PERCEIVED PARENTING STYLES, EMOTION RECOGNITION, AND EMOTION REGULATION IN RELATION TO PSYCHOLOGICAL WELL-BEING: SYMPTOMS OF DEPRESSION, OBSESSIVE-COMPULSIVE DISORDER, AND SOCIAL ANXIETY

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ABSTRACT

PERCEIVED PARENTING STYLES, EMOTION RECOGNITION, AND EMOTION REGULATION IN RELATION TO PSYCHOLOGICAL WELL-BEING: SYMPTOMS OF DEPRESSION, OBSESSIVE-COMPULSIVE DISORDER, AND SOCIAL ANXIETY

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The purpose of the current study was to examine the path of perceived parenting styles, emotion recognition, emotion regulation, and psychological well-being in terms of depression, obsessive-compulsive disorder and social anxiety symptoms consequently. For the purpose of this study 530 adults (402 female, 128 male) between the ages of 18 and 36 (M = 22.09, SD = 2.78) participated in the current study. The data was collected by a questionnaire battery including a Demographic Category Sheet, Short-EMBU (Egna Minnen Betraffande Uppfostran- My Memories of Upbringing), "Reading the Mind in the Eyes" Test (Revised), Emotion Regulation Questionnaire, Emotion Regulation Processes, Beck Depression Inventory,

Liebowitz Social Anxiety Scale, Maudsley Obsessive Compulsive Inventory, White Bear Suppression Inventory, Thought-Action Fusion Scale, and Emotional Approach Coping Scale. The psychometric properties of Emotion Regulation Questionnaire and Emotion Regulation Processes were investigated and found to have good validity and reliability characteristics. The three sets of hierarchical multiple regression analyses were conducted to reveal the significant associates of psychological well-being. As expected, the results of the current study revealed that perceived parenting styles, different emotion regulation strategies and processes had associated with psychological well-being in terms of depression, obsessive-compulsive disorder and social anxiety symptoms. The findings, and their implications with suggestions for future research and practice, were discussed in the light of relevant literature.

Keywords: Emotion Regulation, Emotion Recognition, Perceived Parenting Styles, Psychological Well-Being

ÖZ

ALGILANAN EBEVEYN TUTUMLARI, DUYGU TANIMA VE DUYGU DÜZENLEME İLE DEPRESYON, OBSESİF-KOMPULSİF BOZUKLUK VE SOSYAL KAYGI BELİRTİLERİ ARASINDAKİ İLİŞKİ

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Bu çalışmanın amacı algılanan ebeveyn tutumları, duygu tanıma ve duygu düzenleme ile depresyon, obsesif-kompulsif bozukluk ve sosyal kaygı belirtileri arasındaki bağlantıyı incelemektir. Bu amaçla, yaşları 18 ve 36 ($\underline{Ort}$ = 22.09, $\underline{Sd}$ = 2.78) arasında olan 530 yetişkin (402 kadın, 128 erkek) çalışmaya katılmıştır. Bu çalışmanın verisi Demografik Bilgi Formu, Algılanan Ebeveyn Tutumları - Kısa Formu, "Zihni Gözlerden Okuma" Testi, Duygu Düzenleme Ölçeği, Duygu Düzenleme Süreçleri, Beck Depresyon Envanteri, Liebowitz Sosyal Kaygı Ölçeği, Maudsley Obsesif-Kompulsif Soru Listesi, Beyazı Ayı Supresyon Envanteri, Düşünce - Eylem Kaynaşması Ölçeği ve Duygusal Başa Çıkma Ölçeği kullanılarak toplanmıştır. Çalışmada, Duygu Düzenleme Ölçeği ve Duygu Düzenleme Süreçleri

ölçeği geçerlilik ve güvenilirlik açısından incelenmiş ve yeterli bulunmuştur. Depresyon, obsesif-kompulsif bozukluk ve sosyal kaygı belirtilerinin anlamlı ilişkilerini göstermek için üç adet regresyon analizi gerçekleştirilmiştir. Bu çalışmanın sonuçları, beklendiği şekilde, farklı ebeveyn tutumları, duygu düzenleme biçimleri ve süreçlerinin; depresyon, obsesif-kompulsif bozukluk ve sosyal kaygı belirtileri ile ilişkilerini göstermiştir. Tüm sonuçlar ilgili literatür ışığında tartışılmış, araştırma ve uygulama açısından ileride yapılabilecek çalışmalar önerilmiştir.

Anahtar Kelimeler: Duygu Düzenleme, Duygu Tanıma, Algılanan Ebeveyn Tutumları, Psikolojik İyi Olma Durumu

To my beautiful parents;
Gülser & Halûk AKA

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CHAPTER 1

INTRODUCTION

"*Let's not forget that the little emotions are the great captains of our lives and we obey them without realizing it.*"

Vincent Van Gogh, 1889

Emotions are the colors of life; sometimes individuals experience the colors of a rainbow and sometimes the black-white side of the life shows up. While some individuals pay attention to these colors, other individuals have a tendecy to neglect them. However, emotions play an important role in the process of self-regulation and social life. As Campos et. al (1989) stated emotions are the processes of establishing, maintaining or terminating relations between individuals and their surrounding environment rather than being just feelings. Emotions coordinate and arrange physiological, behavioral, experiential, and cognitive internal responses of the individual and they provide motivation for thought and action (Izard, 2002; Keltner & Kring, 1998). Furthermore, emotions can be evaluated as the basic structures for temperament and personality (Keltner & Kring, 1998).

Emotions can also be evaluated as detectors signaling the distance between individuals and their goals. Individuals can set their goals either consciously or unconsciously, and their emotions become activated according to these goals' availability. When individuals approach their goals, positive feelings will increase; emotions of happiness and joy are likely to be experienced. However, when individuals deviate from their goals and plans, negative feelings like sadness and

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anger can be experienced. Emotions adjust priorities among plans and goals (Frijda, 1988; Gross, 2007).

Although individuals feel different emotions in various situations, to be able to continue their daily life, they have to control these emotions. If people behave according to what they feel in every situation, they have to overcome too many obstacles both in their intimate and social relationships. When a roommate does something that is disturbing or an individual have an argument with his/her partner or when stucked in the traffic, although it is possible to feel like going out the car and yelling to people or throwing something to the partner/roommate, in most of the situations individuals cope with their emotions, calm down and do what's thought to be appropriate in those situations. In other words, individiuals try to regulate their emotions. They try to affect the kind of the emotions they want to have, the timing of these emotions, and ways to experince and express them (Mauss, Bunge, & Gross, 2007). All of the components of the emotion like feelings, behaviors, and physiological responses are subject to change or maintain whether consciously or unconsciously in the process of emotion regulation (Gross, 1999). Additionally, the process of emotion regulation includes both negative and positive emotions. It is also likely to carry out emotion regulation either by decreasing or increasing the intensity of emotions (Gross, 2007). Furthermore, according to Shields and Cicchetti (1997) regulating emotions to reach optimal connection with the environment while modifying arousal is the main concept of emotion regulation. Additionally, they stated that the features of expressed emotion like flexibility and situational responsibility reflect emotion regulation processes. Likewise, Thompson (1994) proposed that both extrinsic and intrinsic processes that take place for monitoring, evaluating and changing emotional responses were included in the concept of

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emotion regulation. Therefore, using both enhancement and maintenance strategies as well as inhibiting emotional arousal are the processes of emotion regulation that may affect the intensity and duration of experienced emotions. Though, there were many conceptualizations proposed for emotion regulation in the literature, their common emphasis was the necessity of succesful coordination of emotions with the changing environment conditions for adaptive functioning (Durbin & Shafir, 2008).

Emotion regulation is not a new concept, it has been studied since many years under different concepts. In psychoanalytic tradition, it was discussed under the concept of anxiety regulation and negative emotions (Gross, 1999). Other studies focused on the relations among emotions, appraisal and coping strategies (Folkman, & Lazarus, 1985; Smith, & Lazarus, 1993; Spangler et al., 2002). In these studies the core points are primary and secondary appraisals, and coping with stress. Primary appraisal can be defined as the kind of evaluation that people do in a situation and secondary appraisal can be defined as the way people evaluate their resources to be able to respond to that situation. On the other hand, coping can be defined as the attempt to manage the unwanted situation (Folkman & Lazarus, 1985). Apart from these appraisals, two coping strategies were defined to cope with stress. Emotion-focused coping includes regulating distressing emotions, whereas problem-focused coping involves using strategies to solve the distressing problems (Folkman & Lazarus, 1988).

1.1.1 Emotion Regulation Strategies

In literature, various emotion regulation strategies have been stated (Gross, 1998; Parkinson et al, 1996; Thayer et al, 1994; Walden & Smith, 1997). Among them, Gross' (1998) model of emotion regulation is based on the idea that during the

occurence of an full-blown emotional response, different specific emotion-regulation strategies can be detected. This idea takes its roots from the concept of emotion-generative process (e.g, Frijda, 1986; Izard, 1977). For this process, it was stated that before an emotion is fully experienced, evaluation of the emotional cues takes place. These emotional cues can be evaluated from various perspectives and after this evaluation, they may trigger various experiential, behavioral, and physiological response tendencies (John & Gross, 2004).

According to Gross' emotion regulation model (1998, 1999, 2007) two major emotion regulation strategies can be distinguished as antecedent-focused and response-focused strategies throughout the emotion-generative process. Antecedent-focused strategies reflect the things people do before a full-blown emotion is experienced in which response tendencies haven't become fully activated. As an example, if an individual heard one of his/her friends say something unpleasant about him/her, before giving an emotional reaction to it, he/she can re-evaluate the situation and may feel sadness about his/her relationship instead of feeling anger towards his/her friend. On the contrary, response-focused strategies reflect the things that are done after response tendencies have been experienced when an emotion is about to occur (Gross, 2001). When an individual is in a party and meet someone that he/she does not like, he/she may have to put a fake smile on his/her face while he/she is feeling restless. Studies about antecedent-focused and response-focused emotion regulation strategies have shown that antecedent-focused strategies appear to be more adaptive than response-focused emotion regulation strategies (e.g., Gross, 1998a; John & Gross, 2007).

1.1.2 Emotion Regulation Processes

Under this two broad categories of strategies, five kinds of emotion regulation processes are defined: *situation selection*, *situation modification*, *attentional deployment*, *cognitive change,* and *response modulation* (Gross, 2007). Among these strategies, situation selection, modification, attentional deployment and cognitive change are grouped as antecedent-focused emotion regulation strategies and response modulation is placed under response-focused strategies.

In *situation selection*, individuals choose or avoid situations according to their forecasted emotional impacts that will result in desirable emotions in most situations. Renting a funny movie after a bad day to feel better can be given as an example for situation selection (Gross, 2007). For situation selection, it is important to consider that individuals may have some biases both in remembering past emotions (Kahneman, 2000) and in predicting future emotions (Gilbert, Pinel, Wilson, Blumberg, & Wheatley, 1998). In addition, while selecting the situation, individuals may act upon considering short-term results instead of considering long-term results. A shy person may avoid social situations and feel short-term relief resulting in long-term social isolation (Gross, 2007). Another point to take into account for situation selection is the role of the parents. In infancy and early childhood, parents select situations for their children so early emotional life of the children is determined mostly by their parents (Gross, 2007).

In *situation modification*, individuals change or tailor a selected situation according to their needs and desired emotional impacts (John & Gross, 2004). A child who has hesitations about going to a friend's birthday party can try to modify the situation and convince one of his/her friends to come with him or her. An important point in situation modification is that in this process instead of internal

modification, external and physical environment modification is underlined (Gross, 2007). Parenting also plays an important role in situation modification. When parents respond to their children's emotional needs supportively and sympathetically, it was seen that children cope with difficult situations more adaptively. However, when parents behave in a punitive or dismissive manner to their children's emotional needs, it was seen that children's emotion regulation capacities are affected negatively (Denham, 1998; Eisenberg, Cumberland, & Spinrad, 1998 cited in Gross, 2007). In this sense, families may have a direct effect on children's situation modification strategies so it is crucial to pay attention to child rearing patterns (Gross, 2007).

In *attentional deployment*, individuals select the most preferable aspects of the situation and focus on them in order to change emotional elements of the situation (Gross, 1999). This process is used when there are no chances to change or modify the situation. Putting hands in front of eyes while watching horror scenes at the cinema, or counting chairs in the hall while listening a boring speech are the examples of attentional deployment. For attentional deployment, it was found that it is one of the first emotion regulatory processes used in the development (Rothbart, Ziaie, & O'Boyle, 1992 cited in Gross, 2007).

Two different strategies as distraction and concentration can be used for attentional deployment. In distraction, either attention is focused on different parts of the situation or attention is directed on something that is totally irrelevant to the situation. On the other hand, in concentration, attention is directed on emotional elements of the situation.

In *cognitive change*, differents aspects of the situations are evaluated and the emotional impact of the situation is altered by giving alternative meanings to that

situation or individual's capacity to manage (Gross, Richards, & Jones,2006; Gross, 2007). The meaning of the situation that one person selects is important because later it affects the experiential, behavioral and physiological tendencies that will be triggered (Gross, 2001). Like in other processes, parents', peers' and other significant people's appraisals about emotions are very important in children's emotion regulation processes. These significant others affect the way that a child evaluates the cause-effect relationship of the situations by providing information, explaining the cause of the emotions, reinterpreting the situations and giving socialization scripts like "big kids don't cry" (Denham, 1998; Eisenberg et al., 1998; cited in Gross, 2007; Thompson, 1994).

The fifth process of emotion regulation is *response modulation* that is experienced after response tendencies have been triggered. It affects physiological, experiential and behavioral responses. The use of drugs, alcohol, cigarettes, exercising and relaxation techniques to change physiological and experiential responses of the emotions are examples of response modulation (Gross, 2007; Gross, 2001).

One of the strategies that can be used for response modulation is the emotion expressive behavior. Individuals may choose to hide their feelings or express them overtly. Studies that investigated the consequences of the emotion expressive behavior showed that emotion-expressive behavior resulted in a slight increase in the feeling of that emotion (Izard, 1990). On the other hand, it was seen that suppressing emotion-expressive behavior resulted in reduction of the positive emotions whereas negative emotions were not affected (Gross, 1998a; Gross & Levenson, 1993, 1997).

1.1.3 Two Specific Emotion Regulation Strategies: Reappraisal and Suppression

In literature, to be able to evaluate the differences between antecedent-focused and response-focused emotion regulation strategies, two specific strategies were determined (Gross, 2001). Reappraisal is defined as the re-evaluation of the situation to decrease its emotional impact. On the other hand, suppression involves inhibiting emotion-expressive behavior while the individual is already in an emotional state.

The main difference between reappraisal and suppression is that reappraisal is used before emotions are fully experienced whereas suppression is seen after behavioral, experiential or physiological response tendencies are triggered. This difference suggests that reappraisal may need relatively few cognitive resources while suppression requires more cognitive resources because of the fact that it should be more difficult to deal with results of the emotion-generative process (John & Gross, 2004). This situation also creates some differences on various areas of everyday life that emotion regulation is needed.

In everday life situations where cognitive performance is required, suppression is assumed to have negative effect on memory because of its greater use of self-monitoring and self-corrective action to suppress the expression of experienced emotion. On several studies (Richard & Gross, 2000), it was found that individuals who used suppression done worse on memory tests than individuals who used reappraisal. In addition, results showed that there was no relationship between reappraisal scores and self-reported or objective memory tests concluding that reappraisal has no effect on cognitive resources whereas suppression has (Gross, 2001).

To evaluate the affective consequences of emotion regulation strategies Gross (1998a) used a short film that evokes feelings of disgust. In this study, it was found that suppression decreased participants' expressive behavior but increased physiological activation, while using reappraisal had no effects on physiological activation but decreased expressive behavior. In addition, using reappraisal decreased the experience of disgust but supression did not have an effect on feelings of disgust. Similar results were also found on other studies (e.g., Gross & Levenson, 1993, 1997).

Effects of using reappraisal or suppression should also be differentiated on social consequences. According to results of a study that was done to test this assumption (Butler, Egloff, Wilhelm, Smith, & Gross, 2003), increasing positive emotions by using reappraisal or alike strategies was calming both for the regulator and the interaction partner, while decreasing positive emotions by using suppression or alike strategies increased physiological responses of the regulator and the interaction partner (Gross, 2001). Trying to suppress feelings may create discrepancy between one's feelings and overt behaviors that may lead to a sense of not being true to oneself. This situation may cause a negative view of the self and affect close emotional/interpersonal relationships in a negative way (John & Gross, 2004).

In literature, various studies has been conducted to evaluate the difference between reappraisal and expressive suppression. In one of the studies (Schutte, Manes, & Malouff, 2009), these strategies had been found to be related with psychological well-being cognitive appraisal was associated with better outcomes on well-being than suppression. In another study, suppression is found to be related with less positive affect, more negative affect, less social support, and more

depression (John & Gross, 2007). In addition, the use of cognitive reappraisal results in improvement on memory for emotionally charged events (Gross, 1998a; Richards & Gross, 2000) and a reduction in anxiety and depression (Gross & John, 2003). In Nezlek and Kuppens' (2008) study, it was found that in everday life individuals use reappraisal more than suppression to regulate their emotions, specifically for their positive emotions. Furthermore, in another study (Wang, Shi, & Li, 2009), different personal dimensions like extraversion and neuroticism were found to be related with the use of different emotion regulation strategies like reappraisal and suppression. Consistent with previous findings (Gross & John, 2003) in a study by Haga, Kraft, and Corby (2009), it was found that reappraisal was related with higher levels of life satisfaction and positive affect and with lower levels of negative affect and depression. On the other hand, suppression was found to be related with higher levels of depressed mood and negative affect, and with less life satisfaction and positive affect. In addition, results of the study showed that men used suppression more than women while there was no difference in the use of reappraisal. Furthermore, it was seen that private self-consciousness had a positive effect on the use of reappraisal as an emotion regulation strategy.

In most of the studies that were conducted to examine the characteristics of reappraisal and suppression, there seems to be a clear difference between them. However, it was also stated that both of these strategies can be evaluated as either adaptive or maladaptive responses, depending on the situation like context, timing, and function (Eftekhari, Zoellner, & Vigil, 2009).

1.2 Emotion Recognition

Although emotion regulation is an important concept for daily life, interpersonal relationships, and well-being, it is only a part of a dual system. Optimal functioning of the emotion mechanism depends on competency in both emotion production and emotion perception (Scherer, 2007). From the perspective of emotional intelligence framework, there are four parts of emotional intelligence as emotion regulation, emotion recognition for self and others, understanding emotion and using it to facilitate thinking (Ciarrochi, Chan, & Bajgar, 2001; Mayer et al., 2001). Therefore, both emotion recognition and emotion regulation are necessary components of emotional intelligence that is defined as the "ability to recognize the meanings of emotions and their relationships and to use them as a basis in reasoning, problem solving and enhancing cognitive activities" (Mayer, Salovey, Caruso, & Sitarenios, 2001, p. 234). Furthermore, emotion recognition is not only a necessary component like emotion regulation but it is also a precursor to emotion regulation. In other words, an emotion should be firstly recognized in order to have something to regulate (Hee-Yoo, Matsumoto, & LeRoux, 2006).

Emotion perception or recognition refers to the ability of the individual to accurately perceive, recognize and interpret the emotional state of other individuals (Banziger, Grandjean, & Scherer, 2009). This ability has a crucial importance in daily social interactions (Frigerio et al., 2002). During daily social interactions, communication and emotion recognition heavily depends on non-verbal signals such as tone of voice, body posture, gaze direction, and facial expression (Banziger, Grandjean, & Scherer, 2009). Among these non-verbal signals, the facial expressions are often evaluated as the most distinctive and complex sources of information in terms of recognizing and interpreting emotions (Frigerio et al., 2002).

In social intercourse, individuals get information about other individuals' identity, age, gender, and emotional state via decoding facial characteristics and expressions (Bruce, 1988). Furthermore, the perception of facial expressions have been suggested to occur automatically, as an adaptive characteristic for social interactions (Hansen & Hansen, 1994; Stenberg, Wilking, & Dahl, 1998) and individuals can identify unique identitiy of a vast number of different faces (Haxby et al, 2000). Especially, eyes are the key elements of facial expressions (Kleinke, 1986). From a developmental perspective, infants show a preference for face-like patterns and they show a particular preference for eyes compared to other facial features (Farroni et al., 2002). The eye region alone reflects complex information about the mental state of the individuals and has crucial role in normal functioning (Baron-Cohen et al., 2001).

As a part of normal functioning and adaptation, the role of the emotion recognition in psychopathology has also been investigated. Problems in emotion recognition is considered as an important factor for difficulties in social relationships and adaptive behavior. In literature, there are various studies that examine the association between emotion recognition and different disorders. Baron-Cohen et al. (2001) showed that individuals with autism and Asperger syndrome had difficulties on decoding the mental states of others. In another study, patients with Post Traumatic Stress Disorder (PTSD) had more errors on emotion recognition test compared to control groups indicating that PTSD is correlated with significant problems in facial recognition (Schmidt & Zachariae, 2009). Similarly, a study with panic disorder patients showed that there was a general deficit in emotion recognition especially for emotions of sadness and anger (Kessler et al., 2007). Furthermore, in another study, children with social phobia were found to be worse at

recognizing facial emotions compared to healthy controls (Simonian et al., 2001). Another study with anxiety disorder indicated that anxious individuals were better at recognizing fearful facial expressions than the low anxiety group whereas they did not differ for recognizing other emotions as anger, sadness, happiness, surprise, disgust and neutral expressions (Surcinelli et al., 2006). Major depression and problems in facial displays of emotion were also seemed to be correlated in various studies (Michailova et al., 1996; Rubinow & Post, 1992; Grady & Keightley, 2002). As one exception to these findings, Harkness et al. (2005) found that college students with dysphoria were more accurate on emotion recognition task than non-dysphoric students. For Borderline Personality Disorder (BPD), Levine et al. (1997) found that participants with BPD were less accurate for anger, fear and disgust in a emotion recognition test whereas they did not differ from healthy control group in terms of other emotions. Eating disorders and impairment on emotion recognition tasks were also found to be related. For different types of eating disorders, Zonnevijle-Bender et al. (2002) found that participants with these disorders were less accurate than controls in an emotion recognition task. In addition, Kucharska-Pietura et al. (2004) showed that participants with anorexia nervosa were poorer on negative emotions.

1.3 Perceived Parenting Styles

The role of perceiving, exchanging and interpreting emotions is crucial in the development of brain especially that of the centers responsible for language, thinking, planning, problem solving and basic emotions. The exchanges of emotional signals do not just initiate these developments but emotion regulation processes are

also initiated with these exchanges (Greenspan & Shanker, 2004). The development of emotion regulation skills is strongly tied to the reciprocal emotional relationship of the infant with the caregiver (Greenspan, & Shanker, 2004; Sroufe 1995). This process begins from infancy and continues throughout the periods of childhood and adolescence. During these periods, parents soothe the distress of children by trying to manage emotional reactions, engaging in plays, managing daily routines to form appropriate emotional demands, providing support for uncertain circumstances and assisting in emotionally complex situations (Thompson, & Meyer, 2007). Therefore, infants learn appropriate ways of regulating emotions by seeing the caregiver's patterns of affect and cues (Campos et al. 1989; Morris et al. 2007). In time, these patterns and cues together with emotional experiences build up child's emotional repertoire and emotion regulation style (Cole et al., 1994). Although certain traits such as temperament are also important for emotion regulation skills, parenting styles and behaviors are still the basic elements (Bocknek, Brophy-Herb, & Banerjee, 2009).

Parental socialization of emotions include talking with children about emotions and emotional situations as well as constituting a role model with reinforcement, and appropriate discipline (Calkins, 1994; Spinrad, Stifter, Donelan-McCall, & Turner, 2004). Different parenting styles reflect different outcomes on the personalities of children. Especially, two dimensions of parenting styles as warmth and control were found to be related with children's development (Grolnick & Gurland 2002 cited in Manzeske & Dopkins Stright, 2009).

Parental warmth is defined as the responsivity to children's emotional and behavioral needs as well as expressing positive regard (Fauber et al., 1990). Parental warmth or responsiveness helps children to self regulate and assert

themselves (Baumrind, 1991). According to the models of emotion regulation development, maternal warmth contributes positively to the development of emotion regulation during childhood (Morris et al., 2007). Especially, providing differentiation of emotions in a supportive manner was found to be correlated with emotion regulation (Barrett et al., 2001). Discussing both positive and negative emotions and giving answers to questions about emotions without ignoring them were evaluated to promote emotion regulation (Jones et al., 2002 cited in Macklem, 2008). Specifically, parent's warmth and responsiveness have an effect on children's regulation of negative emotions. By weakening the negative arousal when the child is emotionally dysregulated, parental warmth plays a critical role on emotion regulation (Davidov & Grucec, 2006). When parents accept their children's negative feelings and try to show them how to tolarete these feelings, children will be able to learn necessary skills to regulate their emotions (Macklem, 2008).

In situations where parents try to regulate emotions in their homes and respond in a positive manner to children, the outcomes of children's development were found to be positive (Cumberland-Li et al., 2003). Additionally, maternal responsiveness in times of distress was found to be effective on child's behavior in terms of behaving positively and empathetically (Macklem, 2008). By regulating emotions in that way, a child will be able to communicate with other children in a proper manner without being overwhelmed. According to research in this area, absence of parental warmth was found to be associated with externalizing and internalizing problems of adolescents (Fauber et al., 1990; Garber et al., 1997). In addition, it was depicted that maternal warmth was related with better regulation of positive emotions in children and better relationships with classmates for sons but not for daughters (Macklem, 2008). Furthermore, in research with mothers who had

anxiety disorders, it was found that, these mothers do not assist their children to regulate their emotions. They behave reluctant for discussing negative emotional events and have fewer positive emotion vocabulary. Therefore, the children of these mothers may expect a negative reaction from their mothers in terms of negative feelings leading to problems in negative emotion regulation (Barrett et al., 2001). When parents discourage their children's expression of emotions and act in a punitive manner, it will result in poor emotional and social competence (Jones et al., 2002 cited in Macklem, 2008).

Control is the other dimension of parenting styles. Two types of control as behavioral and psychological are important in the development of the children (Barber et al., 1994). Behavioral control can be defined with two aspects as providing rewards and punishments. Providing rewards include giving attention, praising and having good time whereas punishments include removal of privileges. In literature, moderate levels of behavioral control was found to be associated with positive emotional and behavioral adjustment for children (Barber et al., 2005). Appropriate parental control may help children to regulate their emotions by providing guidance and feedback for expressing positive and negative emotions in socially acceptable manners (Olson et al., 1990). In addition, it was found that emotion socialization in family and proper discipline strategies were associated with succesful emotion regulation for negative emotions and effortful control in preschoolers (Garner & Spears 2000; Karreman et al., 2008) However, when parental control is too harsh or too loose, this may cause emotion dysregulation (Manzeske & Dopkins Stright, 2009).

According to studies in this area, negative and high controlling behavior of mothers is associated with poor psychological regulation and more emotional

arousal negativity in children (Calkins et al., 1998). Psychological control focuses on the relationship between the parent and the child. Parent uses this relationship to control child's behavior when he/she disapproves child's behavior by expressing disappointment (Aunola & Nurmi 2004; Barber, 1996). When parents' interaction with children carried out in a negative manner like verbal agression or rejection, children may suffer from emotional dysregulation (Teicher, Samson, Polcari, & McGreenery 2006). Furthermore, insufficient maternal socialization was depicted to be an important link between children's poor emotion regulation skills and psychopathology (Shipman et al., 2005, 2007). Similar to rejection and ignorance, overprotection may also cause problems on emotion regulation and overall psychological well-being of the child. Overprotection involves higher levels of perceived parental control and intrusion like being too much concerned for the child's safety or depicting intrusive and overinvolved behaviors (Arrindel et al., 1999). Parents with overprotective styles tend to direct their children's activities, discourage their independence and over-manage situations. This type of parenting style was found to be related with shyness and problems of internalizing during childhood (Rubin & Burgess, 2002).

Studies depicted that high levels of psychological control have negative effects on children like low self-esteem, high levels of anxiety and depression and externalizing problems (Barber, 1996; Eccles et al., 1997; Laible & Carlo, 2004). Especially, high levels of psychological control may affect young adults negatively in the process of individuation from the parent (Barber & Buehler, 1996) and identity formation (Luyckx et al., 2007). Therefore, parents should allow children to have appropriate autonomy when emotional problems are experienced for developing

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better emotion regulation skills (Jaffe & Gullone, Hughes, 2010; Southam-Gerow & Kendall, 2002).

1.4   Psychological Well-Being in terms of Depression, Social Anxiety and Obsessive-Compulsive Disorder Symptoms

Unipolar depressive disorders are evaluated as the most common psychological disorders while the estimated lifetime prevalence of the major depressive disorder was 16.6 % and 2.5 % for dysthymia (Kessler, Berglund, Demler, Jin, & Walters, 2005). Therefore, it is important to examine the possible causes and factors that may play role in the development and maintenance of depressive disorders (Liverant, Brown, Barlow, & Roemer, 2008). The research that investigate the etiology of these disorders recently have focused on emotional reactivitiy and emotion dysregulation (e.g., Campbell-Sills & Barlow, 2006; Gross & Munoz, 1995). According to this perspective, the causes of the depression symptoms were evaluated as the failures to manage emotions adaptively. In literature, it was depicted that there was a difference between depressive individuals and controls in terms of their use of emotion regulation strategies (Ehring et al., 2008). This difference is obvious especially in the use of strategies that were depicted to be associated with dysfunctional outcomes such as emotion suppression, rumination, and catastrophizing and strategies that were considered as functional like reappraisal and disclosure. Another perspective of emotion regulation that can be associated with depressive symptoms is the concept of monitoring one's emotions. To be able to monitor one's emotions, the individual has to be aware of his/her emotions (Thompson, 1994). When individuals have problems in recognizing their own emotions, this may cause difficulties in the regulation and expression of

these emotions, that may create a vulnerability for depression (Lane & Schwartz, 1987).

According to studies, depressive individuals use dysfunctional strategies more frequently and functional strategies less frequently (e.g., Campbell-Sills, Barlow, Brown, & Hofmann, 2006; Garnefski & Kraaij, 2006; Gross & John, 2003; Rude & McCarthy, 2003). Additionally, it was found that individuals with depressive symptoms accepted their negative feelings less, had a less understanding and clarity for their emotions, and had a lower expectancy for being able to regulate negative emotions as compared to the control groups (Campbell-Sills & Barlow, 2006; Catanzaro & Mearns, 1990; Hayes et al., 2004; Rude & McCarthy, 2003). The use of these strategies for negative emotions may not create problems in daily life because of the fact that increases in negative mood are seen only on a moderate level. However, in situations that mood stabilization is not possible like in stressful events, the use of maladaptive strategies may create a maintenance for negative mood leading to the development of a depressive episode (Ehring et al., 2008). As a support for this view, it was found that individuals who experienced depression reported more difficulties in regulating their negative emotions, more frequent use of rumination and catastrophizing, and less frequent use of positive strategies than controls (Garnefski & Kraaij, 2006; Gross & John, 2003). Furthermore, in another study, it was depicted that trying to avoid unpleasant thoughts during stressful events cause these thoughts to rebound and leads to dysphoria (Wenzlaff & Luxton, 2003).

Another field that emotions and emotion regulation may be critical is the spectrum of anxiety disorders. In the last two decades, attention to anxiety disorders has increased significantly. A great importance was given both to conceptualization

and treatment of these disorders like panic disorder or social anxiety (Mennin, 2006). Social phobia or social anxiety disorder is defined by extreme fear of humiliation or embarassement in situations that performance or social interaction is present (Arrais et al., 2010). This disorder usually results in a disabling condition that phobic avoidance of most interaction situations is experienced. As a consequence of this chronic pattern, in many areas of daily life as social, professional and personal, impairments are seen (Schneier et al., 1994; Filho et al., 2009). The Diagnostic and Statistical Manual of Mental Disorders - IV (1994) reported prevalence rate of this disorder as 7.1 % for 12-month and 12.1 % for lifetime period indicating a high prevalence rate (Kessler et al., 2005). The comorbidity rate for other psychiatric disorders are also evaluated as high. Especially, depression and substance abuse were commonly associated with social anxiety disorder (Filho et al., 2009).

One of the important characteristics of social anxiety is the extreme fear of negative evaluation and criticism that may be faced during social interactions. According to cognitive theories (Beck et al., 1985; Clark & Wells, 1995; Ito et al., 2008), when a social phobic individual comes across to a feared social situation, he/she feels negatively evaluated by others in an unrealistic manner and also set his/her expectations in a way that increases the possibility of rejection. Social anxious individuals' attentions focus on themselves that create difficulties in processing of external social cues (Arrais et al., 2010). This situation may result in attentional and interpretational biases leading to hypervigilance for negative emotions (Leber et al., 2009). The appropriate social functioning depends on the ability to extract environmental information that is related to social outcome, so difficulties in this process may lead to problems in daily life (Garner et al., 2006).

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In literature, there were few studies that examined the association between emotion regulation and social anxiety disorder (Kashdan 2007; Turk et al. 2005). In a study by Werner et al. (2011), emotion dysregulation in social anxiety was examined from the perspective of Gross's emotion regulation model (1998b, 1999, 2007). According to results, individuals with social phobia who adopt situation selection were found to use avoidance more than healthy controls, in line with the diagnostic criteria fo this disorder (Di Nardo et al., 1993). Furthermore, for the use of situation modification, healthy and social anxious individuals were found to be using this strategy at similar frequencies. Situation modification includes both maladaptive and adaptive strategies so a difference between groups were not expected (Werner et al., 2011). Additionally, for the use of attention deployment, two groups' frequencies were found to be similar. This result indicated that social anxious and healthy groups were comparable in active, conscious and prolonged distraction techniques like focusing on a phone in a group conversation. Unexpectedly, cognitive reappraisal was found to be used in similar frequency depicting that both groups used this strategy to decrease negative emotion. Lastly, in line with the previous findings (Campbell-Sills et al., 2006; Gross & John, 2003) the frequency of emotion suppression was found to be higher for social anxiety group than healthy group indicating the possible effects of over-use for expressive suppression in the etiology of social anxiety (Werner et al., 2011).

Besides social anxiety, obsessive compulsive disorder (OCD) is also thought to be related with emotion regulation (Allen & Barlow, 2009). Obsessive compulsive disorder is characterized by obsessions and compulsions. Obsessions are seen as recurrent and persistent thoughts, images and impulses whereas compulsions include repetitive or ritualistic actions and aimed to decrease or prevent distress

caused by obsessions (DSM IV; APA, 1994). A failure in attention selection and to suppress certain types of behaviors when appropriate, were evaluated as characteristics of emotion dysregulation and prominent in obsessive-compulsive disorder (Malloy, Rasmussen, Braden, & Haier, 1989; Tien et al., 1992) as well as other psychiatric conditions (Driscoll, 2009). Especially, most of the patients with obsessive-compulsive disorder are faced with negative effects of thought and emotional suppression. In a study by Allen and Barlow (2009), the relationship of emotion regulation skills and obsessive-compulsive disorder symptoms were evaluated. According to this study, participants who were taught to deal with emotional avoidance in the context of emotion provocation procedures to clinically nonspecific OCD cues (like watching a distressing film, listening to an emotionally relevant music sample) showed a decrease in thought suppression and an increase in acceptance of thoughts and feelings. Additionally, after implementing skills in clinically relevant contexts (e.g., "contaminated" places, sharp objects, etc.) a greater reduction in participants' obsessive-compulsive disorder symptoms was observed (Allen & Barlow, 2009). According to another study (Eisner, Johnson, & Carver, 2009), symptoms of social phobia, panic disorder and obsessive-compulsive disorder were affected by at least one of the maladaptive positive emotion regulation strategies. Furthermore, participants with symptoms of obsessive-compulsive disorder reported that they did not savor their positive experiences. It was also stated that individuals' obsessions and compulsions may cause to a decrease on positive affect (Eisner, Johnson, & Carver, 2009).

1.5 Aim of the Study

In the light of the literature review presented above, the purpose of the study is to investigate the relationship among perceived parenting styles, emotion recognition, emotion regulation; and their possible effects on psychological well-being in terms of depression, anxiety, obsessive-compulsive disorder symptoms. The model presented below depicts the hypothesized association among these variables.

Figure 1. The Hypothesized Association Among Perceived Parenting Styles, Emotion Recogniton, Emotion Regulation and Psychological Well-Being Symptoms
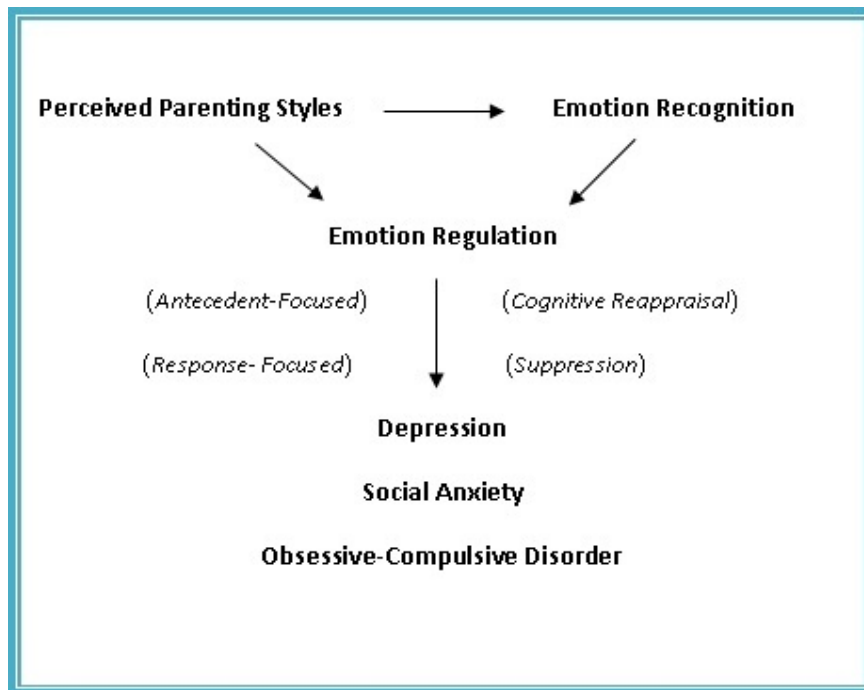
In the current study, firstly, possible differences of demographic categories (i.e., age, gender, number of romantic relationships, shortest romantic relationship duration, longest romantic relationship duration, perceived success in general

relationships) on emotion regulation, emotion recognition, perceived parenting styles and psychological well-being in terms of depression, social anxiety and obsessive-compulsive disorder symptoms were investigated. Afterwards, following the correlational analyses, the hierarchical regression analyses were conducted in order to examine the path of perceived parenting styles, emotion recognition, emotion regulation, and psychological well-being.

Therefore, in the current study, eight hierarchical regression analyses were conducted in three different sets with the following hypothesis:

The first set of regression analyses: Examination of Associates of *Emotion Recognition*;

Hypothesis 1: Higher levels of parental warmth will be associated with higher levels of *emotion recognition*

The second set of regression analyses: Examination of Associates of *Emotion Regulation*;

Hypothesis 2: Higher levels of parental warmth and emotion recognition will be associated with more use of *cognitive reappraisal*

Hypothesis 3: Higher levels of parental overprotection and rejection, and lower levels of emotion recognition will be associated with more use of *suppression*

Hypothesis 4: Higher levels of parental warmth and emotion recognition will be associated with more use of *antecedent-focused regulation*

Hypothesis 5: Higher levels of parental overprotection and rejection, and lower levels of emotion recognition will be associated with more use of *response-focused modulation*

The third set of regression analyses: Examination of Associates of Psychological Well-Being;

Hypothesis 6: Lower levels of parental warmth and higher levels of overprotection and rejection will be associated with higher levels of *depression symptoms*

Hypothesis 7: Lower levels of emotion recognition will be associated with higher levels of *depressive symptoms*

Hypothesis 8: Decrements in the utilizations of cognitive reappraisal and antecedent-focused regulation will be associated with higher levels of *depressive symptoms*

Hypothesis 9: Utilization of suppression and response-focused modulation will be associated with higher levels of *depressive symptoms*

Hypothesis 10: Lower levels of parental warmth, and higher levels of overprotection and rejection will be associated with higher levels of *social anxiety symptoms*

Hypothesis 11: Lower levels of emotion recognition will be associated with higher levels of *social anxiety symptoms*

Hypothesis 12: Decrements in the utilization of cognitive reappraisal and antecedent-focused regulation will be associated with higher levels of *social anxiety symptoms*

Hypothesis 13: Utilization of suppression and response-focused modulation will be associated with higher levels of *social anxiety symptoms*

Hypothesis 14: Lower levels of parental warmth and higher levels of overprotection and rejection will be associated with higher levels of *obsessive-compulsive symptoms*

Hypothesis 15: Lower levels of emotion recognition will be associated with higher levels of *obsessive-compulsive symptoms*

Hypothesis 16: Decrements in the utilization of cognitive reappraisal and antecedent-focused regulation will be associated with higher levels of *obsessive-compulsive symptoms*

Hypothesis 17: Utilization of suppression and response-focused modulation will be associated with higher levels of *obsessive-compulsive symptoms*

CHAPTER 2

METHOD

2.1 Participants

In the present study, there were 530 (128 male, 402 female) participants. The ages of the participants ranged between 18 and 36 ($\underline{M}$ = 22.09, $\underline{SD}$ = 2.78). Data were collected from different universities in Ankara, named Middle East Technical University ($\underline{n}$ = 123), Hacettepe University ($\underline{n}$ = 136), Ankara University ($\underline{n}$ = 140), and in Istanbul as Doğuş University ($\underline{n}$ = 100), Maltepe University ($\underline{n}$ = 10), and university of the 44 participants were unknown.

With respect to education level of the participants, 86.2 % of them ($\underline{n}$ = 457) were continuing undergraduate education and 9.1 % of them ($\underline{n}$ = 73) were continuing their graduate education (master or PhD). The two age groups were created by using median split (For younger group, $\underline{M}$ = 20.42, $\underline{SD}$ = 0.69; for older group, $\underline{M}$ = 24.30, $\underline{SD}$ = 2.98) All detailed information related to the demographic categories of the participants can be found in Table 1.

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Table 1. Demographic Characteristics of the Sample

Variables		*N*	%
Gender	Male	128	24.2
	Female	402	75.8
Age	18 to 21 (Younger)	300	56.6
	22 to 36 (Older)	230	43.4
Education	Undergraduate	457	86.2
	Graduate	73	9.1

2.2 Measures

In this study, a demographic form that aims to get information about gender, age, education, romantic and perceived general relationships of the participants was prepared by the researcher (see Appendix A). This form administered at the beginning of the study and the rest of the measures were administered afterwards. The measures that were used in this study were Short-EMBU (Egna Minnen Betraffande Uppfostran- My Memories of Upbringing) (see Appendix B), The "Reading the Mind in the Eyes" Test (see Appendix C), Emotion Regulation Questionnaire (see Appendix D), Emotion Regulation Processes (see Appendix E), Beck Depression Inventory (see Appendix F), Liebowitz Social Anxiety Scale (see Appendix G), Maudsley Obsessive Compulsive Inventory (see Appendix H), White Bear Suppression Inventory (see Appendix I), The Thought-Action Fusion Scale (see Appendix J), Emotional Approach Coping Scale (see Appendix K).

2.2.1 Short-EMBU (Egna Minnen Betraffande Uppfostran- My Memories of Upbringing)

Short- EMBU (Arrindell et al., 1999) has 23 items and it was developed from the original 81-item version (Perris, Jacobsson, Lindstrom, von Knorring, & Perris, 1980). The aim of the scale is to measure participants' perceptions of their parents' child rearing behaviors. A 4-point Likert scale in which responses range from 1 (never) to 4 (most of the time) is used for Short-EMBU.

The items in the scale are responded for both perceived mother's and father's behaviors. The scale has three factors as Rejection, Emotional Warmth, and Overprotection; and 6 subscale scores are calculated for the scale (3 for mothers and 3 for fathers). Among these subscales, for males emotional warmth correlated

consistently negatively with trait-neuroticism whereas for females fathers' emotional warmth correlated positively with extraversion. Additionally, emotional warmth correlated consistently positively with both masculinity and femininity in males and for both males and females, emotional warmth correlated positively with high self-esteem. For females, higher levels of overprotection were found to be correlated with high neuroticism. As a result, the three subscales of short 23-item EMBU were found to be reliable and valid and the corresponding factors invariant across national samples (Arrindell et al., 1999).

The Turkish adaptation of the scale was carried out by Karancı et al. (2006) as part of a cross-cultural study. The factor structure of the scale was found to show the same factor structure of the original scale as 3 factors of Rejection, Emotional Warmth and Overprotection. According to the results of the study, the alpha coefficients for mothers' rejection, emotional warmth and overprotection subscales were .80, .76 and .76, respectively. For the fathers', the alpha coefficients for rejection, emotional warmth and overprotection subscales were .82, .79 and .79, respectively. In the current study, the alpha coefficients for mothers' rejection, emotional warmth and overprotection subscales were .76, .81 and .79, respectively. For the fathers', the alpha coefficients for rejection, emotional warmth and overprotection subscales were .80, .83 and .80, respectively.

2.2.2 The "Reading the Mind in the Eyes" Test (Revised)

The "Reading the Mind in the Eyes" Test was developed and revised by Baron-Cohen et. al (1997, 2001). The aim of the test is to measure emotional recognition. This test is composed of 36 photos that show only the eye area of the face. All photographs are of equal size (15 cm x 6 cm). There are four words for

every photo (three distractor words and one correct word) and the participant is asked to select the word which most closely matches what the person in the photo is thinking or feeling. There is no time limit for the task, however the participant is asked to work through the test as qucikly as possible. There are 17 female and 19 male photos in the test. A glossary that contains the meaning of the words used in the test is provided to the participants. The higher number of correct responses indicate higher emotion recognition.

In studies that compared clinical groups with healthy groups, this test (36 items) have shown significant but variable differences between groups, with a lower mean score in the clinical group (Baron-Cohen, Wheelwright, Hill, et al., 2001; Craig et al., 2004; Irani et al., 2006; Kelemen et al., 2004; Losh & Piven, 2006; Murphy, 2006).

The test was translated into Turkish (Girli, n.d) and used in studies with its shorter version (Bora, Gokcen, Kayahan, & Veznedaroglu, 2008; Bora et al., 2005). In this study, some of Turkish translations of the items reevaluated and replaced by more suitable Turkish words by two bilingual professionals from the psychology field. In the current study, analyses revealed significant association with obsessive-compulsive and anxiety measures though there was no significant association with depression measure. The mean scores were found to be similar with the original study (M = 25.85, SD = 4.02 for males; M = 27.07, SD = 3.04 for females).

2.2.3 The Emotion Regulation Questionnaire

The scale was developed by Gross and John (2003). The aim of the scale is to investigate individuals' emotional regulatory strategies. It has two parts as Cognitive Reappraisal and Suppression. The Cognitive Reappraisal scale assesses

the tendency to regulate emotion by changing thoughts and it has 6 items. The Suppression scale assesses lack of emotional expression and has 4 items. A 7-point Likert scale ranging from "strongly diagree" (1) to "strongly agree" (7) is used in this scale. The alpha coefficients of the Cognitive Reappraisal and Suppression scales were found to be .79 and .73, respectively. The 3-month re-test reliability was .69 for both of the scales.

The scale was adapted to Turkish by Yurtsever (2008). The Cronbach Alpha Coefficients for Cognitive Reappraisal and Suppression scales were found to be .85 and .78, respectively. Test-retest correlations at a 4-week interval were .88 for Cognitive Reappraisal and .82 for Suppression scales. In the current study, Turkish translations of the item 6 and 7-point Likert scale were reevaluated by two bilingual professionals from psychology field. Necessary changes on Turkish translations were made and used in this study.

2.2.4 The Emotion Regulation Processes

Emotion Regulation Processes measure was developed by Schutte et. al (2009). The aim of the scale is to measure emotion regulation processes proposed by John and Gross (2007). The scale has 28 items and four items represented each of the seven regulation strategies proposed in the model. Two items in each set of four highlight decreasing negative emotions and two items highlight increasing positive emotions. The first 16 items indicate Antecedent-Focused Regulation strategies and remaining 12 items indicate Response Modulation strategies. The scale is rated on a 7-point scale ranging from "strongly disagree" (1) to "strongly agree" (7). Higher scores are evaluated as to indicate better regulation.

The Cronbach Alpha coefficients for seven regulation strategies were as follows: selection of situations, .59; modification of situations, .80; attention deployment, .79; cognitive change, .96; experiential response modulation, .72; behavioral response modulation, .73; and physiological response modulation, .70. The internal consistencies of two main strategies were .91 and .85 for antecedent regulation strategies and response modulation, respectively.

In the current study, following the translation of the items into Turkish, three bilingual professionals from the psychology field translated original scale back into English. After this procedure, items were reevaluated and similar backtranslations with the orginal scale were kept in their initial Turkish form. Items that were not similar to original scale were reevaluated and one of the backtranslaters was asked to translate these items from original scale into Turkish in order to do double check. Final decision was given by the researcher and thesis supervisor.

2.2.5 The Beck Depression Inventory

The scale was developed by Beck, Rush, Shaw and Emery (1979). It has 21 items that investigate cognitive, emotional and motivational symptoms of depression. The items range from 0 to 3 and the possible highest total score is 63. Higher scores indicate higher levels of depression.

The Turkish adaptation of the scale was conducted by Hisli (1998). The reliability of the scale was found to be .74 and the scale's correlation with MMPI-D and STAI-T were .47 and .55, respectively. The scores above 17 were accepted as to indicate clinical depression of the subjects (Hisli, 1988). In the current study, the alpha coefficient of the scale was found to be .87.

2.2.6 The Liebowitz Social Anxiety Scale

The scale was developed by Liebowitz (1987). It has 24 items that aim to investigate social situations in which individuals with social phobia may experience difficulties. Each item in the scale is rated both for "fear or anxiety" and "avoidance behavior". The items are rated from "none" (0) to "severe" (3). The Cronbach alpha ranges from .81 to .92 (Heimberg, et al., 1999).

The Turkish adaptation of the scale was carried out by Soykan, Devrimci and Gençöz (2003). The Cronbach alpha for the Fear or Anxiety subscale was .95; for the Avoidance subscale it was .95. The alpha coefficient for the whole scale was .98. The test-retest reliability was .97 for a 1-week interval. In the current study, the Cronbach alpha for the Fear subscale was .91; and for the Avoidance subscale it was .90.

2.2.7 The Maudsley Obsessive Compulsive Inventory

Maudsley Obsessive Compulsive Inventory (MOCI) was developed by Rachman and Hodgson (1980) to investigate obsessive-compulsive symptoms. It has 30 items and four subscales as checking, cleaning, slowness and doubting. The internal consistencies of the scale were found to be .70 for checking, slowness, and doubting subscales, and .80 for cleaning subscale. The test re-test reliability of the total scale was .80. For the criterion validity of the scale, the correlation of the scale with Leyton Obsessional Inventory was found to be significant ($\underline{r}$ = .60).

The Turkish adaptation of the scale was conducted by Erol and Savaşır (1988). The original scale had only two items for rumination so Erol and Savaşır added seven additional items related to rumination. The Cronbach Alpha for the 37-item scale was .86. The test-retest reliability was found to be .88. In Yorulmaz's

study (2002), the internal consistency coefficient was found to be .82 for the total MOCI scores. For the current study, the alpha coefficient of the total MOCI scores was found to be .83.

2.2.8 The White Bear Suppression Inventory

White Bear Suppression Inventory (WBSI) was developed by Wegner and Zanakos (1994) and it has 15 items. The aim of the scale is to measure individuals' inclination toward thought suppression. The psychometric properties of the WBSI were found to be satisfactory for both clinical and non-clinical samples (Spinhoven & van der Does, 1999; Wegner & Zanakos, 1994).

The Turkish adaptation study was carried out by Altın and Gençöz (2009). The Cronbach Alpha was found to be .90 and the test-retest correlation of the scale after 4-week interval was .80. For the validity of the scale, the correlation between the WBSI and the BDI was found to be .50 and the correlation between the WBSI and the MOCI was .52 (Altın & Gençöz, 2007). In the current study, the alpha coefficient of the scale was found to be .90.

2.2.9 The Thought-Action Fusion Scale

The scale was developed by Shafran and her colleagues (1996) in order to measure thought-action fusion bias. It has 19 items. The internal consistency coefficients of the scale range from .85 to .96 and it showed significant associations with the measures of obsessionality and depressive symptoms. All of the subscales of the TAF were found to be correlated with the checking subscale of the MOCI for both obsessional and student samples (r = .30 and r = .38, respectively). Additionally, morality (r = .42), likelihood-for-others (r = .37) and likelihood-for-self (r

= .33) subscales were found to be significantly correlated with BDI in an obsessional sample.

The scale has been adapted to Turkish by Yorulmaz, Yılmaz and Gençöz (2004). The Cronbach Alpha of the whole scale was .86. For the subscales, the alpha coefficient of the Likelihood factor was .92 and Morality factor was .85. The total TAF scale, TAF morality and Likelihood scales were found to be positively and moderately correlated with obsessive-compulsive symptoms and responsibility. As for the criterion validity of TAFS, the scale significantly differentiated obsessive-compulsive symptom groups that were high and low in terms of obsessive-compulsive symptoms (Yorulmaz, Yılmaz, & Gençöz, 2004). In the current study, the Cronbach Alpha of the whole scale was .93.

2.2.10 The Emotional Approach Coping Scale

The Emotional Approach Coping Scale (EACS) was developed by Stanton, Kirk, Cameron, and Danoff-Burg (2000) to measure emotional processing and expression. It has 18 items and uses 4-point Likert scale (1-"I scarcely do this" to 4-"I usually do this a lot"). The internal consistency of the emotional processing subscale was .72 and the internal consistency of the emotional expression subscale was .82. Test re-test reliabilities were .72 for emotional expression and .73 for emotional processing.

The Turkish adaptation of the study was carried out by Senol-Durak and Durak (2011). The internal consistency of the whole scale was found to be .90. The emotional expression subscale had an alpha coefficient of .85 and the emotional processing subscale had an alpha coefficient of .90. For the concurrent validity of the scale, The State Trait Anxiety Inventory-State Form (STAI-S) (Spielberger et al.,

1970) was used and the two scales were found to be correlated (for emotional expression r =−.27, p <.001; for for emotional processing, r =−.24, p <.001).

2.3 Procedure

Initially, necessary permission was taken from Middle East Technical University Ethical Committee. After, a booklet including demographics form and other measures of the study was prepared. Five hundred and thirty booklets were distributed to different universities (Middle East Technical University, Hacettepe University, Ankara University) in Ankara and (Doğuş University and Maltepe University) Istanbul. Before filling the booklet, participants signed the informed consent forms (see Appendix L). It took participants about 30 - 45 minutes to complete the questionnaire.

2.4 Analyses

In the present study, in order to investigate differences of demographic categories on the measures of the study t-test, univariate analysis of variance (ANOVA) and multivariate analysis of variances (MANOVA) were conducted.

Furthermore, a zero-order correlation was conducted to identify correlations among demographic categories, subscales of both mother and father form of Short-EMBU (Egna Minnen Betraffande Uppfostran- My Memories of Upbringing) (i.e., Rejection, Emotional Warmth and Overprotection), subcales of Emotion Regulation Questionnaire (i.e., Cognitive Reappraisal and Suppression), subcales of Emotion Regulation Processes (i.e., Antecedent Regulation Strategies and Response Modulation) and depression, anxiety, obsession-compulsive symptoms. The associates of depression, social anxiety and obsessive-compulsive symptoms with

perceived parenting styles, emotion recognition and emotion regulation strategies were examined via various hierarchical regression analyses.

CHAPTER 3

RESULTS

3.1   Psychometric Analyses

3.1.1   Psychometric Properties of Emotion Regulation Questionnaire and Emotion Regulation Processes

In order to establish reliability and validity of Emotion Regulation Questionnaire and Emotion Regulation Processes; internal consistency, test-retest reliability, split half reliability coefficients and concurrent validity were analyzed. For these analyses, The White Bear Suppression Inventory, The Thought Action Fusion Scale and Emotional Approach Coping Scale were used.

3.1.2   Psychometric Properties of Emotion Regulation Questionnaire

3.1.2.1 Reliability Analysis of Emotion Regulation Questionnaire

In order to examine the internal consistency of Emotion Regulation Questionnaire as Cognitive Reappraisal and Suppression scales, Cronbach Alpha coefficients were computed. The Turkish version of the Cognitive Reappraisal and Suppression subscales were found to have a Cronbach Alpha coefficients of .85 and .78, respectively. The item-total correlations ranged between .47 and .73 for Cognitive Reappraisal subscale, .41 and .70 for Suppression subscale.

The test-restest reliability coefficients of the subscales were found to be .69 for Cognitive Reappraisal Subscale (p <.01, N = 90) and .67 for Suppression subscale (p <.01, N = 90).

Split-half reliability was also computed for subscales. The Cognitive Reappraisal subscale was randomly splitted into two parts. The Guttman split-half reliability for the Cognitive Reappraisal subscale was .88, where the Cronbach Alpha coefficient for the first part composed of 3 items, was .71 and it was .73 for the second part which was consisted of 3 items. For the Suppression subscale, Guttman split-half reliability was .77, where where the Cronbach Alpha coefficient for the first part composed of 2 items, was .73 and it was .58 for the second part which was consisted of 2 items.

3.1.2.2 Concurrent Validity of Emotion Regulation Questionnaire

In order to examine concurrent validity of ERQ subscales, correlations between ERP subscales, WBSI, TAF and EACS were examined. By assuming correlations greater than .15 as moderate correlations, the results indicated that there were high positive correlations among ERQ-Reappraisal subscale and ERP-Antedecent-Focused Regulation subscale (r = .47, p <.01), ERP-Response Modulation subscale (r = .44, p <.01) and moderate positive correlation with EACS (r = .27, p <.01). ERQ-Suppression subscale exhibited moderate positive correlations with WBSI (r = .21, p <.01), TAF (r = .20, p <.01) and moderate negative correlations with EACS (r = -.28, p <.01) (see Table 2).

Table 2. Correlations Among Subscales of ERQ, ERP and WBSI, TAF and EACS and Means and Standard Deviations for these Measures

	ERQ-Reappraisal	ERQ-Suppression	ERP- Antecedent	ERP-Response	WBSI	TAF	EACS	Mean	Standard Deviation
ERQ-Reappraisal	1.00	.11*	.47**	.44**	.01	.02	.27**	29.60	6.51
ERQ-Suppression		1.00	-.04	.03	.21**	.20**	-.28**	14.22	5.56
ERP- Antecedent			1.00	.67**	.04	-.04	.31**	80.32	13.20
ERP-Response				1.00	.19**	.07	.30**	58.59	10.41
WBSI					1.00	.32**	-.01	48.43	11.91
TAF						1.00	-.06	21.27	15.30
EACS							1.00	56.40	11.65

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

Note 1: **ERQ-Reappraisal**: Emotion Regulation Questionnaire Reappraisal subscale, **ERQ-Suppression**: Emotion Regulation Questionnaire Suppression subscale, **ERP-Antedecent**: Emotion Regulation Processes Antedecent-Focused Regulation subscale, **ERP-Response**: Emotion Regulation Processes Response Modulation Subscale, **WBSI**: The White Bear Suppression Inventory, **TAF**: The Thought-Action Fusion Scale, **EACS**: Emotional Approach Coping Scale

3.1.2.3 Criterion Validity of Emotion Regulation Questionnaire

In order to examine the criterion validity of Emotion Regulation Questionnaire subscales, two groups were generated on the basis of the participants' EACS scores. The EACS scores with the highest and lowest 50th percentile were grouped as "high emotional coping" and "low emotional coping" categories respectively. In the "high emotional coping" group there were 259 participants, who had mean EACS score of 65.81 (SD = 6.12) and for this group the EACS scores ranged from 58 to

104. In the "low emotional coping" group there were 269 participants with a mean score of 47.33 (SD = 7.91) and for this group the EACS scores ranged from 24 to 57.

As a criterion validity, The Emotion Regulation Questionnaire subscales as Cognitive Reappraisal and Suppression were expected to be significantly different for these groups with high and low emotional coping. To be able to examine possible differences between groups, MANOVA was conducted with 2 emotion regulation strategies (i.e., cognitive reappraisal and suppression) as the dependent variables.

Results revealed significant EACS (as shown in Table 3) main effect [Multivariate F (2, 525) = 34.28, p <.001; Wilks' Lambda = .88; η^2 = .12]. After the multivariate analyses, univariate analyses were performed for significant effects with the application of the Bonferroni correction. Thus, for the univariate analyses, the alpha values that were lower than .025 (i.e., .05/2) were considered to be significant with this correction. Univariate analyses with Bonferroni correction for main effect of EACS yielded a significant effect for Cognitive Reappraisal [F (1, 526) = 27.37, p <.001; η^2 =.05] and Suppression [F (1, 526) = 30.04, p <.001; η^2 =.05] measures.

According to mean scores, participants with high emotional coping mechanisms used (M = 31.09) cognitive reappraisal more than participants with low emotional coping (M = 28.20) as a emotion regulation strategy (as shown in Table 4 and Figure 2). Additionally, participants with low emotional coping mechanisms (M = 15.49) used suppression more than participants with high emotional coping (M = 12.90).

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Table 3. EACS Differences on Reappraisal and Suppression

Variables	Wilks' Lambda	Multivariate F	Multi. df	Multi. η^2	Univariate F	Uni. df	Uni. η^2
EACS	.88	34.28*	2, 525	.12	-	-	-
Reappraisal	-	-	-	-	27.37*	1, 526	.05
Suppression	-	-	-	-	30.04*	1, 526	.05

*p <.001

Table 4. Mean Scores of EACS on Reappraisal and Suppression

	High EACS	Low EACS
Reappraisal	31.09	28.20
Suppression	12.90	15.49

Figure 2. Mean Scores of EACS on Cognitive Reappraisal and Suppression
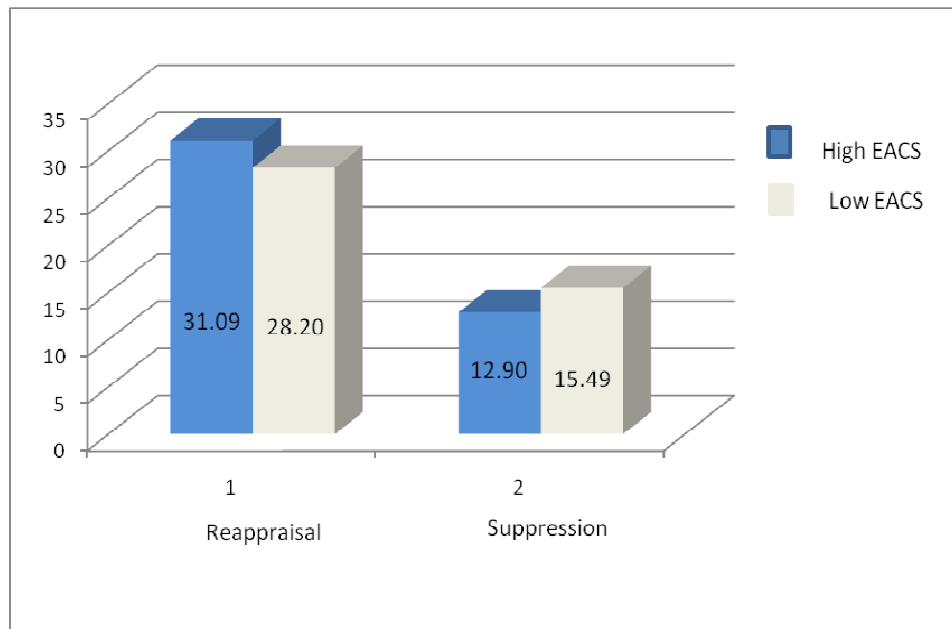
3.1.3 Psychometric Properties of Emotion Regulation Processes

3.1.3.1 Reliability Analysis of Emotion Regulation Processes

In order to examine the internal consistency of Emotion Regulation Processes and its subscales as Situation Selection, Situation Modification, Attention Deployment, Cognitive Change (Antedecent-Focused Regulation), and Experiential, Behavioral and Physical Modulation (Response-Modulation), Cronbach Alpha coefficients were computed. The Turkish version of the Emotion Regulation Processes measure was found to have a Cronbach Alpha coefficient of .91 as a whole scale.

Internal consistency coefficients of sets of items were as follows for the seven regulation strategies: selection of situations, .51; modification of situations, .86; attention deployment, .74; cognitive change, .84; experiential response modulation, .69; behavioral response modulation, .75; and physiological response modulation, .62. Internal consistency of the 16 items assessing antecedent regulation strategies was .86 and internal consistency of the 12 items assessing response modulation was .83. The item-total correlations ranged between .21 and .62 for the whole scale.

The subscales' test-restest reliability coefficients were .60 for Antedecent-Focused regulation (p <.01, N = 90) and .55 for Response-Modulation subscale (p <.01, N = 90).

Split-half reliability was also computed for the subscales. For the Antedecent-Regulation subscale, Guttman split-half reliability was .88, and the Cronbach Alpha coefficient for the first part composed of 8 items, was .73 and it was .78 for the

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second part which was consisted of 8 items. For the Response-Modulation subscale Guttman split-half reliability was .85, where the Cronbach Alpha coefficient for the first part composed of 6 items, was .71 and it was .70 for the second part which was consisted of 6 items.

3.1.3.2 Concurrent Validity of Emotion Regulation Processes

In order to examine the concurrent validity of ERP subscales, correlations between ERQ subscales, WBSI, TAF and EACS were examined. By assuming correlations greater than .15 as moderate correlations, the results indicated that there were high positive correlations among ERQ-Antecedent Focused Regulation subscale, ERQ- Reappraisal subscale (r = .47, p <.01) and EACS (r = .31, p <.01). ERP-Response Modulation subscale exhibited high positive correlations with ERQ-Reappraisal subscale (r = .44, p <.01) mild positive correlations with WBSI (r = .19, p <.01) and moderate correlations with EACS (r = .30, p <.01) (see Table 2).

3.1.3.3 Criterion Validity of Emotion Regulation Processes

In order to examine the criterion validity of Emotion Regulation Processes subscales, two groups were generated on the basis of the participants' EACS scores. The EACS scores with the highest and lowest 50th percentile were grouped as "high emotional coping" and "low emotional coping" categories respectively (For the details of this categorization see section 3.1.2.3)

As a criterion validity, The Emotion Regulation Processes subscales as Antecedent Focused and Response Modulation were expected to significantly different for these groups with high and low emotional coping. To be able to examine

possible differences between groups, MANOVA was conducted with 2 emotion regulation strategies (i.e., Antecedent & Response) as the dependent variables.

Results revealed significant EACS (as shown in Table 5) main effect [Multivariate F (2, 525) = 27.25, $\underline{p}$ <.001; Wilks' Lambda = .91; η^2 = .09]. After the multivariate analyses, univariate analyses were performed for significant effects with the application of the Bonferroni correction. Thus, for the univariate analyses, the alpha values that were lower than .025 (i.e., .05/2) were considered to be significant with this correction. Univariate analyses with Bonferroni correction for the main effect of EACS yielded a significant effect for the Antecedent [$\underline{F}$ (1, 526) = 47.82, $\underline{p}$ <.001; η^2 =.08] and Response [$\underline{F}$ (1, 526) = 41.42, $\underline{p}$ <.001; η^2 =.07] measures.

According to mean scores, participants with high emotional coping mechanisms used ($\underline{M}$ = 84.24) antecedent focused regulation more than participants with low emotional coping ($\underline{M}$ = 76.62) (as shown in Table 6 and Figure 3). Additionally, participants with high emotional coping mechanisms ($\underline{M}$ = 61.48) also used response modulation more than participants with low emotional coping ($\underline{M}$ = 55.85).

Table 5. EACS Differences on Antecedent Regulation and Response Modulation

Variables	Wilks' Lambda	Multivariate F	Multi. df	Multi. η2	Univariate F	Uni. df	Uni. η2
EACS	.91	27.25*	2, 525	.09	-	-	-
Antecedent	-	-	-	-	47.82*	1, 526	.08
Response	-	-	-	-	41.42*	1, 526	.07

*$\underline{p}$ <.001

Table 6. Mean Scores of EACS on Antecedent Regulation and Response Modulation

	High EACS	Low EACS
Antecedent	84.24	76.62
Response	61.48	55.85

Figure 3. Mean Scores of EACS on Antecedent Regulation and Response Modulation
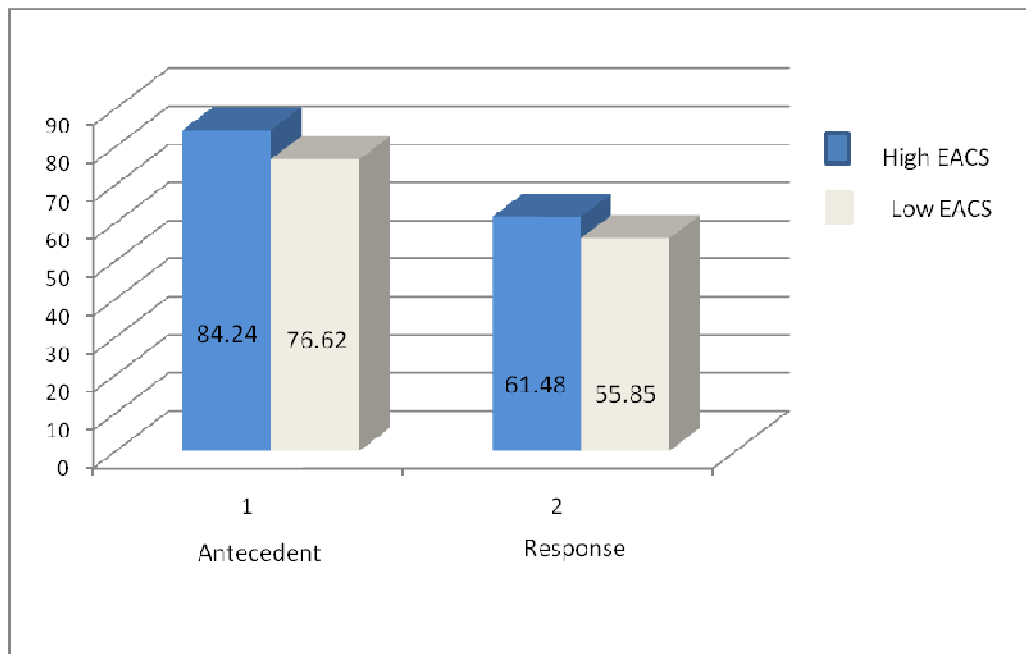
3.2 Main Analyses

3.3 Descriptive Information for the Measures of the Study

The characteristics of the measures that were used in this study by means of standard deviations, means, minimum and maximum ranges were examined for both scales and subscales. These were; Emotion Regulation Questionnaire with subcales of Cognitive Reappraisal and Suppression; Emotion Regulation Processes with subscales of Antecedent Regulation Strategies and Response Modulation; Reading the Mind in the Eyes Test; Short-EMBU (Egna Minnen Betraffande Uppfostran- My Memories of Upbringing) with subscales of Rejection, Emotional Warmth, and Overprotection for both mother and father forms; Beck Depression Inventory; Maudsley Obsessive Compulsive Inventory; Liebowitz Social Anxiety Scale with subscales of Avoidance and Fear (see Table 7).

Table 7. Descriptive Information for the Measures

Measures	N	Mean	SD	Range
ERQ				
Reappraisal	530	29.60	6.51	6 - 42
Suppression	530	14.22	5.57	4 - 28
ERP				
Antecedent	530	80.33	13.20	31 - 112
Selection	530	21.31	3.80	7 - 28
Modification	530	19.68	4.53	5 - 28
Attention	530	20.60	4.17	8- 28
Cognitive	530	18.74	5.07	4 - 28
Response M.	530	58.59	10.41	24 - 84
Experiential	530	19.93	4.27	6 - 28
Behavioral	530	21.25	4.04	8 - 28
Physical	530	17.4	4.27	4 - 28
RMET	530	26.77	3.34	8 - 36
S-EMBU				
MWarmth	530	21.35	4.25	9 - 28
MProtection	530	20.53	5.29	9 - 36
MRejection	530	9.64	2.93	7 - 28
FWarmth	527	19.52	4.75	7 - 28
FProtection	527	19.01	5.19	9 - 36
FRejection	527	9.46	3.21	6 - 27
BDI	530	10.52	8.01	0 - 46
MOCI	530	11.63	5.87	0 - 31
LSAS				
Fear Avoidance	530	45.64	12.15	24 - 87
	530	42.82	11.64	24 - 88

Note: **ERQ** = Emotion Regulation Questionnaire; **ERP** = Emotion Regulation Processes, **Antecedent**: Antecedent Regulation Strategies, **Selection**: Selection of Situations, **Modification**: Modification of Situations, **Attention**: Attention Deployment, **Cognitive**: Cognitive Change, **Response M.**: Response Modulation, **Experiential**: Experiential Modulation, **Behavioral**: Behavioral Modulation, **Physical**: Physical Modulation; **RMET** = Reading the Mind in the Eyes Test; **S-EMBU** = Short-EMBU (Egna Minnen Betraffande Uppfostran- My Memories of Upbringing), **MRejection**: Mother Rejection, **MWarmth**: Mother Emotional Warmth, **MProtection**: Mother Protection, **FRejection**: Father Rejection, **FWarmth**: Father Emotional Warmth, **FProtection**: Father Protection; **BDI** = Beck Depression Inventory; **MOCI** = Maudsley Obsessive Compulsive Inventory; **LSAS =** Liebowitz Social Anxiety Scale

3.3.1 Differences in terms of Demographic Variables on the Measures of the Study

To be able to investigate how demographic variables make distinction on the measures of the present study, separate t-test or univariate analyses (with total

scores of the measures) and multivariate analyses (with the measures having subscales) were conducted. In order to make these analyses, demographic variables as independent variables were categorized into different groups. Information related to these categorizations and numbers of cases in each category (with their percentages) were given in Table 8.

Table 8. Categorization of the Demographic Variables

Variables	*N*	*%*
Gender		
Female	402	76
Male	128	24
Age		
18 to 21 (Younger)	300	57
21 to 36 (Older)	230	43
Number of Romantic Relationships	181	34
0 to 1 (None/Single Relationship)	221	42
2 to 3 (Multiple Relationships - moderate)		
3 to 20 (Multiple Relationships - high)	128	24
Shortest Romantic Relationship Duration		
None/Single Relationship	181	35
Multiple Relationships:	177	34
0.5 to 1.5 months (shorter)	164	31
2 months to 36 months (longer)		
Longest Romantic Relationship Duration		
None/Single Relationship	181	34
Multiple Relationships:		
0.5 to 28 months (shorter)	176	33
29 months to 156 months (longer)	171	32
Perceived Success in General Relationships		
6 to 19 (low)	215	41
20 to 25 (high)	315	59

3.3.2 Differences in terms of Demographic Variables on Emotion Regulation Strategies

3.3.2.1 Differences of Age and Gender on Emotion Regulation Strategies

To be able to examine possible differences of Age and Gender on Emotion Regulation Strategies 2 (Age [Younger, Older]) x 2 (Gender [Male, Female]) between subjects MANOVA was conducted with 2 emotion regulation strategies (i.e., Reappraisal & Suppression) as the dependent variables.

Results revealed significant Gender (as shown in Table 9) main effect [Multivariate $\underline{F}$ (2, 525) = 16.574, $\underline{p}$ <.001; Wilks' Lambda = .94; η^2 = .06]. However, there was no significant Age main effect [Multivariate $\underline{F}$ (2, 525) = 2.062, $\underline{p}$ >.05; Wilks' Lambda = .99; η^2 = .01] and no Gender x Age interaction effect [Multivariate $\underline{F}$ (2, 525) = .246, $\underline{p}$ >.05; Wilks' Lambda = .99; η^2 = .01]. After the multivariate analyses, univariate analyses were performed for significant effects with the application of the Bonferroni correction. Thus, for the univariate analyses, the alpha values that were lower than .025 (i.e., .05/2) were considered to be significant with this correction. Univariate analyses with Bonferroni correction for main effect of Gender yielded a significant effect for Suppression [$\underline{F}$ (1, 526) = 25.09, $\underline{p}$ <.001; η^2 =.05] measure.

According to mean scores, male participants ($\underline{M}$ = 16.29) used suppression more than female participants ($\underline{M}$ = 13.49) as an emotion regulation strategy (as shown in Table 10 and Figure 4).

Table 9. Age and Gender Differences of Emotion Regulation Strategies

Variables	Wilks' Lambda	df (Multi)	Multivariate F	Multi. η^2	df (Uni)	Univariate F	Uni. η^2
Gender	.94	2, 525	16.57*	.06	-	-	-
Reappraisal	-	-	-	-	1, 526	4.75	.01
Suppression	-	-	-	-	1, 526	25.09*	.05
Age	.99	2, 525	2.06	.01	-	-	-
Reappraisal	-	-	-	-	1, 526	0.70	.01
Suppression	-	-	-	-	1, 526	3.78	.01
Gender x Age	.99	2, 525	0.25	.01	-	-	-
Reappraisal	-	-	-	-	1, 526	0.47	.01
Suppression	-	-	-	-	1, 526	0.05	.01

*p <.001

Table 10. Mean Scores of Gender on Suppression

	Female	Male
Suppression	13.49	16.29

Figure 4. The Mean Scores of Gender on Suppression

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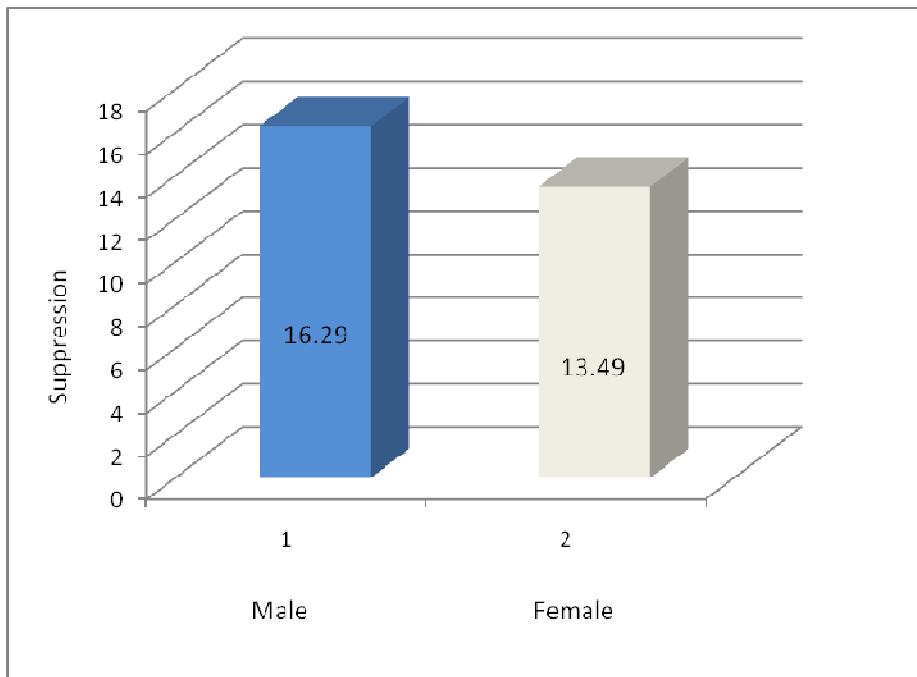
3.3.2.2 Differences of Number of Romantic Relationship on Emotion Regulation Strategies

To be able to examine possible differences of Number of Romantic Relationships (None/Single, Moderate, and High) on Emotion Regulation Strategies, MANOVA was conducted with 2 emotion regulation strategies (i.e., Reappraisal, and Suppression) as the dependent variables.

Results revealed significant Number of Romantic Relationships (as shown in Table 11) main effect [Multivariate $\underline{F}$ (4, 1052) = 2.48, $\underline{p}$ <.05; Wilks' Lambda = .98; η^2 = .01]. Univariate analyses with Bonferroni correction for main effect of Number of Romantic Relationships yielded a significant effect for Suppression [$\underline{F}$ (2, 527) = 4.74, $\underline{p}$ <.05; η^2 =.02] measure.

Table 11. Number of Romantic Relationships Differences of Emotion Regulation Strategies

Variables	*Wilks' Lambda*	*Multi. df*	*Multivariate F*	*Multi. η^2*	*Uni. df*	*Univariate F*	*Uni. η^2*
Number of Romantic Relationships	.98	4, 1052	2.48*	.01	-	-	-
Reappraisal	-	-	-	-	2, 527	0.27	.01
Suppression	-	-	-	-	2, 527	4.74*	.02

$\underline{p}$ <.05

According to the post-hoc comparisons conducted with Bonferroni analysis, participants who had high number of romantic relationships ($\underline{M}$ = 12.91) use suppression significantly less than participants who had none/single relationship ($\underline{M}$ = 14.69) and participants who had moderate number of romantic relationships ($\underline{M}$ = 14.60) as a emotion regulation strategy (as shown in Table 12 and Figure 5)

whereas participants who have none/single relationship ($\underline{M}$ = 14.69) and participants who have moderate number of romantic relationships ($\underline{M}$ = 14.60) did not significantly differ from each other in terms of using suppression as a emotion regulation strategy.

Table 12. Mean Scores of Number of Romantic Relationships on Suppression

	None/Single	Moderate	High
Suppression	14.69	14.60	12.91

Figure 5. Mean Scores of Number of Romantic Relationships on Suppression
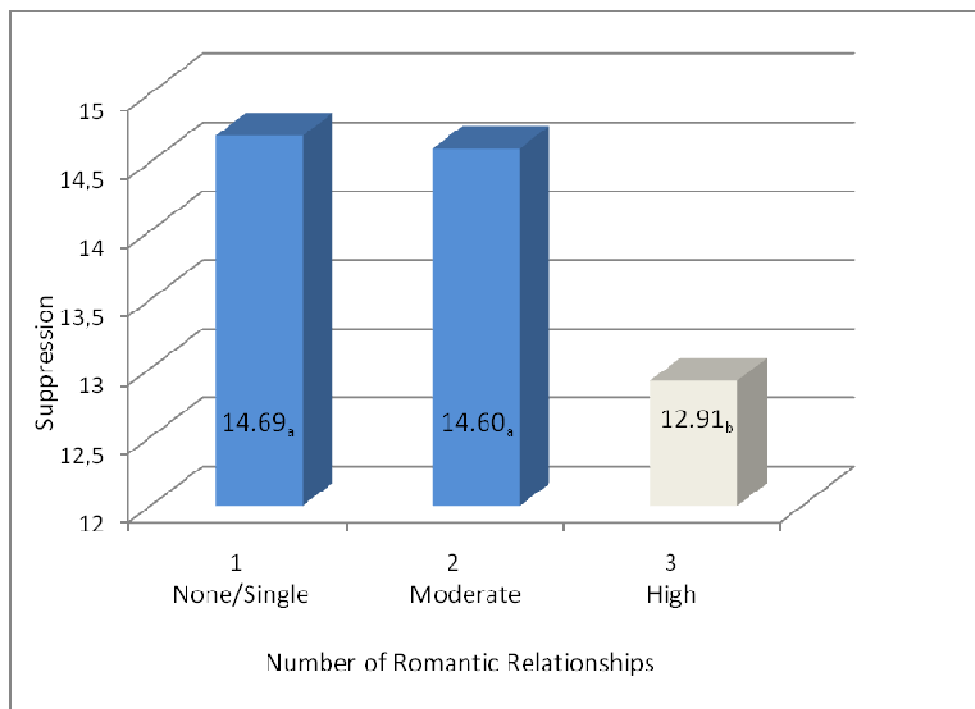
Note: The mean scores that do not share the same subscript are significantly different from each other.

3.3.2.3 Differences of Shortest Romantic Relationship Duration on Emotion Regulation Strategies

To be able to examine possible differences of Shortest Romantic Relationship Duration (None/Single, Shorter, and Longer) on Emotion Regulation Strategies, MANOVA was conducted with 2 emotion regulation strategies (i.e., Reappraisal and Suppression) as the dependent variables.

Results did not reveal significant Shortest Romantic Relationship Duration (as shown in Table 13) main effect [Multivariate F (4, 1036) = 0.65, $p > .05$; Wilks' Lambda = .99; η^2 = .01].

Table 13. Shortest Romantic Relationship Duration Differences on Emotion Regulation Strategies

Variables	Wilks' Lambda	Multi. df	Multivariate F	Multi. η^2	Uni. df	Univariate F	Uni. η^2
Shortest Romantic Relationship Duration	.99	4, 1036	0.65	.01	-	-	-
Reappraisal	-	-	-	-	2, 519	0.43	.01
Suppression	-	-	-	-	2, 519	0.80	.01

3.3.2.4 Differences of Longest Romantic Relationship Duration on Emotion Regulation Strategies

To be able to examine possible differences of Longest Romantic Relationship Duration (None/Single, Shorter, and Longer) on Emotion Regulation Strategies, MANOVA was conducted with 2 emotion regulation strategies (i.e., Reappraisal and Suppression) as the dependent variables.

Results did not reveal significant Longest Romantic Relationship Duration (as shown in Table 14) main effect [Multivariate $\underline{F}$ (4, 1048) = .63, $\underline{p}$ >.05; Wilks' Lambda = .99; η^2 = .01].

Table 14. Longest Romantic Relationship Duration Differences on Emotion Regulation Strategies

Variables	*Wilks' Lambda*	*Multi. df*	*Multivariate F*	*Multi. η^2*	*Uni. df*	*Univariate F*	*Uni. η^2*
Longest Romantic Relationship Duration	.99	4, 1048	0.63	.01	-	-	-
Reappraisal	-	-	-	-	2, 525	0.16	.01
Suppression	-	-	-	-	2, 525	1.01	.01

3.3.2.5 Differences of Perceived Success in General Relationships on Emotion Regulation Strategies

In order to determine possible differences of Perceived Success in General Relationships (Low and High) on Emotion Regulation Strategies, MANOVA was conducted with 2 emotion regulation strategies (i.e., Reappraisal and Suppression) as the dependent variables.

Table 15. Perceived Success in General Relationships Differences on Emotion Regulation Strategies

Variables	*Wilks' Lambda*	*Multivariate F*	*Multi. df*	*Multi. η^2*	*Univariate F*	*Uni. df*	*Uni. η^2*
Perceived Success in General Relationships	.92	24.59*	2, 527	.09	-	-	-
Reappraisal	-	-	-	-	29.40*	1, 528	.05
Suppression	-	-	-	-	12.98*	1, 528	.02

*$\underline{p}$ <.001

Results revealed significant Perceived Success in General Relationships (as shown in Table 15) main effect [Multivariate $\underline{F}$ (2, 527) = 24. 59, $\underline{p}$ <.001; Wilks' Lambda = .92; η^2 = .09].

Univariate analyses following Bonferroni correction for main effect of Perceived Success in General Relationships showed a significant effect for Reappraisal [$\underline{F}$ (1, 528) = 29.40, $\underline{p}$ <.001; η^2 =.05]; for Suppression [$\underline{F}$ (1, 528) = 12.98, $\underline{p}$ <.001; η^2 =.02] measures.

Table 16. Mean Scores of Perceived Success in General Relationships on Reappraisal and Suppression

	Low	High
Reappraisal	27.8	30.84
Suppression	15.26	13.51

According to the mean scores (as shown in Table 16; Figure 6 and 7), participants who had high scores on their perceived success in general relationships ($\underline{M}$ = 30.84) used reappraisal more than participants who had low scores on their perceived success in general relationships ($\underline{M}$ = 27.8). On the other hand, participants who had low scores on their perceived success in general relationships ($\underline{M}$ = 15.26) used suppression more than participants who had high scores on their perceived success in general relationships ($\underline{M}$ = 13.51) as emotion regulation strategies.

Figure 6. Mean Scores of Perceived General Relationships on Reappraisal
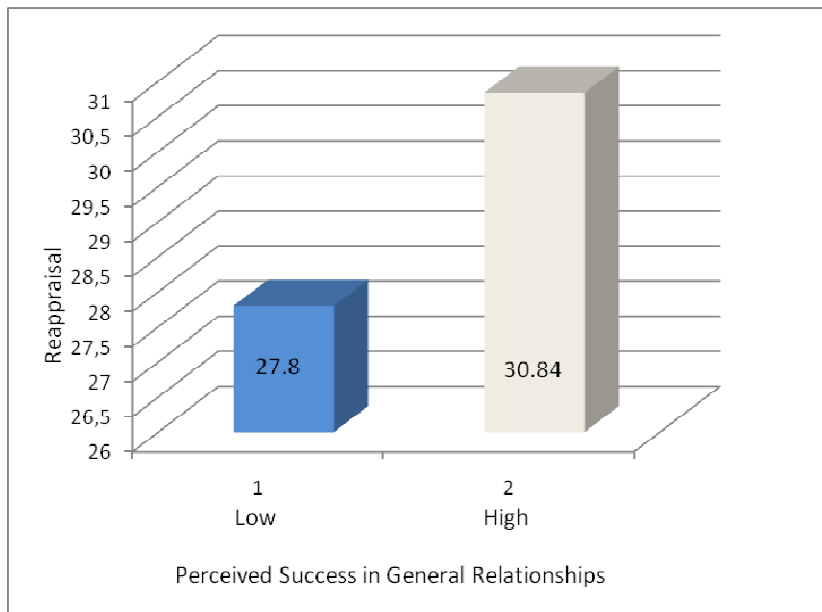
Figure 7. Mean Scores of Perceived General Relationships on Suppression
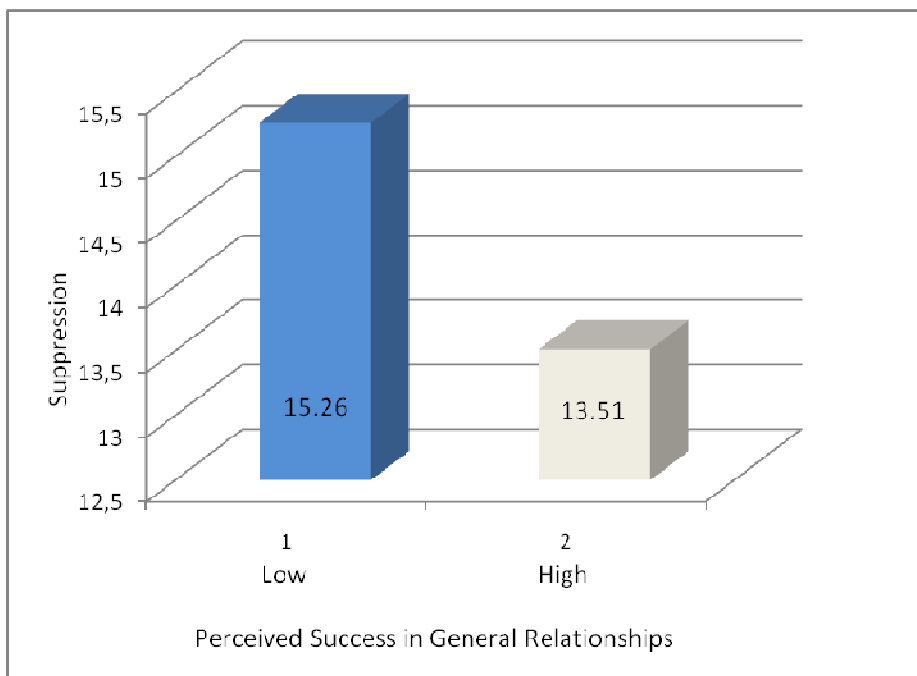
3.3.3 Differences in terms of Demographic Variables on Emotion Regulation Processes

3.3.3.1 Differences of Age and Gender on Emotion Regulation Processes

To be able to examine possible differences of Age and Gender on Emotion Regulation Processes 2 (Age [Younger, Older]) x 2 (Gender [Male, Female]) between subjects MANOVA was conducted with 2 emotion regulation processes (i.e., Antecedent and Response) as the dependent variables.

Results revealed significant Gender (as shown in Table 17) main effect [Multivariate $\underline{F}$ (2, 525) = 4.53, $\underline{p}$ <.05; Wilks' Lambda = .98; η^2 = .02]. However, there was no significant Age main effect [Multivariate $\underline{F}$ (2, 525) = 2.08, $\underline{p}$ >.05; Wilks' Lambda = .99; η^2 = .01] and no Gender x Age interaction effect [Multivariate $\underline{F}$ (2, 525) = .55, $\underline{p}$ >.05; Wilks' Lambda = .99; η^2 = .01]. After the multivariate analyses, univariate analyses were performed for significant effects with the application of the Bonferroni correction. Thus, for the univariate analyses, the alpha values that were lower than .025 (i.e., .05/2) were considered to be significant with this correction.

Table 17. Age and Gender Differences on Emotion Regulation Processes

Variables	Wilks' Lambda	Multi. df	Multivariate F	Multi. η^2	Uni. df	Univariate F	Uni. η^2
Gender	.98	2, 525	4.53*	.02	-	-	-
Antecedent	-	-	-	-	1, 526	9.08**	.02
Response	-	-	-	-	1, 526	4.12	.01
Age	.99	2, 525	2.08	.01	-	-	-
Antecedent	-	-	-	-	1, 526	0.10	.01
Response	-	-	-	-	1, 526	2.94	.01
Gender x Age	.99	2, 525	0.55	.01	-	-	-
Antecedent	-	-	-	-	1, 526	1.08	.01
Response	-	-	-	-	1, 526	0.34	.01

*$\underline{p}$ <.05; **$\underline{p}$ <.025

Univariate analyses following Bonferroni correction for main effect of Gender yielded a significant effect only for Antecedent subscale [$\underline{F}$ (1, 526) = 9.084, $\underline{p}$ <.025; η^2 =.02].

Table 18. Mean Scores of Gender on Antecedent Focused Processes

	Female	Male
Antecedent	81.41	77.36

According to the mean scores, female participants ($\underline{M}$ = 81.41) used antecedent processes more than male participants ($\underline{M}$ = 77.36) (as shown in Table 18 and Figure 8).

Figure 8. Mean Scores of Gender on Antecedent Focused Processes
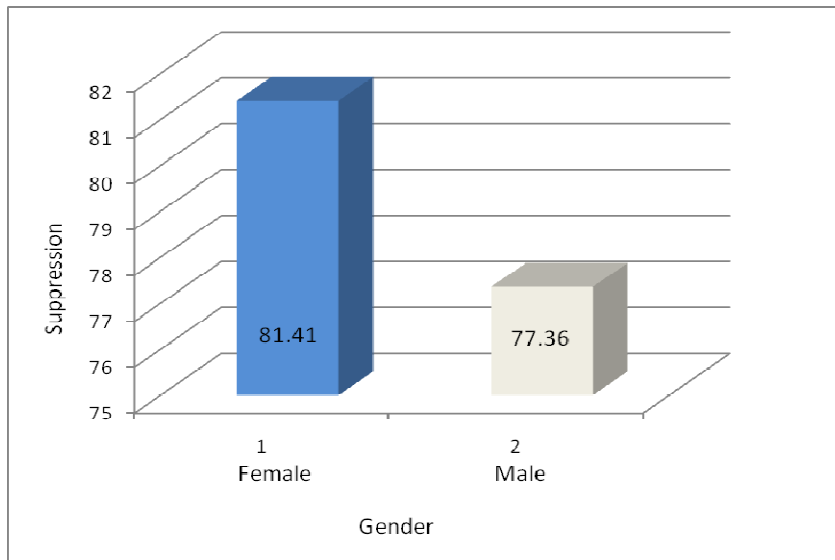
3.3.3.2 Differences of Number of Romantic Relationships on Emotion Regulation Processes

To be able to examine possible differences of Number of Romantic Relationships (None/Single, Moderate, and High) on Emotion Regulation Processes, MANOVA was conducted with 2 emotion regulation processes (i.e., Antecedent and Response) as the dependent variables.

Results did not reveal significant Number of Romantic Relationships (as shown in Table 19) main effect [Multivariate $\underline{F}$ (4, 1052) = 1.42, $\underline{p}$ >.05; Wilks' Lambda = .99; η^2 = .01].

Table 19. Number of Romantic Relationships Differences on Emotion Regulation Processes

Variables	*Wilks' Lambda*	*Multi. df*	*Multivariate F*	*Multi. η²*	*Uni. df*	*Univariate F*	*Uni. η²*
Number of Romantic Relationship	.99	4, 1052	1.42	.01	-	-	-
Antecedent	-	-	-	-	2, 527	0.14	.01
Response	-	-	-	-	2, 527	1.54	.01

3.3.3.3 Differences of Shortest Romantic Relationship Duration on Emotion Regulation Processes

To be able to examine possible differences of Shortest Romantic Relationship Duration (None/Single, Shorter, and Longer) on Emotion Regulation Processes, MANOVA was conducted with 2 emotion regulation processes (i.e., Antecedent and Response) as the dependent variables.

Results did not reveal significant Shortest Romantic Relationship Duration (as shown in Table 20) main effect [Multivariate $\underline{F}$ (4, 1036) = 0.28, $\underline{p}$ >.05; Wilks' Lambda = .99; $η^2$ = .01].

Table 20. Shortest Romantic Relationship Duration Differences on Emotion Regulation Processes

Variables	*Wilks' Lambda*	*Multi. df*	*Multivariate F*	*Multi. η²*	*Uni. df*	*Univariate F*	*Uni. η²*
Shortest Romantic Relationship Duration	.99	4, 1036	0.28	.01	-	-	-
Antecedent	-	-	-	-	2, 519	0.21	.01
Response	-	-	-	-	2, 519	0.18	.01

3.3.3.4 Differences of Longest Romantic Relationship Duration on Emotion Regulation Processes

To be able to examine possible differences of Longest Romantic Relationship Duration (None/Single, Shorter, and Longer) on Emotion Regulation Processes, MANOVA was conducted with with 2 emotion regulation processes (i.e., Antecedent and Response) as the dependent variables.

Results did not reveal significant Longest Romantic Relationship Duration (as shown in Table 21) main effect [Multivariate $\underline{F}$ (4, 1048) = 0.64, $\underline{p}$ >.05; Wilks' Lambda = .99; η^2 = .01].

Table 21. Longest Romantic Relationship Duration Differences on Emotion Regulation Processes

Variables	Wilks' Lambda	Multi. df	Multivariate F	Multi. η^2	Uni. df	Univariate F	Uni. η^2
Longest Romantic Relationship Duration	.99	4, 1048	0.64	.01	-	-	-
Antecedent	-	-	-	-	2, 525	0.70	.01
Response	-	-	-	-	2, 525	0.61	.01

3.3.3.5 Differences of Perceived Success in General Relationships on Emotion Regulation Processes

In order to determine possible differences of Perceived Success in General Relationships (Low and High) on Emotion Regulation Processes, MANOVA was conducted with with 2 emotion regulation processes (i.e., Antecedent and Response) as the dependent variables.

Results revealed significant Perceived Success in General Relationships (as shown in Table 22) main effect [Multivariate F (2, 527) = 15.75, p <.001; Wilks' Lambda = .94; η^2 = .06].

Univariate analyses following Bonferroni correction for main effect of Perceived Success in General Relationships showed a significant effect for Antedecent subscale [F (1, 528) = 28.85, p <.001; η^2 =.05] and for Response subscale [F (1, 528) = 22.57, p <.001; η^2 =.04].

Table 22. Perceived Success in General Relationships Differences on Emotion Regulation Processes

Variables	Wilks' Lambda	Multi. df	Multivariate F	Multi. η^2	Uni. df	Univariate F	Uni. η^2
Perceived Success in General Relationships	.94	2, 527	15.75*	.06	-	-	-
Antecedent	-	-	-	-	1, 528	28.85*	.05
Response	-	-	-	-	1, 528	22.57*	.04

*p <.001

According to the mean scores (as shown in Table 23; Figure 9 and 10), participants who had high scores on their perceived success in general relationships (M = 82.81) used antecedent processes more than participants who had low scores on their perceived success in general relationships (M = 76.69). Similarly, participants who had high scores on their perceived success in general relationships (M = 60.33) used response processes more than participants who had low scores on their perceived success in general relationships (M = 56.04) as emotion regulation processes.

Table 23. Mean Scores of Perceived Success in General Relationships on Antecedent Focused and Response Modulation Processes

	Low	High
Antecedent	76.69	82.81
Response	56.04	60.33

Figure 9. Mean Scores of Perceived Success in General Relationships on Antecedent Focused Processes
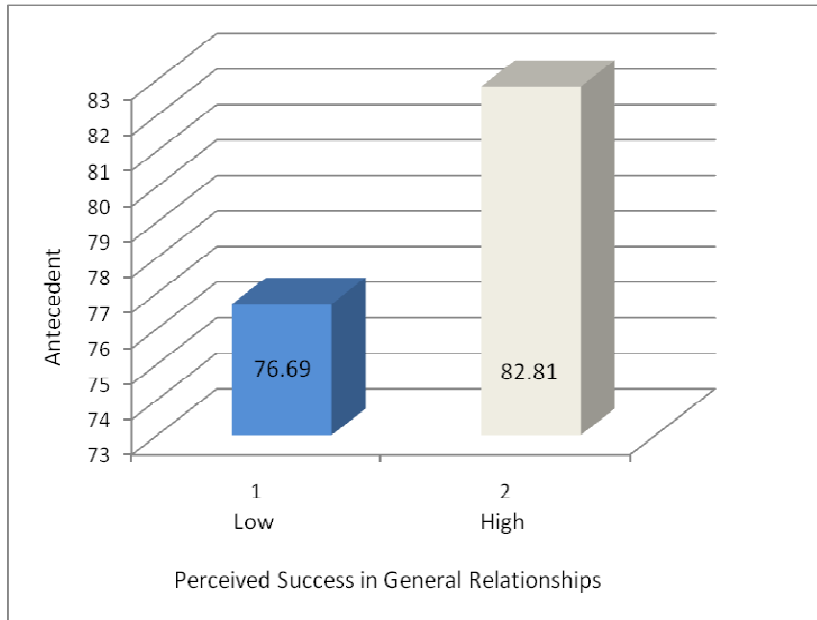
Figure 10. Mean Scores of Perceived Success in General Relationships on Response Modulation Processes
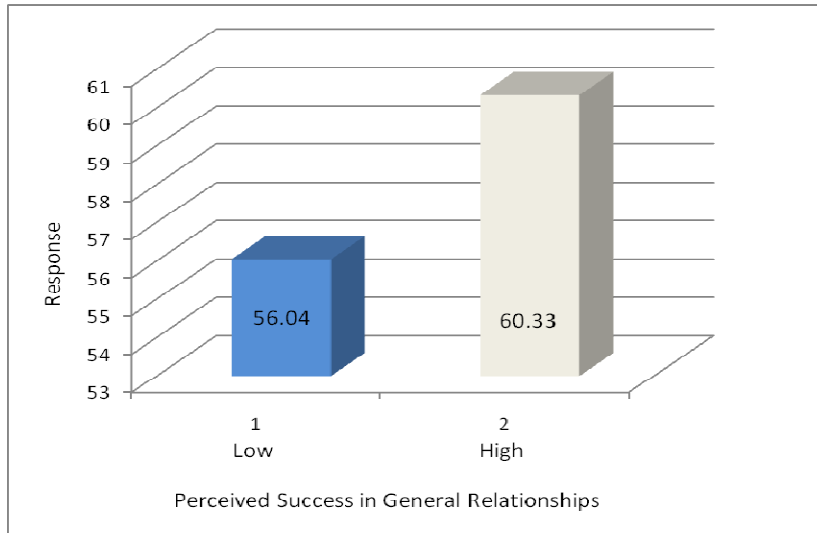
3.3.4 Differences in terms of Demographic Variables on Emotion Recognition

3.3.4.1 Differences of Age and Gender on Emotion Recognition

To be able to examine possible differences of Age and Gender on Emotion Recognition 2 (Age [Younger, Older]) x 2 (Gender [Male, Female]) between subjects ANOVA was conducted with emotion recognition as the dependent variable.

Results revealed significant Gender (as shown in Table 24) main effect [F (1, 526) = 14.29, p <.001]. Age main effect was found to be insignificant [F (1, 526) = 1.06, p>.05]. Gender x Age interaction effect was also found to be insignificant [F (1, 526) = 0.05, p >.05].

Table 24. Age and Gender Differences of Emotion Recognition

Source	df	SS	MS	F
Age	1	11.59	11.59	1.06
Gender	1	156.15	156.15	14.29*
Age x Gender	1	0.52	0.52	0.05
Error	526	5749.50	10.93	

*$p < .001$

According to the mean scores, female participants ($M = 27.11$) were able to recognize emotions more than male participants ($M = 25.85$) (as shown in Table 25 and Figure 11).

Table 25. Mean Scores of Gender on Emotion Recognition

	Female	Male
Emotion Recognition	27.11	25.85

Figure 11. Mean Scores of Emotion Recognition on Gender
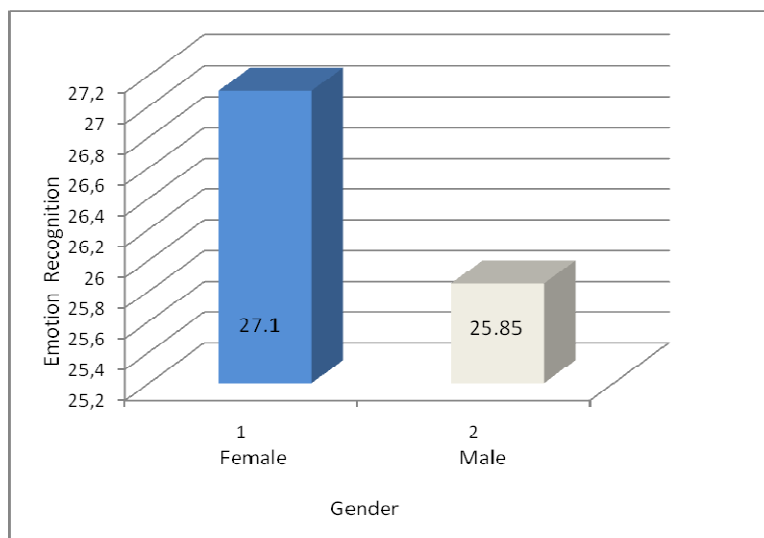
3.3.4.2 Differences of Number of Romantic Relationships on Emotion Recognition

To be able to examine possible differences of Number of Romantic Relationships (None/Single, Moderate, and High) on Emotion Recognition a one-way ANOVA was conducted with Emotion Recognition as the dependent variable.

Results did not reveal significant Number of Romantic Relationships (as shown in Table 26) main effect [F (2, 527) = 0.87, p >.05].

Table 26. Number of Romantic Relationships Differences on Emotion Recognition

Source	*df*	*SS*	*MS*	*F*
Between	2	19.38	9.60	0.87
Error	527	5894.35	11.18	

3.3.4.3 Differences of Shortest Romantic Relationship Duration on Emotion Recognition

To be able to examine possible differences of Number of Romantic Relationships (None/Single, Shorter, and Longer) on Emotion Recognition a one-way ANOVA was conducted with Emotion Recognition as the dependent variable.

Results did not reveal significant Shortest Romantic Relationship Duration main effect (as shown in Table 27) [F (2, 519) = 1.30, p >.05].

Table 27. Shortest Romantic Relationship Duration Differences on Emotion Recognition

Source	df	SS	MS	F
Between	2	29.33	14.66	1.30
Error	519	5841.62	11.26	

3.3.4.4 Differences of Longest Romantic Relationship Duration on Emotion Recognition

To be able to examine possible differences of Longest Romantic Relationship Duration (None/Single, Shorter, and Longer) on Emotion Recognition a one-way ANOVA was conducted with Emotion Recognition as the dependent variable

Results did not reveal significant Longest Romantic Relationship Duration main effect (as shown in Table 28) [$\underline{F}$ (2, 525) = 0.73, $\underline{p}$ >.05].

Table 28. Longest Romantic Relationship Duration Differences on Emotion Recognition

Source	df	SS	MS	F
Between	2	16.36	8.18	0.73
Error	525	5894.35	11.20	

3.3.4.5 Differences of Perceived Success in General Relationships on Emotion Recognition

To be able to investigate possible differences of Perceived Success in General Relationships (Low and High) on Emotion Recognition, Independent t-test was conducted with Emotion Recognition as the dependent variable. Results revealed significant group differences on Emotion Recognition ($\underline{t}$[528] = 10.71, $\underline{p}$ <.05).

According to the mean scores, participants who had high scores on their perceived success in general relationships ($\underline{M}$ = 27.23) were able to recognize more emotions than participants who had low scores on their perceived success in general relationships ($\underline{M}$ = 26.11) (see Figure 12).

Figure 12. Mean Scores of Emotion Recognition on Perceived Success in General Relationships
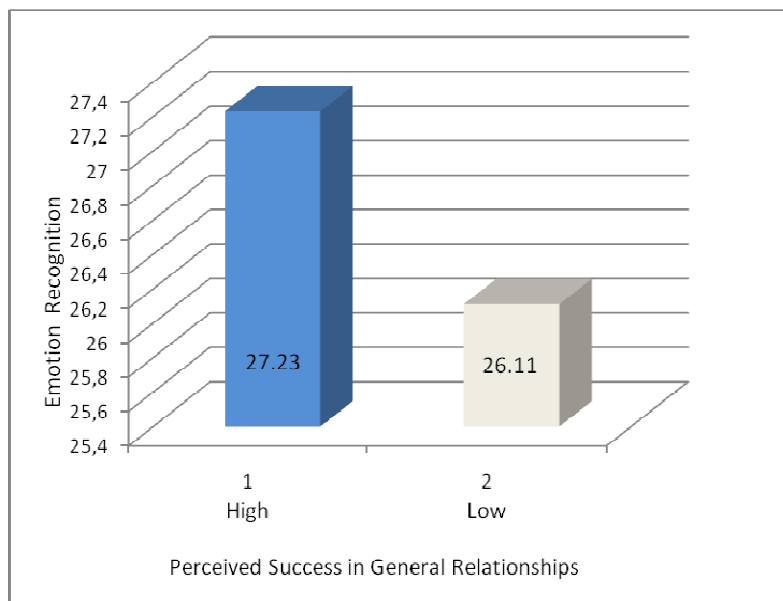
3.3.5   Differences in terms of Demographic Variables on Perceived Parenting Style

3.3.5.1 Differences of Age and Gender on Perceived Maternal Parenting Style

To be able to examine possible differences of Age and Gender on Perceived Maternal Parenting Style 2 (Age [Younger, Older]) x 2 (Gender [Male, Female]) between subjects MANOVA was conducted with 3 Perceived Maternal Parenting Styles (i.e., Rejection, Warmth, and Overprotection) as the dependent variables.

Results revealed significant Gender (as shown in Table 29) main effect [Multivariate $\underline{F}$ (3, 506) = 5.93, $\underline{p}$ <.05; Wilks' Lambda = .97; η^2 = .03]. Age main effect was also found to be significant [Multivariate $\underline{F}$ (3, 506) = 5.56, $\underline{p}$ <.05; Wilks' Lambda = .97; η^2 = .03]. However, Gender x Age interaction effect was insignificant [Multivariate $\underline{F}$ (3, 506) = .58, $\underline{p}$ >.05; Wilks' Lambda = .99; η^2 = .01]. After the multivariate analyses, univariate analyses were performed for significant effects with the application of the Bonferroni correction. Thus, for the univariate analyses, the alpha values that were lower than .016 (i.e., .05/3) were considered to be significant with this correction.

Table 29. Age and Gender Differences on Perceived Maternal Parenting Style

Variables	Wilks' Lambda	Multi. df	Multivariate F	Multi. η^2	Uni. df	Univariate F	Uni. η^2
Gender	.97	3, 506	5.93*	.03	-	-	-
Mwarmth	-	-	-	-	1, 508	16.01**	.03
MProtection	-	-	-	-	1, 508	0.07	.01
Mrejection	-	-	-	-	1, 508	0.18	.01
Age	.97	3, 506	5.56*	.03		-	-
Mwarmth	-	-	-	-	1, 508	8.24*	.02
MProtection	-	-	-	-	1, 508	2.01	.01
Mrejection	-	-	-	-	1, 508	5.82	.01
Gender x Age	.99	3, 506	0.58	.01	-	-	-
Mwarmth	-	-	-	-	1, 508	1.54	.01
MProtection	-	-	-	-	1, 508	0.08	.01
Mrejection	-	-	-	-	1, 508	0.24	.01

*$\underline{p}$ <.016; **$\underline{p}$ <.001

Univariate analyses following Bonferroni correction for main effect of Gender yielded a significant effect for Warmth [$\underline{F}$ (1, 508) = 16.01, $\underline{p}$ <.001; η^2 = .03]. According to the mean scores, (as shown in Table 30 and Figure 13) female participants ($\underline{M}$ = 21.7) perceived their mother's behaviors warmer than male participants ($\underline{M}$ = 19.96).

Table 30. Mean Scores of Gender on Perceived Maternal Warmth

	Female	Male
MWarmth	21.7	19.96

Univariate analyses following Bonferroni correction for main effect of Age yielded a significant effect for Warmth [$\underline{F}$ (1, 508) = 8.24, $\underline{p}$ <.016; η^2 =.02]. According to the mean scores, (as shown in Table 31 and Figure 14) younger

participants ($\underline{M}$ = 21.45) perceived their mother's behaviors warmer than older participants ($\underline{M}$ = 20.20).

Table 31. Mean Scores of Age on Perceived Maternal Warmth

	Younger	Male
MWarmth	21.45	20.20

Figure 13. Mean Scores of Gender on Perceived Maternal Warmth

Figure 14. Mean Scores of Age on Perceived Maternal Warmth
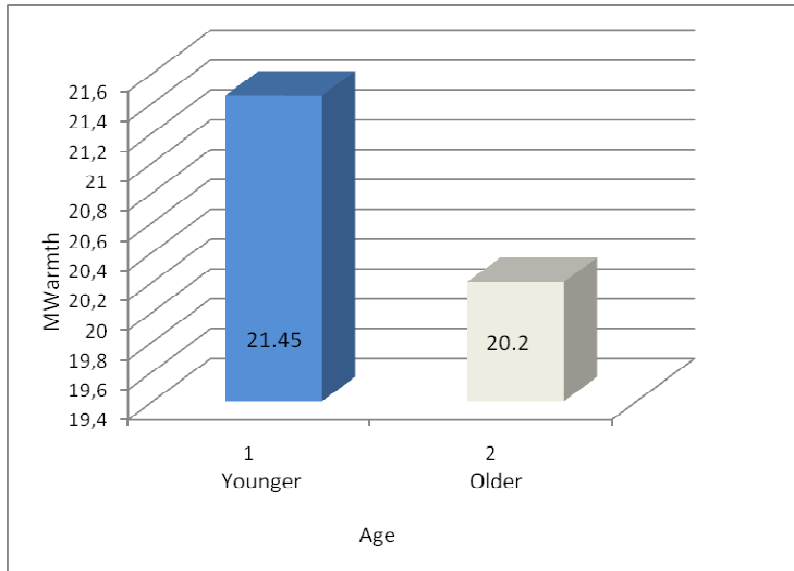
3.3.5.2 Differences of Number of Romantic Relationships on Perceived Maternal Parenting Style

To be able to examine possible differences of Number of Romantic Relationships (None/Single, Moderate, and High) on Perceived Maternal Parenting Style, MANOVA was conducted with 3 Perceived Maternal Parenting Styles (i.e., Rejection, Warmth , and Overprotection) as the dependent variables.

Results did not reveal significant Number of Romantic Relationships (as shown in Table 32) main effect [Multivariate $\underline{F}$ (6, 1014) = 0.96, $\underline{p}$ >.05; Wilks' Lambda = .99; η^2 = .01].

Table 32. Number of Romantic Relationships Differences on Perceived Maternal Parenting Style

Variables	*Wilks' Lambda*	*Multi. df*	*Multivariate F*	*Multi. η²*	*Uni. df*	*Univariate F*	*Uni. η²*
Number of Romantic Relationships	.99	6, 1014	0.45	.01	-	-	-
MWarmth	-	-	-	-	2, 509	0.73	.01
MProtection	-	-	-	-	2, 509	1.41	.01
MRejection	-	-	-	-	2, 509	0.21	.01

3.3.5.3 Differences of Shortest Romantic Relationship Duration on Perceived Maternal Parenting Style

To be able to examine possible differences of Shortest Romantic Relationship Duration (None/Single, Shorter, and Longer) on Perceived Maternal Parenting Style, MANOVA was conducted with 3 Perceived Maternal Parenting Styles (i.e., Rejection, Warmth, and Overprotection) as the dependent variables.

Results did not reveal significant Shortest Romantic Relationship Duration (as shown in Table 33) main effect [Multivariate F (6, 998) = 0.23, p >.05; Wilks' Lambda = .98; η^2 = .01]

Table 33. Shortest Romantic Relationship Duration Differences on Perceived Maternal Parenting Style

Variables	*Wilks' Lambda*	*Multi. df*	*Multivariate F*	*Multi. η²*	*Uni. df*	*Univariate F*	*Uni. η²*
Shortest Romantic Relationship Duration	.98	6, 998	0.23	.01	-	-	-
MWarmth	-	-	-	-	2, 501	1.11	.01
MProtection	-	-	-	-	2, 501	1.22	.01
MRejection	-	-	-	-	2, 501	1.64	.01

3.3.5.4 Differences of Longest Romantic Relationship Duration on Perceived Maternal Parenting Style

To be able to examine possible differences of Longest Romantic Relationship (None/Single, Shorter, and Longer) on Perceived Maternal Parenting Style, MANOVA was conducted with 3 Perceived Maternal Parenting Styles (i.e., Rejection, Warmth, and Overprotection) as the dependent variables.

Results did not reveal significant Longest Romantic Relationship Duration (as shown in Table 34) main effect [Multivariate $\underline{F}$ (6, 1010) = 1.91, $\underline{p}$ >.05; Wilks' Lambda = .98; η^2 = .01]

Table 34. Longest Romantic Relationship Duration Differences on Perceived Maternal Parenting Style

Variables	Wilks' Lambda	Multi. df	Multivariate F	Multi. η^2	Uni. df	Univariate F	Uni. η^2
Longest Romantic Relationship Duration	.98	6, 1010	1.91	.01	-	-	-
MWarmth	-	-	-	-	2, 507	3. 57	.01
MProtection	-	-	-	-	2, 507	1.32	.01
MRejection	-	-	-	-	2, 507	0.02	.01

3.3.5.5 Differences of Perceived Success in General Relationships on Perceived Maternal Parenting Style

To be able to investigate possible differences of Perceived General Relationships (Low and High) on Perceived Maternal Parenting Style, MANOVA was conducted with 3 Perceived Maternal Parenting Styles (i.e., Rejection, Warmth, and Protection) as the dependent variables.

Results revealed significant Perceived Success in General Relationships (as shown in Table 35) main effect [Multivariate F (3, 508) = 30.15, p <.05; Wilks' Lambda = .85; η^2 = .15].

Table 35. Perceived Success in General Relationships Differences on Perceived Maternal Parenting Style

Variables	*Wilks' Lambda*	*Multi. df*	*Multivariate F*	*Multi. η^2*	*Uni. df*	*Univariate F*	*Uni. η^2*
Perceived Success in General Relationships	.85	3, 508	30.15*	.15	-	-	-
MWarmth	-	-	-	-	1, 510	69.66**	.12
MProtection	-	-	-	-	1, 510	11.22**	.02
MRejection	-	-	-	-	1, 510	49.27	.09

*p <.001; **p <.016

Univariate analyses following Bonferroni correction for the main effect of Perceived Success in General Relationships yielded a significant effect for Warmth [F (1, 510) = 69.66, p <.001; η^2 =.12] measure. According to the mean scores (as shown in Table 36 and Figure 15), participants who had high scores on their perceived success in general relationships (M = 22.54) perceived their mother's behaviors warmer than participants who had low scores on their perceived success in general relationships (M = 19.54).

Table 36. Mean Scores of Perceived Success in General Relationships on Perceived Maternal Warmth

	High	Low
MWarmth	22.54	19.54

Figure 15. Mean Scores of Perceived Success in General Relationships on Perceived Maternal Warmth
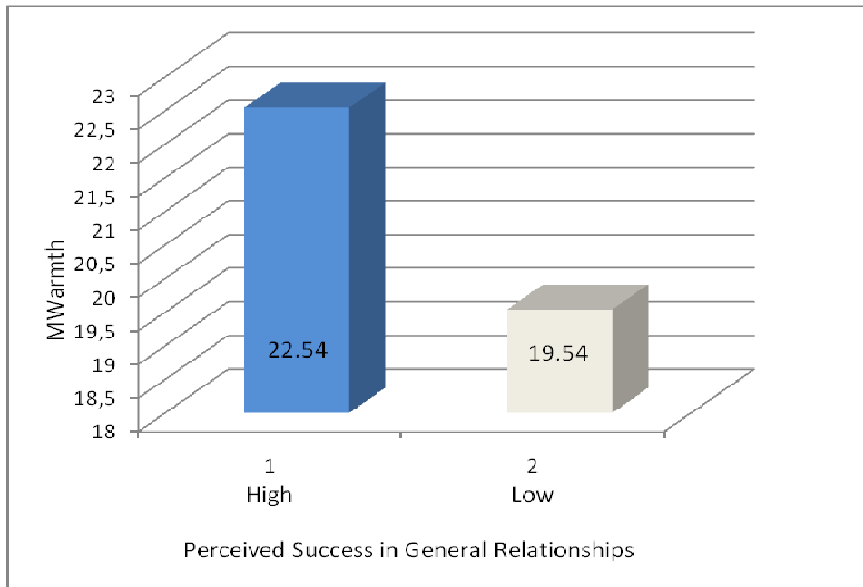
Univariate analyses following Bonferroni correction for the main effect of Perceived Success in General Relationships yielded a significant effect for Protection [F (1, 510) = 11.22 p <.001; η^2 =.02] measure. According to the mean scores (as shown in Table 37 and Figure 16), participants who had low scores on their perceived success in general relationships (M = 21.42) perceived their mother's behaviors more overprotective than participants who had high scores on their perceived success in general relationships (M = 19.83).

Table 37. Mean Scores of Perceived Success in General Relationships on Perceived Maternal Protection

	Low	High
MProtection	21.42	19.83

Figure 16. Mean Scores of Perceived Success in General Relationships on Perceived Maternal Protection

Furthermore, univariate analyses following Bonferroni correction for main effect of Perceived Success in General Relationships yielded a significant effect for Rejection [F (1, 510) = 49.27; p <.001; η^2 =.09] measure. According to the mean scores (as shown in Table 38 and Figure 17), participants who had low scores on their perceived success in general relationships (M = 10.68) felt more rejected by their mothers than participants who had high scores on their perceived success in general relationships (M = 8.92).

Table 38. Perceived Success in General Relationships Differences on Perceived Maternal Rejection

	Low	High
MRejection	10.68	8.92

Figure 17. Mean Scores of Perceived Success in General Relationships on Perceived Maternal Rejection
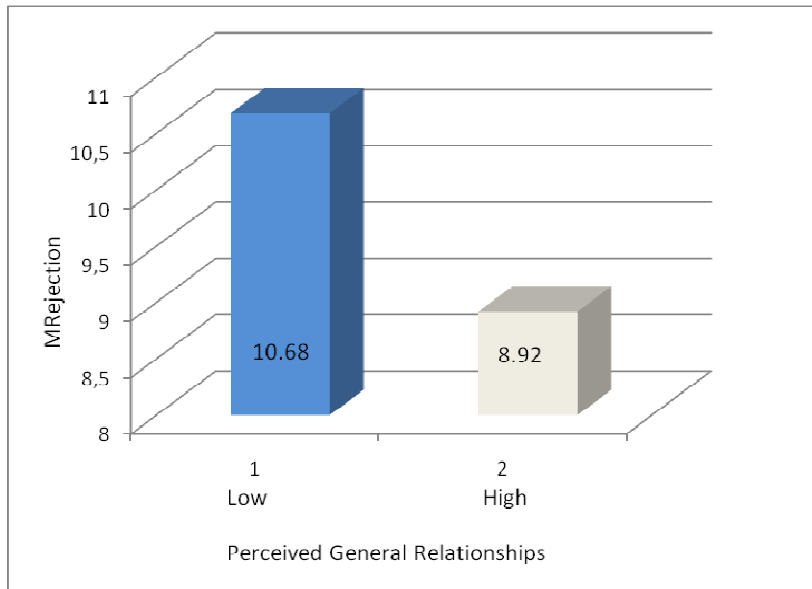
3.3.5.6 Differences of Age and Gender on Perceived Paternal Parenting Style

To be able to examine possible differences of Age and Gender on Perceived Paternal Parenting Style 2 (Age [Younger, Older]) x 2 (Gender [Male, Female]) between subjects MANOVA was conducted with 3 Perceived Paternal Parenting Styles (i.e., Rejection, Warmth, and Overprotection) as the dependent variables.

Results revealed significant Gender (as shown in Table 39) main effect [Multivariate $\underline{F}$ (3, 503) = 4.37, $\underline{p}$ <.05; Wilks' Lambda = .98; η^2 = .03]. Age main effect was also found to be significant [Multivariate $\underline{F}$ (3, 503) = 4.23 $\underline{p}$ <.05; Wilks' Lambda = .98; η^2 = .03]. However, Gender x Age interaction effect was insignificant [Multivariate $\underline{F}$ (3, 503) = 0.59 $\underline{p}$ >.05; Wilks' Lambda = .99; η^2 = .01]. After the multivariate analyses, univariate analyses were performed for significant effects with the application of the Bonferroni correction. Thus, for the univariate analyses, the

alpha values that were lower than .016 (i.e., .05/3) were considered to be significant with this correction.

Table 39. Age and Gender Differences on Perceived Paternal Parenting Style

Variables	Wilks' Lambda	Multi. df	Multivariate F	Multi. η^2	Uni. df	Univariate F	Uni. η^2
Gender	.98	3, 503	4.37*	.03	-	-	-
PWarmth	-	-	-	-	1, 505	13.05**	.03
PProtection	-	-	-	-	1, 505	0.02	.01
PRejection	-	-	-	-	1, 505	2.47	.01
Age	.98	3, 503	4.27*	.03		-	-
PWarmth	-	-	-	-	1, 505	6.63**	.01
PProtection	-	-	-	-	1, 505	2.01	.01
PRejection	-	-	-	-	1, 505	5.82	.01
Gender x Age	.99	3, 503	0.63	.01	-	-	-
PWarmth	-	-	-	-	1, 505	0.36	.01
PProtection	-	-	-	-	1, 505	1.17	.01
PRejection	-	-	-	-	1, 505	0.35	.01

*$\underline{p}$ <.001; **$\underline{p}$ <.016

According to univariate analyses results, Gender main effect was significant for Warmth [$\underline{F}$ (1, 505) = 13.05 $\underline{p}$ <.001; η^2 =.03]. According to the mean scores (as shown in Table 40 and Figure 18), female participants ($\underline{M}$ = 19.85) perceived their father's behaviors warmer than male participants ($\underline{M}$ = 18.07).

Table 40. Mean Scores of Gender on Perceived Paternal Warmth

	Female	Male
PWarmth	19.85	18.07

Figure 18. Mean Scores of Gender on Perceived Paternal Warmth
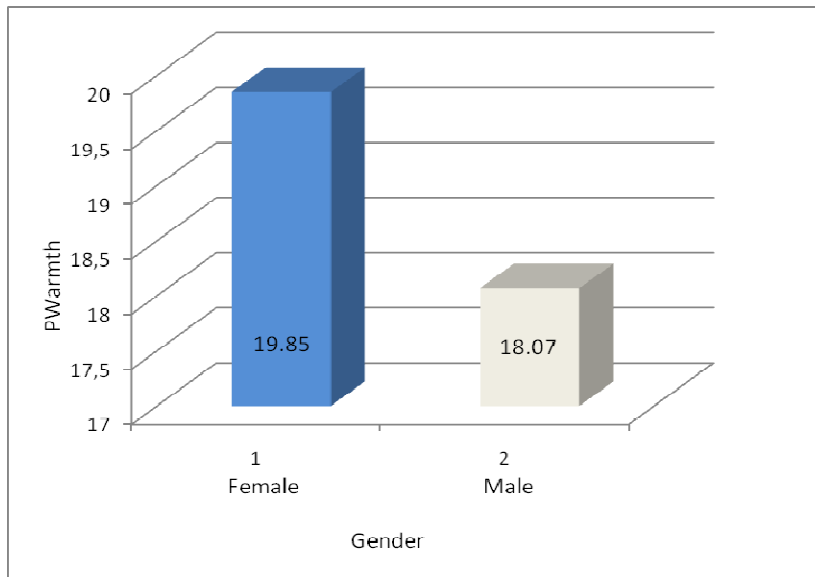
Univariate analyses following Bonferroni correction for main effect of Age yielded a significant effect for Warmth [F (1, 505) = 6.63, p <.05; η^2 =.01] subscale. According to the mean scores (as shown in Table 41 and Figure 19), younger participants (M = 19.59) perceived their father's behaviors warmer than older participants (M = 18.32).

Table 41. Mean Scores of Age on Perceived Paternal Warmth

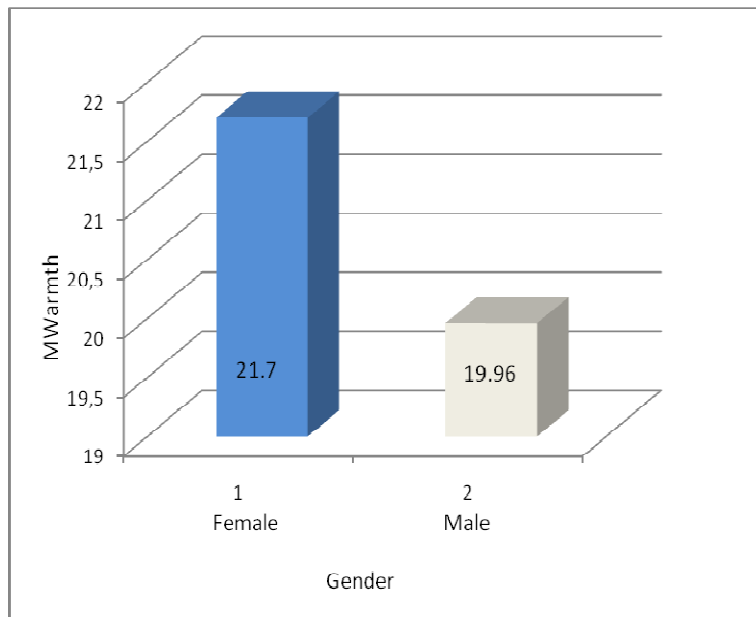|	Younger	Older
PWarmth	19.59	18.32

Figure 19. Mean Scores of Age on Perceived Paternal Warmth
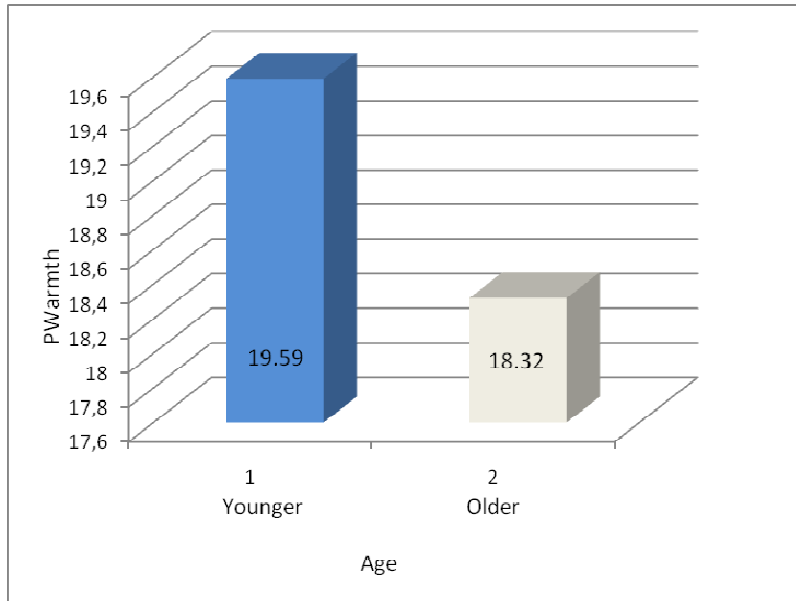
3.3.5.7 Differences of Number of Romantic Relationships on Perceived Paternal Parenting Style

To be able to examine possible differences of Number of Romantic Relationships (None/Single, Moderate, and High) on Perceived Maternal Parenting Style, MANOVA was conducted with 3 Perceived Paternal Parenting Styles (i.e., Rejection, Warmth, and Overprotection) as the dependent variables.

Results did not reveal significant Number of Romantic Relationships (as shown in Table 42) main effect [Multivariate $\underline{F}$ (6, 1008) = 0.90, $\underline{p}$ >.05; Wilks' Lambda = .99; η^2 = .01].

Table 42. Number of Romantic Relationships Differences on Perceived Paternal Parenting Style

Variables	Wilks' Lambda	Multi. df	Multivariate F	Multi. η^2	Uni. df	Univariate F	Uni. η^2
Number of Romantic Relationships	.99	6, 1008	0.90	.01	-	-	-
PWarmth	-	-	-	-	2, 506	0.15	.01
PProtection	-	-	-	-	2, 506	0.56	.01
PRejection	-	-	-	-	2, 506	0.58	.01

3.3.5.8 Differences of Shortest Romantic Relationship Duration on Perceived Paternal Parenting Style

To be able to examine possible differences of Shortest Romantic Relationship Duration (None/Single, Shorter, and Longer) on Perceived Paternal Parenting Style, MANOVA was conducted with 3 Perceived Paternal Parenting Styles (i.e., Rejection, Warmth, and Overprotection) as the dependent variables.

Results did not reveal significant Shortest Romantic Relationship Duration (as shown in Table 43) main effect [Multivariate F (6, 992) = 1.08, p>.05; Wilks' Lambda = .99; η^2 = .02]

Table 43. Shortest Romantic Relationship Duration Differences on Perceived Paternal Parenting Style

Variables	Wilks' Lambda	Multi. df	Multivariate F	Multi. η^2	Uni. Df	Univariate F	Uni. η^2
Shortest Romantic Relationship Duration	.99	6, 992	1.08	.01	-	-	-
PWarmth	-	-	-	-	2, 498	1.30	.01
PProtection	-	-	-	-	2, 498	0.28	.01
PRejection	-	-	-	-	2, 498	2.17	.01

3.3.5.9 Differences of Longest Romantic Relationship Duration on Perceived Paternal Parenting Style

To be able to examine possible differences of Longest Romantic Relationship (None/Single, Shorter, and Longer) on Perceived Paternal Parenting Style, MANOVA was conducted with 3 Perceived Maternal Parenting Styles (i.e., Rejection, Warmth, and Overprotection) as the dependent variables.

Results did not reveal significant Longest Romantic Relationship Duration (as shown in Table 44) main effect [Multivariate $\underline{F}$ (6, 1004) = 0.63, $\underline{p}$ >.05; Wilks' Lambda = .99; η^2 = .01].

Table 44. Longest Romantic Relationship Duration Differences on Perceived Paternal Parenting Style

Variables	Wilks' Lambda	Multi. df	Multivariate F	Multi. η^2	Uni. Df	Univariate F	Uni. η^2
Longest Romantic Relationship Duration	.99	6, 1004	0.63	.01	-	-	-
PWarmth	-	-	-	-	2, 504	0.79	.01
PProtection	-	-	-	-	2, 504	0.18	.01
PRejection	-	-	-	-	2, 504	0.60	.01

3.3.5.10 Differences of Perceived Success in General Relationships on Perceived Paternal Parenting Style

To be able to examine possible differences of Perceived Success in General Relationships (Low and High) on Perceived Paternal Parenting Style, MANOVA was conducted with 3 Perceived Paternal Parenting Styles (i.e., Rejection, Warmth, and Overprotection) as the dependent variables.

Results revealed significant Perceived Success in General Relationships (as shown in Table 45) main effect [Multivariate F (3, 505) = 23.16, p <.05; Wilks' Lambda = .88; η^2 = .12].

Table 45. Perceived Success in General Relationships Differences on Perceived Paternal Parenting Style

| Variables	*Wilks' Lambda*	*Multi. df*	*Multivariate F*	*Multi. η^2*	*Uni. df*	*Univariate F*	*Uni. η^2*
Perceived Success in General Relationships	.88	3, 505	23.16*	.12	-	-	-
PWarmth	-	-	-	-	1, 507	63.53**	.11
PProtection	-	-	-	-	1, 507	6.11**	.01
PRejection	-	-	-	-	1, 507	22.66**	.04

*p <.001; **p <.016

Univariate analyses following Bonferroni correction for main effect of Perceived Success in General Relationships yielded a significant effect for Warmth [F (1, 507) = 63.53 p <.001; η^2 =.121] subscale. According to the mean scores (as shown in Table 46 and Figure 20), participants who had high scores on their perceived success in general relationships (M = 20.81) perceived their father's behaviors warmer than participants who had low scores on their perceived success in general relationships (M = 17.58).

Table 46. Mean Scores of Perceived Success in General Relationships on Perceived Paternal Warmth

	High	Low
PWarmth	20.81	17.58

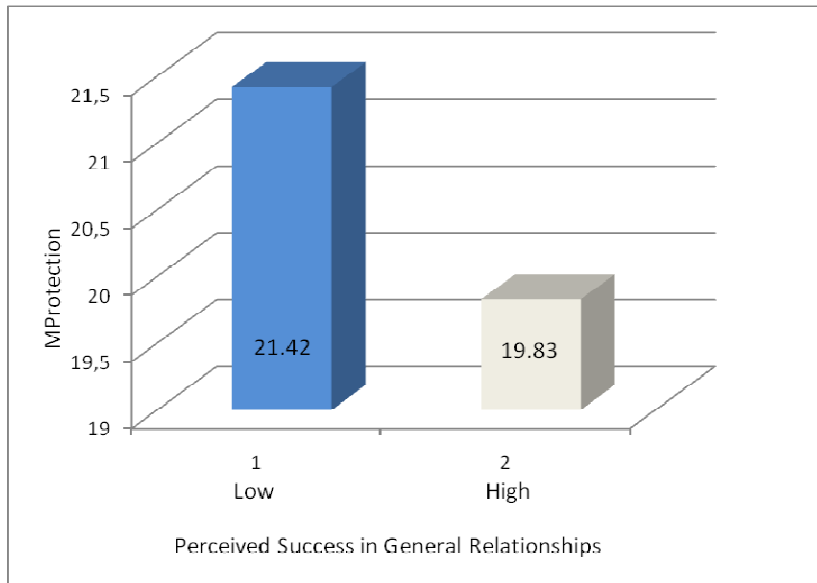**Figure 20. Mean Scores of Perceived Success in General Relationships on Perceived Paternal Warmth**
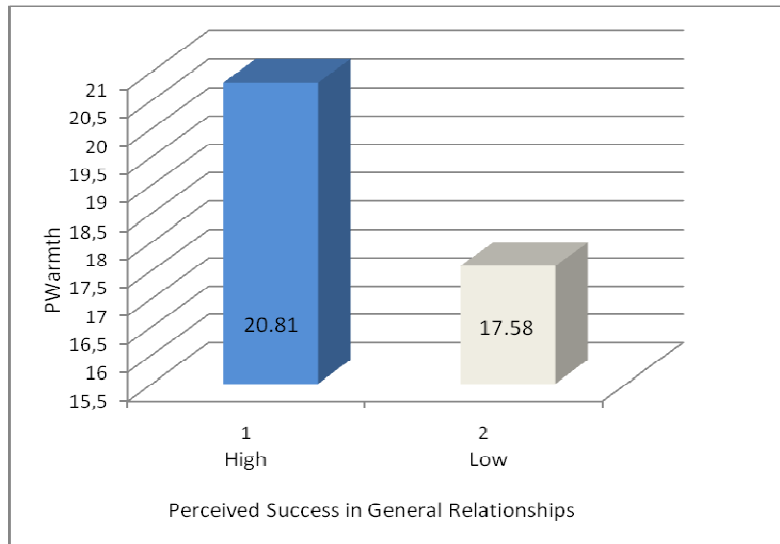
Univariate analyses following Bonferroni correction for main effect of Perceived Success in General Relationships yielded a significant effect for Protection [F (1, 507) = 6.11 p <.05; η^2 =.01] subscale. According to the mean scores (as shown in Table 47 and Figure 21), participants who had low scores on their perceived success in general relationships (M = 19.62) perceived their father's behaviors more overprotective than participants who had high scores on their perceived success in general relationships (M = 18.48).

Table 47. Perceived Success in General Relationships Differences on Perceived Paternal Protection

	High	Low
PProtection	18.48	19.62

Figure 21. Mean Scores of Perceived Success in General Relationships on Perceived Paternal Protection
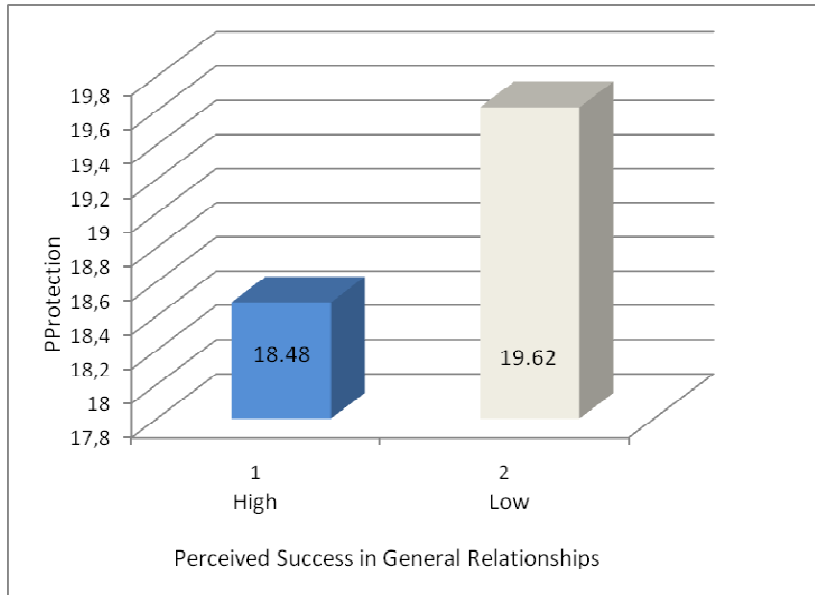

Furthmore, univariate analyses following Bonferroni correction for main effect of Perceived Success in General Relationships yielded a significant effect for Rejection [$\underline{F}$ (1, 507) = 22.66; $\underline{p}$ <.001; η^2 =.04] measure. According to the mean scores (as shown in Table 48 and Figure 22), participants who had low scores on their perceived success in general relationships ($\underline{M}$ = 10.31) felt more rejection by their fathers than participants who had high scores on their perceived success in general relationships ($\underline{M}$ = 8.97).

Table 48. Mean Scores of Perceived Success in General Relationships on Perceived Paternal Rejection

	High	Low
PRejection	8.97	10.31

Figure 22. Mean Scores of Perceived Success in General Relationships on Perceived Paternal Rejection
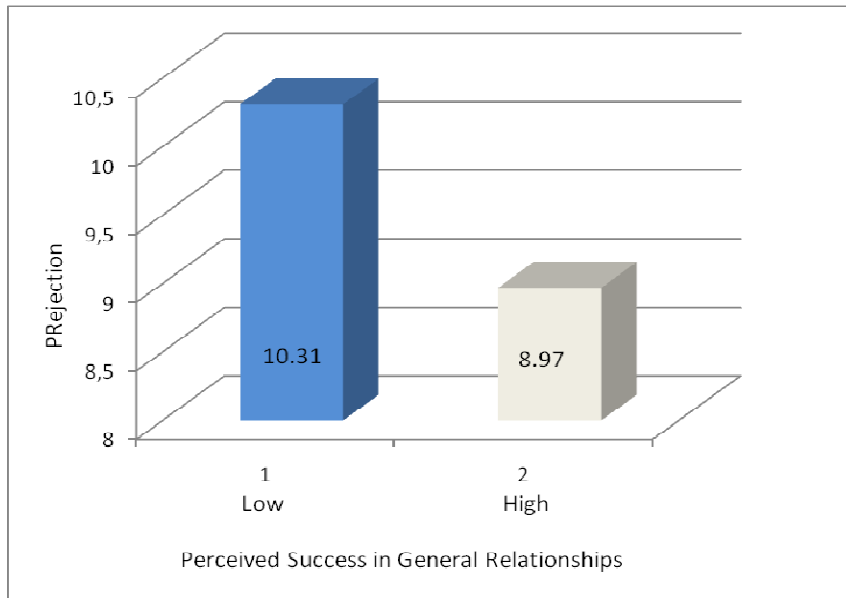
3.3.6 Differences in terms of Demographic Variables on Depression Symptoms

3.3.6.1 Differences of Age and Gender on Depression Symptoms

To be able to examine possible differences of Age and Gender on Depression 2 (Age [Younger, Older]) x 2 (Gender [Male, Female]) between subjects ANOVA was conducted with depression as the dependent variable.

Results revealed significant Age (as shown in Table 49) main effect [F (1, 526) = 4.53, p <.05]. Gender main effect was found to be insignificant [F (1, 526) = 0.54, p>.05]. Gender x Age interaction effect was also found to be insignificant [F (1, 526) = 0.38, p >.05].

Table 49. Age and Gender Differences on Depression

Source	*df*	*SS*	*MS*	*F*
Age	1	287.42	287.42	4.53*
Gender	1	34.05	34.05	0.54
Age x Gender	1	24.35	24.35	0.38
Error	526	33402.19	63.50	

*$p < .05$

According to the mean scores, younger participants ($\underline{M}$ = 11.38) reported higher levels of depression symptoms than older participants ($\underline{M}$ = 9.64) (as shown in Table 50 and Figure 23).

Table 50. Mean Scores of Age on Depression Symptoms

	Younger	Older
Depression	11.38	9.64

Figure 23. Mean Scores of Age on Depression
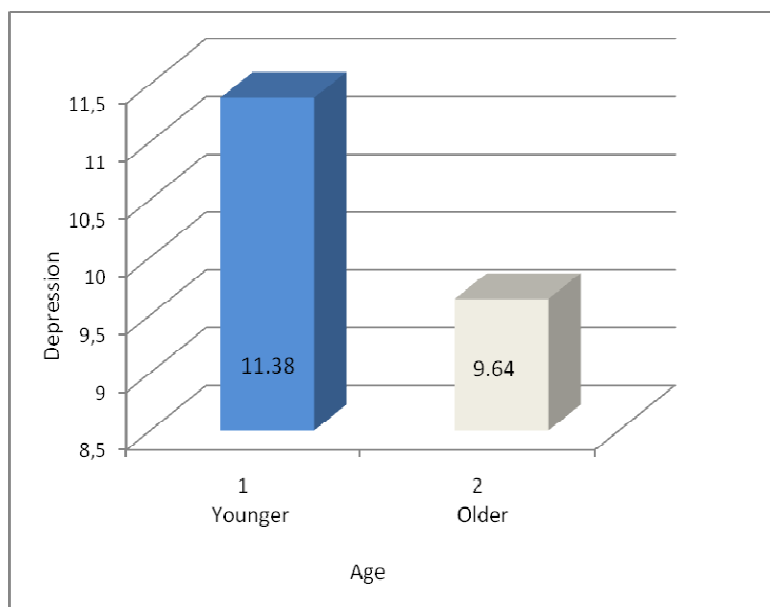
3.3.6.2 Differences of Number of Romantic Relationships on Depression Symptoms

To be able to examine possible differences of Number of Romantic Relationships (None/Single, Moderate, and High) on Depression symptoms a one-way ANOVA was conducted with Depression as the dependent variable.

Results did not reveal significant Number of Romantic Relationships main effect (as shown in Table 51) [F (2, 527) = 1.74, p >.05].

Table 51. Number of Romantic Relationships Differences on Depression Symptoms

Source	df	SS	MS	F
Between	2	223.09	111.54	1.74
Error	527	33719.18	63.98	

3.3.6.3 Differences of Shortest Romantic Relationship Duration on Depression Symptoms

In order to examine possible differences of Shortest Romantic Relationship Duration (None/Single, Shorter, and Longer) on Depression symptoms a one-way ANOVA was conducted with Depression as the dependent variable.

Results indicated that main effect for Shortest Romantic Relationship Duration was significant (as shown in Table 52) [F (2, 519) = 3.43, p <.05].

According to the post-hoc comparisons conducted by Bonferroni analysis (as shown in Table 53 and Figure 24), participants who had none/single romantic relationship (M = 11.34) had higher levels of depression than participants who had longer duration of romantic relationships (M = 9.18) whereas participants who had shorter duration of romantic relationships (M = 10.78) did not significantly differ from

participants who had none/single romantic relationship (M = 11.34) and participants who had longer duration of romantic relationships (M = 9.18) in terms of depression levels.

Table 52. Shortest Romantic Relationship Duration Differences on Depression Symptoms

Source	df	SS	MS	F
Between	2	426.44	213.22	3.43*
Error	519	32239.68	62.12	

*p < .05

Table 53. Mean Scores of Shortest Romantic Relationship Duration on Depression Symptoms

	None/Single	Shorter	Longer
Depression	11.34	10.78	9.18

Figure 24. Mean Scores of Shortest Romantic Relationship Duration on Depression Symptoms
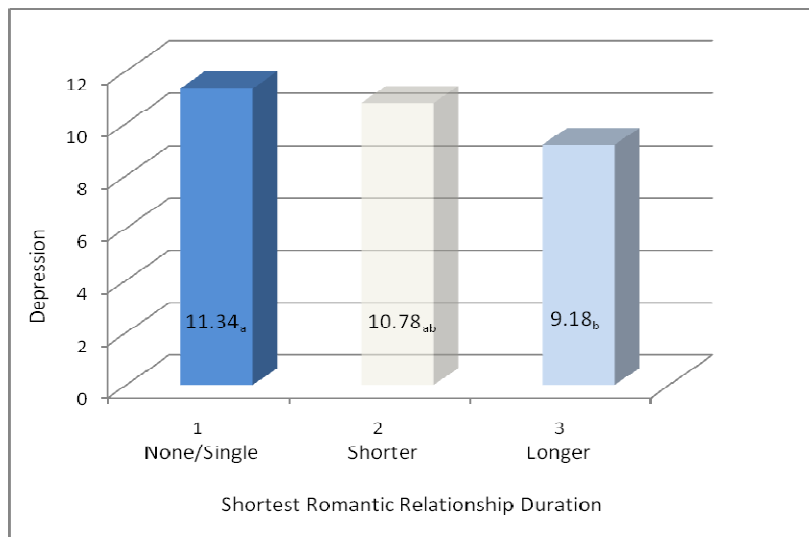
Note: The mean scores that do not share the same subscript are significantly different from each other.

3.3.6.4 Differences of Longest Romantic Relationship Duration on Depression Symptoms

In order to examine possible differences of Longest Romantic Relationship Duration (None/Single, Shorter, and Longer) on Depression symptoms a one-way ANOVA was conducted with Depression as the dependent variable.

Results indicated that the main effect for Longest Romantic Relationship Duration was significant (as shown in Table 54) [$\underline{F}$ (2, 525) = 4.01, $\underline{p}$ <.05].

Table 54. Longest Romantic Relationship Duration Differences on Depression Symptoms

Source	*df*	*SS*	*MS*	*F*
Between	2	506.71	253.35	4.01*
Error	525	33223.17	63.28	

$\underline{p}$ < .05

According to the post-hoc comparisons conducted by Bonferroni analysis (as shown in Table 55 and Figure 25), participants who had none/single romantic relationship ($\underline{M}$ = 11.34) had higher levels of depression than participants who had longer duration of romantic relationships ($\underline{M}$ = 9.09) whereas participants who had shorter duration of romantic relationships ($\underline{M}$ = 10.96) did not significantly differ from participants who had none/single romantic relationship ($\underline{M}$ = 11.34) and participants who had longer duration of romantic relationships ($\underline{M}$ = 9.09) in terms of depression levels.

Table 55. Mean Scores of Longest Relationship Duration on Depression Symptoms

	None/Single	Shorter	Longer
Depression	11.34	10.96	9.09

Figure 25. Mean Scores of Longest Relationship Duration on Depression Symptoms
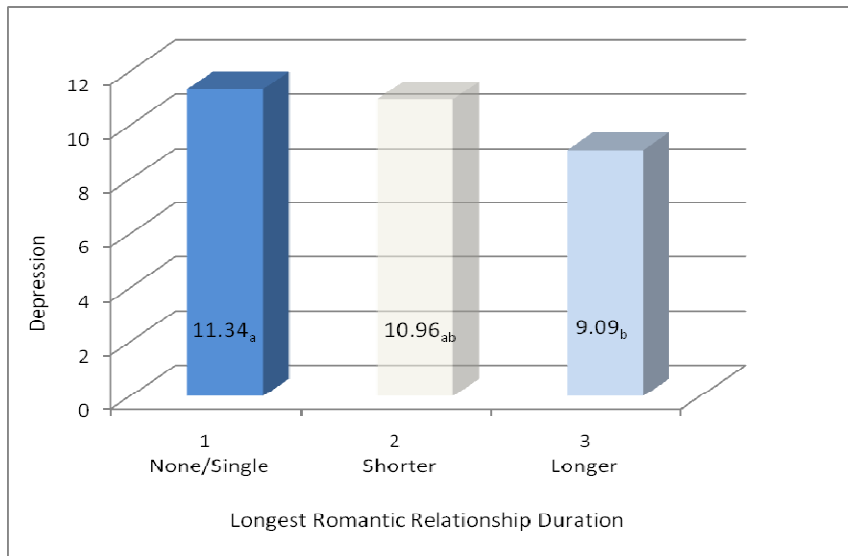
Note: The mean scores that do not share the same subscript are significantly different from each other.

3.3.6.5 Differences of Perceived Success in General Relationships on Depression Symptoms

In order to examine possible differences of Perceived Success in General Relationships (Low and High) on Depression symptoms, Independent t-test was conducted with Depression as the dependent variable.

Results revealed significant group differences on Depression (t [528] = 5.93, p <.05). According to the mean scores (as shown in Figure 26), participants who had low scores on their perceived success in general relationships (M = 12.93) reported more levels of depression than participants who had high scores on their perceived general relationships (M = 8.87).

Figure 26. Mean Scores of Perceived Success in General Relationships on Depression Symptoms
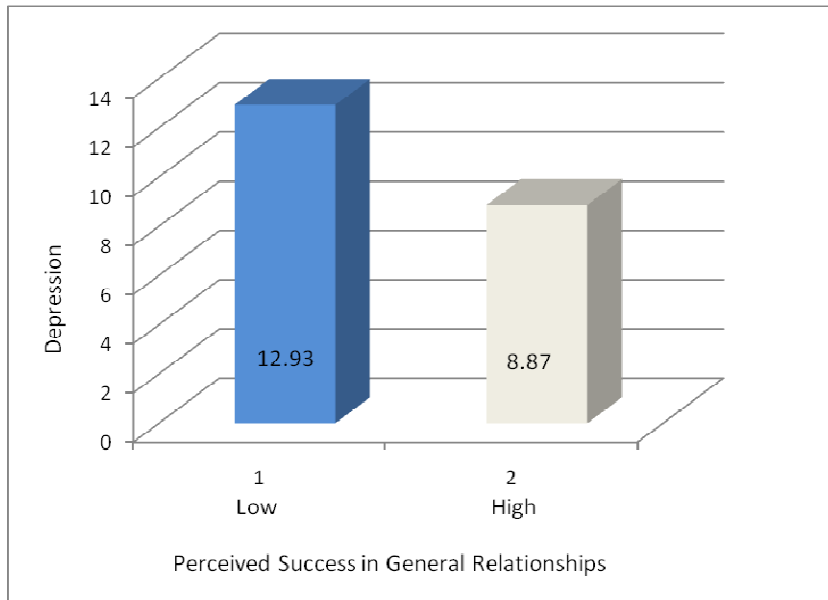
3.3.7 Differences of Demographic Variables on Social Anxiety Symptoms

3.3.7.1 Differences of Age and Gender on Social Anxiety Symptoms

To be able to examine possible differences of Age and Gender on Social Anxiety 2 (Age [Younger, Older] x 2 (Gender [Male, Female]) between subjects MANOVA was conducted with 2 Social Anxiety subscales (i.e., Fear & Avoidance) as the dependent variables.

Results revealed significant Gender (as shown in Table 56) main effect [Multivariate $\underline{F}$ (2, 525) = 7.71, $\underline{p}$ <.05; Wilks' Lambda = .97; η^2 = .03] and significant Age main effect [Multivariate $\underline{F}$ (2, 525) = 3.41, $\underline{p}$ <.05; Wilks' Lambda = .99; η^2 = .01]. However, there was no significant Gender x Age interaction effect [Multivariate $\underline{F}$ (2, 525) = 0.50, $\underline{p}$>.05; Wilks' Lambda = .99; η^2 = .01]. After the multivariate

analyses, univariate analyses were performed for the significant effects with the application of the Bonferroni correction. Thus, for the univariate analyses, the alpha values that were lower than .025 (i.e., .05/2) were considered to be significant with this correction.

Table 56. Age and Gender Differences of Social Anxiety Symptoms

Variables	Wilks' Lambda	Multivariate F	Multi. df	Multi. η^2	Univariate F	Uni. df	Uni. η^2
Gender	.97	7.71*	2, 525	.03	-	-	-
Fear	-	-	-	-	0.31	1, 526	.001
Avoidance	-	-	-	-	5.83**	1, 526	.011
Age	.99	3.41*	2, 525	.01	-	-	-
Fear	-	-	-	-	6.27**	1, 526	.012
Avoidance	-	-	-	-	6.46**	1, 526	.012
Gender x Age	.99	0.50	2, 525	.01	-	-	-
Fear	-	-	-	-	0.85	1, 526	.002
Avoidance	-	-	-	-	0.99	1, 526	.002

*$\underline{p}$ <.05; **$\underline{p}$ <.025

Univariate analyses with Bonferroni correction for main effect of Gender yielded a significant effect for Avoidance subscale [$\underline{F}$ (1, 526) = 5.83, $\underline{p}$ <.025; η^2 =.011]. According to the mean scores (as shown in Table 57 and Figure 27), male participants ($\underline{M}$ = 44.67) used avoidance more than female participants ($\underline{M}$ = 41.82).

Table 57. Mean Scores of Gender on Avoidance

	Male	Female
Avoidance	44.67	41.82

Figure 27. Mean Scores of Gender on Avoidance
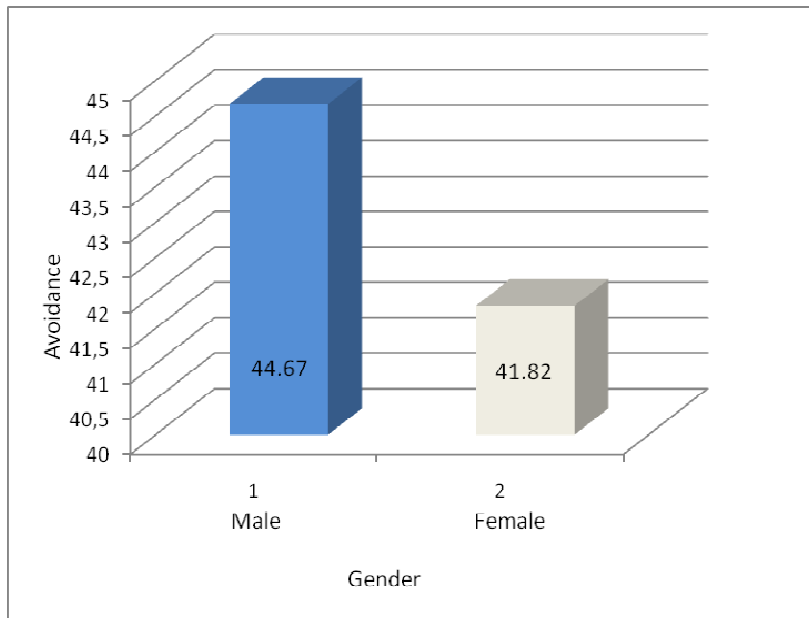
Furthermore, univariate analyses for main effect of Age revealed a significant effect for Fear [F (1, 526) = 6.27, p <.025; η^2 =.012] subscale and Avoidance [F (1, 526) = 6.46, p <.025; η^2 =.012] subscale. According to the mean scores (as shown in Table 58 and Figure 28), younger participants had more fear (M = 47.05) and avoidance (M = 44.75) responses than older participants (M = 43.97 and M = 41.75).

Table 58. Mean Scores of Age on Fear and Avoidance

	Younger	Older
Fear	47.05	43.97
Avoidance	44.75	41.75

Figure 28. Mean Scores of Age on Fear and Avoidance
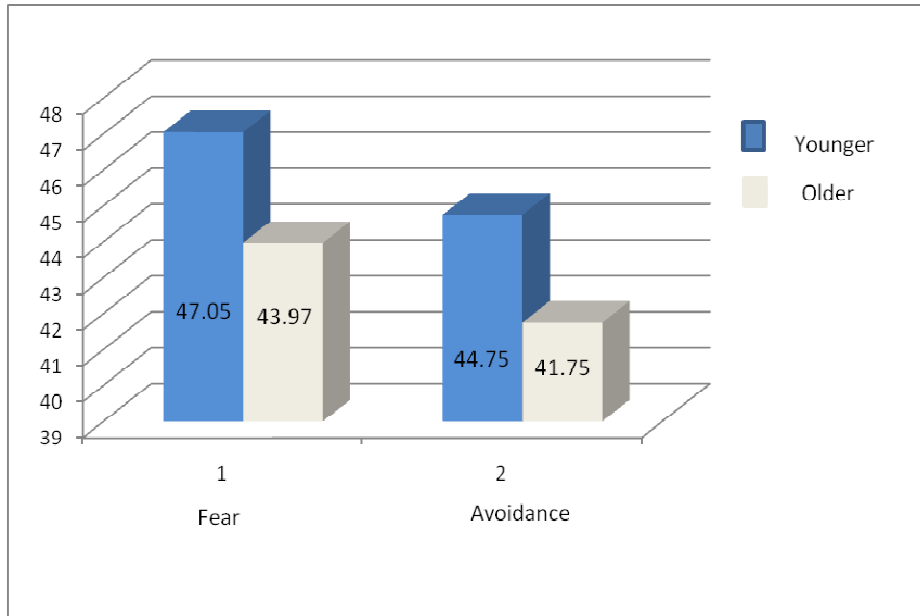
3.3.7.2 Differences of Number of Romantic Relationships on Social Anxiety Symptoms

To be able to examine possible differences of Number of Romantic Relationships (None/Single, Moderate & High) on Social Anxiety, MANOVA was conducted with 2 Social Anxiety subscales (i.e., Fear & Avoidance) as the dependent variables.

Results revealed a significant Number of Romantic Relationships (as shown in Table 59) main effect [Multivariate $\underline{F}$ (4, 1052) = 4.36, $\underline{p}$ <.05; Wilks' Lambda = .97; η^2 = .02].

Table 59. Number of Romantic Relationships Differences on Social Anxiety

Variables	Wilks' Lambda	Multivariate F	Multi. df	Multi. η^2	Univariate F	Uni. df	Uni. η^2
Number of Romantic Relationships	.97	4.36*	4, 1052	.02	-	-	-
Fear	-	-	-	-	6.87**	2, 527	.03
Avoidance	-	-	-	-	8.70**	2, 527	.03

*$\underline{p}$ <.05; **$\underline{p}$ <.025*

Univariate analyses following Bonferroni correction for main effect of Number of Romantic Relationships yielded a significant effect for Fear [$\underline{F}$ (2, 527) = 6.87, $\underline{p}$ <.025; η^2 =.03] and for Avoidance [$\underline{F}$ (2, 527) = 8.70, $\underline{p}$ <.025; η^2 =.03] measures.

According to the post-hoc comparisons conducted by Bonferroni analysis (as shown in Table 60 and Figure 29), in terms of fear responses, participants who had none/single romantic relationship ($\underline{M}$ = 48.21) had more fear responses than participants who had moderate number of relationships ($\underline{M}$ = 44.81) and participants who had high number of romantic relationships ($\underline{M}$ = 43.44) whereas participants who had moderate number of relationships ($\underline{M}$ = 44.81) and participants who had high number of romantic relationships ($\underline{M}$ = 43.44) did not significantly differ from each other in terms of fear responses.

Table 60. Mean Scores of Number of Romantic Relationships on Fear and Avoidance

	None/Single	Moderate	High
Fear	48.21	44.81	43.44
Avoidance	45.64	41.80	40.61

Figure 29. Mean Scores of Number of Romantic Relationships on Fear
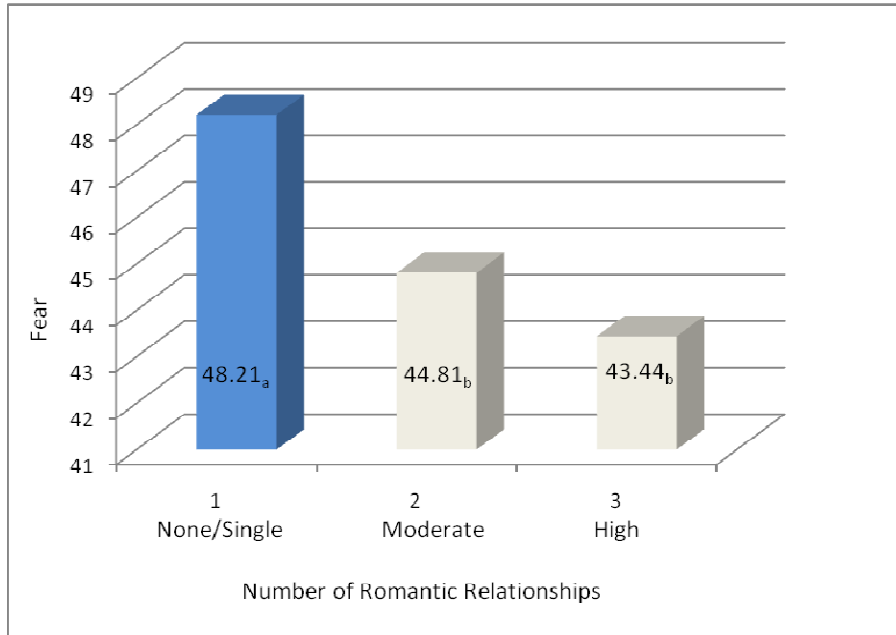
Note: The mean scores that do not share the same subscript are significantly different from each other.

According to the post-hoc comparisons conducted by Bonferroni analysis (as shown in Table 60 and Figure 30), in terms of avoidance responses, participants who had none/single romantic relationship ($\underline{M}$ = 45.64) had more aviodance responses than participants who had moderate number of relationships ($\underline{M}$ = 41.80) and participants who had high number of romantic relationships ($\underline{M}$ = 40.61) whereas participants who had moderate number of relationships ($\underline{M}$ = 41.80) and participants who had high number of romantic relationships ($\underline{M}$ = 40.61) did not significantly differ from each other in terms of avoidance responses.

Figure 30. Mean Scores of Number of Romantic Relationships on Avoidance
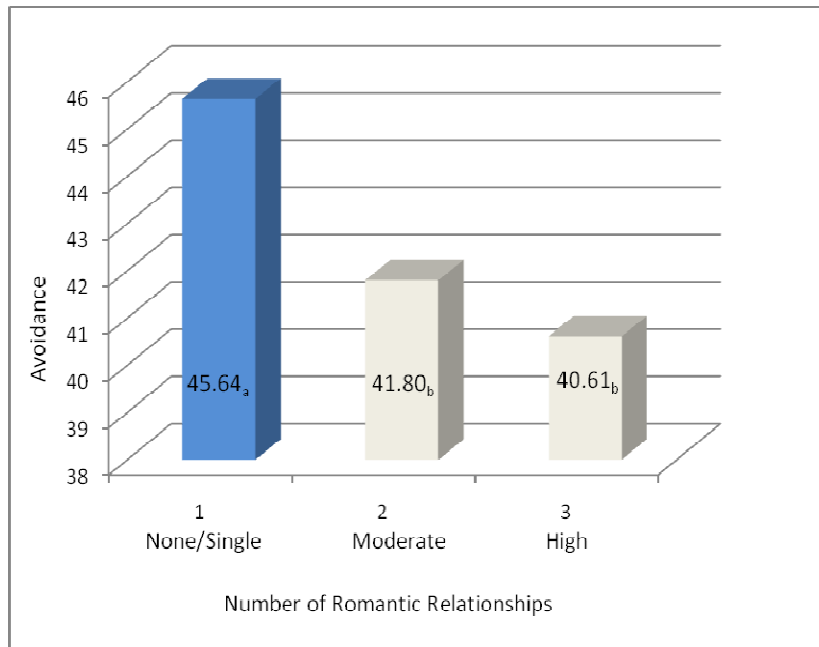
Note: The mean scores that do not share the same subscript are significantly different from each other.

3.3.7.3 Differences of Shortest Romantic Relationship Duration on Social Anxiety

To be able to examine possible differences of Shortest Romantic Relationship Duration (None/Single, Shorter & Longer) on Social Anxiety, MANOVA was conducted with 2 Social Anxiety subscales (i.e., Fear & Avoidance) as the dependent variables.

Results revealed a significant Shortest Romantic Relationship Duration (as shown in Table 61) main effect [Multivariate F (4, 1036) = 4.12, p <.05; Wilks' Lambda = .97; η^2 = .02].

Table 61. Shortest Romantic Relationship Duration Differences of Social Anxiety Symptoms

Variables	Wilks' Lambda	Multivariate F	Multi. df	Multi. η^2	Univariate F	Uni. Df	Uni. η^2
Shortest Romantic Relationship Duration	.97	4.12*	4, 1036	.02	-	-	-
Fear	-	-	-	-	6.33**	2, 519	.03
Avoidance	-	-	-	-	8.29**	2, 519	.03

*$\underline{p}$ <.05; **$\underline{p}$ <.025

Univariate analyses following Bonferroni correction for main effect of Number of Romantic Relationships yielded a significant effect for Fear [$\underline{F}$ (2, 519) = 6.33, $\underline{p}$ <.025; η^2 =.02] and for Avoidance [$\underline{F}$ (2, 519) = 8.29, $\underline{p}$ <.025; η^2 =.03].

According to the post-hoc comparisons conducted by Bonferroni analysis (as shown in Table 62 and Figure 31), in terms of fear responses, participants who have none/single romantic relationship ($\underline{M}$ = 48.21) had more fear responses than participants who had shorter duration of romantic relationships ($\underline{M}$ = 44.74) and participants who had longer duration of romantic relationships ($\underline{M}$ = 43.91) whereas participants who had shorter duration of romantic relationships ($\underline{M}$ = 44.74) and participants who had longer duration of romantic relationships ($\underline{M}$ = 43.91) did not significantly differ from each other in terms of fear responses.

Table 62. Mean Scores of Shortest Romantic Relationship Duration on Fear and Avoidance

	None/Single	Shorter	Longer
Fear	48.21	44.74	43.91
Avoidance	45.64	41.94	40.85

According to the post-hoc comparisons conducted by Bonferroni analysis (as shown in Table 62 and Figure 32), in terms of avoidance responses, participants who have none/single romantic relationship ($\underline{M}$ = 45.64) had more aviodance responses than participants who had shorter duration of romantic relationships ($\underline{M}$ = 41.94) and participants who had longer duration of romantic relationships ($\underline{M}$ = 40.85) whereas participants who had shorter duration of romantic relationships ($\underline{M}$ = 41.94) and participants who had longer duration of romantic relationships ($\underline{M}$ = 40.85) did not significantly differ from each other in terms of avoidance responses.

Figure 31. Mean Scores of Shortest Romantic Relationship Duration on Fear
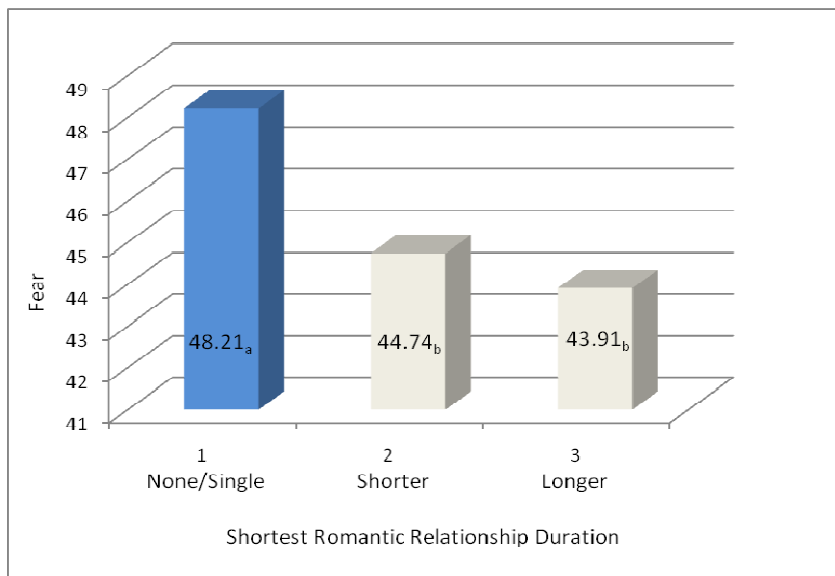
Figure 32. Mean Scores of Shortest Romantic Relationship Duration on Avoidance
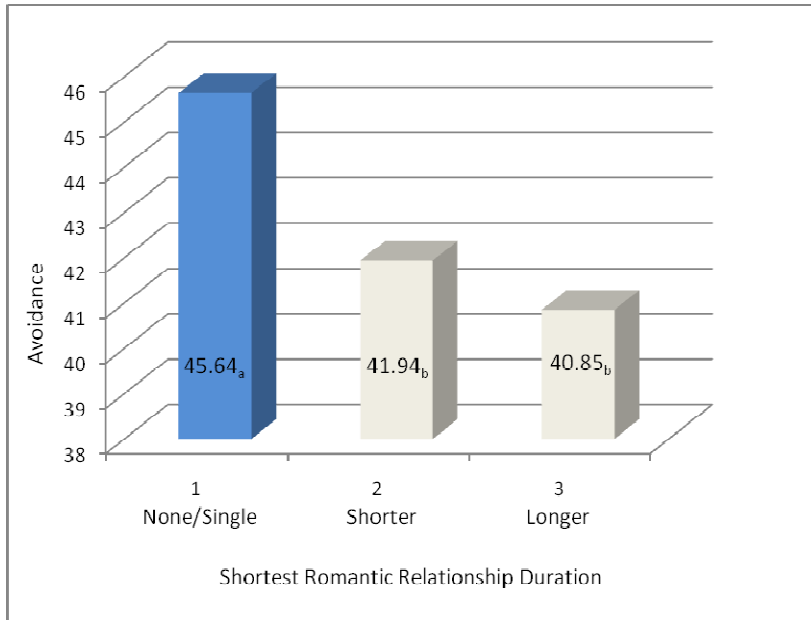

Note: The mean scores that do not share the same subscript are significantly different from each other.

3.3.7.4 Differences of Longest Romantic Relationship Duration on Social Anxiety Symptoms

To be able to examine possible differences of Longest Romantic Relationship (None/Single, Shorter & Longer) on Social Anxiety, MANOVA was conducted with 2 Social Anxiety subscales (i.e., Fear & Avoidance) as the dependent variables.

Results revealed significant Longest Romantic Relationship Duration (as shown in Table 63) main effect [Multivariate F (4, 1048) = 5.54, $\underline{p}$ <.05; Wilks' Lambda = .96; η^2 = .02].

Table 63. Longest Romantic Relationship Differences of Social Anxiety Symptoms

Variables	Wilks' Lambda	Multivariate F	Multi. df	Multi. η^2	Univariate F	Uni. df	Uni. η^2
Longest Romantic Relationship Duration	.96	5.54*	4, 1048	.02	-	-	-
Fear	-	-	-	-	9.06*	2, 525	.03
Avoidance	-	-	-	-	10.95*	2, 525	.04

*p <.001

Univariate analyses following Bonferroni correction for main effect of Number of Romantic Relationships yielded a significant effect for Fear [F (2, 525) = 9.06, p <.001; η^2 =.03] subscale and for Avoidance [F (2, 525) = 10.95, p <.001; η^2 =.04] subscale.

According to the post-hoc comparisons conducted by Bonferroni analysis (as shown in Table 64 and Figure 33), in terms of fear responses, participants who have none/single romantic relationship (M = 48.21) had more fear responses than participants who had shorter duration of romantic relationships (M = 45.55) and participants who had longer duration of romantic relationships (M = 42.82). Furthermore, participants who had shorter duration of romantic relationships (M = 45.55) had more fear responses than participants who had longer duration of romantic relationships (M = 42.82).

Table 64. Mean Scores of Longest Romantic Relationship Duration on Fear and Avoidance

	None/Single	Shorter	Longer
Fear	48.21	45.55	42.82
Avoidance	45.64	42.49	39.98

According to the post-hoc comparisons conducted by Bonferroni analysis (as shown in Table 64 and Figure 34), in terms of avoidance responses, participants who had none/single romantic relationship (M = 45.64) had more aviodance responses than participants who had shorter duration of romantic relationships (M = 42.49) and participants who had longer duration of romantic relationships (M = 39.98). Furthermore, participants who had shorter duration of romantic relationships (M = 42.49) had more avoidance responses than participants who had longer duration of romantic relationships (M = 39.98).

Figure 33. Mean Scores of Longest Romantic Relationship Duration on Fear
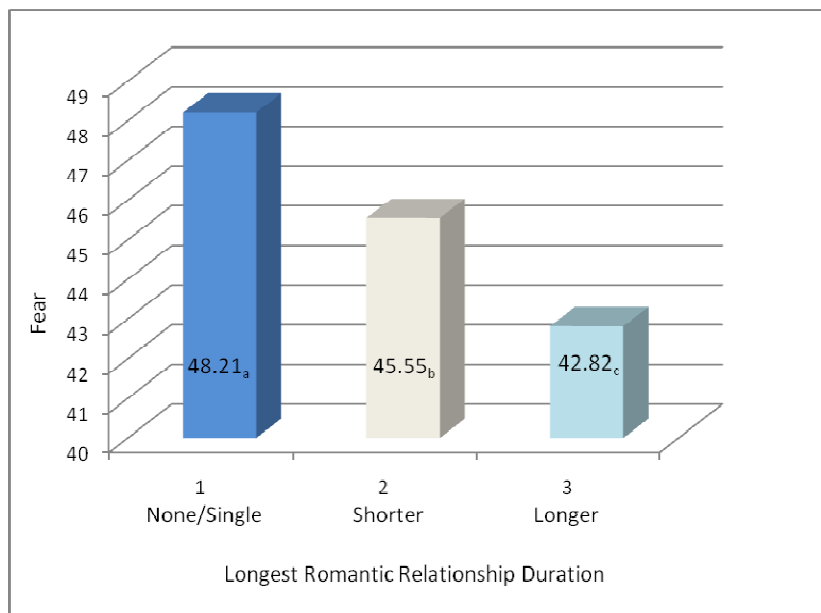
Note: The mean scores that do not share the same subscript are significantly different from each other.

Figure 34. Mean Scores of Longest Romantic Relationship Duration on Avoidance
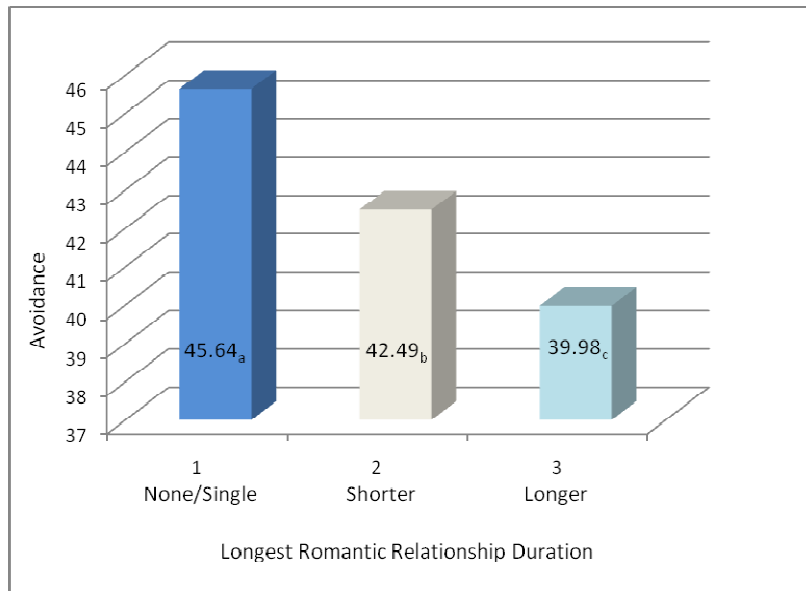
Note: The mean scores that do not share the same subscript are significantly different from each other.

3.3.7.5 Differences of Perceived Success in General Relationships on Social Anxiety Symptoms

To be able to examine possible differences of Perceived Success in General Relationships (Low & High) on Social Anxiety, MANOVA was conducted with 2 Social Anxiety subscales (i.e., Fear & Avoidance) as the dependent variables.

Results revealed significant Perceived Success in General Relationships (as shown in Table 65) main effect [Multivariate $\underline{F}$ (2, 527) = 32.74, $\underline{p}$ <.05; Wilks' Lambda = .89; η^2 = .11].

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Table 65. Perceived Success in General Relationships Differences of Social Anxiety Symptoms

| Variables	*Wilks' Lambda*	*Multivariate F*	*Multi. df*	*Multi. η²*	*Univariate F*	*Uni. df*	*Uni. η²*
Perceived General Relationships	.89	32.74*	2, 527	.11	-	-	-
Fear	-	-	-	-	60.97*	1, 528	.10
Avoidance	-	-	-	-	60.57*	1, 528	.10

p <.001

Univariate analyses following Bonferroni correction for main effect of Perceived Success in General Relationships yielded a significant effect for Fear [F (1, 528) = 60.97, p <.001; $η^2$ =.10] subscale and for Avoidance [F (2, 525) = 60.57, p <.001; $η^2$ =.10] subscale.

According to the mean scores (as shown in Table 66 and Figure 35), participants who had low scores on their perceived success in general relationships (M = 50.35) had more fear responses than participants who had high scores on their perceived success in general relationships (M = 42.43).

Similarly, participants who had low scores on their perceived success in general relationships (M = 47.34) had more avoidance responses than participants who had high scores on their perceived success in general relationships (M = 39.74).

Table 66. Mean Scores of Perceived General Relationships on Fear and Avoidance

	Low	High
Fear	50.35	42.43
Avoidance	47.34	39.74

Figure 35. Mean Scores of Perceived General Relationships on Fear and Avoidance
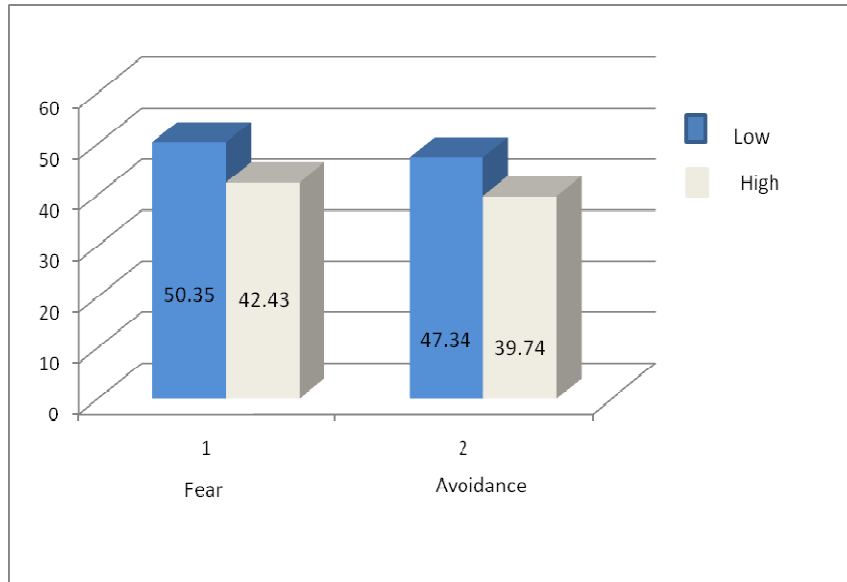
3.3.8 Differences of Demographic Variables on Obsessive Compulsive Symptoms

3.3.8.1 Differences of Age and Gender on Obsessive Compulsive Symptoms

To be able to examine possible differences of Age and Gender on Obsessive Compulsive Symptoms 2 (Age [Younger, Older]) x 2 (Gender [Male, Female]) between subjects ANOVA was conducted with obsessive compulsive symptoms as the dependent variable.

Results revealed significant Age (as shown in Table 67) main effect [F (1, 506) = 12.37, p <.001]. Gender main effect was found to be insignificant [F (1, 526) = 0.16, p>.05]. Gender x Age interaction effect was also found to be insignificant [F (1, 526) = 0.34, p >.05].

Table 67. Age and Gender Differences of Obsessive Compulsive Symptoms

Source	df	SS	MS	F
Age	1	414.04	414.04	12.37*
Gender	1	5.48	5.48	0.16
Age x Gender	1	1.13	1.13	0.34
Error	526	33402.19	63.50	

*$p < .001$

According to the mean scores, younger participants ($\underline{M}$ = 12.46) reported higher levels of obsessive compulsive disorder symptoms than older participants ($\underline{M}$ = 10.37) (as shown in Table 68 and Figure 36).

Table 68. Mean Scores of Age on Obsessive Compulsive Symptoms

	Younger	Older
Obsessive-compulsive symptomatology	12.46	10.37

Figure 36. Mean Scores of Age on Obsessive Compulsive Symptoms
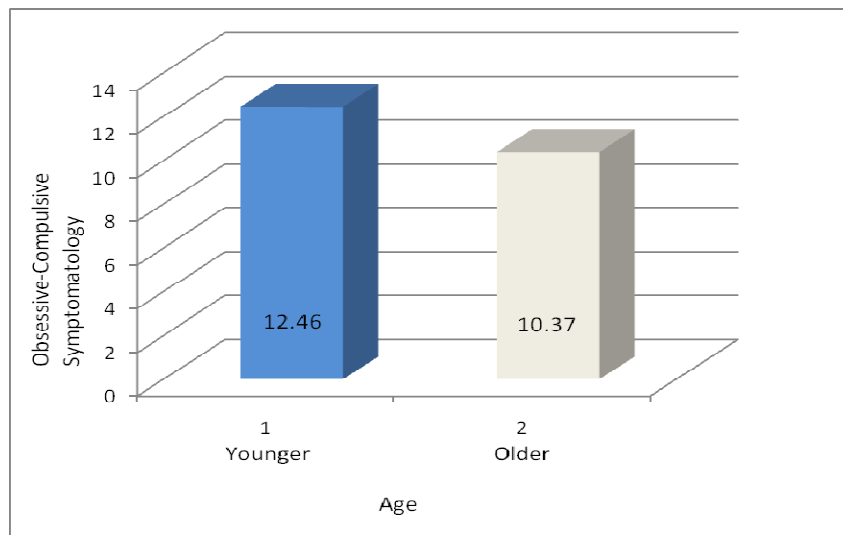
3.3.8.2 Differences of Number of Romantic Relationships on Obsessive Compulsive Symptoms

To be able to examine possible differences of Number of Romantic Relationships (None/Single, Moderate & High) on Obsessive Compulsive Symptoms a one-way ANOVA was conducted with Obsessive Compulsive Symptoms as the dependent variable.

Results revealed a significant Number of Romantic Relationships main effect (as shown in Table 69) [F (2, 527) = 6.01, p <.05].

Table 69. Number of Romantic Relationships Differences of Obsessive Compulsive Symptoms

Source	*df*	*SS*	*MS*	*F*
Between	2	406.14	203.07	6.01
Error	527	17825.89	33.82	

According to the post-hoc comparisons conducted by Bonferroni analysis, in terms of obsessive compulsive responses (as shown in Table 70 and Figure 37), participants who have none/single romantic relationships (M = 12.69) had more obsessive compulsive responses than participants who had moderate number of romantic relationships (M = 11.46) and those who had high number of romantic relationships (M = 10.39). Furthermore, participants who had moderate number of of romantic relationships (M = 11.46) had more obsessive compulsive responses than participants who had high number of romantic relationships (M = 10.39).

Table 70. Mean Scores of Number of Romantic Relationships on Obsessive Compulsive Symptoms

	None/Single	Moderate	High
Obsessive Compulsive Symptoms	12.69	11.46	10.39

Figure 37. Mean Scores of Number of Romantic Relationships on Obsessive Compulsive Symptoms
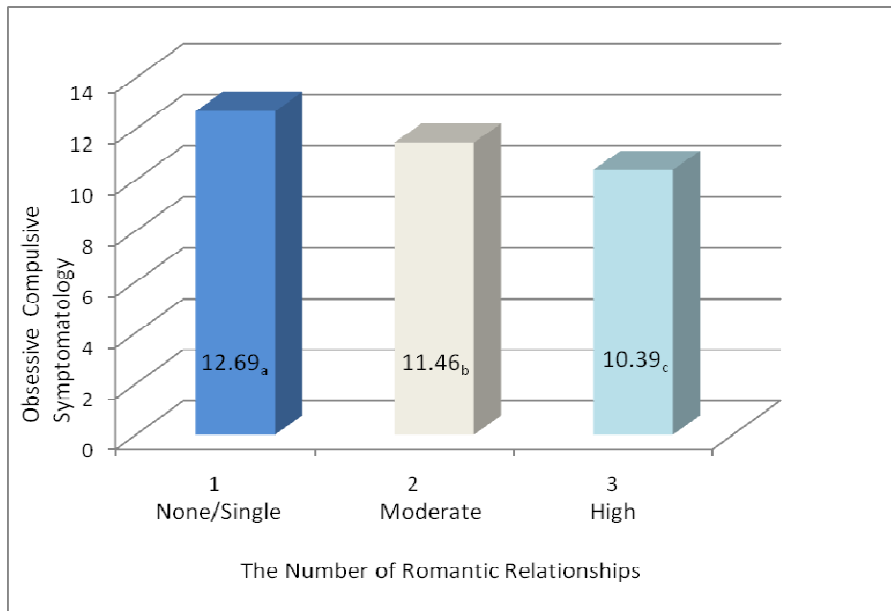
Note: The mean scores that do not share the same subscript are significantly different from each other.

3.3.8.3 Differences of Shortest Romantic Relationship Duration on Obsessive Compulsive Symptoms

In order to examine possible differences of Shortest Romantic Relationship Duration (None/Single, Shorter & Longer) on Obsessive Compulsive Symptoms a one-way ANOVA was conducted with Obsessive Compulsive Symptoms as the dependent variable.

Results indicated that the main effect for Shortest Romantic Relationship Duration was significant (as shown in Table 71) [F (2, 519) = 4.41, p <.05].

Table 71. Shortest Romantic Relationship Duration Differences of Obsessive Compulsive Symptoms

Source	*df*	*SS*	*MS*	*F*
Between	2	301.37	150.69	4.41
Error	519	17736.86	34.17	

According to the post-hoc comparisons conducted by Bonferroni analysis, in terms of obsessive compulsive symptoms (as shown in Table 72 and Figure 38), participants who had none/single romantic relationship (M = 12.70) had more obsessive compulsive responses than participants who had shorter duration of romantic relationships (M = 11.09) and those who had longer duration of romantic relationships (M = 11.10) whereas participants who had shorter duration of romantic relationships (M = 11.09) and participants who had longer duration of romantic relationships (M = 11.10) did not significantly differ from each other in terms of obsessive compulsive responses.

Table 72. Mean Scores of Shortest Romantic Relationship Duration on Obsessive Compulsive Symptoms

	None/Single	Shorter	Longer
Obsessive Compulsive Symptoms	12.70	11.09	11.10

Figure 38. Mean Scores of Shortest Romantic Relationship Duration on Obsessive Compulsive Symptoms
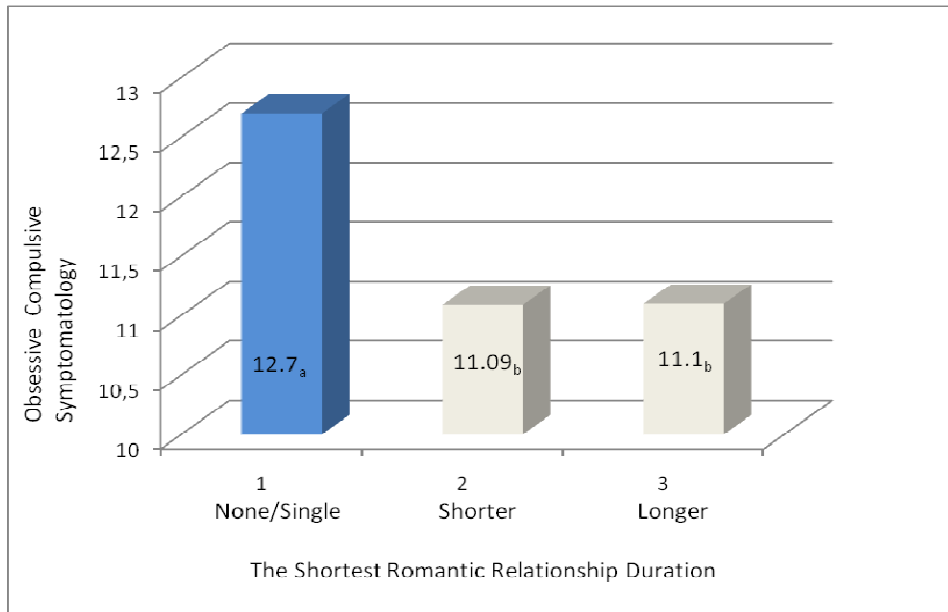
Note: The mean scores that do not share the same subscript are significantly different from each other.

3.3.8.4 Differences of Longest Romantic Relationship Duration on Obsessive Compulsive Symptoms

To be able to investigate possible differences of Longest Romantic Relationship Duration (None/Single, Shorter & Longer) on Obsessive Compulsive Symptoms a one-way ANOVA was conducted with Obsessive Compulsive Symptoms as the dependent variable.

Results indicated that the main effect for Longest Romantic Relationship Duration was significant (as shown in Table 73) [$F_{(2, 525)} = 6.31$, $p < .05$].

Table 73. Longest Romantic Relationship Duration Differences of Obsessive Compulsive Symptoms

Source	df	SS	MS	F
Between	2	427.48	213.74	6.31
Error	525	17792.02	33.89	

According to the post-hoc comparisons conducted by Bonferroni analysis, in terms of obsessive compulsive symptoms (as shown in Table 74 and Figure 39), participants who had none/single romantic relationship ($\underline{M}$ = 12.70) had more obsessive compulsive responses than participants who had longer duration of romantic relationships ($\underline{M}$ = 10.49) whereas participants who had shorter duration of romantic relationships ($\underline{M}$ = 11.63) did not significantly differ from participants who have none/single romantic relationship ($\underline{M}$ = 12.70), and participants who had longer duration of romantic relationships ($\underline{M}$ = 10.49) in terms of obsessive compulsive responses.

Table 74. Mean Scores of Longest Romantic Relationship Duration on Obsessive Compulsive Symptoms

	None/Single	Shorter	Longer
Obsessive Compulsive Symptoms	12.70	11.63	10.49

Figure 39. Mean Scores of Longest Romantic Relationship Duration on Obsessive Compulsive Symptoms
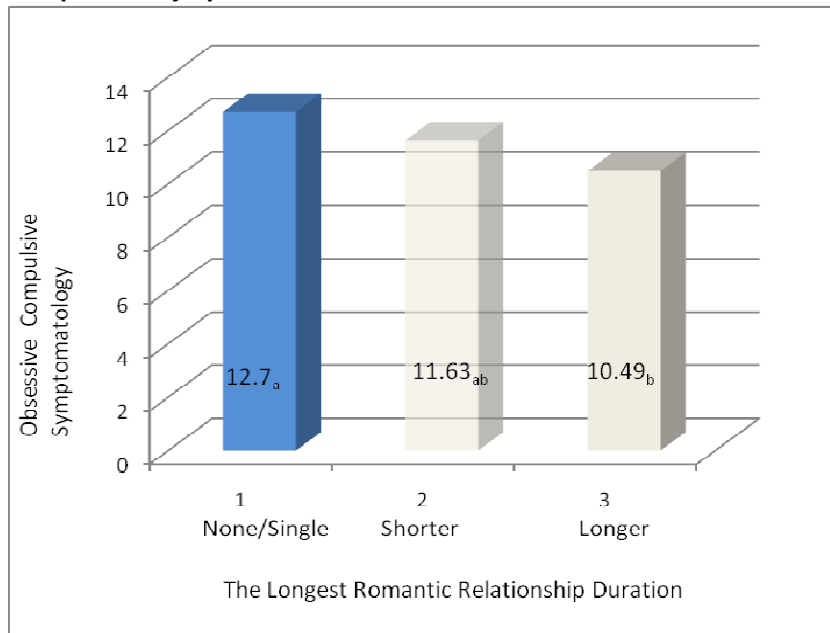
Note: The mean scores that do not share the same subscript are significantly different from each other.

3.3.8.5 Differences of Perceived Success in General Relationships on Obsessive Compulsive Symptoms

In order to examine possible differences of Perceived Success in General Relationships (Low & High) on Obsessive Compulsive Symptoms, Independent t-test was conducted with Obsessive Compulsive Symptoms as the dependent variable. Results did not reveal significant group differences on Obsessive Compulsive Symptoms ($t[528] = 2.85$, $p>.05$).

3.4 Correlation Coefficients between Groups of Variables

In order to determine the relationship between depression, anxiety, obsession-compulsive symptoms, subscales of both mother and father form of Short-EMBU (Egna Minnen Betraffande Uppfostran- My Memories of Upbringing) (i.e., Rejection, Emotional Warmth and Overprotection), subcales of Emotion Regulation Questionnaire (i.e., Cognitive Reappraisal and Suppression), subcales of Emotion Regulation Processes (i.e., Antecedent Regulation Strategies and Response Modulation) and demographic variables, pearson correlation analyses were conducted (see Table 75).

3.4.1 Depression Symptoms

According to the results of correlation analyses as revealed in Table 67, BDI scores showed significant negative correlations with Age (r = -.14, p <.01), Perceived Maternal Warmth (r = -.18, p <.01), and Perceived Paternal Warmth (r = -.21, p <.01). In addition, BDI scores indicated significant positive correlations with Perceived Maternal Overprotection (r = .22, p <.01), Perceived Maternal Rejection (r = .22, p <.01), Perceived Paternal Overprotection (r = .17, p <.01), Perceived Paternal Rejection (r = .22, p <.01). In other words, as perceived warmth of the mothers and fathers increased, depression symptoms of the participants decreased whereas when perceived rejection and overprotection behaviors of mothers and fathers increased, depression symptoms of the participants also increased.

Furthermore, BDI scores showed significant negative correlation with Cognitive Reappraisal subscale (r = -.26, p <.01) and Antecedent-focused regulation subscale (r = -.24, p <.01) and Response subscale (r = -.09, p <.05). In addition, BDI scores indicated significant positive correlation with Suppression subscale (r = .11, p

<.05). In other words, as participants use of cognitive reappraisal strategies, antecedent-focused and response regulation increased, depression symptoms of the participants decreased whereas as participants use of suppression increased, depression symptoms of the participants also increased.

3.4.2 Social Anxiety Symptoms

Results of the Social Anxiety Symptom analyses revealed that LSAS scores showed significant negative correlations with Age (r = -.14, p <.01) and RMET (r = -.22, p <.01) scores. In other words, as participants' age and accuracy on emotion recognition decreased, anxiety symptoms of the participants increased.

Furthermore, LSAS scores showed significant negative correlations with Perceived Maternal Warmth (r = -.22, p <.01), and Perceived Paternal Warmth (r = -.14, p <.01). In addition, LSAS scores indicated significant positive correlations with Perceived Maternal Overprotection (r = .19, p <.01), Perceived Maternal Rejection (r = .31, p <.01), Perceived Paternal Overprotection (r = .19, p <.01), Perceived Paternal Rejection (r = .20, p <.01). In other words, as perceived warmth of the mothers and fathers increased, anxiety symptoms of the participants decreased whereas when perceived rejection and overprotection behaviors of mothers and fathers increased, anxiety symptoms of the participants also increased.

LSAS scores also showed significant negative correlation with Cognitive Reappraisal subscale (r = -.17, p <.01) and Antecedent-focused regulation subscale (r = -.15, p <.01). In addition, LSAS scores indicated significant positive correlation with Suppression subscale (r = .31, p <.01). In other words, as participants use of cognitive reappraisal strategies and antecedent-focused regulation increased,

anxiety symptoms of the participants decreased whereas as participants use of suppression increased, anxiety symptoms of the participants also increased.

3.4.3 Obsessive-Compulsive Symptoms

According to the results of correlation analyses, MOCI scores showed significant negative correlations with Age ($\underline{r}$ = -.21, $\underline{p}$ <.01) and RMET ($\underline{r}$ = -.23, $\underline{p}$ <.01) scores. In other words, as participants' age and accuracy on emotion recognition decreased, obsessive-compulsive symptoms of the participants increased.

Furthermore, MOCI scores showed significant positive correlations with Perceived Maternal Overprotection ($\underline{r}$ = .33, $\underline{p}$ <.01), Perceived Maternal Rejection (r = .22, $\underline{p}$ <.01), Perceived Paternal Overprotection ($\underline{r}$ = .31, $\underline{p}$ <.01), Perceived Paternal Rejection ($\underline{r}$ = .23, $\underline{p}$ <.01). In other words, as perceived rejection and overprotection behaviors of mothers and fathers increased, obsessive-compulsive symptoms of the participants also increased.

MOCI scores also showed significant significant positive correlations with Suppression subscale ($\underline{r}$ = .20, $\underline{p}$ <.01) Response-modulation subscale ($\underline{r}$ = .42, $\underline{p}$ <.01). In other words, as participants use of suppression and response-modulation increased, obsessive-compulsive symptoms of the participants also increased.

Table 75. Correlations Among Variables and Means and Standard Deviations for the Measures

	RMET	MWarmth	MProtection	MRejection	FWarmth	FProtection	FRejection	ERQ-Reappraisal	ERQ-Suppression	ERP- Antecedent	ERP-Response
Gender	.16*	19*	.01	-.04	.18*	.03	-.08	.10*	-.20**	.13**	.10*
Age	.06	-.09*	-.07	.03	-.11*	-.08	.02	-.11*	-.04	-.10*	-.17*
RMET	1	.18**	-.04	-.14**	.14**	-.03	-.09*	.03	-.10*	.15**	.12**
MWarmth		1	-.10*	-.41**	.63**	-.06	-.20**	.25**	-.10*	.29**	.30**
MProtection			1	.42**	-.09*	.75**	.35**	-.05	.10*	-.02	.02
MRejection				1	-.30**	.28**	.55**	-.10*	.11*	-.12**	-.11*
FWarrmth					1	-.05	-.46**	.25**	-.05	.24**	.22**
F Protection						1	.41**	-.03	.13**	.01	.05
FRejection							1	-.10*	.06	-.07	-.06
ERQ-Reappraisal								1	.11*	.47**	.44**
ERQ-Suppression									1	-.04	.03
ERP-Antecedent										1	.67**
ERP-Response											1

*_p_ <.05, **_p_ <.01

<u>Note:</u> **ERQ-Reappraisal**: Emotion Regulation Questionnaire Reappraisal subscale; **ERQ-Suppression**: Emotion Regulation Questionnaire Suppression subscale; **ERP-Antedecent**: Emotion Regulation Processes Antedecent-Focused Regulation subscale; **ERP-Response**: Emotion Regulation Processes Response Modulation Subscale; **RMET** = Reading the Mind in the Eyes Test; **S-EMBU** = Short-EMBU (Egna Minnen Betraffande Uppfostran- My Memories of Upbringing), **MRejection**: Mother Rejection, **MWarmth**: Mother Emotional Warmth, **MProtection**: Mother Protection, **FRejection**: Father Rejection, **FWarmth**: Father Emotional Warmth, **FProtection**: Father Protection; **MOCI** = Maudsley Obsessive Compulsive Inventory; **LSAS =** Liebowitz Social Anxiety Scale

Table 75. (cont.'d) Correlations Among Variables Means and Standard Deviations for the Measures

	BDI	LSAS	MOCI	*Mean*	*Standard Deviation*
Gender	-.02	-.05	.04		
Age	-.14**	-.14**	-.21**	22.10	2.80
RMET	-.11	-.22**	-.23**	26.77	3.34
MWarmth	-.18**	-.22**	-.07	21.35	4.24
MProtection	.22**	.19**	.33**	20.53	5.29
MRejection	.22**	.31**	.22**	9.56	2.92
FWarmth	-.21**	-.14**	-.05	19.52	4.75
FProtection	.17**	.19**	.31**	19.01	5.19
FRejection	.22**	.20**	.23**	9.46	3.21
ERQ-Reappraisal	-.26**	-.17**	-.08	29.60	6.51
ERQ-Suppression	.11*	.31**	.20**	14.22	5.56
ERP- Antecedent	-.24**	-.15**	-.09	79.56	13.55
ERP-Response	-.09*	-.05	.42**	57.32	10.71
BDI	1	.31**	.42**	10.52	8.01
LSAS		1	.40**	88.47	22.95
MOCI			1	11.63	5.87

*$p < .05$, **$p < .01$

Note: **ERQ-Reappraisal**: Emotion Regulation Questionnaire Reappraisal subscale; **ERQ-Suppression**: Emotion Regulation Questionnaire Suppression subscale; **ERP-Antedecent**: Emotion Regulation Processes Antedecent-Focused Regulation subscale; **ERP-Response**: Emotion Regulation Processes Response Modulation Subscale; **RMET** = Reading the Mind in the Eyes Test; **S-EMBU** = Short-EMBU (Egna Minnen Betraffande Uppfostran- My Memories of Upbringing), **MRejection**: Mother Rejection, **MWarmth**: Mother Emotional Warmth, **MProtection**: Mother Protection, **FRejection**: Father Rejection, **FWarmth**: Father Emotional Warmth, **FProtection**: Father Protection; **BDI** = Beck Depression Inventory; **MOCI** = Maudsley Obsessive Compulsive Inventory; **LSAS =** Liebowitz Social Anxiety Scale

3.5 Three Sets of Hierarchical Multiple Regressions

Three sets of hierarchical multiple regression analyses were performed to examine the associations among variables of the study. According to the model presented in the Introduction section, hierarchical multiple regression analyses were conducted in three sets to reveal the associates of (i) emotion recognition, (ii) emotion regulation, (iii) symptomatology of psychological disorders as depression, social anxiety and obsessive-compulsive disorder.

3.5.1 Variables Associated with Emotion Recognition

A hierarchical multiple regression analyses was performed to reveal the significant associates of emotion recognition.

Variables were entered into the equation via two steps. In order to control the possible effects of demographic variables (age and gender), these first step variables were hierarchically entered (via stepwise method) into the equation.

After controlling for the demographic variables that were significantly associated with the dependent variable, variables related to perceived parenting style (i.e., warmth, overprotection, rejection) were hierarchically entered into the equation on the second step.

Hierarchical regression analysis run for the emotion recognition measure revealed that among control variables, gender (β = .14, $\underline{t}$ [525] = 3.33, $\underline{p}$ < .05) and age (β = .09, $\underline{t}$ [524] = 2.06, $\underline{p}$ < .05) was significantly associated with emotion recognition. Gender explained 2 % of the variance ($\underline{F}$ [1, 525] = 11.08, $\underline{p}$ < .05) and with the entrance of age, explained variance increased up to 3 % (F_{change} [1, 524] = 4.26, $\underline{p}$ < .05). After controlling for these demographic variables, among perceived parenting styles, maternal warmth (β = .17, $\underline{t}$ [523] = 3.87, $\underline{p}$ < .05) had significant

association with emotion recognition. Maternal warmth increased explained variance to 6 % (F_{change} [1, 523] = 14.99, $\underline{p}$ < .05) (see Table 76).

Totally, three factors as gender, age and maternal warmth had significant associations with emotion recognition. That is, female and older participants who perceived their mothers as more warmer were more likely to recognize emotions as compared to male and younger participants who perceived their mothers as less warmer.

Table 76. Variables Associated with Emotion Recognition

	F_{change}	df	β	t (within set)	pr	R^2
Dependent Variable Emotion Recognition						
Step 1: Control Variables						
Gender	11.08*	1, 525	.14	3.33*	.14	.02
Age	4.26*	1, 524	.09	2.06*	.09	.03
Step 2: Perceived Parenting Style						
Maternal Warmth	14.99**	1, 523	.17	3.87**	.17	.06

*$\underline{p}$ < .05, **$\underline{p}$ < .001*

3.5.2   Variables Associated with Emotion Regulation

Four hierarchical multiple regression analyses were carried out to reveal significant associates of emotion regulation as cognitive reappraisal, suppression, antecedent-focused regulation and response modulation.

Variables were entered into equation via three steps. In order to control for the possible effects of demographic variables (i.e., gender and age), these first step variables were hierarchically entered (via stepwise method) into the equation. After controlling for demographic variables that were significantly associated with the dependent variable, variables related to perceived parenting style (i.e., warmth, overprotection, rejection) were hierarchically entered into the equation on the

second step. After controlling for the significant perceived parenting styles, the emotion recognition factor was hierarchically entered into the equation on the third step.

3.5.2.1 Variables Associated with Cognitive Reappraisal

Hierarchical regression analysis run for the cognitive reappraisal measure revealed that among control variables, only age (β = -.14, $\underline{t}$ [525] = - 2.63, $\underline{p}$ < .05) was significantly associated with cognitive reappraisal. Age explained 1 % of the variance ($\underline{F}$ [1, 525] = 6.90, $\underline{p}$ < .05). After controlling for this factor, among perceived parenting styles, paternal warmth (β = .24, $\underline{t}$ [524] = 5.70, $\underline{p}$ < .001) and maternal warmth (β = .14, $\underline{t}$ [523] = 2.61, $\underline{p}$ < .05) had significant association with cognitive reappraisal. Paternal warmth increased explained variance to 7 % (F_{change} [1, 524] = 32.48, $\underline{p}$ < .001) and with the entrance of matenal warmth, explained variance increased to 8 % (F_{change} [1, 523] = 6.81, $\underline{p}$ < .05) (see Table 77).

Totally, three factors as age, paternal warmth and maternal warmth had significant associations with cognitive reappraisal. That is, younger participants who perceived their mothers and fathers as more warmer were more likely to use cognitive reappraisal as a emotion regulation strategy as compared to older participants who perceived their mothers and fathers as less warmer.

Table 77. Variables Associated with Cognitive Reappraisal

	F_{change}	df	β	t (within set)	pr	R^2
Dependent Variable Cognitive Reappraisal						
Step 1: Control Variables Age	6.90*	1, 525	-.14	-2.63*	-.14	.01
Step 2: Perceived Parenting Style Paternal Warmth	32.48**	1, 524	.24	5.70**	.24	.07
Maternal Warmth	6.81*	1, 523	.14	2.61*	.11	.08
Step 3: Emotion Recognition -						

*p < .05, **p < .001

3.5.2.2 Variables Associated with Suppression

Hierarchical regression analysis run for the suppression measure revealed that among control variables, gender (β = -.21, t [525] = - 4.83, p < .001) and age (β = -.09, t [524] = - 2.09, p < .05) were significantly associated with suppression. Gender explained 4 % of the variance (F [1, 525] = 23.29, p < .001) and with the entrance of age, explained variance increased up to 5 % (F_{change} [1, 524] = 4.39, p < .05). After controlling these factors, among perceived parenting styles, paternal overprotection (β = .13, t [523] = 2.99, p < .05) had significant association with suppression. Paternal overprotection increased explained variance to 7 % (F_{change} [1, 523] = 8.99, p < .05) (see Table 78).

Totally, three factors as gender, age and paternal overprotection had significant associations with suppression. That is, male participants were more likely to use suppression as a emotion regulation strategy. Similarly, younger participants were more likely to use suppression as a emotion regulation strategy. Lastly, participants who perceived their fathers as more overprotective were more likely to

use suppression as a emotion regulation strategy as compared to participants who perceived their fathers as less overprotective.

Table 78. Variables Associated with Suppression

	F_{change}	df	β	t (within set)	pr	R^2
Dependent Variable Suppression						
Step 1: Control Variables						
Gender	23.29**	1, 525	-.21	- 4.83**	-.21	.04
Age	4.39*	1, 524	-.09	- 2.09**	-.09	.05
Step 2: Perceived Parenting Style						
Paternal Overprotection	8.99*	1, 523	.13	2.99*	.13	.07
Step 3: Emotion Recognition -						

*$p < .05$, **$p < .001$*

3.5.2.3 Variables Associated with Antecedent-Focused Regulation

Hierarchical regression analysis run for the antecedent-focused regulation measure revealed that among control variables, only gender ($β$ = .13, t [525] = 3.03, p < .05) was significantly associated with antecedent-focused regulation. Gender explained 2 % of the variance (F [1, 525] = 9.16, p < .05). After controlling for this factor, among perceived parenting styles, maternal warmth ($β$ = .27, t [524] = 6.24, p < .001) had significant association with antecedent-focused regulation. Maternal warmth increased explained variance to 9 % (F_{change} [1, 524] = 41.25, p < .001). Following that, emotion recognition factor ($β$ = .09, t [523] = 2.05, p < .05) significantly associated with antecedent-focused regulation (see Table 71). Emotion recognition factor increased explained variance to 10 % (F_{change} [1, 523] = 4.21, p < .05) (see Table 79).

Totally, three factors as gender, maternal warmth and emotion recognition had significant associations with antecedent-focused regulation. That is, female participants used antecedent-focused regulation more than male participants. Similarly, participants who perceived their mothers as more warmer were more likely to use antecedent-focused regulation. Lastly participants who recognized emotions more accurately were more likely to use antecedent-focused regulation

Table 79. Variables Associated with Antecedent-Focused Regulation

	F_{change}	df	$β$	t (within set)	pr	R^2
Dependent Variable Antecedent-focused Regulation						
Step 1: Control Variables Gender	9.16*	1, 525	.13	3.03*	.13	.02
Step 2: Perceived Parenting Style Maternal Warmth	8.99**	1, 524	.27	6.42**	.27	.09
Step 3: Emotion Recognition Emotion Recognition	4.21	1, 523	.09	2.05*	.09	.10

*$\underline{p} < .05$, **$\underline{p} < .001$

3.5.2.4 Variables Associated with Response-Modulation

Hierarchical regression analysis run for the response-modulation measure revealed that among control variables, only age ($β = -.18$, $\underline{t}$ [525] = -4.09, $\underline{p} < .001$) was significantly associated with response-modulation. Age explained 3 % of the variance ($\underline{F}$ [1, 525] = 16.73, $\underline{p} < .001$). After controlling for this factor, among perceived parenting styles, maternal warmth ($β = .28$, $\underline{t}$ [524] = 6.86, $\underline{p} < .001$) had significant association with response-modulation. Maternal warmth increased explained variance to 11 % (F_{change} [1, 524] = 47.01, $\underline{p} < .001$) (see Table 80).

Totally, two factors as age and maternal warmth had significant associations with response-modulation. That is, younger participants use response modulation

more than older participants. Likewise, participants who perceived their mothers as more warmer were more likely to use response-modulation as compared to participants who perceived their mothers as less warmer.

Table 80. Variables Associated with Response-Modulation

	F_{change}	df	β	t (within set)	pr	R^2
Dependent Variable Response-modulation						
Step 1: Control Variables Age	16.73*	1, 525	-.18	-.4.09*	.13	.03
Step 2: Perceived Parenting Style Maternal Warmth	47.01*	1, 524	.28	6.87*	.27	.11
Step 3: Emotion Recognition -						

p < .001

3.5.3   Variables Associated with Symptomatology of Psychological Disorders

Three hierarchical multiple regression analyses were carried out to reveal significant associates of psychological disorders' symptoms as depression, social anxiety and obsessive-compulsive disorder.

Variables were entered into equation via four steps. In order to control for the possible effects of demographic variables (i.e., gender and age), these first step variables were hierarchically entered (via stepwise method) into the equation. After controlling for demographic variables that were significantly associated with the dependent variable, variables related to perceived parenting style (i.e., warmth, overprotection, rejection) were hierarchically entered into the equation on the second step. After controlling for the significant perceived parenting styles, the emotion recognition factor was hierarchically entered into the equation on the third step. Lastly, after controlling for emotion recognition, variables related to emotion

regulation (i.e., cognitive reappraisal, suppression, antecedent-focused regulation, response-modulation) were hierarchically entered into the equation on the fourth step.

3.5.3.1 Variables Associated with Depression Symptoms

Hierarchical regression analysis run for the depression symptoms revealed that among control variables, only age (β = -.17.2, $\underline{t}$ [525] = -4.01, $\underline{p}$ < .001) was significantly associated with depression. Age explained 3 % of the variance ($\underline{F}$ [1, 525] = 16.01, $\underline{p}$ < .001). After controlling for this factor, among perceived parenting styles, paternal warmth (β = -.23, $\underline{t}$ [524] = -5.54, $\underline{p}$ < .001), perceived maternal overprotection (β = .19, $\underline{t}$ [523] = 4.65, $\underline{p}$ < .001) and perceived maternal rejection (β = .11, $\underline{t}$ [522] = 2.35, $\underline{p}$ < .05) had significant association with depression.

Perceived paternal warmth increased explained variance to 8 % (F_{change} [1, 524] = 30.68, p < .001) and with the entrance of perceived maternal overprotection explained variance increased up to 12 % (F_{change} [1, 523] = 21.67, p < .001). After that with the entrance perceived maternal rejection explained variance increased up to 13 % (F_{change} [1, 522] = 5.52, p < .05). Following these perceived parenting styles, emotion recognition did not reveal significant association with depression, however among emotion regulation variables, cognitive reappraisal (β = -.24, $\underline{t}$ [521] = -5.71, $\underline{p}$ < .001), antecedent-focused regulation (β = -.14, $\underline{t}$ [520] = -3.09, $\underline{p}$ < .05), response modulation (β = .15, $\underline{t}$ [519] = 2.8, $\underline{p}$ < .05) and suppression (β = -.08, $\underline{t}$ [518] = 2.07, $\underline{p}$ < .05) significantly associated with depression. Cognitive reappraisal increased variance to 18 % (F_{change} [1, 521] = 32.60, p < .001). After that with the entrance of antecedent-focused regulation explained variance increased up to 19 % (F_{change} [1, 520] = 9.56, p < .05). Furthermore, response-modulation increased

explained variance to 20 % (F_{change} [1, 519] = 7.84, $\underline{p}$ < .05), and with the entrance of suppression explained variance increased up to 21 % (F_{change} [1, 518] = 4.29, p < .05) (see Table 81).

Totally, eight factors as age, perceived paternal warmth, perceived maternal overprotection, perceived maternal rejection, cognitive reappraisal, antecedent-focused regulation, response modulation and suppression had significant associations with depression. That is, younger participants, those perceiving less paternal warmth and more maternal overprotection and rejection, and those using cognitive reappraisal and antecedent-focused regulation less but response-modulation and suppresion more were more likely to have high levels of depression symptoms as compared to older participants, those perceiving more paternal warmth and less maternal overprotection and rejection, and those using cognitive reappraisal and antecedent-focused regulation more but response-modulation and suppresion less.

Table 81. Variables Associated with Depression Symptoms

	F_{change}	df	β	t (within set)	Pr	R^2
Dependent Variable Depression						
Step 1: Control Variables						
Age	16.01**	1, 525	-.17	-.4.01**	-.17	.03
Step 2: Perceived Parenting Style						
Paternal Warmth	30.68**	1, 524	-.23	-5.54**	-.24	.08
Maternal Overprotection	21.67**	1, 523	.19	4.65**	.20	.12
Maternal Rejection	5.52*	1, 522	.11	2.35*	.10	.13
Step 3: Emotion Recognition -						
Step 4: Emotion Regulation						
Cognitive Reappraisal	32.60**	1, 521	-.24	-5.71**	-.24	.18
Antecedent-focused regulation	9.56*	1, 520	-.14	-3.09*	-.13	.19
Response-modulation	7.84*	1, 519	.15	2.80*	.12	.20
Suppression	4.29*	1, 518	.08	2.07*	.09	.21

*$p < .05$, **$p < .001$*

3.5.3.2 Variables Associated with Social Anxiety Symptoms

Hierarchical regression analysis run for the social anxiety symptoms revealed that among control variables, only age (β = -.14, t [525] = -3.18, p < .05) was significantly associated with social anxiety. Age explained 2 % of the variance (F [1, 525] = 10.14, p < .05). After controlling for this factor, among perceived parenting styles, perceived maternal rejection (β = .32, t [524] = 7.75, p < .001), perceived maternal warmth (β = -.12, t [523] = -2.71, p < .05) and perceived paternal overprotection (β = .10, t [522] = 2.42, p < .05) had significant association with social anxiety.

Perceived maternal rejection increased explained variance to 12 % (F_change [1, 524] = 59.99, p <.001) and with the entrance of perceived maternal warmth explained variance increased up to 13 % (F_change [1, 523] = 7.36, p < .05). After that with the entrance perceived paternal overprotection explained variance increased up

to 14 % (F_{change} [1, 522] = 5.84, p < .05). Following these perceived parenting styles, emotion recognition ($β$ = -.16, $\underline{t}$ [521] = -3.97, $\underline{p}$ < .001) significantly associated with social anxiety. Emotion recognition increased explained variance to 17 % (F_{change} [1, 521] = 15.73, p < .001). Following emotion recognition, among emotion regulation variables, suppression ($β$ = .25, $\underline{t}$ [520] = 6.34, $\underline{p}$ < .001) and cognitive reappraisal ($β$ = -.17, $\underline{t}$ [519] = -4.37, $\underline{p}$ < .001) significantly associated with social anxiety. Suppression increased explained variance to 23 % (F_{change} [1, 520] = 40.22, p < .001) and with the entrance of cognitive reappraisal explained variance increased up to 25 % (F_{change} [1, 519] = 19.13, $\underline{p}$ < .001) (see Table 82).

Totally, seven factors as age, perceived maternal rejection, perceived maternal warmth, perceived paternal overprotection, emotion recognition, suppression and cognitive reappraisal had significant associations with social anxiety. That is, younger participants, those perceiving more maternal rejection and paternal overprotection and less maternal warmth, and those recognizing emotions less accurately, and those using suppression more and cognitive reappraisal less were more likely to have high levels of social anxiety symptoms as compared to older participants, those perceiving less maternal rejection and paternal overprotection and more maternal warmth, and those those recognizing emotions more accurately, and those using suppression less and cognitive reappraisal more.

Table 82. Variables Associated with Social Anxiety Symptoms

	F_{change}	df	β	t (within set)	Pr	R^2
Dependent Variable Social Anxiety						
Step 1: Control Variables						
Age	10.13*	1, 525	-.14	-.3.18*	-.14	.02
Step 2: Perceived Parenting Style						
Maternal Rejection	59.99**	1, 524	.32	7.75**	.32	.12
Maternal Warmth	7.36*	1, 523	-.12	-2.71*	-.12	.13
Paternal Overprotection	5.84*	1, 522	.10	2.42*	.10	.14
Step 3: Emotion Recognition						
Emotion Recognition	15.73**	1, 521	-.16	-3.97**	-.17	.17
Step 4: Emotion Regulation						
Suppression	40.22**	1, 520	.25	6.34**	.27	.23
Cognitive Reappraisal	19.13**	1, 519	-.17	-4.37**	-.19	.25

*$p < .05$, **$p < .001$*

3.5.3.3 Variables Associated with Obsessive-Compulsive Symptoms

Hierarchical regression analysis run for the obsessive-compulsive symptomatology measure revealed that among control variables, only age ($β = -.21$, t [525] = -5.05, $p < .001$) was significantly associated with obsessive-compulsive symptoms. Age explained 5 % of the variance (F [1, 525] = 25.52, $p < .001$). After controlling for this factor, among perceived parenting styles, perceived maternal overprotection ($β = .32$, t [524] = 7.99, $p < .001$), perceived paternal rejection ($β = .15$, t [523] = 3.57, $p < .001$) had significant association with obsessive-compulsive symptoms.

Perceived maternal overprotection increased explained variance to 15 % (F_{change} [1, 524] = 63.94, $p < .001$) and with the entrance of perceived paternal rejection explained variance increased up to 17 % (F_{change} [1, 523] = 12.72, $p < .001$). Following these perceived parenting styles, emotion recognition ($β = -.19$, t [522] = -4.86, $p < .001$) significantly associated with obsessive-compulsive

symptoms. Emotion recognition increased explained variance to 21 % (F_{change} [1, 522] = 23.63, p < .001). Following emotion recognition, among emotion regulation variables, suppression (β = .14, $\underline{t}$ [521] = 3.61, $\underline{p}$ < .001) and cognitive reappraisal (β = -.09, $\underline{t}$ [520] = -2.27, $\underline{p}$ < .05) significantly associated with obsessive-compulsive symptoms. Suppression increased explained variance to 22 % (F_{change} [1, 521] = 13.03, p < .001) and with the entrance of cognitive reappraisal explained variance increased up to 23 % (F_{change} [1, 520] = 5.17, $\underline{p}$ < .05) (see Table 83).

Totally, six factors as age, perceived maternal overprotection, perceived paternal rejection, emotion recognition, suppression and cognitive reappraisal had significant associations with obsessive-compulsive symptoms. That is, younger participants, those perceiving more maternal overprotection and paternal rejection, and those recognizing emotions less accurately, and those using suppression more and cognitive reappraisal less were more likely to have high levels of obsessive-compulsive symptoms as compared to older participants, those perceiving less maternal overprotection and paternal rejection, and those recognizing emotions more accurately, and those using suppression less and cognitive reappraisal more.

Table 83. Variables Associated with Obsessive-Compulsive Symptoms

	F_{change}	df	β	t (within set)	pr	R^2
Dependent Variable Obsessive-Compulsive						
Step 1: Control Variables Age	25.52**	1, 525	-.21	-5.05**	-.21	.05
Step 2: Perceived Parenting Style						
Maternal Overprotection	63.94**	1, 524	.32	7.99**	.33	.15
Paternal Rejection	12.72**	1, 523	.15	3.57**	.15	.17
Step 3: Emotion Recognition Emotion Recognition	23.63**	1, 522	-.19	-4.86**	-.21	.21
Step 4: Emotion Regulation						
Suppression	13.03**	1, 521	.14	3.61**	.16	.22
Cognitive Reappraisal	5.18*	1, 520	-.09	-2.27*	-.10	.23

*p < .05, **p < .001*

The results of the three sets of hierarchical regression analyses, according to the proposed model in the current study, can be seen in Figure 40.

Figure 40. The β Values of the Three Sets of Hierarchical Analyses in relation to the Proposed Model
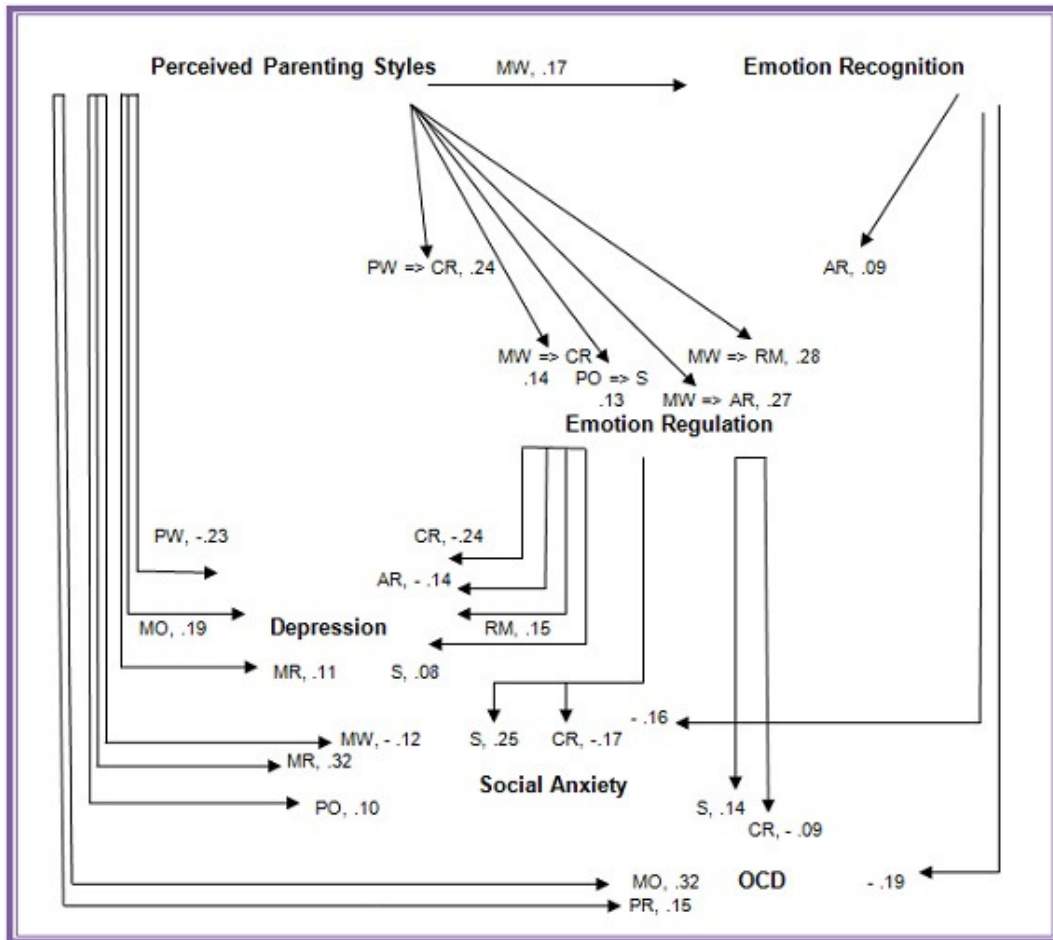
Note: **MW**: Maternal warmth, **PW**: Paternal warmth, **PO**: Paternal overprotection, **S**: Suppression, **AR**: Antecedent-focused regulation, **RM**: Response-focused modulation, **CR**: Cognitive reappraisal, **MR**: Maternal rejection, **PR**: Paternal rejection, **MO**: Maternal overprotection

CHAPTER 4

DISCUSSION

The main purpose of the current study was to investigate the effects of perceived parenting styles (i.e., warmth, overprotection, and rejection), emotion recognition, emotion regulation (i.e., suppression, cognitive reappraisal, antecedent-focused regulation, response-focused modulation) on psychological well-being measures as depression, anxiety, and obsessive-compulsive disorder symptoms. For this aim, firstly, reliability and validity of the measures that were translated into Turkish were examined. Secondly, the differences between different categories of demographic variables on those measures and correlations among those variables were investigated. Lastly, multiple hierarchical regression analyses were conducted. Therefore, in this chapter, findings of the current study; which include psychometric analyses, differences of demographic categories on perceived parenting styles, emotion recognition, emotion regulation, and psychological well-being, correlations among those measures, and multiple hierarchical regression results will be discussed in the light of the current literature. Moreover, the possible therapeutic implications of the current study will be stated. Lastly, the limitations and the strengths of the current study, and suggestions for future research will be presented.

4.1 Findings Related to Psychometric Analyses

4.1.1 Findings Related to Emotion Regulation Questionnaire

In this part of the current study, reliability and validity of the Emotion Regulation Questionnaire were investigated. Reliability analyses of the Emotion Regulation Questionnaire, in terms of internal consistencies measured with Cronbach Alpha, showed similar characteristics both with the original reliability analyses of the scale (Gross, & John, 2003) and with the results of the study by Yurtsever (2008). Test re-test reliability results were found to be similar to the original study (Gross, & John, 2003). Although the test re-test reliabilities of the subscales were found to be higher in Yurtsever's (2008) study, the test-retest reliability results of the current study assessed over a 3-week interval, presented a good estimate. The split-half reliability of the subscales, in terms of Guttman split-half reliability, was also found to be highly acceptable.

Considering validity outcomes of the scale, concurrent and criterion validity of the scale were examined. In terms of concurrent validity, two subscales' scores obtained from the Emotion Regulation Questionnaire were compared with the subscale scores of Emotion Regulation Processes, White Bear Suppression Inventory, Thought-Action Fusion Scale, and Emotional Approach Coping Scale. The correlation between ERQ-Cognitive Reappraisal subscale and ERP-Antecedent-Focused Regulation subscale was significant. ERQ-Cognitive Reappraisal measure assesses the tendency to regulate emotions by modifying thoughts. It includes perspective change that provides a chance to evaluate things on a different platform. Similarly ERP-Antecedent-Focused Regulation subscale assess the emotion regulation processes that are used before an emotion is fully

triggered. All of the strategies that aim to affect emotions before triggering experiential, behavioral and physiological tendencies are included in this category. Cognitive reappraisal was one of the strategies that was hypothesized to fall in this category. Therefore, the significant association between two subscales might depict that cognitive reappraisal can be evaluated as one of the antecedent-focused regulation processes as in line with a previous study (Schutte et. al, 2009). In addition to this finding, this subscale was also found to have a significant correlation with EACS as expected because of the fact that both of them focus on emotion regulation and coping.

On the other hand, the correlations among ERQ-Suppression subscale, WBSI, and TAF were found to be positively significant. ERQ-Suppression subscale assesses lack of emotional expression, and suppression involves inhibiting emotion-expressive behavior while the individual is already in an emotional state. Therefore, significant association with WBSI and TAF measures that assess suppression related concepts depicted that ERQ-Suppression subscale may be a good measure of suppression. Furthermore, the ERQ-Suppression scale was found to be negatively correlated with EACS which depict the fact that suppressing emotions may cause difficulties on emotional coping and The ERQ-Suppression scale measures problems related to emotional expression.

To examine the criterion validity, the Emotion Regulation Questionnaire subscales were studied in terms of their effectiveness in differentiating participants on the measure of emotional coping. Two subscales of the ERQ successfully discriminated participants with high and low emotional coping which depicted that there was a difference between individuals who used cognitive reappraisal and suppression. Based on this finding, it can be stated individuals who used cognitive

reappraisal were more effective on emotional coping whereas individuals who used suppression were less effective on emotional coping. The reason for this difference may be due to the different processes of emotion regulation as stated by John and Gross (2004). As stated in their model, using cognitive reappraisal before an emotion is fully activated may spare cognitive resources to deal with other problems. Therefore, when individuals use cognitive reappraisal and try to evaluate situations from a different perspective before they experience an emotion, they may have plenty resources left to focus on other problems. However, when individuals use suppression and consume extra cognitive resources while trying to ignore the effect of emotions, they may use up all the resources that weaken them to manage other emotional problems.

In summary, this part of the current study presents good internal consistency, test re-test, split-half reliability coefficients and also good concurrent and criterion validity information for the Emotion Regulation Questionnaire.

4.1.2 Findings Related to Emotion Regulation Processes

In this part of the current study, reliability and validity of the Emotion Regulation Processes measure were investigated. Reliability analyses of the Emotion Regulation Processes measure, in terms of internal consistencies measured with Cronbach Alpha, showed similar characteristics to the original reliability analyses of the scale (Schutte et. al, 2009). Test re-test reliability results were found to be acceptable and the split-half reliability of the subscales, in terms of Guttman split-half reliability, was also found to be highly acceptable.

Considering validity outcomes of the scale, concurrent and criterion validity of the scale were examined. In terms of concurrent validity, two subscales' scores

obtained from the Emotion Regulation Processes measure were compared with the scores of Emotion Regulation Questionnaire's subscales, White Bear Suppression Inventory, Thought-Action Fusion Scales, and Emotional Approach Coping Scale. The correlation between ERP-Antecedent Focused Regulation subscale and ERQ-Cognitive Reappraisal subscale was significant as expected (For detailed discussion see section 4.1.1). In addition, this subscale was also found to have a significant positive correlation with EACS. It was hypothesized that Antecedent-focused regulation subscale assess the processes that occur before a full emotion is generated and it promotes emotional expression. Similarly, EACS focuses on emotional expression and processing. Therefore, a significant association between them showed that at least Antecedent-focused regulation subscale is related to emotional expression and processing like EACS.

On the other hand, the correlations among ERP-Response modulation subscale, ERQ-Cognitive Reappraisal subscale, WBSI and EACS were found to be significant and positive. ERP-Response modulation subscale measures experiential, behavioral, and physiological tendencies that occur after an emotion is generated. In literature, except one study (Schutte et. al, 2009) findings showed that antecedent-focused regulation is related to well-being while response-focused modulation is less effective than antecedent-focused regulation. However, Schutte et. al (2009) found that response modulation, although not effective as antecedent regulation, is not necessarily harmful and in some ways it could be beneficial. In the current study, the significant correlations among ERP-Response modulation, ERQ-Cognitive Reappraisal subscale, WBSI and EACS can be interpreted in the same way. Response-modulation processes included experiential, behavioral and physiological responses and suppression is one of the strategies included in these responses.

Therefore, the significant correlation between WBSI and ERP-Response modulation may reflect the effect of suppression. However, even suppression, together with other strategies, may be beneficial depending on proper timing and context as proposed (Eftekhari, Zoellner, & Vigil, 2009; Schutte et. al, 2009). Therefore, the significant correlation among ERP-Response modulation, Cognitive Reappraisal subscale and EACS can be an indicator of this effect. Indeed, this idea was also supported by the results of criterion validity. To examine the criterion validity, the Emotion Regulation Processes subscales were studied in terms of their effectiveness in differentiating participants on the measure of emotional coping. Two subscales of the ERP successfully discriminated participants with high and low emotional coping. According to results, individuals with high emotional coping mechanisms used both antecedent-focused regulation and response-modulation more than individuals with low emotional coping. Together with correlation results mentioned above, this finding supported the view that both antecedent-focused regulation and response-modulation can be beneficial on emotion processing and expression.

In summary, this part of the current study presents good internal consistency, split-half reliability and acceptable test re-test coefficients and also good concurrent and criterion validity information for the Emotion Regulation Processes measure.

4.2 Findings Related to Differences in terms of Demographic Categories on Emotion Regulation, Emotion Recognition, Perceived Parenting Styles, and Psychological Well-Being

In this part of the current study, differences due to demographic categories (i.e., age, gender, number of romantic relationships, shortest romantic relationship

duration, longest romantic relationship duration, perceived success in general relationships) on emotion regulation, emotion recognition, perceived parenting styles and psychological well-being in terms of depression, social anxiety and obsessive-compulsive disorder symptoms were stated.

Age was the first demographic category that was examined. In the current study, there were two age groups categorized as younger and older. In the first group (younger), the age range was 18 to 21, and in the second group (older) the age range was 22 to 36. For emotion regulation strategies, processes and emotion recognition, age did not create a difference on the basis of younger and older groups. Although, in literature, age-related differences were found to be significant in these areas (e.g., Gross, 1997; Gross, and John, 2002; Orgeta, 2009; Sullivan, Ruffman, Hutton, 2007), the age gap between younger and older groups were bigger than the current study that may suggest, the changes on emotion regulation and recognition occur slowly than other psychological processes. On the other hand, in the current study a significant age difference was found on perceived maternal and paternal parenting styles for warmth measure. According to results, younger participants perceived their mother's and father's behaviors warmer than older participants. This difference can be attributed to the rapidly changing communication styles of the parents. Even two or three years can be effective on child-parent communication styles because of developing technology, changing social conditions and wide accessibility of information. Therefore, the way younger participants and their parents communicate may differentiate than the way older participants and their parents' communication style.

For depression, social anxiety and obsessive-compulsive disorder symptoms, findings for age-related differences, that younger participants had higher levels of

symptoms than older participants, were found to be in line with previous studies (e.g., Christensen et. al, 1999; Garcia-Lopez, J.Ingles, Garcia-Fernandez, 2008; Puklek, Vidmar, 2000). In the first age group (younger) of the current study, the age range was between 18 and 21. When this information is evaluated together with the fact that participants of this study were university students, the process of adapting to university life may be challenging for this group. Therefore, it can be stated that, in time, both with adaptation to university life and experience, the symptoms of depression, social anxiety and obsessive-compulsive disorder might have been decreased for the older age (22 to 36) group in the current study.

As a second demographic category, the effect of gender was investigated. Except for depression and obsessive-compulsive symptoms, gender was found to significantly differentiate other variables. For emotion regulation strategies, results revealed that male participants used suppression more than female participants. Additionally, female participants were found to use antecedent-focused regulation more than male participants. Similarly, females were found to be better at recognizing emotions than males. All these findings were consistent with previous research (e.g., Haga, Kraft, & Corby, 2009; Thayer, Rossy, Ruiz-Padial, Johnsen, 2003; Garnefski et.al, 2004) suggesting that women tend to recognize, express and regulate emotions more than men.

For social anxiety symptoms, results revealed that male participants depicted more avoidance responses than female participants. This finding is consistent with the previous finding in the current study that male participants used suppression more than female participants. Based on these findings, it can be suggested that male participants tend to cope with challenging emotions and situations by suppressing and avoiding them.

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For perceived parenting styles, female participants perceived their mother's and father's behaviors warmer than male participants. This finding may suggest that the relationship between female participants and their parents may be perceived as involving more emotional expression and attention than the relationship between male participants and their parents.

All of the findings about gender mentioned above may be evaluated with the concept of parental meta-emotion philosophy. This concept refers to the organized set of thoughts and feelings of parents regarding both their own emotions and children's emotions (Gottman et al., 1996). According to Goldman et. al (1996), parental beliefs and attitudes about emotions and socialization of these emotions differ in terms of expressing and accepting them. That is, some parents may believe in being in touch with emotions and expressing them in socially accepted ways while others may believe that emotions, especially negative ones, should be kept under control, therefore should not be expressed. Although, Goldman et al. (1996) discussed this philosophy on the basis of individual or family differences, a cultural evaluation can also be done. In patriarchal cultures like Turkey, the distribution of gender roles can be an important variable for this meta-emotion philosophy. As an example, females generally undertake most of the child-rearing responsibilities and be the primary caregivers whereas males generally undertake the roles of bread-winners and have limited communication with their children compared to females. Under these social roles, males are thought to appear strong and powerful and hide their emotions because of the fact that being emotional is associated with weakness. Moreover, the concept of emotions are reflected to associate with females and they feel free to communicate and express their emotions. As a consequence of accepting these roles, females and males tend to raise their

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children according to these roles by creating a vicious circle. Females engage in longer preverbal and affective communication with female infants more than male infants in terms of speaking in longer periods, using a soothing voice or calming the baby while crying, using emotional gestures like smiling, continual reading and responding to the infant's experience (Greenspan & Shanker, 2004). Later, with verbal development, male children learn social scripts like "big boys don't cry". Therefore, it can be speculated that male children who exposed to less emotional communication and learn to suppress their feelings during the socialization process tend to recognize emotions less, use avoidance and suppression more than female children who have more extensive early experience on emotional communication and feel free to express emotions.

Another demographic category, the number of experienced romantic relationships depicted significant results for emotion regulation strategies, social anxiety, and obsessive-compulsive symptoms. In the current study, there were three groups (none/single; moderate = 2 to 3; high = 3 to 20) for the number of experienced romantic relationships. For emotion regulation strategies, participants who had none/single and moderate number of romantic relationships used suppression more than participants who had high number of romantic relationships. Additionally, for social anxiety and obsessive-compulsive symptoms, participants who had none/single romantic relationship had higher levels of symptoms than participants who had moderate and high number of romantic relationships. These findings suggested that problems in initiating romantic relationships may be related to using suppression as a emotion regulation strategy and difficulties on the areas of symptoms social anxiety and obsessive-compulsive. Additionally, having none/single romantic relationship either can be a result of vulnerability to

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psychological problems or it can be one of the causes for the onset of these problems in terms of insufficient emotional support, so it is clear that it is an important variable to consider while examining those factors.

On the base of shortest and longest duration of romantic relationships, only measures of psychological well-being, in terms of depression, social anxiety and obsessive-compulsive symptoms were differentiated. In the current study, there were three groups both for shortest (none/single; shorter = 0.5 to 1.5 months; longer = 2 to 36 months) and longest (none/single; shorter = 0.5 to 28 months; longer = 29 to 156 months) duration of romantic relationships. Regarding depression, social anxiety, and obsessive compulsive disorder symptoms, with slight differences the general pattern of the findings depicted that participants who had none/single romantic relationship had more symptoms of these disorders than participants who had longer periods of romantic relationships. Based on all these findings for all psychological well-being symptoms, it can be suggested that having none/single romantic relationship or longer periods of romantic relationships had an effect on psychological well-being. These findings were consistent with current literature stating that deficits in social support may increase the risk for depression (Windle, 1992) and individuals with social anxiety are more socially isolated and less likely to be in a romantic relationship (Wittchen, Fuetsch, Sonntag, Muller, & Liebowitz, 2000) and expressing/sharing emotions generally result in greater social support and intimacy in close relationships (Kennedy-Moore & Watson, 2001). Although, the quality of the relationships is very important, these findings suggested that the length of the relationships was also important. However, the length of the relationships should not be evaluated only in terms of the time that passes, but also in terms of the psychological investments that are made to the relationship. It can be

suggested that as the duration of the relationships get longer, individuals face with more problems that may end successful solutions leading them to increase their problem-solving and emotional coping capacities. Therefore, both the social support that a romantic-relationship provides and the chances to improve problem-solving and emotional coping capacities may act as a preventive factor for psychological problems. On the other hand, it may also possible that individuals can not initiate relationships or maintain them because of the vulnerability to these psychological problems.

As a last demographic category, perceived success in general relationships depicted significant results for all variables except obsessive-compulsive symptoms. For emotion regulation strategies, participants who had high scores on their perceived success in general relationships used reappraisal more than participants who had low scores on their perceived success in general relationships. On the other hand, participants who had low scores on their perceived success in general relationships used suppression more than those who had high scores. These findings were in line with the literature stating that using reappraisal was related to more positive outcomes than using suppression in areas like close emotional and interpersonal relationships (e.g., Butler, Egloff, Wilhelm, Smith & Gross, 2003; John, & Gross, 2004). When individuals regulate and express their emotions properly, the quality of their communication, in terms of conveying their messages in an effective manner, is likely to improve as compared to situations in which they suppress and hide their feelings.

For emotion regulation processes, the results showed that participants with high scores of perceived success in general relationships used antecedent-focused regulation process and response-focused process more than those with low scores.

Although, in previous studies (e.g., John, & Gross, 2007), antecedent-focused regulation was found to be more effective than response-focused modulation, Schutte, Manes, and Malouff (2009) found that response-focused modulation was not as harmful as proposed and in some forms it may be beneficial (For a detailed discussion see 4.1.2). Indeed, depending on time and context using response-focused modulation like doing exercises, using relaxation techniques or eating favorite food may be helpful on dealing with social problems. Therefore, the findings in this part of the current study supported this view that perceived success in general relationships were associated with both processes.

For emotion recognition, it was found that participants with high scores on perceived success in general relationships recognized emotions more than those with low scores. This finding was consistent with previous findings that emotion recognition was an important element in social relations and daily life (e.g., Bruce, 1988; Frigerio et al., 2002). Although, a bi-directional explanation can be stated that either individuals who are better on recognizing emotions may become more succesful on social relations or individuals who have more social skills improve their emotion recognizing skills by continous exposure, the fact that social skills should include proper emotion recognition to be able to understand the emotions of others and act accordingly, must not be missed. Therefore, even there is a bi-directional relationship between emotion recognition and perceived success in general relationships, the chance of being able to recognize emotions better and then improving social skills may be higher than the other possibility. Additionally, the fact that the success in general relationships in the current study included participants' own evaluations and perceptions, should be kept in mind referring to the possible participants' bias.

For parenting styles, participants with high scores on perceived success in general relationships perceived more warmth than those with low scores, whereas participants with low scores perceived more overprotection and rejection than those with high scores on both paternal and maternal measures. This may show that parental warmth may be related to better relationship quality whereas problems in parental relationships may reflect difficulties in establishing social relationships. The perceived warmth that include understanding, expressing emotions and acceptance may both depict a role model for children to see how relationships are established and help them to express their feelings and thoughts freely, and may result in better social relationhips. On the other hand, perceived overprotection and rejection may cause children to feel that the chances to be accepted are low and see inappropriate role models for establishing relationships, that may result in poorer social relationships.

For depression and social anxiety, participants who had low scores on perceived success in general relationships had more depression and social anxiety symptoms than those who had high scores on perceived success in general relationships. Based on these findings, it can be concluded that difficulties on social relationships may affect psychological well-being consistent with the previous literature (e.g., Umberson, Chen, House, Hopkins, & Slaten, 1996; Windle, 1992). Moreover, this finding can also be evaluated as a result of symptoms that these participants had. The problems caused by symptoms of psychopathology may have created difficulties on daily life and social relationships.

4.3 Findings Related to Correlation Coefficients between Groups of Variables

In the current study, Pearson's correlation analyses were performed to see the relationship among psychological well-being measures, perceived parenting styles, emotion regulation, emotion recognition measures and demographic categories.

In the current study, age was found to be correlated negatively with all well-being measures. In line with literature, symptoms of psychological well-being were also found to be correlated negatively with age (e.g., Christensen et. al, 1999; Garcia-Lopez, J.Ingles, Garcia-Fernandez, 2008; Puklek, Vidmar, 2000). Additionally, when the age range of the current study is evaluated, for the younger group (18 to 21) it can be stated that challenges of adaptation to university life may play a role for symptoms of psychopathology. Therefore, in time, for the older group (22 to 36) of the current study, the symptoms of psychopathology may have been decreased with adaptation to university life and more experience,.

Moreover, maternal and parental warmth were found to be negatively correlated with psychological well-being measures except obsessive-compulsive disorder symptoms, and overprotection and rejection were found to be positively correlated with these well-being measures. These findings can be evaluated as signs of vulnerability factors for psychopathology symptoms. Providing warmth in terms of acceptance, understanding and emotional expression and support may act as a preventive factor for psychological problems because of the fact that it promotes appropriate emotion regulation whereas overprotection and rejection in terms of ignoring emotional needs or applying overcontrol may act as a vulnerability factor for psychological problems leading to emotion dysregulation and lack of self-compassion. Moreover, it can be stated that children who perceived adequate

warmth may be able to establish more effective social relationships than children who perceived rejection and overprotection. Rejected children may experience problems in social relationships with fear of rejection and overprotected children may experience problems of emotional expression that may lead to poorer social relationships (e.g., Fauber et al., 1990; Garber et al., 1997; Jones et al., 2002 cited in Macklem, 2008). This lack of social support also contribute to the vulnerability factors for psychological problems.

For emotion recognition, only symptoms of social anxiety and obsessive-compulsive disorder were found to be negatively correlated with emotion recognition measure indicating that deficits in emotion recognition were related with higher levels of social anxiety and obsessive-compulsive disorder symptoms (For the extensive discussion of these findings see section 4.4).

Cognitive reappraisal, antecedent-focused regulation and response-focused modulation were found to be positively correlated with depression whereas suppression was found to be negatively correlated with depression as expected. For social anxiety symptoms, as expected, cognitive reappraisal and antecedent-focused regulation were found to be negatively correlated whereas suppression was found to be positively correlated. These findings were in line with previous literature stating that cognitive reappraisal and antecedent-focused regulation were related with better well-being while suppression was not (e.g., Haga, Kraft, & Corby, 2009). For obsessive-compulsive symptoms, suppression and response-focused modulation was found to be positively related showing that as the use of suppression and response-modulation increased, participants' obsessive-compulsive symptoms also increased. For all of the well-being measures' correlation results, it can be stated that among all other correlations of emotion regulation

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variables, suppression was the most important factor (For the extensive discussion of these findings see section 4.4).

4.4   Multiple Regression Analyses

Several hierarchical multiple regression analyses were conducted to examine the main hypotheses of the current study. They were run in three sets to reveal the associates of emotion recognition, emotion regulation and psychological well-being in terms of depression, social anxiety and obsessive-compulsive disorder symptoms.

At first set of the regression analyses, for emotion recognition, variables were entered into the equation via two steps. Firstly age and gender, secondly variables related to perceived parenting style (i.e., warmth, overprotection, rejection) were entered. Three factors as gender, age and maternal warmth were found to be significant. Older participants were able to recognize emotions more than younger participants. In some of the previous studies, the recognition of certain facial expressions were found to decrease while the recognition of others remains stable or even improve (e.g., Calder et.al, 2003) whereas in other studies older adults were found to be worse at recognizing emotions with a pattern of less eye looking (e.g., Sullivan, Ruffman and Hutton, 2007). However, in those studies the age gap between younger and older groups were bigger than the current study so from the findings of this study it can be speculated that when the age range of the participants was taken into consideration, emotion recognition may increase with experience in life and social relationships for the current study.

Furthermore, in this study, it was found that female participants were able to recognize emotions more than male participants. Previous studies had inconsistent

results that in some of them females were found to be better than males (e.g., Hall et. al, 2000), whereas some studies depicted no gender differences (e.g., Erwin et. al, 1992). Keeping in mind that the number of the female participants outnumbered male participants in this study, it can be speculated that female participants' emotion recognition skills may be related to child-rearing attitudes of the parents that include engaging with female infants and toddlers in longer preverbal conversations and emotion expressions (Greenspan & Shanker, 2004) (For an extensive discussion see 4.2). Furthermore, participants whose perceived maternal warmth higher were found to be better at recognizing emotions. Regarding the fact that usually the primary caregivers are mothers, the close relationship with mothers may increase emotional expression that may result in better skills for emotion recognition.

At the second set of regression analyses, hierarchical multiple regression analyses were carried out to reveal significant associates of emotion regulation as cognitive reappraisal, suppression, antecedent-focused regulation and response-focused modulation. Variables were entered into equation via three steps; firstly demographic variables (i.e., gender and age), secondly variables related to perceived parenting style (i.e., warmth, overprotection, rejection), and lastly emotion recognition were hierarchically entered into the equation.

According to results, for cognitive reappraisal, younger participants, and those who perceived their mothers and fathers as more warmer were more likely to use cognitive reappraisal than older participants who perceived their mothers and fathers as less warmer. These findings were in line with the previous literature that stated parental warmth contributes positively to the development of emotion regulation during childhood (Morris et al., 2007). Cognitive reappraisal includes the re-evaluation of the situation to decrease its emotional impact. It can be stated that if

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parents who are warmer act as role-models for emotion regulation in terms of understanding their children emotions and behaving accordingly as well as expressing their own thoughts and feelings openly, then children may learn to evaluate situations from different perspectives resulting in using cognitive reappraisal.

For suppression, it was found that male participants used suppression more than female participants. This finding can be evaluated on the base of gender roles (For an extensive discussion see 4.2). Similiarly, younger participants used suppression more than older participants. This age difference for the current study may be explained by lack of experience in social life compared to older participants who had bachelor's degree or about to get it and may have more experience in social relationships. Another finding for suppression measure was that participants who perceived their fathers as more overprotective were more likely to use suppression as a emotion regulation strategy as compared participants who perceived their fathers as less overprotective. In literature, it was depicted that this type of parenting style was found to be related with shyness and problems of internalizing (Rubin, & Burgess, 2002). It can be stated that children may learn to suppress their feelings to avoid their parents' overcontrol. When there is no overt feelings and behaviors, then there will be nothing for parental control and intrusion. Additionally, if the findings for suppression are evaluated together it may be possible to speculate about father-son relationships. The association between overprotective paternal style and male participants' suppression may be related to the father-son relationships that took place during the identity formation process. During this process, male participants might have learned to use suppression as a reaction to their father's higher levels of control.

For response-focused modulation, it was found that younger participants and those who perceived their mothers as more warmer were more likely to use response-modulation as compared to older participants, and those who perceived their mothers as less warmer. Although, using response-focused modulation was stated to be less healthier than using antecedent-focused regulation in previous literature, both in a recent study (Schutte, Manes, & Malouff, 2009) and this current study, it was found that using response-focused modulation did not necessarily have to associate with lower level of well-being. Response-focused strategies refer to things that individuals do once an emotion is already generated. There are many ways to decrease or increase the effect of emotions after they are triggered like using drugs, alcohol, distraction techniques, exercising or relaxation. Among these ways, as an example, relaxation may be helpful even after emotions are experienced if there is no other way to interfere to emotion regulation. In situations like this, mothers may teach their children how to handle their emotions even if the unwanted emotions are experienced. Therefore, maternal warmth may promote both the use of antecedent-focused regulation strategies and the suitable strategies of response-focused modulation by depicting appropriate ways to regulate emotions.

For antecedent-focused regulation, it was found that female participants, those who perceived their mothers as more warmer and recognized emotions more accurately were more likely to use antecedent-focused regulation as compared to male participants, those who perceived their mothers as less warmer and recognized emotions less accurately. Based on these findings, consistent with previous research, it can be concluded that maternal warmth played a significant role for female participants to be able to engage in antecedent-focused regulation processes. Additionally, to be able to recognize emotions was an important criterion

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for using these strategies as stated in literature (Hee-Yoo, Matsumoto, & LeRoux, 2006). However, emotion recognition did not significantly relate to cognitive reappraisal, suppression and response-focused regulation. According to this result, it can be concluded that although emotion recognition was associated with some of the antecedent-focused regulation strategies, it did not specifically relate to cognitive reappraisal, suppression or other response-focused processes. Antecedent-focused strategies include situation selection, situation modification, attentional deployment, and cognitive change. Cognitive reappraisal is only one of the strategies of cognitive change. Similarly, suppression is one of the response-modulation strategies. Additionally, only some of the response-focused modulation strategies are evaluated as helpful depending on time and context. Moreover, they are used after an emotion is triggered so recognizing others' emotions may not be crucial as antecedent-focused processes. Therefore, for antecedent-focused regulation that include many processes and strategies, the emotion recognition skills may be more important than single strategies or some of the response-focused modulation processes.

At the third set of regression analyses, hierarchical multiple regression analyses were carried out to reveal significant associates of psychological disorders' symptoms as depression, social anxiety, and obsessive-compulsive disorder. Variables were entered into equation via four steps; firstly demographic variables (i.e., gender and age), secondly variables related to perceived parenting style (i.e., warmth, overprotection, rejection), thirdly emotion recognition and lastly, variables related to emotion regulation (i.e., cognitive reappraisal, suppression, antecedent-focused regulation, response-modulation) were hierarchically entered.

For depression, social anxiety and obsessive-compulsive symptoms, it was found that younger participants depicted these symptoms more than older

participants. This finding was consistent with previous research stated symptoms of well-being were found to decrease with age (e.g., Christensen et. al, 1999; Garcia-Lopez, J.Ingles, Garcia-Fernandez, 2008; Puklek, Vidmar, 2000). Based on these findings, for the current study and two age groups, it can be concluded that participants' depression social anxiety and obsessive-compulsive symptoms tend to decrease that can be related to get used to university life or getting experienced in social relationships.

For depression, it was found that participants who perceived less paternal warmth and more maternal overprotection and rejection were more likely to have high levels of depression symptoms as compared to, those perceiving more paternal warmth and less maternal overprotection and rejection. Similarly, for social anxiety, participants who perceived more maternal rejection and paternal overprotection and less maternal warmth had higher levels of social anxiety symptoms compared to those perceiving less maternal rejection and paternal overprotection and more maternal warmth. In a similar manner, perceiving more maternal overprotection and paternal rejection were found to be related with higher levels obsessive-compulsive symptoms as compared to perceiving less maternal overprotection and paternal rejection. Based on these findings, it can be concluded that, parental warmth was associated with better well-being whereas parental overprotection and rejection had negative effects on well-being consistent with previous research (e.g., Baumrind, 1991, Calkins et al., 1998, Rubin, & Burgess, 2002) (For an extensive discussion see 4.3)

For symptoms of psychological well-being, the results showed that deficits on emotion recognition was related with higher levels of social anxiety and obsessive-compulsive disorder symptoms but not depression symptoms. In literature, research

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depicted significant relationships between emotion recognition and psychopathology consistent with findings of the current study for social anxiety and obsessive-compulsive symptoms. However, there were inconsistent results for emotion recognition and depression. In some studies, using RMET for emotion recognition, depression was found to be related with deficits in emotion recognition (Bora et al., 2005; Lee et al., 2005) and in some studies (Harkness et. al, 2005; Harkness, Jacobson, Duong, Sabbagh, 2010) participants with dysphoria or a history of major depression showed enhanced emotion recognition abilities. Therefore, for the absence of this relationship in the current study, it can be concluded that high and low levels of depression might have cancelled out the effect of emotion recognition.

Moreover, in this part of the current study, it was also depicted that participants who used cognitive reappraisal and antecedent-focused regulation less but response-modulation and suppresion more were more likely to have high levels of depression. Similarly, participants using suppression more and cognitive reappraisal less were more likely to have high levels of social anxiety and obsessive-compulsive symptoms as compared to those using suppression less and cognitive reappraisal more. These findings were consistent with previous literature (e.g., Gross, & John, 2003; Haga, Kraft, & Corby, 2009; John, & Gross, 2007; Schutte, Manes, & Malouff, 2009) in which the positive effects of using cognitive reappraisal and antecedent-focused regulation and negative effects of using suppression and response-focused regulation for well-being were stated. Among these variables, especially suppression was associated with all of the three symptoms. For depression symptoms, the role of the suppression can be evaluated from the point of individuals' self-perception. John and Gross (2004) proposed that trying to suppress feelings may create discrepancy between one's feelings and overt

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behaviors that may lead to a sense of not being true to oneself. This situation may cause a negative view of the self and affect close emotional/interpersonal relationships in a negative way. Therefore, both this negative view of the self and problems in social relationships may contribute to depression symptoms. For social anxiety symptoms, the role of suppression can be discussed from the point of avoidance. Social anxious individuals try to avoid anxiety provoking situations and suppression can be evaluated as the psychological form of avoiding. Indeed, in literature, emotion suppression was found to be higher for social anxiety group than healthy group (Werner et al., 2011). Social anxious individuals may use this strategy when they are not able to avoid anxiety provoking situations. Therefore, using suppression may prevent these individuals from experiencing the results of emotional expression that may promote the cycle of social anxiety symptoms. For obsessive-compulsive symptomatology, the appraisal and interpretation of the unwanted intrusive thoughts and the urge to suppress these thoughts or impulses are the main processes (Salkovskis, 1985, 1989). Hence, using suppression for emotion regulation may be an elemental part of this disorder.

4.5   Clinical Implications

The aim of the current study was to gain a perspective on the association among perceived parenting styles, emotion recognition and regulation, and psychological well-being. Although the associations among those variables was studied by prior research, current study was the first study attempting to investigate the effects of these variables as an integrated system. Based on the findings of the study, it can be concluded that the relationship of the caregivers with the children was very important in terms of being protective or creating vulnerability factors for

the psychopathology development. Additionally, the style of the relationship that parents establish with their children affect children's emotion recognition abilities and emotion regulation strategies. Therefore, in order to prevent psychological problems, parents should be informed how to attend their children's positive and negative emotions and reflect their warmth as well as how to avoid negative parental behaviors like rejection and overprotection.

For therapuetic applications, it is important to consider the effects of emotion regulation strategies on psychological well-being. Although, the ways of regulating emotions are mostly learned during childhood, with proper insight and new learning experiences, emotion regulation strategies can be modified to prevent psychological problems. Additionally, when evaluating emotion regulation strategies that may effect psychological well-being negatively, it is important to consider timing and context of these strategies because even response-focused strategies can be beneficial as depicted in the current study.

4.6   Limitations and Strengths of the Study and Suggestions for Future Research

First of all, the participants of the current study were university students and do not represent a clinical sample. Therefore, the findings of the study can be generalized only to the samples that have similar characteristics. For future research, it would be important and more informative to include clinical samples.

Another limitation of the current study was the unbalanced number of male and female participants. The number of the female participants were approximately three times more than the male participants. Although, this difference may violate some of the results, main hypothesis did not include gender differences. In future research,

including equal number of male and female participants will prevent possible violations.

Age ranges can be another limitation of the current study. Although, two age groups created for the current study included similar number of participants (for older $\underline{N}$ = 230, for younger $\underline{N}$ = 300), the age range of the groups were not so distinct to analyze developmental changes. To be able to evaluate age differences properly, future studies should include wider age ranges.

According to results of the current study, a significant relationship was not found between emotion recognition and depression and in literature there were inconsistent findings for this relationship. Therefore, a more detailed study including both clinical and normal samples should be conducted to investigate the relationship between emotion recognition and depression.

Lastly, some of the results of the current study depicted that response-focused modulation may be related to positive aspects of social relationships and well-being. For future research, it will beneficial to thoroughly investigate response-focused modulation variables related to positive outcomes.

Besides all these limitations, the current study presented an integrated model for the association among perceived parenting styles, emotion recognition and regulation, and psychological well-being measures. Furthermore, to measure emotion recognition instead of using basic emotions, more complex emotional photographs were used which may have provided more similar results to daily emotion recognition characteristics. Moreover, the concept of emotion regulation was investigated on the basis of both emotion regulation processes and strategies. Apart from these, to be able measure emotion regulation processes, Turkish adaptation of The Emotion Regulation Processes measure was carried out.

Additionally, the sample of the study (N = 530) was large enough both to run statistical analysis and reflect the characteristics of university sample.

REFERENCES

Allen, L. B, & Barlow, D. H. (2009). Relationship of exposure to clinically irrelevant emotion cues and obsessive-compulsive symptoms. *Behavior Modification*, *33*(6), 743-762.

Altın, M., & Gençöz, T. (2007). What are the distinct and common cognitive factors in obsessive compulsive and depressive symptoms? An analysis of the cognitive model of obsessive-compulsive disorder. *Behavior Change*, *24*, 146–156.

Altın, M., & Gençöz, T. (2009). Psychopathological correlates and psychometric properties of the white bear suppression inventory in a Turkish sample. *European Journal of Psychological Assessment*, *25*(1), 23-29.

American Psychiatric Association (1994). *Diagnostic and Statistical Manual of Mental Disorders (4th ed.).* Washington, DC.

Arrais, K. C., Machado-de-Sousa, J. P., Trzesniak, C., Filho, A. S., Ferrari, M. C. F., Osório, F. L., … Crippa, J. A. S. (2010). Social anxiety disorder women easily recognize fearfull, sad and happy faces: The influence of gender. *Journal of Psychiatric Research, 44*(8), 535-540.

Arrindell, W. A., Sanavio, E., Aguilar, G., Sica, C., Hatzichristou, C., Eisemann, M.,…Ende, J. (1999). The development of a short form of the embu: its appraisal with students in Greece, Guatemala, Hungary, and Italy. *Personality and Individual Differences, 27,* 613-628.

Barber, B. K., Olsen, J. A., & Shagle, S. C. (1994). Associations between parental psychological and behavioral control and youth internalized and externalized behaviors. *Child Development, 65,* 1120–1136.

Barber, B. K., & Buehler, C. (1996). Family cohesion and enmeshment: different constructs, different effects. *Journal of Marriage and the Family*, *58*, 433–441.

Barber, B. K. (1996). Parental psychological control: Revisiting a neglected construct. *Child Development*, *67*, 3296–3319.

Barber, B. K., Stolz, H. E., & Olsen, J. A. (2005). Parental support, psychological control, and behavioral control: Assessing relevance across time, culture, and method. *Monographs of the Society for Research in Child Development*, *70*, 1–137.

Baron-Cohen, S., Jolliffe, T., Mortimore, C., & Robertson, M. (1997). Another advanced test of theory of mind: Evidence from very high functioning adults with autism or asperger syndrome. *Journal of Child Psychology and Psychiary*, *38*(7), 813-822.

Baron-Cohen, S., Wheelwright, S., Hill, J., Raste, Y., & Plumb, I. (2001). The ''Reading the mind in the eyes'' test revised version: A study with normal adults, and adults with asperger syndrome or high-functioning autism. *Journal of Child Psychology & Psychiatry & Allied Disciplines*, *42*, 241-251.

Barrett, L. F., Gross, J. J., Christensen, T. C., & Benvenuto, M. (2001). Knowing what you're feeling and knowing what to do about it: Mapping the relation between emotion differentiation and emotion regulation. *Cognition and Emotion*, *16*, 713–724.

Baumrind, D. (1991). The influence of parenting style on adolescent competence and substance use. *Journal of Early Adolescence*, *11*(1), 56-95.

Banziger, T., Grandjean, D., & Scherer, K. R. (2009). Emotion recognition from expressions in face, voice, and body: The multimodal emotion recognition test (MERT). *Emotion*, *9*(5), 691–704.

Calkins, S. D. (1994). Origins and outcomes of individual differences in emotion regulation. *Monographs of the Society for Research in Child Development*, *59*, 53–73.

Campbell-Sills, L., Barlow, D. H., Brown, T. A., & Hofmann, S. G. (2006). Acceptability and suppression of negative emotion in anxiety and mood disorders. *Emotion*, *6*, 587–595.

Campbell-Sills, L., & Barlow, D. H. (2006). Incorporating emotion regulation into conceptualizations and treatments of anxiety and mood disorders. In J. J. Gross (Ed.), *Handbook of emotion regulation* (pp. 542–559). New York: Guilford.

Campos, J. J., Campos, R. G., & Barrett, K. C. (1989). Emergent themes in the study of emotional development and emotion regulation. *Developmental Psychology*, *25*, 394–402.

Catanzaro, S. J., & Mearns, J. (1990). Measuring generalized expectancies for negative mood regulation: initial scale development and implications. *Journal of Personality Assessment*, *54*, 546–563.

Christensen, H., Jorm, A. F., Mackinnon, A. J., Korten, A. E., Jacomb, P. A., Henderson, A. S., & Rodgers, B. (1999). Age differences in depression and anxiety symptoms: A structural equation modelling analysis of data from a general population sample. *Psychological Medicine, 29*, 325-339.

Ciarrochi, J., Chan, A. Y. C., & Bajgar, J. (2001). Measuring emotional intelligence in adolescents. *Personality and Individual Differences*, *31*, 1105–1119.

Clark, D. M., & Wells, A. A. (1995). A cognitive model of social phobia. In: Heimberg, R.G., Liebowitz, M. R., Hope, D. A., Schneier, F. R., Ed. *Social phobia: diagnosis, assessment and treatment*. New York: Guilford Press.

Craig, J. S., Hatton, C., Craig, F. B., & Bentall, R. P. (2004). Persecutory beliefs, attributions and theory of mind: comparison of patients with paranoid delusions, Asperger's syndrome and healthy controls. *Schizophrenia Research*, *69*, 29-33.

Cole, P. M., Michel, M. K., & O' Donnett Teti, L. (1994). The development of emotion regulation and dysregulation: a clinical perspective. *Monographs of the Society for Research in Child Development*, *59*, 240.

Cumberland-Li, A., Eisenberg, N., Champion, C., Gershoff, E. T., & Fabes, R. A. (2003). The relation of parental emotionality and related dispositional traits to parental expression of emotion and children's social functioning. *Motivation and Emotion*, *2*, 27-56.

Davidov, M., & Grusec, J.E. (2006). Multiple pathways to compliance: mothers' willingness to cooperate and knowledge of their children's reactions to discipline. *Journal of Family Psychology*, *20*, 705-708.

Di Nardo, P., Moras, K., Barlow, D. H., Rapee, R. M., & Brown, T. A. (1993). Reliability of DSM-III-TR anxiety disorder categories. Using the anxiety disorders interview schedule-revised (ADISR). *Archives of General Psychiatry*, *50*, 251–256.

Driscoll, D. M. (2009). *The effects of prefrontal cortex damage on the regulation of emotion*. Unpublished PhD Dissertation. University of Iowa.

Durbin, E. C., & Shafir, D. M. (2008). Emotion regulation and risk for depression. In Abela, J. R. Z. & Hankin, B. L. (Eds.), *Handbook of depression in children and adolescents* (149-176). New York: Guildford Press.

Eccles, J. S., Early, D., Frasier, K., Belansky, E., & McCarthy, K. (1997). The relation of connection, regulation, and support for autonomy to adolescents' functioning. *Journal of Adolescent Research*, *12*, 263–286.

Eisner, L. R., Johnson, S. L., & Carver, C. S. (2009). Positive affect regulation in anxiety disorders. *Journal of Anxiety Disorders*, *23*, 645–649.

Ekman, P., Sorenson, E. R., Friesen, W. V. (1969). Pan-cultural elements in facial displays of emotions. *Science*, *164*, 86–88.

Erol, N., & Savaşır, I. (1988). *Maudsley obsesif kompulsif soru listesi'nin türkiye uyarlamasi*. (Adaptation of Maudsley obsessive compulsive inventory into Turkey). Istanbul: CIBA-GEIGY Yayınları.

Erwin, R. J., Gur, R. C., Gur, R. E., Skolnick, B., Mawhinney-Hee, M., & Smailis, J. (1992). Facial emotion discrimination: I. Task construction and behavioral findings in normal subjects. *Psychiatry Research*, 42(3), 231–240.

Farroni, T., Csibra, G., Simion, F., & Johnson, M. H. (2002). Eye contact detection in humans from birth. *Proceedings of the National Academy of Sciences*, *99*, 14.

Fauber, R., Forehand, R., Thomas, A. M., & Wierson, M. (1990). A meditational model of the impact of marital conflict on adolescent adjustment in intact and divorced families: The role of disrupted parenting. *Child Development*, *61*, 1112–1123.

Filho, A.S., Hetem, L.A., Ferrari, M. C., Trzesniak, C., Martín-Santos, R., & Borduqui, T. (2009). Social anxiety disorder: what are we losing with the current diagnostic criteria? *Acta Psychiatrica Scandinavica*, 1–11.

Folkman , S., & Lazarus, R .S. (1985). If it changes it must be a process: Study of emotion and coping during three stages of a college examination. *Journal of Personality and Social Psychology*, *48,* 150-170.

Folkman, S., &Lazarus, R. S. (1988). Coping as a mediator of emotion. *Journal of Personality and Social Psychology*, *54*, 466–475.

Frigerio, E. M., Burt, D. M., Montagne, B., Murray, L. K., & Perett, D. I. (2002). Facial affect perception in alchoholics. *Psychiatry Research*, *113*, 161-171.

Frijda, N. H. (1986). *The emotions*. Cambridge: Cambridge University Press.

Frijda, N. H. (1988). The laws of emotion. *American Psychologist*, *43*, 349–358.

Garber, J., Robinson, N. S., & Valentiner, D. (1997). The relation between parenting and adolescent depression: Self-worth as a mediator. *Journal of Adolescent Research*, *12*, 12–33.

Garcia-lopez, L. J., J. Ingles, C., & Garcia-fernandez, J. M. (2008). Exploring the relevance of gender and age differences in the assessment of social fears in adolecescence. *Social Behavior and Personality*, *36*(3), 385-390.

Garnefski, N., Teerds, J., Kraaij, V., Legerstee, J., & van den Kommer, T. (2004). Cognitive emotion regulation strategies and depressive symptoms: differences between males and females. *Personality and Individual Differences*, *36*, 267–276.

Garnefski, N., & Kraaij, V. (2006). Relationships between cognitive emotion regulation strategies and depressive symptoms: A comparative study of five specific samples. *Personality and Individual Differences*, *40*, 1659–1669.

Garner, P. W., & Spears, F. M. (2000). Emotion regulation in low income preschoolers. *Social Development*, *9*, 246–264.

Garner, G., Mogg, K., & Bradley, B. P. (2006). Fear-relevant selective associations and social anxiety: absence of a positive bias. *Behaviour Research and Therapy*, *44*, 201–17.

Gilbert, D. T., Pinel, E. C., Wilson, T. D., Blumberg, S. J., & Wheatley, T. P. (1998). Immune neglect: a source of durability bias in affective forecasting. *Journal of Personality and Social Psychology*, *75*, 617–638.

Girli, A. (n.d). Retrieved August 28, 2010, from http://www.autismresearchcentre.com/tests/eyes_test_adult.asp

Gottman, J. M., Katz, L. F., & Hooven, C. (1996). Parental meta-emotion philosophy and the emotional life of families: Theoretical models and preliminary data. *Journal of Family Psychology*, *10*, 243–268.

Grady, C. L., & Keightley, M. L. (2002). Studies of altered social cognition in neuropsychiatric disorders using functional neuroimaging. *Canadian Journal of Psychiatry*, *48*, 327-336.

Greenspan, S. I., & Shanker, S. G. (2004). *The first idea: How symbols, language, and intelligence evolved from our primate ancestors to modern humans*. Cambridge: Da Capo Press.

Gross, J. J., & Levenson, R. W. (1993). Emotional suppression: physiology, self-report, and expressive behavior. *Journal of Personality and Social Psychology*, *64*, 970–986.

Gross, J. J., & Munoz, R. F. (1995). Emotion regulation and mental health. *Clinical Psychology: Science and Practice*, *2*, 151–164.

Gross, J. J., & Levenson, R. W. (1997). Hiding feelings: the acute effects of inhibiting positive and negative emotions. *Journal of Abnormal Psychology*, *106*, 95–103.

Gross, J. J. (1998a). Antecedent- and response-focused emotion regulation: divergent consequences for experience, expression, and physiology. *Journal of Personality and Social Psychology*, *74*, 224–237.

Gross, J. J. (1998b). The emerging field of emotion regulation: An integrative review. *Review of General Psychology*, *2*, 271–299.

Gross, J. J. (1999). Emotion regulation: past, present and future. *Cognition and Emotion*, *13* (5), 551-573

Gross, J. J. (2001). Emotion regulation in adulthood: Timing is everything. *Current Directions in Psychological Science*, *10*, 214-219.

Gross, J. J., & John, O. P. (2003). Individual differences in two emotion regulation processes: Implications for affect, relationships, and well-being. *Journal of Personality and Social Psychology*, *85*, 348–362.

Gross, J. J., Richards, J. M., & John, O. P. (2006). Emotion regulation in everyday life. In D. K. Snyder, J. A. Simpson, & J. N. Hughes (Eds.), *Emotion regulation in couples and families: Pathways to dysfunction and health* (pp. 13–35). Washington, DC: American Psychological Association.

Gross, J. J. (Ed.). (2007). *Handbook of emotion regulation*. New York: Guilford.

Haga, S.M., Kraft, P., Corby, E.K. (2009). Emotion regulation: Antecedents and well-being outcomes of cognitive reappraisal and expressive suppression in cross-cultural samples. *Journal of Happiness Studies*, *10*, 271-291.

Hall, J. A., Carter, J., & Horgan, T. (2000). Gender differences in the nonverbal communication of emotion. In A. Fischer (Ed.), *Gender and emotion: Social psychological perspectives* (pp. 97–117). Paris: Cambridge University Press.

Hansen, C. H., & Hansen, R.D. (1994). Automatic emotion: Attention and facial efference. In P. M. Niedenthal & S. Kitayama (Eds.), *The heart's eye: Emotional influences in perception and attention* (pp. 217-243). San Diego: Academic Press.

Harkness, K., Sabbagh, M., Jacobson, J., Chowdrey, N., & Chen, T. (2005). Enhanced accuracy of mental state decoding in dysphoric college students. *Cognition and Emotion*, *19*, 999–1025.

Harkness, K. L. , Jacobson, J. A. , Duong, D., & Sabbagh, M. A. (2010). Mental state decoding in past major depression: Effect of sad versus happy mood ınduction. *Cognition and Emotion*, *24*(3), 497-513.

Haxby, J. V., Hoffman, E. A., Gobbini, M. I. (2000). The distributed human neural system for face perception. *Trends in Cognitive Sciences*, *4*(6), 223-233.

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

Heimberg, R. G., Horner, K. J., Juster, H. R., Safren, S. A., Brown, E. J., Scheier, F. R., & Liebowitz, M. R. (1999). Psychometric properties of the liebowitz social anxiety scale. *Psychological Medicine*, *29*, 199-212.

Hee - Yoo, S., Matsumoto, D., & LeRoux, J. A. (2006). The influence of emotion recognition and emotion regulation on intercultural adjustment. *International Journal of Intercultural Relations*, *30*, 345–363.

Hisli, N. (1988). Beck depresyon envanteri'nin geçerliği üzerine bir çalışma. *Psikoloji Dergisi*, *6*(22), 118-122.

Irani, F., Platek, S. M., Panyavin, I. S., Calkins, M. E., Kohler, C., Siegel, S. J.,…Gur, R.C. (2006). Self-face recognition and theory of mind in patients with schizophrenia and first-degree relatives. *Schizophrenia Research*, *88*, 151-160.

Ito, L. M. , Roso, M. C., Tiwari, S., Kendall, P. C., & Asbahr, F. R. (2008). Cognitive-behavioral therapy in social phobia. *Revista Brasileira de Psiquiatria*, *30*, 96–101.

Izard, C. E. (1977). *Human emotions.* New York: Plenum.

Izard, C. E. (1990). Facial expressions and the regulation of emotions. *Journal of Personality and Social Psychology*, *58*, 487–498.

Izard, C. E. (2002). Translating emotion theory and research into preventive interventions. *Psychological Bulletin*, *128*(5), 796-824.

Jaffe, M., Gullone, E., & Hughes, E. K. (2010). The roles of temperamental dispositions and perceived parenting behaviours in the use of two emotion regulation strategies in late childhood. *Journal of Applied Developmental Psychology*, *31*, 47–59.

John, O. P., & Gross, J. J. (2007). Individual differences in emotion regulation. In J. J. Gross (Ed.), *Handbook of emotion regulation* (pp. 351–372). New York: Guilford.

Kahneman, D. (2000). Experienced utility and objective happiness: A moment-based approach. In D. Kahnemannm, & A. Tversky (Ed.). *Choices, values, and frames* (pp. 673–692). Cambridge, UK: Cambridge University Press.

Karancı, A. N., Abdel-Khalek, A. M. , Glavak, R., Richter, J., Bridges, K. R., Dirik, G., Yorulmaz, O.,…Arrindell, W. A. (2006). Extending the cross-national invariance of the parental warmth and rejection dimensions: Evidence from Arab countries, Croatia, and Turkey by applying the Short-EMBU. Oral presentation in 1st International Congress of Interpersonal Acceptance and Rejection. Istanbul, Turkey.

Karreman, A., van Tuijl, C., van Aken, M. A., & Dekovic, M. (2008). Parenting, coparenting, and effortful control in preschoolers. *Journal of Family Psychology*, *22*, 30–40.

Kashdan, T. B. (2007). Social anxiety spectrum and diminished positive experiences: theoretical synthesis and meta-analysis. *Clinical Psychology Review*, *27*, 348–365.

Kelemen, O., Keri, S., Must, A., Benedek, G., & Janka, Z. (2004). No evidence for impaired ''theory of mind'' in unaffected first-degree relatives of schizophrenia patients. *Acta Psychiatrica Scandinavica*, *110*, 146-149.

Keltner, D., & Kring, A. M. (1998). Emotion, social function, and psychopathology. *Review of General Psychology*, *2*(3), 320- 342.

Kennedy-Moore, E., & Watson, J. C. (2001). How and when does emotional expression help? *Review of General Psychology*, *5*, 187–212.

Kessler, R. C., Berglund, P., Demler, O., Jin, R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication. *Archives of General Psychiatry*, *62*, 593–602.

Kessler, H., Roth, J., von Wietersheim, J., Deighton, R. M., & Traue, H. C. (2007). Emotion recognition patterns in patients with panic disorder. Depression *and Anxiety*, *24*, 223-226.

Kleinke, C.L. (1986). Gaze and eye contact: A research review. *Psychological Bulletin*, *100*, 78-100.

Kucharska-Pietura, K., Nikolaou, V., Masiak, M., & Treasure, J. (2004). The recognition of emotion in the faces and voice of anorexia nervosa. *International Journal of Eating Disorders*, *35*, 42–47.

Laible, D. J., & Carlo, G. (2004). The differential relations of maternal and paternal support and control to adolescent social competence, self-worth, and sympathy. *Journal of Adolescent Research*, *19*, 759–782.

Lane, R. D., & Schwartz, G. E. (1987). Levels of emotional awareness: A cognitive-developmental theory and its application to psychopathology. *American Journal of Psychiatry*, *144*(2),133–143.

Leber, S., Heidenreich, T., Stangier, U., & Hofmann, S. G. (2009). Processing of facial affect under social threat in socially anxious adults: Mood matters. *Depression and Anxiety*, *26*(2), 196–206.

Lee, L., Harkness, K., Sabbagh, M., Jacobson, J. (2005). Mental state decoding abilities in clinical depression. *Journal of Affective Disorders*, *86*, 247–258.

Levine, D., Marziali, E., & Hood, J. (1997). Emotion processing in borderline personality disorders. *Journal of Nervous and Mental Disease*, *185*, 240–246.

Liebowitz, M. R. (1987). Social phobia. *Modern Problems of Pharmacopsychiatry*, *22*, 141-173.

Losh, M., & Piven, J. (2006). Social-cognition and the broad autism phenotype: identifying genetically meaningful phenotypes. *Journal of Child Psychology and Psychiatry*, *48*, 105-112.

Luyckx, K., Soenens, B., Vansteenkiste, M., Goossens, L., & Berzonsky, M. D. (2007). Parental psychological control and dimensions of identity formation in young adulthood. *Journal of Family Psychology, 21*, 546–550.

Macklem, Gayle, L. (2008). *Practitioner's guide to emotion regulation in school-aged children*. Springer Science-Business Media, LLC New York.

Malloy, P., Rasmussen, S., Braden, W., & Haier, R.J. (1989). Topographic evoked potential mapping in obsessive-compulsive disorder: Evidence of frontal lobe dysfunction. *Psychiatry Research*, *28*, 63-71.

Manzeske, D. P., & Dopkins Stright, A. (2009). Parenting styles and emotion regulation: the role of behavioral and psychological control during young adulthood. *Journal of Adult Development*, *16*, 223–229.

Mauss, I. B., Bunge, S. A., & Gross, J. J. (2007). Automatic emotion regulation. *Social and Personality Psychology Compass, 1*(1), 146-147.

Mayer, J. D., Salovey, P., Caruso, D. R., & Sitarenios, G. (2001). Emotional intelligence as a standard intelligence. *Emotion*, *3*, 232–242.

Mennin, D. S. (2006). Emotion regulation therapy: an integrative approach to treatment-resistant anxiety disorders. *Journal of Contemprary Psychotheraphy*, *36*, 95–105.

Mikhailova, E. S., Vladimirova, T. V., Iznak, A. F., Tsusulkovskaya, E. J., & Sushko, N. V. (1996). Abnormal recognition of facial expression of emotions in depressed patients with major depression disorder and schizotypal personality disorder. *Biological Psychiatry, 40*, 697–705.

Morris, A. S., Silk, J. S., Steinberg, L., Myers, S. S., & Robinson, L. R. (2007). The role of family context in the development of emotion regulation. *Social Development*, *16*(2), 361–388.

Murphy, D. (2006). Theory of mind in asperger's syndrome, schizophrenia and personality disordered forensic patients. *Cognitive Neuropsychiatry*, *11*, 99-111.

Nezlek, J. B., & Kuppens, P. (2008). Regulating positive and negative emotions in daily life. *Journal of Personality*, *76*(3), 561-580.

175

Oliver P. J., Gross, J. J. (2004). Healthy and unhealthy emotion regulation: Personality processes, individual differences, and life span development. *Journal of Personality*, *72*(6), 1301-1333.

Olson, S. L., Bates, J. E., & Bayles, K. (1990). Early antecedents of childhood impulsivity: The role of parent–child interaction, cognitive competence, and temperament. *Journal of Abnormal Child Psychology*, *18*, 335–345.

Orgeta, V. (2009). Specificity of age differences in emotion regulation. *Aging and Mental Health*, *13*(6), 818-826.

Parkinson, B., Totterdell, P., Briner, R. B., & Reynolds, S. (1996). *Changing moods: The psychology of mood and mood regulation*. London: Longman.

Peacock, E.J., & Wong, P.T.P. (1990). The cognitive appraisal of stress measure (SAM): A multidimensional approach to cognitive appraisal. *Stress Medicine*, *6*, 227-236.

Perris, C., Jacobsson, L., Lindström, H., von Knorring, L., & Perris, H. (1980). Development of a new inventory for assessing memories of parental rearing behavior. *Acta Psychiatrica Scandinavica*, *61*, 265-274.

Puklek, M., & Vidmar, G. (2000). Social anxiety in Slovene adolescents: Psychometric properties of a new measure, age differences and relations with self-consciousness and perceived ıncompetence. *European Review of Applied Psychology, 50*(2), 249-258.

Rachman, S. J., & Hodgson, R. J. (1980). *Obsessions and compulsions*. Englewood Cliffs, NJ: Prentice-Hall Inc.

Rachman, S. (2003). *The treatment of obsessions*. New York: Oxford University Press.

Richard, J.M., & Gross, J.J. (2000). Emotion regulation and memory: The cognitive costs of keeping one's cool. *Journal of Personality and Social Psychology*, *79*, 410-424.

Rubin, K. H., & Burgess, K. (2002). Parents of aggressive and withdrawn children (2nd ed). In M. Bornstein (Ed.). *Handbook of parenting*, *1*, 383–418. Hillsdale, NJ: Sage.

Rubinow, D. R., & Post, R. M. (1992). Impaired recognition of affect in facial expression in depressed patients. *Biological Psychiatry*, *31*, 947-953.

Rude, S. S., & McCarthy, C. T. (2003). Emotional functioning in depressed and depression-vulnerable college students. *Cognition and Emotion*, *17*, 799–806.

Salkovskis, P.M. (1985). Obsessional–compulsive problems: A cognitive–behavioral analysis. *Behaviour Research and Therapy, 23*, 571–583.

Salkovskis, P.M. (1989). Cognitive–behavioral factors and the persistence of ıntrusive thoughts in obsessional problems. *Behaviour Research and Therapy, 27*(6), 677–682.

Scherer, K. R. (2007). Component models of emotion can inform the quest for emotional competence. In G. Matthews, M. Zeidner, & R. D. Roberts (Eds.), *The science of emotional intelligence: Knowns and unknowns* (pp. 101–126). New York: Oxford University Press.

Schmidt, J. Z., & Zachariae, R. (2009). PTSD and impaired eye expression recognition: A preliminary study. *Journal of Loss and Trauma*, *14*, 46-56.

Schneier, F. R., Heckelman, L. R., Garfinkel, R., Campeas, R., Fallon, B. A., & Gitow, A. (1994). Functional impairment in social phobia. *The Journal of Clinical Psychiatry*, *55*:322–31.

Schutte, N. S., Manes, R. R., Malouff, J. M. (2009). Antecedent-focused emotion regulation, response modulation and well-being. *Current Psychology*, *28*, 21-31.

Senol-Durak, E., & Durak, M. (2011). Factor structure and psychometric properties of the emotional approach coping sale in Turkish university students and community members. *Journal of Psychopathology and Behavioral Assessment*. doi: 10.1007/s10862-011-9223-z

Shafran, R., Thordarson, D., & Rachman, S. (1996). Thought–action fusion in obsessive–compulsive disorder. *Journal of Anxiety Disorders*, *10*, 379–391.

Shields, A., & Cicchetti, D. (1997). Emotion regulation among school-age children: the development and validation of a new criterion Q-sort scale. *Developmental Psychology*, *33*, 906-916.

Shipman, K., Edwards, A., Brown, A., Swisher, L., & Jennings, E. (2005). Managing emotion in a maltreating context: A pilot study examining child neglect. *Child Abuse and Neglect*, *29*, 1015–1029.

Shipman, K., Schneider, R., Fitzgerald, M., Sims, C., Swisher, L. M., & Edwards, A. (2007). Maternal emotion socialization in maltreating and non-maltreating families: implications for children's emotion regulation. *Social Development*, *16*, 268– 285.

Simonian, S. J., Beidel, D. C., Turner, S. M., Berkes, J. L., & Long, J. H. (2001). Recognition of facial affect by children and adolescents diagnosed with social phobia. *Child Psychiatry Human Development*, *32*:137–145.

Smith, C. A., & Lazarus, R. S. (1993). Appraisal components, core relational themes, and the emotions. *Cognition and Emotion*, *7*, 233–269.

Soykan, Ç. Devrimci-Özgüven, H., Gençöz, T. (2003). Liebowitz social anxiety scale: The Turkish version. *Psychological Reports*, *93*, 1059-1069.

Spangler, G., Pekrun, R., Kramer, K., & Hofmann, H. (2002). Students' emotions, physiological reactions, and coping in academic exams. *Anxiety, Stress & Coping*, *15*, 413–432.

Spielberger, C. D., Gorsuch, R. L., & Lushene, R. E. (1970). *STAI Manual for the state-trait anxiety inventory*. Palo Alto: Consulting Psychologist.

Spinhoven, P., & Van der Does, A. J. W. (1999). Thought suppression, dissociation and psychopathology. *Personality Individual Differences*, *27*, 877-886.

Spinrad, T. L., Stifter, C. A., Donelan-McCall, N., & Turner, L. (2004). Mothers' regulation strategies in response to toddlers' affect: links to later emotion self-regulation. *Social Development*, *13*, 40–55.

Sroufe, L. A. (1995). *Emotional development: The organization of emotional life in the early years*. New York: Cambridge University Press.

Stanton, A. L., Kirk, S. B., Cameron, C. L., & Danoff-Burg, S. (2000). Coping through emotional approach: Scale construction and validation. *Journal of Personality and Social Psycholog*y, *78*, 1150–1169.

Stenberg, G., Wilking, S., & Dahl, M. (1998). Judging words at face value: interference in a word processing task reveals automatic processing of affective facial expressions. *Cognition & Emotion*, *12*, 755-782.

Southam-Gerow, M. A., & Kendall, P. C. (2002). Emotion regulation and understanding: implications for child psychopathology and therapy. *Clinical Psychology Review, 22*, 189–222.

Sullivan, S., Ruffman, T., & Hutton, S. B. (2007). Age differences in emotion recognition skills and the visual scanning of emotion faces. Journal of Gerontology: Psychological Sciences, *62*, 53-60.

Surcinelli, P., Codispoti, M., Montebarocci, O., Rossi, N., Baldaro, B. (2006). Facial emotion recognition in trait anxiety. *Anxiety Disorders*, *20*, 110-117.

Thayer, R. E., Newman, J. R., & McClain, T. M. (1994). Self-regulation of mood: strategies for changing a bad mood, raising energy, and reducing tension. *Journal of Personality and Social Psychology*, *67*, 910–925.

Teicher, M.H., Samson, J. A., Polcari, A., & McGreenery, C. E. (2006). Sticks, stones, and hurtful words: relative effects of various forms of childhood maltreatment. *The American Journal of Psychiatry*, *163*(6):993-1000.

Thayer, J.F., Rossy, L. A., Ruiz-Padial, E., & Johnsen, B. H. (2003). Gender differences in the relationship between emotional regulation and depressive symptoms. *Cognitive Therapy and Research*, *27*(3), 349-364.

Thompson, R. (1994). Emotion regulation: A theme in search of definition. In N. Fox (Ed.), *The development of emotion regulation: Biological and behavioral considerations. Monographs of the Society for Research in Child Development*, 59 (2–3, Serial 240).

Thompson, R. A., & Meyer, S. (2007). Socialization of emotion regulation in the family. In J. J. Gross (Ed.), *Handbook of emotion regulation* (pp. 249–268). New York: Guilford Press.

Tien, A.Y., Pearlson, G.D., Machlin, S.R., Bylsma, F.W., & Hoehn-Saric, R. (1992). Oculomotor performance in obsessive-compulsive disorder. *American Journal of Psychiatry*, *149*, 641-646.

Turk, C. L., Heimberg, R. G., Luterek, J. A., Mennin, D. S., & Fresco, D. M. (2005). Emotion dysregulation in generalized anxiety disorder: A comparison with social anxiety disorder. *Cognitive Therapy and Research*, *29*, 89–106.

Umberson, D., Chen, M. D., House, J. S., Hopkins, K., & Slaten, E. (1996). The effect of social relationships om psychological well-being: Are men and women reallt so different ? *American Psychological Review*, *61*(5), 837-857.

Walden, T. A., & Smith, M. C. (1997). Emotion regulation. *Motivation and Emotion*, *21*, 7–25.

Wang, L., Shi, Z., Li, H. (2009). Neuroticism, extraversion, emotion regulation, negative affect and positive affect: The mediating roles of reappraisal and suppression. *Social Behavior and Personality*, *37*(2), 193-194.

Wegner, D.M., & Zanakos, S., (1994). Chronic thought suppression. *Journal of Personality*, *62*, 615–639.

Wenzlaff, R. M., & Luxton, D. D. (2003). The role of thought suppression in depressive rumination. *Cognitive Therapy and Research*, *27*, 293–308.

Windle, M. (1992). A longitudinal study of stress buffering for adolescent problem behaviors. *Developmental Psychology*, *28*, 522–530.

Wittchen, H. U., Fuetsch, M., Sonntag, H., Mueller, N., & Liebowitz, M. (2000). Disability and quality of life in pure and comorbid social phobia: findings from a controlled study. *European Psychiatry*, *15*, 46–58.

Yorulmaz, O. (2002). *Responsibility and perfectionism as predictors of obsessive–compulsive symptomatology: A test of cognitive model*. Unpublished master thesis, Middle East Technical University, Ankara, Turkey.

Yorulmaz, O., Yılmaz, A.E., & Gençöz, T. (2004). Psychometric properties of the thought action fusion scale in a Turkish sample. *Behaviour Research and Therapy*, *42*, 1203–1214.

Yurtsever, G. (2008). Negotiators' profit predicted by cognitive reappraisal, suppression of emotions, misinterpretation of information, and tolerance of ambiguity. *Perceptual and Motor Skills*, *106*, 590-608.

Zonnevijlle-Bender, M.J., van Goozen, S.H., Cohen-Kettenis, P.T., van Elburg, A., & van Engeland, H. (2002). Do adolescent anorexia nervosa patients have deficits in emotional functioning?. *European Child & Adolescent Psychiatry*, *11*, 38–42.

APPENDICES

APPENDIX A: DEMOGRAPHIC FORM

1. Yaş:
2. Cinsiyet: Kız ☐   Erkek ☐
3. Meslek:
4. Eğitim Durumu: İlköğretim ☐   Lise ☐   Lisans ☐   Yüksek Lisans ☐
    Doktora ☐

5. Eğitime devam ediliyorsa, devam edilmekte olunan
   Okul:
   Bölüm:
   Sınıf:

6. Şimdiye kadar romantik bir ilişkiniz oldu mu ? Evet ☐   Hayır ☐

7. Yukarıdaki soruya cevabınız evetse,
   Şimdiye kadar kaç tane romantik ilişkiniz oldu ? ....
   En uzun ilişkiniz ne kadar sürdü ? ....
   En kısa ilişkiniz ne kadar sürdü ?   ....

8. Sosyal ilişkilerinizde kendinizi nasıl değerlendirirsiniz ?

    1. Çok kötü ☐   2. Kötü ☐   3. Orta ☐   4. İyi ☐   5. Çok iyi ☐

9. Karşı cinsle olan ilişkilerinizde kendinizi nasıl değerlendirirsiniz ?

    1. Çok kötü ☐   2. Kötü ☐   3. Orta ☐   4. İyi ☐   5. Çok iyi ☐

10. Hem cinsle olan ilişkilerinizde kendinizi nasıl değerlendirirsiniz ?

    1. Çok kötü ☐   2. Kötü ☐   3. Orta ☐   4. İyi ☐   5. Çok iyi ☐

11. Okulda veya çalıştığınız yerde öğretmenlerinizle/amirlerinizle olan ilişkilerinide kendinizi
    nasıl değerlendirirsiniz ?

    1. Çok kötü ☐   2. Kötü ☐   3. Orta ☐   4. İyi ☐   5. Çok iyi ☐

12. Ailenizle olan ilişkilerinizde kendinizi nasıl değerlendirirsiniz ?

    1. Çok kötü ☐   2. Kötü ☐   3. Orta ☐   4. İyi ☐   5. Çok iyi ☐

Kısaltılmış Algılanan Ebeveyn Tutumları-Çocuk Formu

Aşağıda çocukluğunuz ile ilgili bazı ifadeler yer almaktadır.

Anketi doldurmadan önce aşağıdaki yönergeyi lütfen dikkatle okuyunuz:

1. Anketi doldururken, anne ve babanızın size karşı olan davranışlarını nasıl algıladığınızı hatırlamaya çalışmanız gerekmektedir. Anne ve babanızın çocukken size karşı davranışlarını tam olarak hatırlamak bazen zor olsa da, her birimizin çocukluğumuzda anne ve babamızın kullandıkları prensiplere ilişkin bazı anılarımız vardır.

2. Her bir soru için anne ve babanızın size karşı davranışlarına uygun seçeneği yuvarlak içine alın. Her soruyu dikkatlice okuyun ve muhtemel cevaplardan hangisinin sizin için uygun cevap olduğuna karar verin. Soruları anne ve babanız için ayrı ayrı cevaplayın.

Örneğin;

Anne ve babam bana iyi davranırlardı				
	Hayır, hiçbir zaman	Evet, arada sırada	Evet, sık sık	Evet, çoğu zaman
Baba	1	2	3	4
Anne	1	2	3	4

1. Anne ve babam, nedenini söylemeden bana kızarlardı ya da ters davranırlardı.

	Hayır, hiçbir zaman	Evet, arada sırada	Evet, sık sık	Evet, çoğu zaman
Baba	1	2	3	4
Anne	1	2	3	4

2. Anne ve babam beni överlerdi.

	Hayır, hiçbir zaman	Evet, arada sırada	Evet, sık sık	Evet, çoğu zaman
Baba	1	2	3	4
Anne	1	2	3	4

3. Anne ve babamın yaptıklarım konusunda daha az endişeli olmasını isterdim.

	Hayır, hiçbir zaman çoğu zaman	Evet, arada sırada	Evet, sık sık	Evet,
Baba	1	2	3	4
Anne	1	2	3	4

4. Anne ve babam bana hak ettiğimden daha çok fiziksel ceza verirlerdi.

	Hayır, hiçbir zaman çoğu zaman	Evet, arada sırada	Evet, sık sık	Evet,
Baba	1	2	3	4
Anne	1	2	3	4

5. Eve geldiğimde, anne ve babama ne yaptığımın hesabını vermek zorundaydım.

	Hayır, hiçbir zaman çoğu zaman	Evet, arada sırada	Evet, sık sık	Evet,
Baba	1	2	3	4
Anne	1	2	3	4

6. Anne ve babam ergenliğimin uyarıcı, ilginç ve eğitici olması için çalışırlardı.

	Hayır, hiçbir zaman çoğu zaman	Evet, arada sırada	Evet, sık sık	Evet,
Baba	1	2	3	4
Anne	1	2	3	4

7. Anne ve babam, beni başkalarının önünde eleştirirlerdi.

	Hayır, hiçbir zaman çoğu zaman	Evet, arada sırada	Evet, sık sık	Evet,
Baba	1	2	3	4
Anne	1	2	3	4

8. Anne ve babam, bana birşey olur korkusuyla başka çocukların yapmasına izin verilen şeyleri yapmamı yasaklarlardı.

	Hayır, hiçbir zaman çoğu zaman	Evet, arada sırada	Evet, sık sık	Evet,
Baba	1	2	3	4
Anne	1	2	3	4

9. Anne ve babam, herşeyde en iyi olmam için beni teşvik ederlerdi.

	Hayır, hiçbir zaman çoğu zaman	Evet, arada sırada	Evet, sık sık	Evet,
Baba	1	2	3	4
Anne	1	2	3	4

10. Anne ve babam davranışları ile, örneğin üzgün görünerek, onlara kötü davrandığım için kendimi suçlu hissetmeme neden olurlardı.

	Hayır, hiçbir zaman çoğu zaman	Evet, arada sırada	Evet, sık sık	Evet,
Baba	1	2	3	4
Anne	1	2	3	4

11. Anne ve babamın bana birşey olacağına ilişkin endişeleri abartılıydı.

	Hayır, hiçbir zaman çoğu zaman	Evet, arada sırada	Evet, sık sık	Evet,
Baba	1	2	3	4
Anne	1	2	3	4

12. Benim için birşeyler kötü gittiğinde, anne ve babamın beni rahatlatmata ve yüreklendirmeye çalıştığını hissettim.

	Hayır, hiçbir zaman çoğu zaman	Evet, arada sırada	Evet, sık sık	Evet,
Baba	1	2	3	4
Anne	1	2	3	4

13. Bana ailenin "yüz karası" ya da "günah keçisi" gibi davranılırdı.

	Hayır, hiçbir zaman çoğu zaman	Evet, arada sırada	Evet, sık sık	Evet,
Baba	1	2	3	4
Anne	1	2	3	4

14. Anne ve babam, sözleri ve hareketleriyle beni sevdiklerini gösterirlerdi.

	Hayır, hiçbir zaman çoğu zaman	Evet, arada sırada	Evet, sık sık	Evet,
Baba	1	2	3	4
Anne	1	2	3	4

15. Anne ve babamın, erkek ya da kız kardeşimi(lerimi) beni sevdiklerinden daha çok sevdiklerini hissederdim.

	Hayır, hiçbir zaman çoğu zaman	Evet, arada sırada	Evet, sık sık	Evet,
Baba	1	2	3	4
Anne	1	2	3	4

16. Anne ve babam, kendimden utanmama neden olurlardı.

	Hayır, hiçbir zaman çoğu zaman	Evet, arada sırada	Evet, sık sık	Evet,
Baba	1	2	3	4
Anne	1	2	3	4

17. Anne ve babam, pek fazla umursamadan, istediğim yere gitmeme izin verirlerdi.

	Hayır, hiçbir zaman çoğu zaman	Evet, arada sırada	Evet, sık sık	Evet,
Baba	1	2	3	4
Anne	1	2	3	4

18. Anne ve babamın, yaptığım herşeye karıştıklarını hissederdim.

	Hayır, hiçbir zaman çoğu zaman	Evet, arada sırada	Evet, sık sık	Evet,
Baba	1	2	3	4
Anne	1	2	3	4

19. Anne ve babamla, aramda sıcaklık ve sevecenlik olduğunu hissederdim.

	Hayır, hiçbir zaman çoğu zaman	Evet, arada sırada	Evet, sık sık	Evet,
Baba	1	2	3	4
Anne	1	2	3	4

20. Anne ve babam, yapabileceklerim ve yapamayacaklarımla ilgili kesin sınırlar koyar ve bunlara titizlikle uyarlardı.

	Hayır, hiçbir zaman çoğu zaman	Evet, arada sırada	Evet, sık sık	Evet,
Baba	1	2	3	4
Anne	1	2	3	4

21. Anne ve babam, küçük kabahatlarım için bile beni cezalandırırlardı.

	Hayır, hiçbir zaman çoğu zaman	Evet, arada sırada	Evet, sık sık	Evet,
Baba	1	2	3	4
Anne	1	2	3	4

22. Anne ve babam, nasıl giyinmem ve görünmem gerektiği konusunda karar vermek isterlerdi.

	Hayır, hiçbir zaman çoğu zaman	Evet, arada sırada	Evet, sık sık	Evet,
Baba	1	2	3	4
Anne	1	2	3	4

23. Yaptığım birşeyde başarılı olduğumda, anne ve babamın benimle gurur duyduklarını hissederdim.

	Hayır, hiçbir zaman çoğu zaman	Evet, arada sırada	Evet, sık sık	Evet,
Baba	1	2	3	4
Anne	1	2	3	4

APPENDIX C: THE "READING THE MIND IN THE EYES TEST" (REVISED)

Örnek Maddeler

Neşe dolu   Rahatlatıcı

Rahatsız olmuş   Sıkılmış

Şakacı   Telaşlı
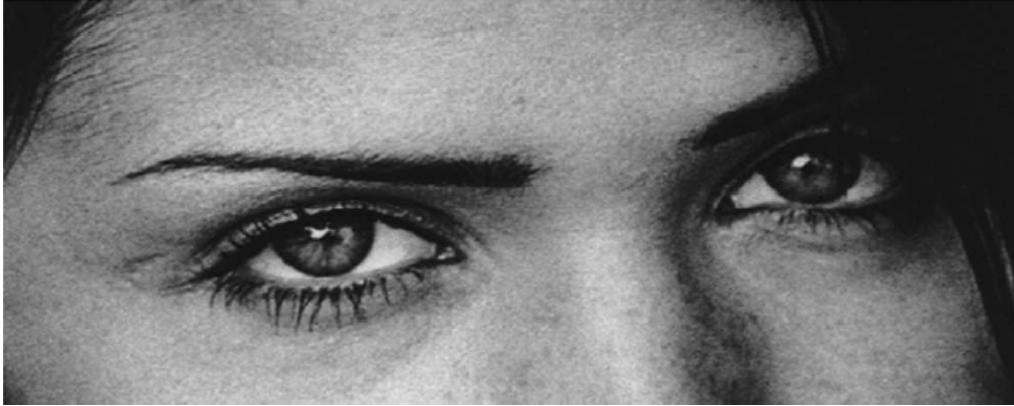
Arzulu   İkna olmuş

APPENDIX D: EMOTION REGULATION QUESTIONNAIRE

Emotion Regulation Questionnaire

Lütfen her maddeyi okuduktan sonra, o maddede belirtilen fikre katılma derecenizi 7 (*Tamamen Katılıyorum*) ve 1 (*Hiç Katılmıyorum*) arasında değişen rakamlardan size uygun olanını işaretleyerek belirtiniz. (**1 - Hiç Katılmıyorum**, **2 - Katılmıyorum**, **3 - Biraz katılmıyorum**, **4 - Kararsızım**, **5 - Biraz katılıyorum**, **6 - Katılıyorum**, **7 - Tamamen Katılıyorum**).

	Hiç Katılmıyorum						Tamamen Katılıyorum
1) İçinde bulunduğum duruma göre düşünme şeklini değiştirerek duygularımı kontrol ederim.	1	2	3	4	5	6	7
2) Olumsuz duygularımın az olmasını istersem, durumla ilgili düşünme şeklimi değiştiririm.	1	2	3	4	5	6	7
3) Olumlu duygularımın fazla olmasını istediğim zaman duruma ilgili düşünme şeklimi değiştiririm.	1	2	3	4	5	6	7
4) Olumlu duygularımın fazla olmasını istersem (mutluluk veya eğlence) düşündüğüm şeyi değiştiririm.	1	2	3	4	5	6	7
5) Olumsuz duygularımın az olmasını istersem (kötü hissetme veya kızgınlık gibi) düşündüğüm şeyi değiştiririm.	1	2	3	4	5	6	7
6) Stresli bir durumla karşılaştığımda, bu durumu sakin kalmamı sağlayacak şekilde düşünmeye çalışırım	1	2	3	4	5	6	7
7) Duygularımı ifade etmeyerek kontrol ederim.	1	2	3	4	5	6	7
8) Olumsuz duygular hissettiğimde onları ifade etmediğimden emin olmak isterim	1	2	3	4	5	6	7
9) Duygularımı kendime saklarım.	1	2	3	4	5	6	7
10) Olumlu duygular hissettiğimde onları ifade etmemeye dikkat ederim	1	2	3	4	5	6	7

APPENDIX E: EMOTION REGULATION PROCESSES

Emotion Regulation Processes

Lütfen deneyimlemek istediğiniz ve kaçındığınız duyguların sizde nasıl ortaya çıktığını düşünün. Deneyimlemek istediğiniz duygular mutluluk ve gurur olabilir. Kaçındığınız duygular da korku ve kızgınlık olabilir. Cevaplayacağınız soruların bazıları birbirlerine benzeseler de, önemli açılardan farklılaşmaktadırlar.

Lütfen her maddeyi okuduktan sonra, o maddede belirtilen fikre katılma derecenizi 7 (Tamamen Katılıyorum) ve 1 (Hiç Katılmıyorum) arasında değişen rakamlardan size uygun olanını işaretleyerek belirtiniz. (**1 Hiç Katılmıyorum, 2 Katılmıyorum, 3 Biraz katılmıyorum, 4 Kararsızım, 5 Biraz katılıyorum, 6 Katılıyorum, 7 Tamamen Katılıyorum**).

	Hiç Katılmıyorum						Tamamen Katılıyorum
1) Tercih ettiğim duyguları hissedebileceğim ortamlarda vakit geçiririm	1	2	3	4	5	6	7
2) Tercih etmediğim duyguları hisssetmemi engelleyen ortamlarda vakit geçiririm.	1	2	3	4	5	6	7
3) Olumlu duygular hissedebileceğim ortamları bulmaya çalışırım.	1	2	3	4	5	6	7
4) Olumsuz duygular hissetmeme yol açan durumlardan kaçınırım	1	2	3	4	5	6	7
5) İçinde bulunduğum durumları, tercih ettiğim duyguları hissetmeme yardımcı olacak şekilde değiştiririm.	1	2	3	4	5	6	7
6) Tercih etmediğim duyguları hissetmeme yol açan durumları değiştiririm	1	2	3	4	5	6	7
7) İçinde bulunduğum durumları, olumlu duygular hissetmemi sağlayacak şekilde değiştiririm.	1	2	3	4	5	6	7
8) İçinde bulunduğum durumları, olumsuz duygular hissetmeme yol açmayacak şekilde değiştiririm.	1	2	3	4	5	6	7
9) Bulunduğum ortamda, tercih ettiğim duyguları hissedebileceğim durumlara dikkatimi yönlendiririm	1	2	3	4	5	6	7

10) Bulunduğum ortamda, tercih <u>etmediğim</u> duyguları engelleyecek durumlara dikkatimi yönlendiririm.	1	2	3	4	5	6	7
11) <u>Olumlu</u> duygular hissetmeme yardımcı olacak durumlara yoğunlaşırım.	1	2	3	4	5	6	7
12) <u>Olumsuz</u> duygularımı engelleyen durumlara yoğunlaşırım.	1	2	3	4	5	6	7
13) Olaylar hakkındaki düşünce şeklimi, tercih <u>ettiğim</u> duyguları hissetmeme yardımcı olacak şekilde değiştiririm.	1	2	3	4	5	6	7
14) Olaylar hakkındaki düşünce şeklimi, tercih <u>etmediğim</u> duyguları hissetmemi engelleyecek şekilde değiştiririm.	1	2	3	4	5	6	7
15) Olaylara bakış açımı, <u>olumlu</u> duygular yaratacak şekilde değiştiririm.	1	2	3	4	5	6	7
16) Olaylara bakış açımı, <u>olumsuz</u> duygular hissetmeme yol <u>açmayacak</u> şekilde değiştiririm.	1	2	3	4	5	6	7
17) Devam etmesini istediğim bir duygu hissettiğimde, o duyguya odaklanırım.	1	2	3	4	5	6	7
18) Tercih <u>etmediğim</u> bir duygu hissettiğimde, o duyguyu düşünmemeye çalışırım.	1	2	3	4	5	6	7
19) <u>Olumlu</u> bir duygu hissettiğimde, o duyguya yoğunlaşırım.	1	2	3	4	5	6	7
20) <u>Olumsuz</u> bir duygu hissettiğimde, o duyguyu gözardı ederim.	1	2	3	4	5	6	7
21) Devam etmesini istediğim bir duygu hissettiğimde, o duyguyu devam ettirecek davranışlarda bulunurum (örn., o duyguyla ilişkili olaylar hakkında konuşmak gibi)	1	2	3	4	5	6	7
22) Tercih <u>etmediğim</u> bir duygu hissettiğimde, o duyguyu azaltacak davranışlarda bulunurum (örn.,o duyguya yol açan problemi çözmeye çalışmak gibi)	1	2	3	4	5	6	7
23) <u>Olumlu</u> bir duygu hissettiğimde, o duygunun yoğunluğunu arttıracak şekilde davranırım.	1	2	3	4	5	6	7
24) <u>Olumsuz</u> bir duygu hissettiğimde, o duygunun yoğunluğunu azaltacak şekilde davranırım.	1	2	3	4	5	6	7
25) Devam etmesini istediğim bir duygu hissettiğimde, vücudumun o duyguyla ilgili verdiği tepkilere (örn., heyecanlanıp ürpermek gibi)	1	2	3	4	5	6	7

odaklanırım.	
26) Tercih <u>etmediğim</u> bir duygu hissettiğimde, vücudumun o duyguyla ilgili verdiği tepkileri (örn., terleyen ellerim gibi) görmezden gelirim.	1 2 3 4 5 6 7
27) <u>Olumlu</u> bir duygu hissettiğimde, o duygunun içsel işaretlerine (örn., çoşkulanmak gibi) odaklanırım.	1 2 3 4 5 6 7
28) <u>Olumsuz</u> bir duygu hissettiğimde, o duygunun içsel işaretlerine karşı (örn., kaslarımın gerilmesi gibi) kendimi kapatırım.	1 2 3 4 5 6 7

Beck Depresyon Ölçeği

Aşağıda gruplar halinde bazı cümleler ve önünde sayılar yazılıdır. Her gruptaki cümleleri dikkatle okuyunuz.

BUGÜN DAHİL, GEÇEN HAFTA İÇİNDE kendinizi nasıl hissettiğinizi en iyi anlatan cümleyi seçin ve yanındaki şıkkı işaretleyin. Seçiminizi yapmadan önce gruptaki cümlelerin hepsini dikkatle okuyunuz ve yalnızca bir maddeyi işaretleyin.

1. a) Kendimi üzüntülü ve sıkıntılı hissetmiyorum.
   b) Kendimi üzüntülü ve sıkıntılı hissediyorum.
   c) Hep üzüntülü ve sıkıntılıyım. Bundan kurtulamıyorum.
   d) O kadar üzüntülü ve sıkıntılıyım ki artık dayanamıyorum.

2. a) Gelecek hakkında umutsuz ve karamsar değilim
   b) Gelecek hakkında karamsarım
   c) Gelecekten beklediğim hiçbir şey yok.
   d) Geleceğim hakkında umutsuzum ve sanki hiçbir şey düzelmeyecekmiş gibi geliyor.

3. a) Birçok şeyden eskisi kadar zevk alıyorum.
   b) Eskiden olduğu gibi herşeyden hoşlanmıyorum.
   c) Artık hiçbir şey bana tam anlamıyla zevk vermiyor
   d) Herşeyden sıkılıyorum

4. a) Kendimi başarısız bir insan olarak görmüyorum
   b) Çevremdeki birçok kişiden daha çok başarısızlıklarım olmuş gibi hissediyorum
   c) Geçmişime baktığımda başarısızlıklarla dolu olduğunu görüyorum
   d) Kendimi tümüyle başarısız bir kişi olarak görüyorum.

5. a) Kendimi herhangi bir şekilde suçlu hissetmiyorum
   b) Kendimi zaman zaman suçlu hissediyorum
   c) Çoğu zaman kendimi suçlu hissediyorum
   d) Kendimi her zaman suçlu hissediyorum

6. a) Başkalarından daha kötü olduğumu sanmıyorum
   b) Zayıf yanlarım veya hatalarım için kendi kendimi eleştiririm
   c) Hatalarımdan dolayı her zaman kendimi kabahatli bulurum.
   d) Her aksilik karşısında kendimi kabahatli bulurum.

7. a) Kendimden memnunum.
   b) Kendi kendimden pek memnun değilim.
   c) Kendime çok kızıyorum
   d) Kendimden nefret ediyorum

8. a) Kendimi öldürmek gibi düşüncelerim yok.
   b) Zaman zaman kendimi öldürmeyi düşündüğüm oluyor, fakat yapmıyorum
   c) Kendimi öldürmek isterdim
   d) Fırsatını bulsam kendimi öldürürüm

9. a) Her zamankinden fazla içimden ağlamak gelmiyor.
   b) Zaman zaman içimden ağlamak geliyor.
   c) Çoğu zaman ağlıyorum.
   d) Eskiden ağlayabilirdim şimdi istesem de ağlayamıyorum.

10. a) Şimdi her zaman olduğumdan sinirli değilim.
    b) Eskisine kıyasla daha kolay kızıyorum.
    c) Şimdi hep sinirliyim.
    d) Bir zamanlar beni sinirlendiren şeyler şimdi hiç sinirlendirmiyor.

11. a) Başkaları ile görüşmek, konuşmak isteğimi kaybetmedim.
    b) Başkaları ile eskisinden daha az konuşmak, görüşmek istiyorum.
    c) Başkaları ile konuşma ve görüşme isteğimi kaybettim
    d) Hiç kimseyle görüşüp, konuşmak istemiyorum

12. a) Eskiden olduğu kadar kolay karar verebiliyorum.
    b) Eskiden olduğu kadar kolay karar veremiyorum.
    c) Karar verirken eskisine kıyasla çok güçlük çekiyorum.
    d) Artık hiç karar veremiyorum.

13. a) Aynada kendime baktığımda bir değişiklik görmüyorum.
    b) Daha yaşlanmışım ve çirkinleşmişim gibi geliyor.
    c) Görünüşümün çok değiştiğini ve daha çirkinleştiğimi hissediyorum.
    d) Kendimi çok çirkin buluyorum.

14. a) Eskisi kadar iyi çalışabiliyorum
    b) Birşeyler yapamak için gayret göstermek gerekiyor
    c) Herhangi birşeyi yapabilmek için kendimi çok zorlamama gerekiyor
    d) Hiçbir şey yapamıyorum

15. a) Her zamanki gibi iyi uyuyabiliyorum.
    b) Eskiden olduğu gibi iyi uyuyamıyorum.
    c) Her zamankinden bir-iki saat daha erken uyanıyorum ve tekrar uyuyamıyorum.
    d) Her zamankinden çok daha erken uyanıyorum ve tekrar uyuyamıyorum.

16. a) Her zamankinden daha çabuk yorulmuyorum.
    b) Her zamankinden daha çabuk yoruluyorum.
    c) Yaptığım hemen herşey beni yoruyor.
    d) Kendimi hiçbir şey yapamayacak kadar yorgun hissediyorum.

17. a) İştahım her zamanki gibi
    b) İştahım eskisi kadar iyi değil
    c) İştahım çok azaldı.
    d) Artık hiç iştahım yok.

18. a) Son zamanlarda kilo vermedim.
    b) İki kilodan fazla kilo verdim.
    c) Dört kilodan fazla kilo verdim.
    d) Altı kilodan fazla kilo verdim.

19. a) Sağlığım beni fazla endişelendirmiyor.
    b) Ağrı, sancı, mide bozukluğu veya kabızlık gibi rahatsızlıklar beni endişelendiriyor.
    c) Sağlığım beni endişelendirdiği için başka şeyler düşünmek zorlaşıyor.
    d) Sağlığım hakkında o kadar endişeliyim ki, başka hiçbir şey düşünemiyorum.

20. a) Son zamanlarda cinsel konulara olan ilgimde bir değişme farketmedim
    b) Cinsel konularda eskisinden daha az ilgiliyim.
    c) Cinsel konularda şimdi çok daha az ilgiliyim.
    d) Cinsel konulara olan ilgimi tamamen kaybettim.

21. a) Bana cezalandırılmışım gibi gelmiyor.
     b) Cezalandırılabileceğimi seziyorum.
    c) Cezalandırılmayı bekliyorum.
    d) Cezalandırıldığımı hissediyorum.

APPENDIX G: LIEBOWITZ SOCIAL ANXIETY SCALE

Sosyal Kaygı Ölçeği

Lütfen aşağıdaki formu dikkatle okuyun. İlk önce duyduğunuz kaygının şiddetine göre, 1 ile 4 arasında puan verin. Sağ kolonda aynı durumlar tekrar sıralanmıştır. Bu defa bu durumlardan kaçınıyorsanız, kaçınmanın şiddetine göre yine 1 ile 4 arasında puan verin. Puanlamayı aşağıdaki tariflere göre yapın.

Lütfen her maddeyi okuduktan sonra, o maddeyle ilgili duyduğunuz **kaygının şiddetine** göre 1 (Yok ya da çok hafif) ve 4 (Şiddetli) arasında değişen rakamlardan size uygun olanını işaretleyerek belirtiniz. **(1 Yok ya da çok hafif, 2 Hafif, 3 Orta derecede, 4 Şiddetli)**

	Yok ya da çok hafif			Şiddetli
1) Önceden hazırlanmaksızın bir toplantıda kalkıp konuşmak	1	2	3	4
2) Seyirci önünde hareket, gösteri ya da konuşma yapmak	1	2	3	4
3) Dikkatleri üzerinde toplamak	1	2	3	4
4) Romantik veya cinsel bir ilişki kurmak amacıyla birisiyle tanışmaya çalışmak	1	2	3	4
5) Bir gruba önceden hazırlanmış sözlü bilgi sunmak	1	2	3	4
6) Başkaları içerdeyken bir odaya girmek	1	2	3	4
7) Kendisinden daha yetkili biriyle konuşmak	1	2	3	4
8) Satın aldığı bir malı ödediği parayı geri almak üzere mağazaya iade etmek	1	2	3	4
9) Çok iyi tanımadığı birisine fikir ayrılığı veya hoşnutsuzluğun ifade edilmesi	1	2	3	4
10) Gözlendiği sırada çalışmak	1	2	3	4
11) Çok iyi tanımadığı bir kişiyle yüz yüze konuşmak	1	2	3	4
12) Bir eğlenceye gitmek	1	2	3	4
13) Çok iyi tanımadığı birisinin gözlerinin içine doğrudan bakmak	1	2	3	4
14) Umumi yerlerde yemek yemek	1	2	3	4
15) Gözlendiği sırada yazı yazmak	1	2	3	4

16) Çok iyi tanımadığı bir kişiyle telefonla konuşmak	1	2	3	4
17) Umumi yerlerde yemek yemek	1	2	3	4
18) Evde misafir ağırlamak	1	2	3	4
19) Küçük bir grup faaliyetine katılmak	1	2	3	4
20) Umumi yerlerde bir şeyler içmek	1	2	3	4
21) Umumi telefonları kullanmak	1	2	3	4
22) Yabancılarla konuşmak	1	2	3	4
23) Satış elemanının yoğun baskısına karşı koymak	1	2	3	4
24) Umumi tuvalette idrar yapmak	1	2	3	4

Lütfen her maddeyi okuduktan sonra, o maddede belirtilen durumunda kaçınıyorsanız, duyduğunuz **kaçınmanın şiddetine** göre 1 (Kaçınma yok ya da çok ender) ve 4 (Her zaman kaçınırım) arasında değişen rakamlardan size uygun olanını işaretleyerek belirtiniz. **(1 Yok Kaçınma yok ya da çok ender, 2 Zaman zaman kaçınırım, 3 Çoğunlukla kaçınırım, 4 Her zaman kaçınırım)**

	Kaçınma yok ya da çok ender		Her zaman kaçınırım	
1) Önceden hazırlanmaksızın bir toplantıda kalkıp konuşmak	1	2	3	4
2) Seyirci önünde hareket, gösteri ya da konuşma yapmak	1	2	3	4
3) Dikkatleri üzerinde toplamak	1	2	3	4
4) Romantik veya cinsel bir ilişki kurmak amacıyla birisiyle tanışmaya çalışmak	1	2	3	4
5) Bir gruba önceden hazırlanmış sözlü bilgi sunmak	1	2	3	4
6) Başkaları içerdeyken bir odaya girmek	1	2	3	4
7) Kendisinden daha yetkili biriyle konuşmak	1	2	3	4
8) Satın aldığı bir malı ödediği parayı geri almak üzere mağazaya iade etmek	1	2	3	4
9) Çok iyi tanımadığı birisine fikir ayrılığı veya hoşnutsuzluğun	1	2	3	4

ifade edilmesi				
10) Gözlendiği sırada çalışmak	1	2	3	4
11) Çok iyi tanımadığı bir kişiyle yüz yüze konuşmak	1	2	3	4
12) Bir eğlenceye gitmek	1	2	3	4
13) Çok iyi tanımadığı birisinin gözlerinin içine doğrudan bakmak	1	2	3	4
14) Umumi yerlerde yemek yemek	1	2	3	4
15) Gözlendiği sırada yazı yazmak	1	2	3	4
16) Çok iyi tanımadığı bir kişiyle telefonla konuşmak	1	2	3	4
17) Umumi yerlerde yemek yemek	1	2	3	4
18) Evde misafir ağırlamak	1	2	3	4
19) Küçük bir grup faaliyetine katılmak	1	2	3	4
20) Umumi yerlerde bir şeyler içmek	1	2	3	4
21) Umumi telefonları kullanmak	1	2	3	4
22) Yabancılarla konuşmak	1	2	3	4
23) Satış elemanının yoğun baskısına karşı koymak	1	2	3	4
24) Umumi tuvalette idrar yapmak	1	2	3	4

APPENDIX H: MAUDSLEY OBSESSIVE COMPULSIVE INVENTORY

Maudsley Obsesif Kompulsif Soru Listesi

Aşağıda yazılmış olan cümlelerden sizde görülenlerde 'EVET', görülmeyenlerde 'HAYIR' ı işaretleyiniz.

Seçiminizi yapmadan önce cümleyi dikkatle okuyunuz ve her maddeyi işaretleyin. Arada kaldığınız durumlarda "EVET" KUTUCUĞUNU tercih edin.

	Hayır	Evet
1-Bir hastalık bulaşır korkusu ile herkesin kullandığı telefonları kullanmaktan kaçınırım.		
2-Çoğunlukla hoşa gitmeyen şeyler düşünür, onları zihnimden uzaklaştırmakta güçlük çekerim.		
3-Dürüstlüğe herkesten çok önem veririm.		
4-İşleri zamanında bitiremediğim için çoğu kez geç kalırım.		
5-Bir hayvana dokununca hastalık bulaşır diye kaygılanırım.		
6-Normalden fazla bir şekilde, doğalgazı, su musluklarını ve kapıları birkaç kez kontrol ederim.		
7-Değişmez kurallarım vardır.		
8-Aklıma gelen hoş olmayan düşünceler hemen her gün beni rahatsız eder.		
9-Kaza ile birisiyle çarpışırsam rahatsız olurum.		
10-Her gün yaptığım basit günlük işlerden bile emin olamam.		
11-Çocukken annem de babam da beni fazla zorlarlardı.		
12-Bazı şeyleri tekrar tekrar yaptığım için işimde geri kaldığım oluyor.		
13-Çok fazla sabun kullanırım.		
14-Bana göre bazı sayılar son derece uğursuzdur		
15-Mektupları, e-mailleri postalamadan önce onları tekrar tekrar kontrol ederim.		
16-Sabahları giyinmek için uzun zaman harcarım.		
17-Temizliğe aşırı düşkünüm.		
18-Ayrıntılara gereğinden fazla dikkat ederim.		

19-Pis tuvaletlere giremem.		
20– Bazı şeyleri tekrar tekrar kontrol etmem ciddi bir sorunumdur.		
21-Mikrop kapmaktan ve hastalanmaktan korkar ve kaygılanırım.		
22-Bazı şeyleri birden fazla kez kontrol ederim.		
23-Günlük işlerimi belirli bir programa göre yaparım.		
24-Paraya dokunduktan sonra ellerimi kirli hissederim.		
25-Alıştığım bir işi yaparken bile kaç kere yaptığımı sayarım.		
26-Sabahları elimi yüzümü yıkamak çok zamanımı alır.		
27-Çok miktarda mikrop öldürücü ilaç kullanırım.		
28-Her gün bazı şeyleri tekrar tekrar kontrol etmek bana zaman kaybettirir.		
29-Geceleri giyeceklerimi katlayıp asmak uzun zamanımı alır.		
30-Dikkatle yaptığım bir işin bile tam doğru olup olmadığına emin olamam.		
31-Kendimi toparlayamadığım için günler, haftalar hatta aylarca hiçbir şeye el sürmediğim olur.		
32-En büyük mücadelelerimi kendimle yaparım.		
33-Çoğu zaman büyük bir hata ye da kötülük yaptığım duygusuna kapılırım.		
34-Çoğunlukla kendime bir şeyleri dert edinirim.		
35-Önemsiz ufak şeylerde bile karar verip işe girişmeden önce durup düşünürüm.		
36-Reklamlardaki ampuller gibi önemsiz şeyleri sayma alışkanlığım vardır.		
37-Bazen önemsiz düşünceler aklıma takılır ve beni günlerce rahatsız eder.		

APPENDIX I: WHITE BEAR SUPPRESSION INVENTORY

Aşağıda bazı düşünce ve davranışlara ilişkin ifadeler yer almaktadır. Lütfen her bir ifadeyi dikkatle okuduktan sonra bu ifadeye ne kadar katıldığınızı yanındaki harflerden uygun olanı yuvarlak içine alarak belirtiniz. Doğru ya da yanlış cevap yoktur. Hiçbir maddeyi boş bırakmamaya özen gösteriniz.

A	B	C	D	E
Kesinlikle Katılmıyorum	Katılmıyorum	Fikrim Yok ya da Bilmiyorum	Katılıyorum	Kesinlikle Katılıyorum

1.	Bazı şeyleri düşünmemeyi tercih ederim	A B C D E
2.	Bazen düşündüğüm şeyleri neden düşündüğümü merak ederim.	A B C D E
3.	Kendimi düşünmekten alıkoyamadığım düşüncelerim var.	A B C D E
4.	Aklıma geliveren ve bir türlü kurtulamadığım imgeler/görüntüler var.	A B C D E
5.	Dönüp dolaşıp yine aynı şeyi düşünüyorum.	A B C D E
6.	Keşke bazı şeyleri düşünmekten vazgeçebilsem	A B C D E
7.	Bazen düşüncelerim o kadar hızlı değişiyor ki onları durdurmak istiyorum	A B C D E
8.	Her zaman sorunları aklımdan çıkarmaya çalışırım	A B C D E
9.	İstemeden birden bire aklıma gelen düşünceler var	A B C D E
10.	Düşünmemeye çalıştığım bazı şeyler var.	A B C D E
11.	Bazen gerçekten aklımdakileri düşünmekten vazgeçebilsem diyorum.	A B C D E
12.	Sık sık kendimi düşüncelerimden uzaklaştıracak şeyler yaparım.	A B C D E
13.	Uzaklaşmaya çalıştığım düşüncelerim var	A B C D E
14.	Kimseye söylemediğim bir sürü düşüncem var.	A B C D E
15.	Bazen bazı düşüncelerin zihnimi meşgul etmesini önlemek için başka şeylerle uğraşırım	A B C D E

APPENDIX J: THOUGHT-ACTION FUSION SCALE

Düşünce Eylem Kaynaşması Ölçeği

Aşağıda bazı düşünce ve davranışlara ilişkin ifadeler yer almaktadır. Her ifadeyi dikkatlice okuduktan sonra bu ifadeye ne kadar katıldığınızı belirtiniz. **Tamamen katılıyorsanız 4, Hiç katılmıyorsanız 0** rakamını işaretleyiniz. Doğru yada yanlış cevap yoktur. Hiçbir maddeyi boş bırakmamaya özen gösteriniz.

	Hiç Katılmıyorum			Tamamen Katılıyorum	
1. Eğer birinin zarar görmesini istersem, bu neredeyse ona zarar vermem kadar kötüdür.	0	1	2	3	4
2. Bir akrabamın ya da arkadaşımın trafik kazası geçirdiğini düşünürsem, bu onun kaza geçirme riskini arttırır.	0	1	2	3	4
3. Düşerek yaralandığımı düşünürsem, bu benim düşüp yaralanma riskimi arttırır.	0	1	2	3	4
4. Din karşıtı bir düşünceye sahip olmak, bence neredeyse böyle davranmak kadar günahtır.	0	1	2	3	4
5. Başka birine küfretmeyi akıldan geçirmek, bence neredeyse gerçekten küfür etmek kadar kabul edilemez bir durumdur.	0	1	2	3	4
6. Bir arkadaşım hakkında kaba şeyler düşündüğümde, ona neredeyse kaba davranmış kadar vefasızlık etmiş olurum.	0	1	2	3	4
7. Bir insanla ilişkimde onu kandırmayı düşünmek, bence neredeyse gerçekten kandırmak kadar ahlaksızlıktır.	0	1	2	3	4
8. Bir akrabamın ya da arkadaşımın işini kaybettiğini düşünürsem, bu onun işini kaybetme riskini arttırır.	0	1	2	3	4
9. Bir başkasıyla ilgili müstehcen şeyler düşünmem, neredeyse bu şekilde davranmam kadar kötüdür.	0	1	2	3	4
10. Bir akrabamın ya da arkadaşımın hastalandığını düşünürsem, bu onun hastalanma riskini arttırır.	0	1	2	3	4
11. Saldırganlık içeren düşüncelere sahip olmak, bence neredeyse saldırgan davranmak kadar kabul edilemez bir durumdur.	0	1	2	3	4
12. Kıskançlık içeren bir düşüncem olduğunda, bu durum neredeyse bunu söylemiş olmamla aynıdır.	0	1	2	3	4
13. Trafik kazası geçirdiğimi düşünürsem, bu benim kaza geçirme olasılığımı arttırır.	0	1	2	3	4
14. Bir başkasına müstehcen hareketler yapmayı düşünürsem, bu neredeyse öyle davranmam kadar kötüdür.	0	1	2	3	4
15. Kutsal yerlerde müstehcen şeyler düşünmek, bence kabul edilemez bir durumdur.	0	1	2	3	4
16. Bir akrabamın ya da arkadaşımın düşerek	0	1	2	3	4

yaralandığını düşünürsem, bu onun düşüp yaralanma riskini arttırır.					
17. Hastalandığımı düşünürsem, bu benim hasta olma riskimi arttırır.	0	1	2	3	4
18. Bir arkadaşa olumsuz bir eleştiride bulunmayı akıldan geçirmek, bence neredeyse bunu söylemek kadar kabul edilemez bir durumdur.	0	1	2	3	4
19. Kutsal yerlerde müstehcen şeyler düşünmem, neredeyse oralarda böyle şeyleri gerçekten yapmam kadar günahtır.		**1**	**2**	**3**	**4**

APPENDIX K: EMOTIONAL APPOACH COPING SCALE

Duygusal Başa Çıkma Ölçeği

Aşağıda bir üniversite öğrencisi için OLASI stres kaynakları sıralanmıştır. Lütfen,

ÖNÜNÜZDEKİ 3-4 HAFTALIK SÜRECİ düşünerek sizin için EN ÇOK STRES VERİCİ BİR

DURUMU işaretleyiniz. Lütfen birden fazla seçenek işaretlemeyiniz. İşaretleyeceğiniz

seçenekte boş bırakılmış yerler varsa bu yerleri doldurunuz.

□ Kız/erkek arkadaşımla problem yaşama

□ Aile fertleri ile iletişim sorunları

□ ………………. dersinin sınavından düşük not alma

□ Ödev ya da proje ile ilgili sıkıntılar

□ Önemli bir sağlık problemi yaşama (lütfen belirtiniz) ………………………

□ Maddi bir problem yaşama

□ Zihinsel ve fiziksel yorgunluk

□ Arkadaş ilişkilerimde sorun yaşama

□ Reddedilme

□ Fiziksel görünüşümle ilgili endişe yaşama

□ Yakın birinin rahatsızlığı (lütfen kim olduğunu belirtiniz) ……………………

□ Yakın birinin kaybı

□ Cinsel sorun(lar) yaşama

□ Diğer (lütfen spesifik tek bir durum belirtiniz) ………………………………

Bu anket, yukarıda "potansiyel stres verici durum" olarak tanımladığınız olay hakkındaki

düşüncelerinizle ilgilidir. Doğru ya da yanlış cevap yoktur. Lütfen, durum hakkındaki ŞU

ANKİ düşüncelerinize göre değerlendirme yapınız. Lütfen, TÜM soruları cevaplayınız. Her

bir soruyu sizin için uygun rakamı DAİRE İÇİNE ALARAK değerlendiriniz.

Lütfen her maddeyi okuduktan sonra, o maddede belirtilen fikre katılma derecenizi 5 (Aşırı Düzeyde) ve 1 (Hiç) arasında değişen rakamlardan size uygun olanını işaretleyerek belirtiniz. (1 Hiç, 2 Çok Az, 3 Orta Düzeyde, 4 Oldukça, 5 Aşırı Düzeyde)

Bu anketi bir önceki sayfada işaretlediğiniz stresli durumla karşılaşmanız durumunda neler hissedeceğinizi, neler düşüneceğinizi ve ne tür tepkiler vereceğinizi göz önünde bulundurarak doldurunuz. Her bir ifadeyi dikkatle okuyunuz ve sizin için en uygun rakamı daire içine alınız (**1 Hiçbir zaman, 2 Nadiren, 3 Arada sırada, 4 Çoğunlukla, 5 Her zaman).** Doğru ya da yanlış cevap yoktur. Lütfen, tüm soruları cevaplayınız.

1. Bu durumda gerçekten ne hissettiğimi anlamaya zaman ayırırım

1   2   3   4   5

2. Bu durumda duygularımı ifade etmenin bir yolunu bulurum

1   2   3   4   5

3. Bu durumda duygularımı ifade ederken özgür davranırım

1   2   3   4   5

4. Bu durumda duygularımın doğru ve önemli olduğunun farkına varırım

1   2   3   4   5

5. Bu durumda neler hissettiğimi keşfetmeye çalışırım

1   2   3   4   5

6. Bu durumda duygularımı ifade etmeye önem veririm

1   2   3   4   5

7. Bu durumda duygularımın rahatça dışavurumuna izin veririm

1   2   3   4   5

8. Bu durumda duygularımı anlamaya çalışırım

1   2   3   4   5

9. Bu durumda duygularımın ortaya çıkmasına izin veririm

1   2   3   4   5

10. Bu durumda duygularımın nedenlerini dikkatle incelerim

1   2   3   4   5

11. Bu durumda duygularımın farkında olurum

1   2   3   4   5

12. Bu durumda duygularımı tam anlamak için onları irdelerim

1   2   3   4   5

13. Bu durumda var olan duygularımı ifade ederim

1   2   3   4   5

14. Bu durumda toplum içinde duygularımı gösteririm

1   2   3   4   5

15. Bu durumda duygularımı daha iyi anlamanın bir yolunu bulurum

1   2   3   4   5

16. Bu durumda duygularımı ifade ederken kendimi kısıtlamam

1   2   3   4   5

APPENDIX L: TURKISH SUMMARY

GİRİŞ

Duygular, sadece günlük yaşamda karşılaşılan durumlarda hissel olarak verilen tepkilerden ziyade, bireyler ve çevreyle olan ilişkileri sağlayan, devam ettiren ya da sonlandıran süreçlerdir (Campos et al., 1989). Duygular, bireyin fizyolojik, davranışsal, deneyimsel ve bilişsel iç süreçlerini düzenler, düşünce ve eyleme geçmek için motivasyon sağlarlar (Izard, 2002; Keltner & Kring, 1998). Bireylerin, farklı ortamlarda farklı duygular hissetmeleri doğal yaşamın bir sonucu olsa da; günlük yaşama uyumlu bir şekilde devam edebilmek, sosyal ve özel ilişkilerde iletişim zorlukları yaşamamak için duygular kontrol altında tutulmak zorundadırlar. Hissedilen duyguya müdahale edilmeye çalışılan, duygu ifadesinde zamanlama ve biçiminin değerlendirildiği süreçler, duygu düzenleme kapsamında yer alırlar (Mauss, Bunge & Gross, 2007). Davranışsal ve fizyolojik olmak üzere duyguya ait öğelerin hepsi, duygu düzenleme sürecinde bilinçli ya da bilinçaltısal olarak değişime açıktırlar (Gross, 1999). Duygu düzenleme süreci hem olumlu hem olumsuz duyguların düzenlenmesini içerebileceği gibi, duygu yoğunluklarını azaltmaya ya da yükseltmeye çalışmak da bu sürecin bir parçasıdır (Gross, 2007). Literatürde, duygu düzenleme süreçlerine ait pek çok kavramsal açıklama bulunsa da, bu açıklamaların ortak noktası duyguların, duyguların değişen çevre koşullarına göre uyum sağlayacak biçimde başarılı bir şekilde koordine edilmesidir (Durbin ve Shafir, 2008).

Gross'un (1998) duygu düzenleme modeline göre duygu oluşumu sırasında iki genel yönetim şeklinden bahsedilebilir. Bunların ilki öncül-odaklı (antecedent-

focused regulation) düzenlemedir. Bu düzenleme bir duyguyu tam olarak oluşmadan, bireylerin o duyguyu kontrol etmek için kullandıkları yöntemleri içerir. İkincisi ise tepki-odaklı (response-focused modulation) düzenlemedir. Bu düzenleme ise, bir duygunun oluşmasına çok yakın bir zamanda, belirli davranışsal ya da fizyolojik tepkiler verildikten sonra duyguyu kontol etmek için kullanılan yöntemleri içerir (Gross, 2001). Öncül-odaklı ve tepki-odaklı duygu düzenlemeleriyle ilgili yapılan çalışmalarda, öncül-odaklı duygu düzenleme yöntemlerinin tepki-odaklı duygu düzenleme yöntemlerine göre daha olumlu sonuçlar verebildiği görülmüştür (örn., Gross, 1998a, John ve Gross, 2007).

Bu iki duygu düzenleme yöntemi, durum seçimi (situation selection), duruma müdahale (situation modification), dikkati yönlendirme (attentional deployment), bilişsel değerlendirme (cognitive change) ve tepki ayarlama (response modulation) süreçlerini içermektedir (Gross, 2007). Bu yöntemlerden durum seçimi, duruma müdahale, dikkati yönlendirme ve bilişsel değerlendirme öncül-odaklı düzenleme yöntemlerinin içinde yer alırken; tepki ayarlama, tepki-odaklı düzenleme yönteminin içinde yer almaktadır.

Duygu düzenleme süreci içerisinde bireylerin kullanabilecekleri pek çok özel yöntem bulunmaktadır (Gross, 1998; Parkinson et al., 1996; Thayer et al., 1994; Walden & Smith, 1997). Bunların arasında Gross'un (1998) modeline göre duygu oluşumu sırasında özellikle iki yöntem dikkati çekmektedir; bilişsel yeniden değerlendirme ve bastırma. Öncül-odaklı duygu düzenleme yöntemine ait olan bilişsel yeniden değerlendirmede birey, duygu oluşumu tam olarak tamamlanmadan ortaya çıkabilecek duygusal etkiyi azaltabilmek için, yaşanan olayı yeniden değerlendirir. Tepki-odaklı duygu düzenlemeye ait bastırma yönteminde ise, birey zaten yaşadığı duygunun, dışavurumunu bastırmaya çalışır. Literatürde, bu iki

yöntemi karşılaştırmak amacıyla pek çok çalışma (örn., Schutte, Manes ve Malouff, 2009; Gross, 2001; Gross ve John, 2003) yapılmış ve bellek, psikolojik iyilik hali, hayat doyumu gibi alanlarda bilişsel yeniden değerlendirmenin, bastırmaya göre daha olumlu sonuçlar verdiği görülmüştür. Her ne kadar bu iki yöntemi kullanmanın ortaya çıkardığı sonuçlar arasında belirgin farklar görülse de, içinde bulunulan duruma, zamanlamaya ve içeriğe göre iki yöntemi kullanmanın farklı sonuçları olabileceği de göz önünde bulundurulmalıdır (Eftekhari, Zoellner ve Vigil, 2009).

Duygu düzenleme günlük hayatın, sosyal ilişkilerin ve iyilik durumunun önemli bir öğesi olsa da, bu alanlarda gerekli olan sistemin sadece bir parçasıdır. Duygu işleyişinin uygun bir şekilde gerçekleşmesi için duyguların ortaya çıkmasındaki süreçler kadar, duyguların algılanma süreci de önem taşımaktadır (Scherer, 2007). Duygu algısı ya da duygu tanıma, diğer bireylerin duygu durumlarını etkin bir şekilde algılama, tanıma ve yorumlayabilmeyi içermektedir. Günlük sosyal ilişkilerde, iletişim ve duygu tanıma çoğunlukla ses tonu, beden duruşu, yüz ifadeleri gibi sözel olmayan işaretlere dayanmaktadır (Banziger, Grandjean ve Scherer, 2009). Bu sözel olmayan işaretlerden yüz ifadeleri, duygu tanıma ve yorumlama açısından en ayırt edici ve karmaşık bilgi kaynakları olarak değerlendirilmektedir (Frigerio et al., 2002). Yüz ifadeleri içindeyse özellikle göz bölgesinin, duygular açısından en fazla bilgiyi taşıdığı düşünülmektedir (Kleinke, 1986).

Duygu tanımayla ilgili çalışmalarda (örn., Baron-Cohen et al., 2001; Schmidt ve Zachariae, 2009; Kessler et al., 2007) otizm, Asperger, post-travmatik stres bozukluğu, panik bozukluk gibi tanı alan gruplarda, duygu tanıma açısından bu tanıları almamış gruplara göre daha çok sorun yaşandığı gözlemlenmiştir. Ayrıca sınırda kişilik bozukluğu, yeme bozuklukları ve depresyon tanıları almış bireyler için

de benzer sonuçlara ulaşılmıştır (örn., Levine et al., 1997; Michailova et al., 1996; Zonnevijle-Bender et al., 2002).

Duygu düzenlemenin örüntüleri ilk olarak, bakımveren ve bebek arasındaki ilişkiyle ortaya çıkar (Greenspan ve Shanker, 2004; Sroufe, 1995). Bu ilk ilişkiyle başlayan süreç daha sonrasında çocukluk ve ergenlik döneminde de devam eder. Ebeveynler, çocuklarının ihtiyaçlarına cevap verme şekilleriyle, kurdukları iletişim biçimleriyle, duygusal düzenleme açısından örnek teşkil ederler (Thompson ve Meyer, 2007). Zamanla, çocuğun bakımverenle kurduğu bağ örüntüsü, sosyal çevreden edindiği ipuçlarıyla birleşerek, çocuğun kendi duygu düzenleme şeklini oluşturur (Cole et al., 1994).

Farklı aile tutumları, farklı duygu düzenleme şekillerini yansıtacağından, çocuğun oluşturduğu duygu düzenleme şekli de büyük ölçüde bundan etkilenecektir. Özellikle aile sıcaklığı ve kontrol düzeyinin çocukların bu alandaki gelişimleriyle ilintili olduğu bulunmuştur (Grolnick ve Gurland, 2002 akt. Manzeske, Dopkins ve Stright, 2009).

Ebeveyn sıcaklığı, ebeveynin çocuğun duygusal ve davranışsal ihtiyaçlarına cevap verebilmesinin yanısıra, koşulsuz olumlu saygıyı göstermesini de içermektedir (Fauber et al., 1990). Duygu düzenleme modellerine göre, özellikle anne sıcaklığı çocuklukta duygu düzenlemenin gelişmesine olumlu katkılar yapmaktadır (Morris et al., 2007). Hem olumlu hem olumsuz duyguların ele alınması, çocukların olumsuz duygularının aile tarafından kabul edilerek, bu duygularla başa çıkma yollarının gösterilmesi, duygu düzenleme becerilerinin gelişebilmesinde büyük önem teşkil etmektedir (Macklem, 2008).

Ebeveyn kontrolü ise uygun düzeylerde olduğu zaman olumlu duygusal ve davranışsal uyumla ilişkilenirken, olumsuz ve yüksek düzeyde olduğu zaman duygu

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düzenleme süreçlerinde sorunlarla ilişkili olduğu görülmüştür (örn., Barber et al., 2005; Shipman et al., 2005, 2007). Reddetme ve aşırı koruma da ebeveyn kontrolü açısından değerlendirildiğinde, olumsuz duygu düzenlemeyle ilişkisi olabilecek kavramlardır (Teicher, Samson, Polcari ve McGreenert, 2006; Arrindel et al., 1999). Ebeveynin sergilediği reddetme davranışında, çocuğun duygusal ihtiyaçları karşılanmadığı gibi, çocuk kendisine duygu düzenleme açısından model olabilecek bir ebeveynden de yoksun kalmış olmaktadır. Aşırı koruma davranışında ise, çocuğu fazlasıyla yönlendirmek, hem bağımsızlığına engel olacağından hem de duygu düzenleme becerileri konusunda kendisini geliştirmesine olanak tanımayacağından, çocuğun ruhsal gelişimi açısından sorunlar yaratabilir (Rubin ve Burgess, 2002).

Literatürde duygu düzenleme ve bununla ilgili sorunlar ile çeşitli ruhsal bozukluklar arasında yapılan çalışmalarda; depresyon, sosyal kaygı ve obsesif-kompulsif bozukluğun çeşitli açılardan duygu düzenleme sorunları ile ilişkili olabileceği görülmüştür (örn., Garnefski ve Kraaij, 2006; Gross ve John, 2003; Kashdan, 2007; Turk et al., 2005; Allen ve Barlow, 2009; Eisner, Johnson ve Carver, 2009).

Çalışmanın Amacı

Bu çalışmanın genel olarak amacı algılanan aile tutumları, duygu tanıma ve duygu düzenleme süreçleri ile depresyon, obsesif-kompulsif bozukluk ve sosyal kaygı belirtileri arasındaki ilişkiyi incelemektir. Bu amaca bağlı olarak, yüksek düzeydeki aile sıcaklığının daha fazla duygu tanımayla ilişkili olacağı varsayılmıştır. Ayrıca, yüksek düzeyde aile sıcaklığının ve duygu tanımanın, daha fazla bilişsel yeniden değerlendirme ve öncül-odaklı duygusal düzenlemeyle ilişkili olacağı

düşünülmüştür. Yüksek düzeydeki ailesel aşırı koruma ve reddetmeyle, düşük düzeydeki duygu tanımanın ise daha fazla bastırma ve tepki-odaklı duygu düzenlemeyle ilişkili olacağı varsayılmıştır. Düşük düzeydeki duygu tanıma, bilişsel yeniden değerlendirme ve öncül-odaklı duygu düzenleme, aile sıcaklığı ile yüksek düzeydeki aşırı koruma ve reddedici tutum, bastırma ve tepki-odaklı duygu düzenlemenin ise daha fazla depresyon, obsesif-kompulsif bozukluk ve sosyal kaygı belirtileri ile ilişkili bulunacağı düşünülmüştür.

Metod

Bu çalışmaya Orta Doğu Teknik Üniversitesi, Hacettepe Üniversitesi, Ankara Üniversitesi, Maltepe Üniversitesi ve Doğuş Üniversitesi'nden çeşitli bölümlerde okuyan 530 öğrenci katılmıştır (128 erkek, 402 kadın) Örneklemin yaş aralığı 18 ve 36 arasında değişmektedir.

Ölçüm araçları olarak çalışmada; Demografik Bilgi Formu, Algılanan Ebeveyn Tutumları – Kısa Formu, "Zihni Gözlerden Okuma" Testi, Duygu Düzenleme Ölçeği, Duygu Düzenleme Süreçleri, Beck Depresyon Envanteri, Liebowitz Sosyal Kaygı Ölçeği, Maudsley Obsesif-Kompulsif Soru Listesi, Beyazı Ayı Supresyon Envanteri, Düşünce-Eylem Kaynaşması Ölçeği ve Duygusal Başa Çıkma Ölçeği kullanılmıştır.

Temel Bulgular ve Tartışma

Çalışmada, öncelikli olarak Duygu Düzenleme Ölçeği ve Duygu Düzenleme Süreçleri Ölçeği geçerlilik ve güvenilirlik açısından incelenmiş ve yeterli bulunmuştur. Daha sonra, ana analizler olarak depresyon, obsesif-kompulsif

bozukluk ve sosyal kaygı belirtilerinin anlamlı ilişkilerini göstermek için üç aşama halinde regresyon analizleri gerçekleştirilmiştir. İlk yapılan regresyon sonuçlarına göre; yaş, cinsiyet ve anne sıcaklığının duygu tanımayla ilişkili olduğu görülmüştür. Buna göre, yaşları daha büyük olan katılımcıların, yaşları daha küçük olan katılımcılara göre duygu tanıma konusunda daha başarılı oldukları bulunmuştur. Literatürde yer alan diğer çalışmaların bazılarında yaşla beraber duygu tanımanın arttığı gözlemlense de bazılarında da artan yaşla beraber duygu tanımada sorunlar yaşanabileceği belirtilmiştir (örn., Calder et al., 2003; Sullivan, Ruffman ve Hutton, 2007). Bu çalışmalarda yer alan katılımcıların yaş aralığı, bu çalışmadaki katılımcıların yaş aralığına kıyasla daha fazla olduğu için, bu etmen göz önünde bulundurularak, duygu tanımanın sosyal ilişkilerde artan deneyimle daha etkin hale geleceği varsayılabilir. Analiz sonuçlarına göre, kadın katılımcıların duygu tanımada erkek katılımcılara göre daha iyi oldukları bulunmuştur. Ayrıca, anne sıcaklığını daha fazla algılayan katılımcıların, daha az algılayanlara göre duygu tanımada daha iyi oldukları görülmüştür. Bu sonuçlar beraber değerlendirildiğinde, genelde bakımverenlerin kadınlar olması dolayısıyla, annelerle kurulan sıcak iletişimin, ve toplumumuzda yerleşik olan kadın-erkek rolleri dolayısıyla, kız bebeklerle erkek bebeklere göre daha fazla iletişim kurulması, daha fazla ilgilenilmesi ve duygusal olarak kız çocukların duygularını ifade etmelerine daha çok teşvik edilmeleri sebebiyle, kadınların duygu tanıma konusunda erkeklere göre daha iyi oldukları düşünülebilir.

İkinci aşamada yapılan regresyon sonuçlarına göre, yaşı küçük olan katılımcıların yaşı büyük olanlara göre bilişsel yeniden değerlendirmeyi daha fazla kullandığı görülmüştür. Benzer şekilde, anne ve babalarını daha sıcak algılayan katılımcıların daha soğuk algılayanlara göre bu yöntemi daha fazla kullandıkları

bulunmuştur. Bu bulgu, literatürde yer alan, ebeveyn sıcaklığının duygu düzenleme süreçlerine olumlu katkı yaptığı yönündeki sonuçla paralellik göstermektedir (Morris, et al., 2007). Daha sıcak olan anne ve babaların, çocuklarının duygularını anlamada ve ifade etmelerine yardımcı olmada daha yol gösterici ve teşvik edici olmaları dolayısıyla, duygu düzenleme süreçlerine daha çok yardımcı oldukları düşünülebilir.

Bir diğer duygu düzenleme yöntemi olan bastırma içinse, geleneksel kadın-erkek rollerine uygun olarak, erkek katılımcıların, kadın katılımcılara göre daha fazla bu yöntemi kullandıkları bulunmuştur. Ayrıca, genç katılımcıların, diğer yaş grubuna göre bastırma yöntemini daha fazla kullandıkları görülmüştür. Bir diğer sonuç da, babalarını daha fazla korumacı olarak algılayan katılımcıların, daha az korumacı olarak algılayanlara göre, bu yöntemi daha fazla kullandıklarını ortaya çıkarmıştır. Bu bulgu, çocukların ailelerinin aşırı korumacı tutumundan korunmak için duygularını bastırma yönüne gitme ihtimalleriyle açıklanabilir. Ebeveynler açısından ortada kontrol edilmesi gereken bir durum olmadığında, müdahale etme gereği de olmayacaktır.

Tepki-odaklı duygu düzenleme yöntemiyle ilgili elde edilen bulgularda ise, genç grupta olan katılımcıların, diğer yaş grubuna göre bu yöntemi daha fazla kullandığı görülmüştür. Ayrıca, anneleriyle olan ilişkilerini daha sıcak olarak algılayan katılımcıların, bu ilişkileri daha soğuk algılayanlara göre bu yöntemi daha çok kullandıkları bulunmuştur. Her ne kadar tepki-odaklı duygu düzenleme yöntemi önceki çalışmalarda öncül-odaklı duygu düzenleme yöntemine göre uyum açısından yararlı bulunmasa da, hem son yapılan bir çalışmada (Schutte, Manes ve Malouff, 2009) hem de bu çalışmada, aslında bu yöntemin de yararlı olabileceği görülmüştür.

Öncül-odaklı duygu düzenleme sürecinde ise, kadın katılımcıların erkek katılımcılara göre bu yöntemi daha fazla kullandığı görülmüştür. Ayrıca, anneleriyle

olan ilişkilerini daha sıcak olarak algılayan katılımcıların, öncül-odaklı duygu düzenleme yöntemini, anneleriyle olan ilişkilerini daha az sıcak olarak algılayan katılımcılara göre daha çok kullandıkları bulunmuştur. Benzer şekilde, duygu tanımada daha başarılı olan katılımcıların, bu konuda daha az başarılı olan katılımcılara göre öncül-odaklı duygu düzenleme yöntemini daha çok kullandıkları görülmüştür. Bu bulgulara göre, daha önce belirtildiği üzere, algılanan anne sıcaklığının duygu düzenleme konusunda önemli bir faktör olabileceği göze çarpmaktadır. Ayrıca, duygu tanımanın, daha önce literatürde belirtildiği üzere (Hee-Yoo, Matsumoto ve LeRoux, 2006) duygu düzenleme açısında önemli bir etmen olabileceği de görülmüştür.

Üçüncü aşamada yapılan regresyon sonuçlarına göre ise, genç gruptaki katılımcıların, diğer gruptaki katılımcılara göre; depresyon, obsesif-kompulsif bozukluk ve sosyal kaygı belirtilerinin daha fazla olduğu görülmüştür. Depresyon belirtileriyle ilgili bulgularda; algılanan düşük baba sıcaklığı ile, algılanan anne kaynaklı aşırı koruma ve reddedici tutumun, daha fazla depresyon belirtisiyle ilişkili olduğu görülmüştür. Benzer şekilde, anne kaynaklı reddedici tutum, baba kaynaklı aşırı korumacı tutum ve düşük anne sıcaklığının daha fazla sosyal kaygı belirtisiyle ilişkili olduğu bulunmuştur. Ayrıca, anne kaynaklı aşırı koruma ve baba kaynaklı reddedici tutumun da obsesif-kompulsif bozukluk belirtileriyle ilişkili olduğu görülmüştür. Elde edilen bu bulgulara göre, algılanan anne sıcaklığının, duygusal ifade ve iletişime olası olumlu katkılarından dolayı, literatürde yapılan diğer çalışmalarla (örn., Baumrind, 1991; Calkins et al., 1998; Rubin ve Burgess, 2002) paralel olarak, psikolojik iyilik haline olumlu katkıları olduğu şeklinde yorumlanabilir. Aynı görüş içerisinde, ailelerin aşırı koruyucu ve reddedici tutumlarının da, psikolojik iyilik haline olumsuz olarak yansıdığı düşünülebilir.

Elde edilen sonuçlardan bir diğerine göre, duygu tanımadaki sorunların sosyal kaygı ve obsesif-kompulsif bozukluk belirtileriyle ilişki olduğu görülmüştür. Depresyon belirtileri içinse aynı sonuçlar bulunamamıştır. Literatürde de, depresyon ve duygu tanımayla ilgili farklı çalışmalarda farklı sonuçlar ortaya çıkmıştır (örn., Bora et al., 2005; Harkness et al., 2005). Dolayısıyla daha sonraki çalışmalarda duygu tanıma ve depresyon belirtileri arasındaki ilişkinin yakından incelenmesi, bu alandaki bilgilerin netleşmesi açısından faydalı olacaktır.

Depresyonla ilgili elde edilen diğer bulgulara göre, bilişsel yeniden değerlendirmeyi ve öncül-odaklı duygu düzenleme yöntemlerini kullanan katılımcıların depresyon belirtilerinin daha az olduğu, bastırma ve tepki-odaklı duygu düzenleme yöntemlerini kullanan katılımcıların depresyon belirtilerinin daha yüksek olduğu bulunmuştur. Benzer şekilde, bastırmayı daha fazla kullanan katılımcıların ve yeniden bilişsel değerlendirmeyi daha az kullanan katılımcıların sosyal kaygı ve obsesif-kompulsif bozukluk belirtilerinin daha fazla olduğu görülmüştür. Bu sonuçlar, yeniden bilişsel değerlendirme yöntemi ve öncül-odaklı duygu düzenleme sürecinin olumlu, bastırma ve tepki-odaklı duygu düzenleme sürecininse olumsuz etkilerini gösteren literatürdeki çalışmaların (örn., Gross ve John, 2003; Haga, Kraft ve Corby, 2009) sonuçlarıyla benzerlik göstermektedir. John ve Gross (2004), duyguları bastırmaya çalışmanın, bireyin hissettikleri ve davranışları arasında bir uyuşmazlık yaratacağını ve bu durumun da, kişinin kendisine karşı dürüst olmadığı duygusunu oluşturabileceğini ifade etmişlerdir. Bu açıdan bakıldığında, bireyin kendisine dair olumsuz bakış açısı ve sosyal ilişkilerde bununla ilgili yaşanabilecek sorunların depresyon belirtilerinin ortaya çıkmasında etkili olabileceği düşünülebilir. Sosyal kaygı belirtileri içinse bastırma, kaçınma davranışı yönünden değerlendirilebilir. Sosyal kaygısı yüksek olan bireyler, kaygı oluşturan durumlardan kaçınmaya

çalışırlar ve bastırma da bir tür psikolojik kaçınma davranışı olarak değerlendirilebilir. Rahatsız edici ortamdan kaçınılması mümkün olmayan durumlarda, bireyler bu yöntemi kendilerini korumak için kullanabilirler. Lakin, bu yöntemin kullanılması, bu yöntem kullanılmadığında bireyin deneyimleyebileceği olumlu sonuçların yaşanmasını engellediğinden, sosyal kaygı belirtilerinin devam etmesine neden olabilir. Obsesif-kompulsif bozukluk açısından bakıldığındaysa, bastırma bu bozukluğun doğasında olan temel bir işleyiş mekanizması olduğu için, bu tür belirtilerle ilişkili olması kaçınılmaz olarak değerlendirilebilir.

Çalışmanın Başlıca Katkıları

Bu çalışmada, algılanan ebeveyn tutumları, duygu tanıma ve düzenleme süreçleri ile depresyon, obsesif-kompulsif bozukluk ve sosyal kaygı belirtileri arasındaki ilişki bir bütün olarak değerlendirilmiştir. Elde edilen bulgular, aile tutumlarının duygu tanıma ve düzenleme süreçleri açısından önem taşıdığını göstermektedir. Duygusal iletişim ve ifade açısından algılanan aile sıcaklığının, psikolojik rahatsızlık belirtilerine karşı koruyucu bir rol oynayabileceği; buna karşılık aşırı korumacı ve reddedici aile tutumununsa bu belirtiler açısından yatkınlık faktörü olarak değerlendirilebileceği görülmüştür. Dolayısıyla, aile eğitimlerinde, erken müdahale programlarının geliştirilmesi amacıyla bu çalışmanın sonuçları faydalı bilgiler sağlayabilir.

Klinik uygulamalar açısından, duygu düzenleme ve psikolojik rahatsızlık belirtileriyle ilgili elde edilen bulgular değerlendirildiğinde, terapide bireylerin kullandığı duygu düzenleme yöntemlerinin ele alınması gerekliliği konusunda da önemli bilgiler edinilmiştir.

Ayrıca, daha önce literatürde yer alan öncül-odaklı duygu düzenleme yöntemlerinin, tepki-odaklı duygu düzenleme yöntemlerine göre daha etkin olduğuna dair çalışmalara ek olarak, tepki-odaklı duygu düzenleme yöntemlerinin de aile içindeki duygu ifadesi ve iletişim biçimine bağlı olarak, diğer yöntemler kadar etkin olabileceği görülmüştür.

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Education

2007- 2011	Ph.D in Clinical Psychology, Middle East Technical University
2004 - 2007	M.S. in Clinical Psychology, Middle East Technical University
2000 - 2004	B.S. in Department of Psychology, Middle East Technical University

Experience

2009 July -now	Supporting Researcher in "Turkish Norm Study of Wechsler Intelligence Scale for Children-IV (WISC-IV)" (supported by TÜBİTAK-The Scientific and Technological Research Council of Turkey)
2008 September- 2009 July	Teaching Assistant in Psychology Department of Ufuk University, Ankara, Turkey
2008 September – 2009 June	T-Group Process in M+ Psychotherapy
2008 April- 2006 May	Project assistant in TÜBİTAK (The Scientific and Technological Research Council of Turkey) Space Technologies Institute
2010 September – 2011 January	Internship in Child Psychiatry Department of GATA

2010 Januray – 2010 June   Internship in Psychiatry Department of Ankara Numune
                            Education and Research Hospital, Ankara, Turkey

2006 July- 2005 September   Internship in Psychiatry Department of Ankara
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2005 July- 2005 January   Internship in Child Psychiatry Department of Gazi
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Area of Interests

Emotion Regulation, Cinematherapy, Cognitive Processes, Perception, Perfectionism, Time Psychology, Existential Psychology

Publications

Aka, B. T., & Gençöz, F. (2010). Sinematerapinin Mükemmeliyetçilik ve Mükemmeliyetçilikle İlgili Şemalar Üzerindeki Etkisi, 65, 69-81. [The Effect of Cinematherapy on Perfectionism and Related Schemas]. *Türk Psikoloji Dergisi [Turkish Journal of Psychology]*

Aka, B.T. (2007) (Ed. Gençöz, 2007) Sinematerapi. *Psinema 1: Sinemada Psikolojik Bozukluklar ve Sinematerapi [Psychological Disorders Depicted in Films and Cinematherapy]* . HYB Basım Yayın, Ankara.

Gençöz, F., & Aka, B.T. (2007). Sinema Tadında Terapi: Sinematerapi. *Bilim ve Teknik Dergisi*, 473, 58-61.

Aka, B. T. (2008). Duvarın İki Tarafı: Gerçeklik ve Fantezi. PSİNEMA: *Sinema ve Psikoloji Dergisi*, 2, http://www.psinema.org/dergi2/dergi.htm.

Conferences

Aka, B.T. , Sevim, B., & Çenesiz, G. Z. (May, 2009). Beyazperdenin Terapi Odasına Girişi: Sinematerapi. Symposium in IV.Işık Savaşır Klinik Psikoloji Sempozyumu

Aka, B. T. (September, 2010). Mükemmeliyetçilik ve Sinematerapi. Symposium, IV. Psikoloji Lisansüstü Öğrencileri Kongresi .

Aka, B.T., Sevim, B., & Çenesiz, G. Z. (2009, 28 March). Psinema Söyleşi, ODTÜ Mezunlar Derneği.

Teaching

2008 Fall   PSY 301 Kişilik Kuramları *[Personality Theories]*(Ufuk
                         University)

2009 Spring   Development of a totally new course: PSY 430 - Psikolojik
                        Sorunlar ve Sinematerapi *[Psychological Problems and
                        Cinematherapy]* (Ufuk University)

Activities

2008 January - 2009 October   Assistant Editor of PSİNEMA: Sinema ve
                                  Psikoloji Dergisi *[Psinema: Cinema and
                                  Psychology]* (online journal)

2009 November - 2010 June   One of the producers and presenters of
                                  PSİNEMA, a weekly radio programme about
                                  psychological and emotional problems depicted
                                  in commercial films, broadcasting on a local
                                  radio (RadyoODTÜ)

Computing Skills:	SPSS and LISREL, Microsoft Office Applications, Internet Applications
Languages:	Good level of written and spoken English, basic level of French