	4	5	6
68. İşler kötü gittiğinde başkalarını suçlardı.	1	2	3	4	5	6
69. Sosyal statü ve görünümüne önem verirdi.	1	2	3	4	5	6
70. Başarı ve rekabete çok önem verirdi.	1	2	3	4	5	6
71. Başkalarının gözünde benim davranışlarımın onu ne duruma düşüreceği ile çok ilgiliydi.	1	2	3	4	5	6

72. Başarılı olduğum zaman beni daha çok sever veya bana daha çok özen gösterirdi.	1	2	3	4	5	6
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APPENDIX E

DIFFICULTIES IN EMOTION REGULATION SCALE

Aşağıda insanların **duygularını kontrol etmekte** kullandıkları bazı yöntemler verilmiştir. Lütfen her durumu dikkatlice okuyunuz ve her birinin sizin için ne kadar doğru olduğunu içtenlikle değerlendiriniz. Değerlendirmenizi uygun cevap önündeki yuvarlak üzerine çarpı (X) koyarak işaretleyiniz.

1. Ne hissettiğim konusunda netimdir.

- Neredeyse Hiçbir zaman
 Bazen
 Yaklaşık Yarı yarıya
 Çoğu zaman
 Neredeyse Her zaman

2. Ne hissettiğimi dikkate alırım.

- Neredeyse Hiçbir zaman
 Bazen
 Yaklaşık Yarı yarıya
 Çoğu zaman
 Neredeyse Her zaman

3. Duygularım bana dayanılmaz ve kontrolsüz gelir.

- Neredeyse Hiçbir zaman
 Bazen
 Yaklaşık Yarı yarıya
 Çoğu zaman
 Neredeyse Her zaman

4. Ne hissettiğim konusunda net bir fikrim vardır.

- Neredeyse Hiçbir zaman
 Bazen
 Yaklaşık Yarı yarıya
 Çoğu zaman
 Neredeyse Her zaman

- | Hiçbir zaman | Yarı yarıya | Her zaman | | |
|---|-----------------------------|---|----------------------------------|--|
| 5. Duygularıma bir anlam vermekte zorlanırım. | | | | |
| <input type="radio"/> Neredeyse
Hiçbir zaman | <input type="radio"/> Bazen | <input type="radio"/> Yaklaşık
Yarı yarıya | <input type="radio"/> Çoğu zaman | <input type="radio"/> Neredeyse
Her zaman |
| 6. Ne hissettiğime dikkat ederim. | | | | |
| <input type="radio"/> Neredeyse
Hiçbir zaman | <input type="radio"/> Bazen | <input type="radio"/> Yaklaşık
Yarı yarıya | <input type="radio"/> Çoğu zaman | <input type="radio"/> Neredeyse
Her zaman |
| 7. Ne hissettiğimi tam olarak bilirim. | | | | |
| <input type="radio"/> Neredeyse
Hiçbir zaman | <input type="radio"/> Bazen | <input type="radio"/> Yaklaşık
Yarı yarıya | <input type="radio"/> Çoğu zaman | <input type="radio"/> Neredeyse
Her zaman |
| 8. Ne hissettiğimi önemserim. | | | | |
| <input type="radio"/> Neredeyse
Hiçbir zaman | <input type="radio"/> Bazen | <input type="radio"/> Yaklaşık
Yarı yarıya | <input type="radio"/> Çoğu zaman | <input type="radio"/> Neredeyse
Her zaman |
| 9. Ne hissettiğim konusunda karmaşa yaşarım. | | | | |
| <input type="radio"/> Neredeyse
Hiçbir zaman | <input type="radio"/> Bazen | <input type="radio"/> Yaklaşık
Yarı yarıya | <input type="radio"/> Çoğu zaman | <input type="radio"/> Neredeyse
Her zaman |
| 10. Kendimi kötü hissettiğimde, bu duygularımı kabul ederim. | | | | |
| <input type="radio"/> Neredeyse
Hiçbir zaman | <input type="radio"/> Bazen | <input type="radio"/> Yaklaşık
Yarı yarıya | <input type="radio"/> Çoğu zaman | <input type="radio"/> Neredeyse
Her zaman |
| 11. Kendimi kötü hissettiğimde, böyle hissettiğim için kendime kızarım. | | | | |
| <input type="radio"/> Neredeyse
Hiçbir zaman | <input type="radio"/> Bazen | <input type="radio"/> Yaklaşık
Yarı yarıya | <input type="radio"/> Çoğu zaman | <input type="radio"/> Neredeyse
Her zaman |
| 12. Kendimi kötü hissettiğimde, böyle hissettiğim için utanırım. | | | | |
| <input type="radio"/> Neredeyse | <input type="radio"/> Bazen | <input type="radio"/> Yaklaşık | <input type="radio"/> Çoğu zaman | <input type="radio"/> Neredeyse |

- | Hiçbir zaman | Yarı yarıya | Her zaman | | |
|---|-----------------------------|---|----------------------------------|--|
| 13. Kendimi kötü hissettiğimde, işlerimi yapmakta zorlanırım. | | | | |
| <input type="radio"/> Neredeyse
Hiçbir zaman | <input type="radio"/> Bazen | <input type="radio"/> Yaklaşık
Yarı yarıya | <input type="radio"/> Çoğu zaman | <input type="radio"/> Neredeyse
Her zaman |
| 14. Kendimi kötü hissettiğimde, kontrolümü kaybederim. | | | | |
| <input type="radio"/> Neredeyse
Hiçbir zaman | <input type="radio"/> Bazen | <input type="radio"/> Yaklaşık
Yarı yarıya | <input type="radio"/> Çoğu zaman | <input type="radio"/> Neredeyse
Her zaman |
| 15. Kendimi kötü hissettiğimde, uzun süre böyle kalacağıma inanırım. | | | | |
| <input type="radio"/> Neredeyse
Hiçbir zaman | <input type="radio"/> Bazen | <input type="radio"/> Yaklaşık
Yarı yarıya | <input type="radio"/> Çoğu zaman | <input type="radio"/> Neredeyse
Her zaman |
| 16. Kendimi kötü hissettiğimde, sonuç olarak yoğun depresif duygular içinde olacağıma inanırım. | | | | |
| <input type="radio"/> Neredeyse
Hiçbir zaman | <input type="radio"/> Bazen | <input type="radio"/> Yaklaşık
Yarı yarıya | <input type="radio"/> Çoğu zaman | <input type="radio"/> Neredeyse
Her zaman |
| 17. Kendimi kötü hissettiğimde, duygularımın yerinde ve önemli olduğuna inanırım. | | | | |
| <input type="radio"/> Neredeyse
Hiçbir zaman | <input type="radio"/> Bazen | <input type="radio"/> Yaklaşık
Yarı yarıya | <input type="radio"/> Çoğu zaman | <input type="radio"/> Neredeyse
Her zaman |
| 18. Kendimi kötü hissettiğimde, başka şeylere odaklanmakta zorlanırım. | | | | |
| <input type="radio"/> Neredeyse
Hiçbir zaman | <input type="radio"/> Bazen | <input type="radio"/> Yaklaşık
Yarı yarıya | <input type="radio"/> Çoğu zaman | <input type="radio"/> Neredeyse
Her zaman |
| 19. Kendimi kötü hissettiğimde, kendimi kontrolden çıkmış hissederim. | | | | |
| <input type="radio"/> Neredeyse
Hiçbir zaman | <input type="radio"/> Bazen | <input type="radio"/> Yaklaşık
Yarı yarıya | <input type="radio"/> Çoğu zaman | <input type="radio"/> Neredeyse
Her zaman |
| 20. Kendimi kötü hissettiğimde, halen işlerimi sürdürebilirim. | | | | |
| <input type="radio"/> Neredeyse
Hiçbir zaman | <input type="radio"/> Bazen | <input type="radio"/> Yaklaşık
Yarı yarıya | <input type="radio"/> Çoğu zaman | <input type="radio"/> Neredeyse
Her zaman |

21. Kendimi kötü hissettiğimde, bu duygumdan dolayı kendimden utanırım.

- Neredeyse Hiçbir zaman Bazen Yaklaşık Yarı yarıya Çoğu zaman Neredeyse Her zaman

22. Kendimi kötü hissettiğimde, eninde sonunda kendimi daha iyi hissetmenin bir yolunu bulacağımı bilirim.

- Neredeyse Hiçbir zaman Bazen Yaklaşık Yarı yarıya Çoğu zaman Neredeyse Her zaman

23. Kendimi kötü hissettiğimde, zayıf biri olduğum duygusuna kapılırım.

- Neredeyse Hiçbir zaman Bazen Yaklaşık Yarı yarıya Çoğu zaman Neredeyse Her zaman

24. Kendimi kötü hissettiğimde, davranışlarımı kontrol altında tutabileceğimi hissederim.

- Neredeyse Hiçbir zaman Bazen Yaklaşık Yarı yarıya Çoğu zaman Neredeyse Her zaman

25. Kendimi kötü hissettiğimde, böyle hissettiğim için suçluluk duyarım.

- Neredeyse Hiçbir zaman Bazen Yaklaşık Yarı yarıya Çoğu zaman Neredeyse Her zaman

26. Kendimi kötü hissettiğimde, konsantre olmakta zorlanırım.

- Neredeyse Hiçbir zaman Bazen Yaklaşık Yarı yarıya Çoğu zaman Neredeyse Her zaman

27. Kendimi kötü hissettiğimde, davranışlarımı kontrol etmekte zorlanırım.

- Neredeyse Hiçbir zaman Bazen Yaklaşık Yarı yarıya Çoğu zaman Neredeyse Her zaman

28. Kendimi kötü hissettiğimde, daha iyi hissetmem için yapacağım hiç bir şey olmadığına inanırım.

- Neredeyse Hiçbir zaman Bazen Yaklaşık Yarı yarıya Çoğu zaman Neredeyse Her zaman

- Hiçbir zaman Yarı yarıya Her zaman
29. Kendimi kötü hissettiğimde, böyle hissettiğim için kendimden rahatsız olurum.
- Neredeyse Bazen Yaklaşık Çoğu zaman Neredeyse
Hiçbir zaman Yarı yarıya Her zaman
30. Kendimi kötü hissettiğimde, kendim için çok fazla endişelenmeye başlarım.
- Neredeyse Bazen Yaklaşık Çoğu zaman Neredeyse
Hiçbir zaman Yarı yarıya Her zaman
31. Kendimi kötü hissettiğimde, kendimi bu duyguya bırakmaktan başka yapabileceğim birşey olmadığına inanırım.
- Neredeyse Bazen Yaklaşık Çoğu zaman Neredeyse
Hiçbir zaman Yarı yarıya Her zaman
32. Kendimi kötü hissettiğimde, davranışlarım üzerindeki kontrolümü kaybederim.
- Neredeyse Bazen Yaklaşık Çoğu zaman Neredeyse
Hiçbir zaman Yarı yarıya Her zaman
33. Kendimi kötü hissettiğimde, başka bir şey düşünmekte zorlanırım.
- Neredeyse Bazen Yaklaşık Çoğu zaman Neredeyse
Hiçbir zaman Yarı yarıya Her zaman
34. Kendimi kötü hissettiğimde, duygumun gerçekte ne olduğunu anlamak için zaman ayırırım.
- Neredeyse Bazen Yaklaşık Çoğu zaman Neredeyse
Hiçbir zaman Yarı yarıya Her zaman
35. Kendimi kötü hissettiğimde, kendimi daha iyi hissetmem uzun zaman alır.
- Neredeyse Bazen Yaklaşık Çoğu zaman Neredeyse
Hiçbir zaman Yarı yarıya Her zaman
36. Kendimi kötü hissettiğimde, duygularım dayanılmaz olur.

- Neredeyse Hiçbir zaman
 Bazen
 Yaklaşık Yarı yarıya
 Çoğu zaman
 Neredeyse Her zaman

APPENDIX F

BRIEF SYMPTOM INVENTORY

Aşağıda zaman zaman herkeste olabilecek yakınma ve sorunların bir listesi vardır. Lütfen her birini dikkatlice okuyunuz. Sonra bu durumun, bugün de dahil olmak üzere *son 1 hafta* içerisinde sizde ne kadar var olduğunu göz önüne alarak en uygun seçeneği işaretleyiniz.

	Maddeler	Hiç	Çok Az	Orta Derecede	Oldukça Fazla	İleri Derecede
1	İçinizdeki sinirlilik ve titreme hali					
2	Baygınlık , baş dönmesi					
3	Bir başka kişinin sizin düşüncelerinizi kontrol edeceği fikri					
4	Başınıza gelen sıkıntılardan dolayı başkalarının suçlu olduğu duygusu					
5	Olayları hatırlamada güçlük					
6	Çok kolayca kızıp öfkelenme					
7	Göğüs (kalp) bölgesinde ağrılar					
8	Meydanlık(açık) yerlerden korkma duygusu.					
9	Yaşamınıza son verme düşüncesi.					
10	İnsanların çoğuna güvenilemeyeceği hissi					
11	İştahta bozukluklar					
12	Hiçbir nedeni olmayan ani korkular.					
13	Kontrol edemediğiniz duygu patlamaları.					
14	Başka insanlarla beraberken bile yalnızlık hissetme.					
15	İşleri bitirme konusunda kendini engellenmiş hissetme.					
16	Yalnızlık hissetme.					

17	Hüzünlü, kederli hissetme.					
18	Hiçbir şeye ilgi duymamak.					
19	Kendini ağlamaklı hissetme.					
20	Kolayca incinebilme , kırılma.					
21	İnsanların sizi sevmediğine, size kötü davrandığına inanma.					

	Maddeler	Hiç	Çok Az	Orta Derecede	Oldukça Fazla	İleri Derecede
22	Kendini diğer insanlardan daha aşağı görmek.					
23	Mide bozukluğu,bulantı.					
24	Diğer insanların sizi gözlediği ya da hakkınızda konuştuğu duygusu.					
25	Uykuya dalmada güçlük.					
26	Yaptığınız şeyleri tekrar tekrar doğru mu diye kontrol etmek.					
27	Karar vermede güçlükler.					
28	Otobüs,tren, metro gibi umumi vasıtalarla seyahatlerden korkma.					
29	Nefes darlığı , nefessiz kalma.					
30	Sıcak,soğuk basmaları.					
31	Sizi korkuttuğu için bazı eşya yer ya da etkinliklerden uzak kalmaya çalışmak.					
32	Kafanızın bomboş kalması.					
33	Bedeninizin bazı bölgelerinde uyuşmalar,karınalanmalar.					
34	Hatalarınız için cezalandırılmanız gerektiği düşüncesi.					
35	Gelecekle ilgili umutsuzluk duyguları.					
36	Dikkati bir şey üzerine toplamada güçlük.					
37	Bedenin bazı bölgelerinde ,zayıflık, güçsüzlük hissi.					
38	Kendini gergin ve tedirgin hissetme.					
39	Ölme ve ölüm üzerine düşünceler.					
40	Birini dövme, ona zarar verme yaralama isteği.					
41	Birşeyleri kırma ,dökme isteği.					
42	Diğer insanların yanında iken yanlış bir şey yapmamaya çalışmak.					
43	Kalabalıklardan rahatsızlık duymak.					

44	Başka insanlara hiç yakınlık duymamak.					
45	Dehşet ve panik nöbetleri.					
46	Sık sık tartışmaya girmek.					
47	Yalnız kalındığında sinirlilik hissetme.					
48	Başarılarınıza rağmen diğer insanlardan yeterince takdir görmemek.					
49	Kendini yerinde duramayacak kadar tedirginlik hissetmek.					
50	Kendini değersiz görme duygusu.					
51	Eğer izin verirseniz insanların sizi sömüreceği duygusu.					
52	Suçluluk duyguları.					
53	Aklınızda bir bozukluk olduğu fikri.					



CURRICULUM VITAE

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2012-2016 **Dogus University - Istanbul, Turkey**
M.A. in Psychology

2007-2012 **Bogazici University – Istanbul, Turkey**
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2003-2007 **Vatan Anadolu Lisesi**

Experiences and Internships:

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- Sept.2013 – June.2014 Doğu University Psychology Training Center
- May.2013- Sept.2015 TÜBİTAK Destekli Araştırma Projesi (Erken Dönem Etkili Ebeveynlik Programı)

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