COGNITIVE ASPECTS OF PERSONALITY DISORDERS: INFLUENCES OF BASIC PERSONALITY TRAITS, COGNITIVE EMOTION REGULATION, AND INTERPERSONAL PROBLEMS

A THESIS SUBMITTED TO
THE GRADUATE SCHOOL OF SOCIAL SCIENCES
OF
MIDDLE EAST TECHNICAL UNIVERSITY

BY

MİRAY AKYUNUS İNCE

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR
THE DEGREE OF DOCTOR OF PHILOSOPHY
IN
THE DEPARTMENT OF PSYCHOLOGY

January 2012

Approval of the Graduate School of Social Sciences

Prof. Dr. Meliha Altunışık
Director

I certify that this thesis satisfies all the requirements as a thesis for the degree of Doctor of Philosophy.

Prof. Dr. Tülin Gençöz
Head of Department

This is to certify that we have read this thesis and that in our opinion it is fully adequate, in scope and quality, as a thesis for the degree of Doctor of Philosophy.

Prof. Dr. Tülin Gençöz
Supervisor

Examining Committee Members

Assoc.Prof.Dr. Çiğdem Soykan (M + PSYCH)

Prof. Dr. Tülin Gençöz (METU, PSY)

Prof. Dr. Bengi Öner Özkan (METU, PSY)

Asst. Prof. Dr. Emre Şenol Durak (AIBU, PSY)

Assoc. Prof. Dr. Özlem Bozo (METU, PSY)

I hereby declare that all information in this document has been obtained and presented in accordance with academic rules and ethical conduct. I also declare that, as required by these rules and conduct, I have fully cited and referenced all material and results that are not original to this work.

Name, Surname : Miray Akyunus-İnce

Signature :

ABSTRACT

COGNITIVE ASPECTS OF PERSONALITY DISORDERS: INFLUENCES OF BASIC PERSONALITY TRAITS, COGNITIVE EMOTION REGULATION, AND INTERPERSONAL PROBLEMS

Akyunus-İnce, Miray
Ph.D., Department of Psychology
Supervisor : Prof. Dr. Tülin Gençöz

January 2012, 265 pages

The purpose of the study was to examine the influences of basic personality traits, cognitive emotion regulation and interpersonal problems on the cognitive aspects of personality disorders. 1298 adult participants (411 males and 887 females) between the ages of 18 and 68 (M = 26.85, sd = 7.95) participated in the study. In the first part of the study, Inventory of Interpersonal Problems was adapted to Turkish, and psychometric properties of the adapted inventory as well as Cognitive Emotion Regulation Questionnaire and Personality Belief Questionnaire were analyzed and were found to have good validity and reliability characteristics. Differences in demographic variables and correlational data for the measures were examined. Direct and mediational models were used to investigate the relationship among basic personality traits, cognitive emotion regulation, interpersonal problems and personality disorder beliefs. The results

revealed that openness and neuroticism were associated with positive and negative emotion regulation, respectively. Neuroticism, negative valence and catastrophization were associated with interpersonal problems positively whereas extraversion was associated with them negatively. In terms of personality psychopathology, neuroticism, catastrophization, blaming others, and being cold and domineering in relations were found to be positively associated with personality disorder beliefs. Furthermore, the effect of neuroticism and negative valence on personality disorder beliefs was mediated by interpersonal problems, with the effect of negative valence also being mediated by negative cognitive emotion regulation. The findings and their implications with suggestions for future research and clinical applications, were discussed in the light of relevant literature.

Keywords: Personality Disorders, Interpersonal Problems, Personality Traits, Cognitive Emotion Regulation

ÖZ

KİŞİLİK BOZUKLUKLARININ BİLİŞSEL BOYUTU: TEMEL KİŞİLİK ÖZELLİKLERİ, BİLİŞSEL DUYGU DÜZENLEME, VE KİŞİLERARASI PROBLEMLER

Akyunus-İnce, Miray
Doktora, Psikoloji Bölümü
Tez Yöneticisi : Prof. Dr. Tülin Gençöz

Ocak 2012, 265 sayfa

Bu çalışmanın amacı temel kişilik özelliklerinin, bilişsel duygu düzenleme ve kişilerarası problemlerin, kişilik bozukluklarının bilişsel boyutu üzerine etkilerinin araştırılmasıdır. Genel toplumdan, yaşları 18 ila 68 (Ortalama = 26.85, Standart Sapma = 7.95) arasında değişen 1298 yetişkin katılımcı (411 erkek ve 887 kadın) çalışmaya katılmıştır. Data, Demografik Bilgi Formu, Kısa Semptom Envanteri, Positif-Negatif Afekt Ölçeği, Çok Boyutlu Algılanan Sosyal Destek Ölçeği, Temel Kişilik Özellikleri Envanteri, Bilişsel Duygu Düzenleme Ölçeği, Kişilerarası İlişkilerde Problemler Envanteri ve Kişilik İnanç Ölçeği'ni içeren bir bateri aracılığı ile toplanmıştır.

Çalışmanın ilk aşamasında, Kişilerarası İlişkilerde Problemler Envanteri Türkçe'ye uyarlanmış ve uyarlanan envanterle beraber Bilişsel Duygu Düzenleme Ölçeği ve Kişilik İnanç Ölçeği'nin psikometrik özellikleri incelenmiş, ve iyi geçerlilik ve güvenilirlik özellikleri gösterdikleri saptanmıştır. Temel kişilik özellikleri, bilişsel duygu düzenleme, kişilerarası problemler ve kişilik bozuklukları inanışları arasındaki ilişkilerini ortaya çıkarmak amacıyla direk ve aracı modeler test edilmiştir. Araştırma sonuçlarına göre, deneyime açıklık ve duygusal tutarsızlık sırasıyla olumlu ve olumsuz bilişsel duygu düzenleme ile ilişkilidir. Duygusal tutarsızlık, negatif değerlilik ve felaketleştirme kişilerarası problemler ile pozitif, dışadönüklük ise negatif ilişki göstermektedir. Kişilik psikopatolojisi açısından ise, duygusal tutarsızlık, felaketleştirme, başkalarını suçlama, ve ilişkilerde soğuk ve dominant olmanın kişilik bozukluklarındaki işlevsel olmayan inanışlarla ilişkili olduğu bulunmuştur. Ayrıca duygusal tutarsızlık ve negative değerliliğin kişilik bozukluğu inanışları üzerindeki etkisi kişilerarası problemlerin aracı rolü ile açıklanabilirken, negative değerliliğin etkisine negatif bilişsel duygu düzenleme de aracılık etmiştir. Sonuçlar ve anlamları ilgili literatürün ışığında değerlendirilmiş, ileri araştırma ve klinik uygulamalar için öneriler eşliğinde sunulmuştur.

Anahtar Kelimeler: Kişilik Bozuklukları, Kişilerarası Problemler, Kişilik Özellikleri, Bilişsel Duygu Düzenleme

To My Father,

To whom all my efforts have been dedicated...

ACKNOWLEDGMENTS

I acknowledge this section as an opportunity to express my gratitudes to my significant others who have supported me throughout my graduate education in one way or another.

Firstly, I would thank to my advisor and supervisor Prof. Dr. Tülin Gençöz for her encouraging academic guidance, educative supervision, and incentive counselling. She has been positively and sensitively challenging to contribute to my professional and personal development, which I believe leaded to enhance my academic and personal skills.

I also want to thank to my dear thesis jury members Assoc. Prof. Dr. Çiğdem Soykan, Prof. Dr. Bengi Öner-Özkan, Asst. Prof. Dr. Emre Şenol-Durak and Asst. Prof. Dr. Özlem Bozo for their valuable feedbacks, contributions and appreciation of my work.

Furthermore, my special thanks go to Assoc. Prof. Dr. Çiğdem Soykan for helping me to improve both professionally and personally. I have learned a lot from her; how to be a good clinician, how to be a self-confident and adaptive as a person, and how to welcome the challenges and losses of life are just a few of them. I genuinely owe thanks to her for "reparenting" me by being so sensitive, accepting, caring and supportive.

I also want to thank to Çiğdem Soykan and my dear friends Başak Türküler Aka, Burcu Sevim, Ece Tuncay-Senlet, Gaye Zeynep Çenesiz and Özcan Elçi for the valuable attachment experiences and supportive sharings throughout the group process.

I also owe special thanks to my dear friend Başak Türküler Aka for her sensitive support and unofficial supervision of my thesis. Thank you for being “available always”.

Sinem Akay was also supportive and practically helpful throughout the present study. I want to thank to her as well as my old friend İnci Ayhan for their immediate availability.

I should thank to my family for being my reason, inspiration and motivation to be a psychologist, but particularly to my mother Hayriye Akyunus for her pure minded challenges.

The men in my life, representing the rest of my family, were the ones who believe in me most for my passion through this profession and academic life.
My father İbrahim Akyunus was my inspirer hero and secret supporter even he could not be with me to the end physically. So, thanks to you for being my father in life and after, and I am glad that I was able to keep my words as you wished.
My brother Mert Akyunus was understanding, supportive and encouraging throughout my academic career. Thank you for being such a devoted housemate.
My precious husband Kutalmış Gökalp İnce deserves very special thanks for being such a supportive rescuer for me both in my work and life.
The last male in my family, my cat Kuzu was a perfect soother and funny companion throughout my research. Thanks to him I had some fun while I was writing my thesis.

Besides, I would like to thank to my dear cousin Canser Sevim and my sister-in-law Sabiha Akyunus for their considerable help in the present research.

I also want to thank to Tolga Kurt and Kutalmış Gökalp İnce for making a great contribution to the present thesis work. Thanks to the web-site that they built, the first use of a specific method in a clinical psychology research was enabled.

My graduate education was financially supported by TÜBİTAK Bilim İnsanı Destekleme Programı. So, the contribution of TÜBİTAK to my academic career is greatfully acknowledged.

Finally, I should appreciate myself for the passion, patience and perseverence I had and kept throughout this challenging training.

TABLE OF CONTENTS

PLAGIARISM....iii

ABSTRACT....iv

ÖZ……....vi

DEDICATION....viii

ACKNOWLEDGMENTS....ix

TABLE OF CONTENTS....xii

LIST OF TABLES....xix

LIST OF FIGURES....xxiii

CHAPTER

1. Introduction....1

1.1. Cognitive Model of Personality Disorders....3

1.2. Five-Factor Model of Personality and Personality Disorders....8

1.3. Affective Model of Personality Disorders and Emotion Regulation....12

1.4. Interpersonal Model of Personality Disorders....16

1.5. Relationships Among Basic Personality Traits, Emotion Regulation and Interpersonal Problems....20

1.6. Relevance with Psychotherapy....22

1.7. Aim of the Study....24

1.7.1. Pilot Study....24

1.7.2. Main Study.. 25

1.8. The Implication of the Study..31

2. Method... 32

2.1. Participants 32

2.2. Instruments 37

2.2.1. Adaptation Study: Psychometric Properties of the Inventory of Interpersonal Problems (IIP-32)............. 37

2.2.1.1. Inventory of Interpersonal Problems Circumplex Scales..................37

2.2.1.1.1. IIP-32 Original Form...39

2.2.1.1.2. IIP-32 Turkish Form..40

2.2.1.2. Basic Personality Traits Inventory (BPTI)..41

2.2.1.3. Brief Symptom Inventory (BSI)..41

2.2.1.4. Positive and Negative Affect Scale (PANAS).................................42

2.2.1.5. Multidimentional Scale of Perceived Social Support (MSPSS).........43

2.2.1.6. Demographic Information Form...44

2.2.2. Main Study: Association between Basic Personality Traits and Personality Disorder Beliefs mediated by Cognitive Emotion Regulation and Interpersonal Problems...44

2.2.2.1. IIP-32, BPTI, Demographic Information Form................................44

2.2.2.2. Cognitive Emotion Regulation Questionnaire (CERQ)....................44

2.2.2.3. Personality Belief Questionnaire (PBQ)..45

2.3. Procedure 46

3. Results..48

3.1. Statistical Analysis..48

3.2. Pilot Study..48

3.3. Main Study..49

3.3.1. Psychometric Analyses....... 50

3.3.1.1. Adaptation Study: Psychometric Properties of Inventory of Interpersonal Problems..50

3.3.1.1.1. Reliability Analysis of Inventory of Interpersonal Problems 50

3.3.1.1.2. Concurrent Validity of Inventory of Interpersonal Problems 52

3.3.1.1.3. Criterion Validity of Inventory of Interpersonal Problems........ 55

3.3.1.2. Psychometric Properties of Cognitive Emotion Regulation Questionnaire..56

3.3.1.2.1. Reliability Analysis of Cognitive Emotion Regulation Questionnaire 56

3.3.1.2.2. Concurrent Validity of Cognitive Emotion Regulation Questionnaire 58

3.3.1.3. Psychometric Properties of Personality Belief Questionnaire...........59

3.3.1.3.1. Reliability Analysis of Personality Belief Questionnaire 59

3.3.1.3.2. Reliability Analysis of Personality Belief Questionnaire-Bordeline Personality Disorder Subscale 60

3.3.1.3.3. Concurrent Validity of Personality Belief Questionnaire...........61

3.3.1.3.4. Criterion Validity of Inventory of Personality Disorder Beliefs..62

3.3.2. Main Analyses..64

3.3.2.1. Descriptive Information for the Measures of the Study.....................64

3.3.2.1. Differences of Demographic Variables on the Measures of the Study...66

3.3.2.2.1. Difference of Gender on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs... 67

3.3.2.2.2. Difference of Age on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs..75

3.3.2.2.3. ....Difference of Education on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs... 87

3.3.2.2.4. Difference of Employment Status on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs... 96

3.3.2.2.5. Difference of Sibling Number on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs... 103

3.3.2.2.6. Difference of Order of Birth on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs... 108

3.3.2.2.7. Difference of Mother Education on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs.................. 112

3.3.2.2.8. Difference of Father Education on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs..117

3.3.2.3. Correlation Coefficients Between Groups of Variables..................124

3.3.2.3.1. Personality Disorder Beliefs...123

3.3.2.3.2. Basic Personality Traits, Interpersonal Problems and Cognitive Emotion Regulation...129

3.3.2.4. Hierarchical Multiple Regressions...131

3.3.2.4.1. Variables Associated with Cognitive Emotion Regulation........131

3.3.2.4.1.1. Variables Associated with Positive Cognitive Emotion Regulation...132

3.3.2.4.1.2. Variables Associated with Positive Cognitive Emotion Regulation...134

3.3.2.4.2. Variables Associated with Interpersonal Problems 135

3.3.2.4.3. Variables Associated with Personality Disorder Beliefs 138

3.3.2.5. Multiple Regressions Investigating Mediational Models................142

3.3.2.5.1. Mediator Role of Negative Cognitive Emotion Regulation Between the Relationship of Neuroticism and Personality Disorder Beliefs.. 143

3.3.2.5.2. Mediator Role of Interpersonal Problems Between the Relationship of Neuroticism and Personality Disorder Beliefs................ 145

3.3.2.5.3. Mediator Role of Interpersonal Problems Between the Relationship of Negative Valence and Personality Disorder Beliefs Relation................. 147

4. Discussion 151

4.1. Findings Related to Pilot Study..152

4.2. Findings Related to the Main Study...153

4.2.1. Findings Related to Psychometric Analysis..153

4.2.2. Findings Related to Differences in terms of Demographic Categories on Basic Personality Traits, Interpersonal Problems, Cognitive Emotion Regulation and Personality Disorder Beliefs.. 164

4.2.3. Findings related to Correlation Coefficients between Groups of Variables.. 172

4.2.4. Multiple Regression Analyses 184

4.2.5. Findings related to Multiple Regressions Investigating Mediational Models.................... 190

4.3. Clinical Implications.. 192

4.4. Strenght and Limitations of the Present Study, and Suggestions for Future Research.. 196

REFERENCES…………………...201

APPENDICES

A. Inventory of Interpersonal Problems (IIP-32) Original Form.............................217

B. Inventory of Interpersonal Problems (IIP-32) Turkish Form..............................218

C. Basic Personality Traits Inventory (BPTI)..220

D. Brief Symptom Inventory (BSI) 221

E. Positive Affect- Negative Affect Schedules (PANAS).......................................223

F. Multidimentional Scale of Perceived Social Support (MSPSS)...........................224

G. Demographic Information Form...225

H. Cognitive Emotion Regulation Questionnaire (CERQ)......................................227

I. Personality Belief Questionnaire (PBQ)..229

J. Permission Letter..236

K. Informed Consent..236

L. Curriculum Vitae..237

M. Turkish Summary..240

N. Tez Fotokopisi İzin Formu...265

LIST OF TABLES

TABLES

Table 1.1. Cognitive Profiles of Personality Disorders 5

Table 1.2. Facets of Big Five Traits.. 9

Table 1. 3. Five-Factor Model Descriptions of Personality Disorders 10

Table 1.4. Personality Disorders As Disorders of Affect: Symptoms of Emotional Dysfunctions, Beliefs, and Overt behaviors 13

Table 2. 1. Demographic Characteristics of Participants.. 35

Table 3. 1. Internal Consistency, Item-Total Range and Re-Test Reliability Coefficients for Fullscale and Subscales of IIP. 52

Table 3. 2. Correlations Between Fullscale and Subscales of IIP, BPTI, BSI, MSPSS and PANAS 54

Table 3. 3. Differences and Mean Scores of BSI on subscales of IIP 56

Table 3. 4. Internal Consistency Coefficients and Item-Total Range for Fullscale and Subscales of CERQ... 57

Table 3. 5. Correlations Between CERQ Positive, CERQ Negative, Fullscale and Subscales of PANAS and BSI 58

Table 3. 6. Internal Consistency Coefficients and Item-Total Range for Fullscale and Subscales of PBQ... 60

Table 3. 7. Correlations Between Fullscale and Subscales of PBQ and Fullscale and Subscales of BSI 62

Table 3. 8. Differences and Mean Scores of BSI on subscales of PBQ......................... 63

Table 3. 9. Descriptive Information for the Measures 64

Table 3. 10. Categorization of the Demographic Variables 66

Table 3. 11. Difference of Gender on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs 73

Table 3. 12. Mean Difference of Gender on Interpersonal Problems, Basic Personality Traits Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs 74

Table 3. 13. Difference of Age Groups on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs 85

Table 3. 14. Mean Scores of Age Groups on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs 86

Table 3. 15. Difference of Education on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs 94

Table 3. 16. Difference of Education on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs 95

Table 3. 17. Difference of Working Status on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs 101

Table 3. 18. Mean Scores of Working Status on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs 102

Table 3. 19. Difference of Sibling Number on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs 106

Table 3. 20. Mean Scores of Sibling Number on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs 107

Table 3. 21. Difference of Order of Birth on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs 110

Table 3. 22. Mean Scores of Order of Birth on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs 111

Table 3. 23. Difference of Mother Education on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs 115

Table 3. 24. Mean Scores of Mother Education on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs 116

Table 3. 25. Difference of Father Education on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs 121

Table 3. 26. Mean Scores of Father Education on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs 122

Table 3. 27. Correlations of Personality Disorders Beliefs.. 124

Table 3. 28. Basic Personality Traits, Interpersonal Problems and Cognitive Emotion Regulation 129

Table 3. 29. Basic Personality Traits and Cognitive Emotion Regulation.................... 130

Table 3. 30. Hierarchical Regression for Positive Cognitive Emotion Regulation 132

Table 3. 31. Hierarchical Regression Analysis for Negative Cognitive Emotion Regulation 134

Table 3. 32. Hierarchical Regression Analysis for Interpersonal Problems 137

Table 3. 33. Hierarchical Regression Analysis for Personality Disorders Beliefs........ 140

Table 3. 34. Correlations Among Variables in Meditational Models 142

Table 3. 35. Mediator Role of Negative Cognitive Emotion Regulation Neuroticism and Personality Disorder Beliefs Relation 145

Table 3. 36. Mediator Role of Interpersonal Problems Neuroticism and Personality Disorder Beliefs Relation.. 147

Table 3. 37. Mediator Role of Interpersonal Problems Negative Valence and Personality Disorder Beliefs Relation.. 149

Table 3. 38. Summary of Hierarchical Regression Analysis 150

LIST OF FIGURES

FIGURES

Figure 1. 1. Cognitive Case Conceptualization of Dependent Personality Disorder.. 5

Figure 1. 2. Interpersonal Circumplex 17

Figure 1. 3. Location of Personality Disorders measured by MMPI and PACL on the Interpersonal Circumplex.. 19

Figure 1. 4. Location of Personality Disorders measured by PDE and MCMI-II on the Interpersonal Circumplex Space. 20

Figure 1. 5. Proposed model 31

Figure 2. 1. Illustrative items of each subscales of IIP-32. 39

Figure 3. 1. Mean Scores of Gender on Interpersonal Problems 68

Figure 3. 2. Mean Scoress of Gender on Interpersonal Problems Subscales 69

Figure 3. 3. Mean Scores of Gender on Basic Personality Traits 70

Figure 3. 4. Mean Scores of Gender on Cognitive Emotion Regulation 71

Figure 3. 5. Mean Scores of Gender on Personality Disorders Beliefs 71

Figure 3. 6. Mean Scores of Gender on Personality Disorders Beliefs 72

Figure 3. 7. Mean Scores of Age Groups on Interpersonal Problems............................ 76

Figure 3. 8. Mean Scores of Age Groups on Interpersonal Problems' Subscales 78

Figure 3. 9. Mean Scores of Age Groups on Basic Personality Trait 80

Figure 3. 10. Mean Scores of Age Groups on Cognitive Emotion Regulation............... 81

Figure 3. 11. Mean Scores of Age Groups on Personality Disorder Beliefs Fullscale ... 82

Figure 3. 12. Mean Scores of Age Groups on Personality Disorder Beliefs Subscales.. 83

Figure 3. 13. Mean Scores of Education on Interpersonal Problems 88

Figure 3. 14. Mean Scores of Education on Interpersonal Problems Subscales 89

Figure 3. 15. Mean Scores of Education on Basic Personality Traits 89

Figure 3. 16. Mean Score of Education on Cognitive Emotion Regulation 90

Figure 3. 17. Mean Score of Education on Personality Disorders Beliefs 91

Figure 3. 18. Mean Scores of Education on Personality Disorder Beliefs Subscales 92

Figure 3. 19. Mean Scores of Employment Status on Interpersonal Problems 97

Figure 3. 20. Mean Scores of Employment Status on Interpersonal Problems Subscales 98

Figure 3. 21. Mean Scores of Employment Status on Basic Personality Traits 99

Figure 3. 22. Mean Scores of Employment Status on Personality Disorders Beliefs ... 100

Figure 3. 23. Mean Scores of Employment Status on Personality Disorders Beliefs Subscales 100

Figure 3. 24. Mean Scores of Sibling Number on Basic Personality Traits 104

Figure 3. 25. Mean Scores of Mother Education on Cognitive Emotion Regulation ... 114

Figure 3. 26. Mean Scores of Father Education on Basic Personality Traits 118

Figure 3. 27. Mean Scores of Father Education on Personality Disorders Beliefs 119

Figure 3. 28. Mean Score of Father Education on Personality Disorders Beliefs Subscale 120

Figure 3. 29. Hypothesized Mediational Models 143

Figure 4.1. A generic interpersonal circumplex 176

CHAPTER 1

INTRODUCTION

Personality disorders are long-lasting, chronic and difficult to treat psychological problems. For the nature of personality disorders to be better understood, several aspects of personality psychopathology have been given great attention in literature. Different theoretical explanations were presented and interventions were developed through investigations and clinical applications. However, personality disorders are still one of the major concerns in clinical psychology and psychiatry because of their devastating nature for patients and people around them, as well as their resistance to treatment.

Beck, Freeman, Davis, and colleagues (2004) mention that individuals with personality disorders (PD) are unaware of the personality aspects of their problems. These individuals tend to view their personality problems as a part of “who they are”, and they often believe that their interpersonal issues are disconnected with their behaviors and attitudes. Individuals with PD mostly visit psychiatry or psychotherapy clinics with psychological complaints that are unrelated to their personality problems, or they are referred by significant others who are victimized by maladaptive interpersonal behaviors of the patients. In addition to chronic and pervasive nature of PD, patients’ having little insight into the fundamentals of their problems may results in poor prognosis or treatment outcome. Indeed, previous studies indicated a high percentage of premature drop out and refusal of treatment in patients with PD, especially those with Borderline

PD (Budman, Demby, Soldz, & Merry, 1996; Gunderson, Frank, Ronningstam, Wachter, Lynch, & Wolf, 1989; Perry, Banon, & Ianni, 1999).

Personality disorders are coded on Axis II of DSM-IV-TR (American Psychiatric Association, 2000) and on ICD-10 (F60-69) (World Health Organization, 1993), and are characterized by involving enduring, stable patterns of maladaptive cognitive, emotional, interpersonal experiences and behaviors. Specifically, DSM-IV-TR defines personality disorders as:

> A. An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture. This pattern is manifested in two (or more) of the following areas:
>
> (1) cognition (i.e., ways of perceiving and interpreting self, other people, and events)
>
> (2) affectivity (i.e., the range, intensity, lability, and appropriateness of emotional response)
>
> (3) interpersonal functioning
>
> (4) impulse control
>
> B. The enduring pattern is inflexible and pervasive across a broad range of personal and social situations.
>
> C. The enduring pattern leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning.
>
> D. The pattern is stable and long duration, and its onset can be tracked back at least to adolescence or early adulthood.
>
> E. The enduring pattern is not better accounted for as manifestation or consequences of another mental disorder.
>
> F. The enduring pattern is not due to direct physiological effects of substance (e.g., drug of abuse, a medication) or a general medical condition (e.g., head trauma)
>
> (DSM-IV-TR, p. 689).

Consistent with the definition of DSM-IV-TR, researchers and theorists focused on cognitive, emotional, interpersonal approaches in addition to the "personality traits" perspective to understand personality disorders. In the following text, a theoretical review of and empirical support for cognitive, affective and interpersonal model of personality disorders, a dimensional model of personality and personality disorders, the importance of emotion regulation and interpersonal problems in relation to personality disorders, and the relevance of these concepts to psychotherapy will be presented.

1.1.Cognitive Model of Personality Disorders

The cognitive theory of personality disorders (Beck, Freeman, Davis, & Associates, 2004) emphasizes the role of dysfunctional cognitive schemata in the development and maintenance of personality disorders (PD). According to this theory, natural (e.g., genetic predisposition) and environmental factors (e.g., exposure to influences from other people or trauma) operate together to develop patterns in PD. For instance, a predisposition to be oversensitive to rejection in childhood may lead to formation of negative self-image or schema, such as "I am unlovable". This belief can be reinforced by environmental factors such as powerful or repeated rejection, and finally it may become dysfunctionally structurized.

Beck and colleagues (2004) emphasize that schemas in personality disorders and Axis I disorders operate differently. In personality disorders, schemas operate continuously in the information processing system, differentiating them from Axis I disorders in which dysfunctional schemas become active during the disorder (e.g., depression). Typical schemas in PD are similar to schemas in other disorders and psychological problems. For instance, schemas such as "I am incompetent", get activated in every situation

including display of performance, in a patient with avoidant PD. On the other hand, the same schema gets easily accessible in a depressed patient, only during the depression. Beck et al. claimed that these beliefs lead to systematic biases in information processing and shape behaviors in a dysfunctional way. Negative meaning and unduly importance attached to neutral events which trigger the hierarchy of thoughts and beliefs, in turn, lead to typical dysfunctional behaviors. For example, a person may interpret a close friend's request to repeat a sentence as the friend not listening to him and this interpretation may activate a belief hierarchy progressing with broader and more complex meanings such as "If an intimate friend is not listening, it means I'm boring", "If I'm boring, no one will be a friend of mine" "I'll be alone", "Being alone is devastating", "Being boring means I'm inadequate", finally leading to behaviors like expression of sadness and avoidance of conversing with others.

According to the cognitive model, three forms of beliefs are represented in schematic formulation: core beliefs, conditional beliefs (assumptions), and instrumental beliefs. *Core beliefs* represent the basic view of self, others and the world; *assumptions* represent beliefs about conditional (if…then…) relationships; and *instrumental beliefs* refers to self-instructions for compensating core beliefs and assumptions (see Beck et al., 2004). An example of cognitive case conceptualization of Dependent Personality Disorder based on Beck's model is presented in Figure 1.1.

Beck and colleagues (2004) examine the cognitive and affective patterns of personality disorders and point to a specific relation between dysfunctional beliefs that are originated from core schemas and overt behaviors. Cognitive profiles of personality

disorders including view of self and others, dysfunctional main beliefs, and corresponding overt behaviors are listed in Table 1.1.

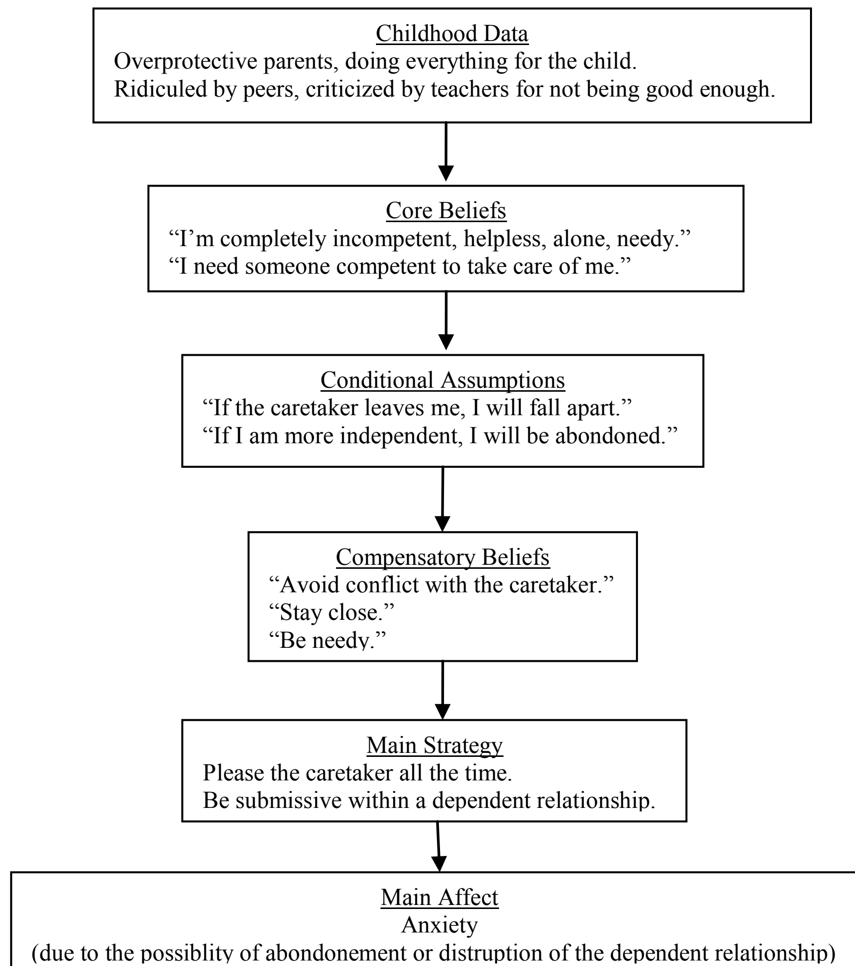


Figure 1. 1. Cognitive Case Conceptualization of Dependent Personality Disorder. The case is formulized depending on Beck's Cognitive Model of Personality Disorders. Contents of the case conceptualitzation are obtained from *Cognitive Therapy of Personality Disorders*, by Beck, T. A., Freeman, A., Davis, D. D., and Associates. (2nd ed.). (2004). New York NY: Guildford Press.

Table 1.1. Cognitive Profiles of Personality Disorders

Personality Disorder	View of Self	View of Others	Main Beliefs	Main Strategy
Avoidant PD	Vulnerable to depretiation, rejection Socially inept Incompetent	Critical Demeaning Superior	"It is terrible to be rejected, put down." "If people know the 'real' me, they will reject me." "I can't tolerate unpleasant feelings."	Avoid evaluative situations Avoid unpleasant feelings or thoughts
Dependent PD	Needy Weak Helpless Incompetent	(Idealized) Nurturant Supportive Competent	"I need people to survive, be happy." "I need to have a steady flow of support, encouragement."	Cultivate dependent relationships
Passive- Aggressive PD	Self-sufficient Vulnerable to control, interference	Intrusive Demanding Interfering Controlling Dominating	"Others interfere with my freedom of action." "Control by others is intolerable." "I have to do things my own way."	Passive resistence Surface submissiveness Evade, circumvent rules
Obsessive-Compulsive PD	Responsible Accountable Fastidious Competent	Irresponsible Casual Incompetent Self-indulgent	"I know what's best." "Details are crucial." "People *should* do better, try harder."	Apply rules Perfectionism Evaluate, control "Shoulds", critisize, punish
Paranoid PD	Righteous Innocent, noble Vulnerable	Interfering Malicious Discriminatory Abusive motives	"Others' motives are suspect." "I must always be on guard." "I cannot trust people."	Be wary Look for hidden motives Accuse Counterattack
Antisocial PD	A loner Autonomuos Strong	Exploitive	"Others are patsies, wimps." "I am better than others."	Deceive, manipulate

Note: Reprinted from *Cognitive Therapy of Personality Disorders*, by T. A. Beck, A. Freeman, D. D. Davis, and Associates. (2nd ed.), 2004, New York NY: Guildford Press.

Table 1.1. (Cont'd) Cognitive Profiles of Personality Disorders

Personality Disorder	View of Self	View of Others	Main Beliefs	Main Strategy
Borderline PD	Vulnerable (to rejection, betrayal, domination) Deprived (of needed emotional support) Powerless Out of control Defective Unlovable Bad	(Idealized) Powerful loving perfect (Devalued) Rejeceting controlling betraying abandoning	"I can't cope on my own." "I need someone to rely on." "I can't bear unpleasant feelings." "If I rely on someone I'll be mistreated, found wanting, and abandoned." "The worst possible thing would be to be abandoned." "It's impossible for me to control myself." "I deserve to be punished."	Subjugate own needs to maintain connection Protest dramatically, threaten, and/or become punitive toward those that signal possible rejection Relieve tension through self-mutilation and self-destructive behavior
Narcissistic PD	Special, unique Deserve special rules; superior Above the rules	Inferior Admirers	"Since I'm special, I *deserve* special rules." "I'm above the rules." "I'm better than others."	Use others Transcend rules Manipulate Compete
Histrionic PD	Glamorous Impressive	Seducible Receptive Admirers	"People are there to serve or admire me." "People have no right to deny me my just deserts." "I can go by my feeling."	Use dramatics, charm; temper tandrums, crying; suicide gestures
Schizoid PD	Self-sufficient Loner	Intrusive	"Others are unrewarding." "Relationships are mess, undesirable."	Stay away
Schizotypal PD	Unreal, detached, loner Vulnerable, socially conspicuous Supernaturally sensitive and gifted	Untrustworthy Malevolent	(Idiographic, odd, supersititious, magical thinking; for instance, beliefs in clairvoyance, telepathy, or "sixth sense" are central in the belief structure.) "It's better to be isolated from others."	Watch for and neutralize malevolent attention from others Stay to self Be vigilant for supernatural forces or events

According to the cognitive model of personality disorders, personality disorder beliefs are less amenable to change when compared to beliefs in Axis I disorders, as a result of their strong, stable and deeper structure in cognitive organization. Indeed, behavioral patterns and hierarchical structure of cognitive processes in patients with PD reinforce and maintain dysfunctional beliefs that already exist. For example, a person with Paranoid PD, who believes that others are malicious and abusive, behaves defensively and discomfortably while interacting with others, elicits reciprocal distrust and defense from others, and ultimately reinforcing his/her view of others as untrustable and hostile (see Beck et al., 2004).

1.2.Five-Factor Model of Personality and Personality Disorders

Studies based on developing and supporting dimensional models of personality and personality disorders showed considerable progress in literature. Among the all proposed models, the five factor model (FFM; Costa & McCrae, 1985) of personality has been widely accepted and used for research purposes. The five factor model is a comprehensive classification of personality dimensions. These dimensions are referred as *personality traits* which are long-lasting tendencies that is prone to show consistent pattern of thoughts, feelings and actions (Widiger & Costa, 2002). The FFM is originated from a series of lexical studies, in which personality traits were described with adjectives in natural languages (Goldberg, 1990, as cited in Costa & Widiger, 1994). The FFM defines personality depending on six-facet five traits: neuroticism, extraversion, openness, agreeableness and conscientiousness. The facets of the five traits described by Revised NEO Personality Inventory (NEO-PI-R; Costa, & McCrae, 1992) are presented in Table 1.2.

Table 1.2. Facets of Big Five Traits

Openness	Conscientiousness	Extraversion	Agreeableness	Neuroticism
Fantasy	Competence	Warmth	Trust	Anxiety
Aesthetics	Order	Gregariousness	Straightforwardness	Angry hostility
Feelings	Dutifulness	Assertiveness	Altruism	Depression
Actions	Achievement	Activity	Compliance	Self-consciousness
Ideas	Striving	Excitement-seeking	Modesty	Impulsiveness
Values	Self-Discipline	Positive emotions	Tender-mindedness	Vulnerability
	Deliberation			

Note: Facets of the Big Five factors are obtained from "The NEO Personality Inventory", by Costa, P. T. & McCrae, R. R., 1985, Odessa, FL: Psychological Assessment Resources.

In order to diagnose a patient with a personality disorder, the following criteria must be satisfied: "clinically significant distress or impairment in social, occupational, or other important areas of functioning" (American Psychological Association, 2000, p.689). FFM structure is suggested to correspond to these areas of impairments in personality functioning (Kruege & Tackett, 2006). Accordingly, non-normal levels of extraversion and agreeableness dimensions of FFM are related to maladaptive interpersonal patterns that correspond to social impairment. The conscientiousness dimension corresponds to occupational impairment. At the low end, conscientiousness is related to impulse dysregulation and disinhibition, including problems in work or parenting. At the other pole, it is related to excessive perfectionism and workaholism. Moreover, a high level of openness is related to impaired reality testing, magical thinking, and perceptual or cognitive distortions. On the other hand, alexithymia, prejudice, and close-mindedness may be seen at the other pole. Finally, neuroticism dimension of FFM is related to distress, including affective dysregulation (Krueger & Tackett, 2006).

Personality disorders were examined as maladaptive extreme variants of basic personality traits, including domains and facets of FFM (Widiger, Trull, Clarkin, Sanderson, & Costa, 2002). Widiger et. al. (2002) described DSM-III-R (American Psychiatric Association, 1987) and DSM-IV (American Psychiatric Association, 1994) personality disorder categories by translating diagnostic criteria to the FFM factors. Facet-level five-factor translations of personality disorders depending on DSM symptomatology categorization is provided in Table 1.3.

Table 1. 3. Five-Factor Model Descriptions of Personality Disorders

Personality Disorder	DSM-IV-TR definition of Personality Disorder (American Psychiatric Association, 2000)	Five-Factor Translation (Costa & Widiger, 2002) of DSM Categorization
Paranoid PD.	"Pervasive distrust and suspiciousness of others such that their motives are misinterpreted as malevolent" (p. 694)	**Low Agreeableness** *(Trust, Sraightforwardness, Compliance)* **High Neuroticism** *(Angry hostility)*
Schizoid PD.	"Pervasive pattern of detachment from social relationships and a restricted range of expression of emotions in interpersonal settings" (p. 67)	**Low Extraversion** *(Warmth, Gregariousness, Positive Emotions)* **Low Openness** *(Feelings)*
Schizotypal PD.	"Pervasive pattern of social and interpersonal deficits market by acute discomfort with, and reduced capacity for, close relationships as well as by cognitive or perceptual distortions and eccentricities of behavior" (p. 701)	**Low Extraversion** *(Warmth, Gregariousness, Positive Emotions)* **High Openness** *(Fantasy, Actions, Ideas)* **High Neuroticism** *(Anxiet, Self-Conscientiousness)* **Low Agreeableness** *(Trust)*
Antisocial PD.	"Pervasive pattern of disregard for and violation of the rights of others" (p. 706)	**Low Agreeableness** *(Trust, Straightforwardness, Alturism, Tendermindedness)* **Low Conscientiousness** *(Dutifulness, Self-Discipline, Deliberation)* **High Neuroticism** *(Angry Hostility)* **High Extraversion** *(Excitement Seeking)*

Note: Five factor personality traits are obtained from the facet level analysis of Costa & Widiger (2002). Washington, DC: American Psychological Association. Factors are printed in bold, and facets of the factor that show the implied relation with the PD are presented in parentheses.

Table 1.3. (Cont'd) Five-Factor Model Descriptions of Personality Disorders

Personality Disorder	DSM-IV-TR definition of Personality Disorder (American Psychiatric Association, 2000)	Five-Factor Translation (Costa & Widiger, 2002) of DSM Categorization
Borderline PD.	"Pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity" (p. 710)	**High Neuroticism** *(Anxiety, Angry Hostility, Depression, Impulsiveness, Vulnerability)* **Low Agreeableness** *(Trust, Compliance)* **Low Conscienciousness** *(Competence)*
Histrionic PD.	"Pervasive pattern of excessive emotionality and attention seeking" (p. 714)	**High Extraversion** *(Warmth, Gregariousness, Excitement Seeking, Positive Emotions)* **High Neuroticism** *(Depression, Self-Conscientiousness)* **High Openness** *(Fantasy, Feelings)* **High Agreeableness** *(Trust)*
Narcissistic PD.	"Pervasive pattern of grandiosity, need for admiration, and lack of empathy" (p. 717)	**Low Agreeableness** *(Alturism, Modesty, Tendermindedness)* **High Neuroticism** *(Angry Hostility, Self-Consciousness)* **High Conscienciousness** *(Achievement Striving)* **High Openness** *(Fantasy)*
Avoidant PD.	"Pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation"	**High Neuroticism** *(Anxiety, Depression, Self-Consciousness, Vulnerability)* **Low Extraversion** *(Gregariousness, Assertiveness, Excitement Seeking)*
Dependent PD.	"Pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation" (p. 725)	**High Agreeableness** *(Trust, Alturism, Compliance, Modesty)* **High Neuroticism** *(Anxiety, Self-Consciousness, Vulnerability)* **High/ Low Extraversion** *(High Warmth, Low Assertiveness)*
Obsessive-Compulsive PD.	"Pervasive pattern of preoccupation with orderliness, perfectionism, and mental and interpersonal control, at the expense of flexibility, openness, and efficiency" (p. 279)	**High Conscientiousness** *(Competence, Order, Dutifulness, Achievement Striving)* **Low Agreeableness** *(Compliance)* **Low Openness** *(Values)* **High Extraversion** *(Assertiveness)*

Lynam and Widiger (2001) improved the five-factor representation of personality disorders with an expert-based approach, depending on facet level descriptions of the five factors of prototypic PD cases that were obtained from 120 PD researchers. Moreover, literature of empirical research concerning the relationship between

personality disorders and the FFM of personality supported the representability of DSM personality disorders within the five-factor framework (e.g., Babgy, Costa, Widiger, Ryder, & Marshall, 2005; Saulsman & Page, 2004; Widiger & Costa, 2002). Previous empirical studies (Babgy, Costa, Widiger, Ryder, & Marshall, 2005; Saulsman & Page, 2004; Soldz, Budman, Demby, & Merry, 1993; Wiggins & Pincus, 1989) reported high levels of neuroticism for most of the personality disorders. Furthermore, their studies yielded high introversion for schizoid and avoidant PDs, high extraversion for histrionic, antisocial and narcissistic PDs, low conscientiousness for passive-aggressive, antisocial and borderline PDs, high conscientiousness with obsessive-compulsive PD., low agreeableness for antisocial, narcissistic, and paranoid PDs. Moreover, negative valence was found to be related to personality disorders, except for schizoid, narcissistic and histrionic PDs (Durett & Trull, 2005).

1.3.Affective Model of Personality Disorders and Emotion Regulation

Although the cognitive model emphasizes influence of thoughts on emotions, stating that a situation or experience does not determine emotions but the interpretation of the situation leads to a specific emotion (Beck, 1964; Ellis, 1962, as cited in Beck, 1995); the association between emotion and thought seems to be reciprocal. Indeed, empirical studies support the influence of emotions on style and content of thought (e.g., Clore & Huntsinger, 2007; Medforda, Phillipsa, Brierleya, Brammerb, Bullmorec & Davida, 2005). Moreover, Minimal Emotional Dysfunction (MED; Linden, 2006) model prioritizes the role of emotional problems in patients with personality disorders in which corresponding cognitions and beliefs develop through interactions with others that are based on self-fulfilling prophecies. Accordingly, a patient's emotional problems lead to his expressing of these emotions to others while he is interacting with them, which

provokes corresponding reactions from others and results in relationship problems. This process justifies the patient's view of self, others and relationships. For example, a person with predominant feelings of insufficiency express his emotions while interacting with others, and others react to the individual in such a way that reinforces the person's view of others as critical and view of self as inadequate. This self-fulfilling prophency principle in MED is similar to maintenance process of maladaptive beliefs in Beck's Cognitive Model. Furthermore, MED characterizes personality disorders as disorders of affect predominance, affect production and expression, and affect modulation. Disorders of affect predominance was described as more frequent and long-lasting occurrences of specific emotions; disorders of affect production and expression refer to the degree of ability to produce full of emotion (e.g., anhedonia or schizoid affect); and disorders of affect modulation refers to appropriateness of affective experience to the situation and appropriateness of emotional stability (Guy & Ban, 1982; Bobon, Baumann, Angst, Helmchen & Hippius, 1983; Linden, 2000, as cited in Linden, 2006). Table 2 lists ICD-10 (World Health Organization, 1991) personality disorders according to the types of affective disorders with symptoms of emotional dysfunctions and related cognitions.

Affective problems, which either induce cognitive distortions or are induced by them, are core components of symptoms in PD, in which control and regulation phenomena come into prominence. Gross (1999) defines emotion regulation as the process of controlling and managing the intensity, timing and kinds of emotions that individuals experience and express. People regulate their emotions with different motivations (Niedenthal, Krauth-Gruber, & Ric, 2006). Indeed, hedonic motivation aims to avoid

Table 1. 4. Personality Disorders As Disorders of Affect: Symptoms of emotional dysfunctions, beliefs, and overt behaviors

Personality Disorders	Affective disorders Symptoms of Emotional Dysfunctions	Cognition / Beliefs	Overt Behavior
Paranoid PD	Affect Predominance Predominant mistrust	"Everybody is against me" "I cannot trust people"	Counterattack Warriness
Narcissistic PD	Affect Predominance Predominant feelings of superiority and uniqueness	"I'm the best, there are only nuts around me "	Self-aggrandizement Manipulation
Obsessive Compulsive PD	Affect Predominance Predominant anxiety and feelings of guilt	"Everything must be kept in order"	Perfectionism Evaluate, control
Anxious-avoidant PD	Affect Predominance Predominant feelings of insufficiency and phobia	"It is awful to be rejected"	Avoidance
Dependent PD	Affect Predominance Predominant feelings of insufficiency and anxiety	"I will not manage anything	Attachment Dependence
Schizoid PD	Affect Production and Expresion Affective poverty	"I am alone"	Isolation
Dissocial/ Antisocial PD	Affect Production and Expresion Lack of empathy and affective responding	"Others are worth nothing"	Attack Deceive
Histrionic PD	Affect Production and Expresion Affective inadequecy, increased affective expresiveness	"I have to make great impression"	Dramatics
Borderline PD	Affect Modulation Affective lability	"There is no relying on somebody"	Protest, threaten, Relieve tension through self-destruction

Note: Symptoms of emotional dysfunctions and beliefs are adapted from "Minimal emotional dysfunctions (MED) in personality disorders" by M. Linden, 2006, *European Psychiatry, 21*, p. 327. Overt behaviors are adapted from *Cognitive Therapy of Personality Disorders*, by T. A. Beck, A. Freeman, D. D. Davis, and Associates. (2nd ed.), 2004, New York NY: Guildford Press.

unpleasant negative emotional states and seek out pleasant positive emotions, prosocial motivation aims to protect feelings of others, self-protection motivation aims to protect personal safety and elicit helpful reactions from others, and impression management motivation aims to avoid negative judgements of others. In addition, two types of strategy were presented as antecedent-focused and response-focused emotion regulation (Gross & Munoz, 1995). According to Gross and Munoz, anticipating the emotional responses early in the emotional process before an emotion is fully elicited refers to antecedent-focused emotion regulation, and it includes strategies such as situation selection, situation modification, attention deployment (Gross, 1999). Modifying experiential, expressive, or physiological aspects of an emotion after it is already evoked refers to response-focused emotion regulation (Gross & Munoz, 1995). Regulation of expressive behavior includes strategies like suppression or enhancement of expressive behavior, regulation of physiological arousal includes medication, drug or alcohol use and bodily activities such as relaxation, meditation or exercising, and regulation of experience includes rumination, emotional thought suppression and social sharing of emotions (see also Niedenthal et al, 2006).

Emotion regulation is commonly considered to be central to mental health. Consistently, chronic emotion regulation problems contribute to major forms of psychopathology such as bipolar disorder, schizophrenia, anxiety disorders, borderline personality disorder, post-traumatic stress disorder (Kring & Werner, 2004), somatoform disorders (Waller & Scheidt, 2006), eating disorders, alcohol abuse and particularly depression (Gross & Munoz, 1995). The importance of affect regulation problems in PD was initially emphasized by Linehan (1993), suggesting that patients with Borderline PD are primarily characterized by emotion regulation dysfunction (as cited in Beck et al.,

2004). Indeed, supportive empirical studies about affective problems and dysregulation in personality disorders also focused on Borderline PD. (e.g., Bornovalova et al., 2008; Gardner & Qualter, 2009; Yen, Zlotnick & Costello, 2002), and Antisocial PD. (Zlotnick, 1999). On the other hand, the relationship between specific emotion regulation strategies and personality disorder categories has not given much attention in literature.

1.4.Interpersonal Model of Personality Disorders

Interpersonal relations of individuals with personality disorders are somehow disturbing, evoking negative reactions in others rather than support and care that are mostly available for individuals who suffer from other psychological disorders (Linden, 2006). Although many individuals with PD do not regard their personality characteristics as problematic unless they lead to symptoms or interfere with their social or occupational goals (Beck et al., 2004), interpersonal issues still remain as problems for both individuals and the people interacting with them.

Consistent with the cognitive model, Dimaggio, Semerari, Carcione, Procacci and Nicolo (2006) emphasize the importance of dysfunctional cognitive structures in interpersonal problems. It is stated that interpersonal schemas are developed through relationships with others, and in turn they shape people's interactions consistent with their schemas (see also Safran, 1990). As an example, patients with paranoid PD exhibit weak, inadequate, and vulnerable presentations of self, and ill-intentioned, abusive, exploitive presentation of others. Their behaviors range from counter-attacks to withdrawal from relationships, which in turn breed distrust and hostility from others,which they believe have already existed (see also Beck et al., 2004).

According to the interpersonal theory of personality (Sullivan, 1953), experiences of interpersonal interactions represent the fundamental elements of psychopathology. Indeed, Sullivan states that “personality” is identified with the repetitive patterns of interpersonal behaviors occurring in social life. Accordingly, needs of *security* and *self-esteem* represent the essential motivations underlying interpersonal interactions in which individuals affect each other’s behaviors (Sullivan, 1953). Leary (1957) elaborates the interpersonal theory of Sullivan, and describes interpersonal behaviors with a circle in which *affiliation* and *dominance* are the basic coordinates corresponding to Sullivan’s security and self-esteem concepts, respectively (as cited in, Horowitz, Alden, Wiggins & Pincus, 2003). This model, named as interpersonal circumplex model (Gurtman, 1992; Leary, 1957), leads to the development of personality measure that assesses the interpersonal aspects of personality (as cited in Gurtman, 2009). Figure 1.2. presents the dimensions and categories of interpersonal circumplex.

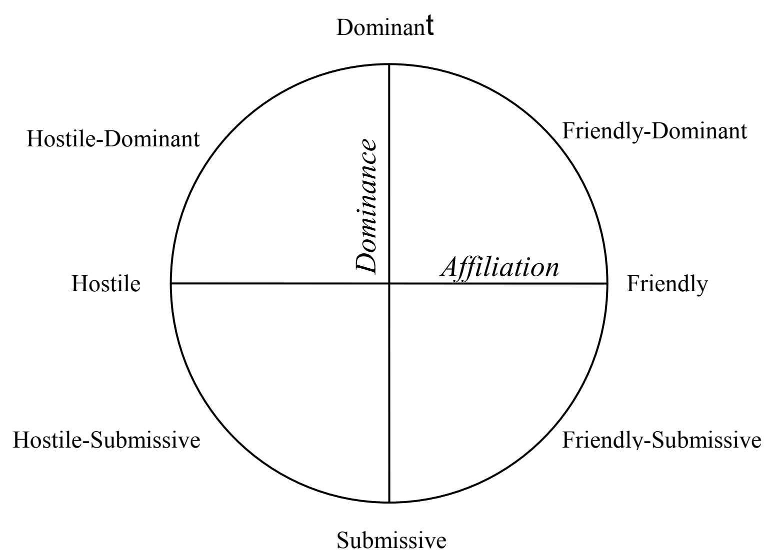


Figure 1. 2. Interpersonal Circumplex

As shown in the Figure 1.2., interpersonal behaviors in the affiliation dimension ranges from hostile/cold to friendly/warm behavior. On the other hand, behaviors in the dominance dimension ranges from dominating/controlling to submissive behavior. Interpersonal behaviors are described by a combination of these two dimensions (Horowitz et al., 2003).

Due to maladaptive patterns of interpersonal relationships that have chronic negative impact on individuals with personality disorders, the relationship between interpersonal problems and personality disorders has been examined through empirical studies in literature. Research results mostly support the relationship between interpersonal difficulties and borderline PD (Barnow, Stopsack, Grabe, Meinke, Spitzer, Kronmüller & Sieswerda, 2009; Hilsenroth, Menaker, Peters & Pincus, 2007; Leichsenring, Kunst & Hoyer, 2003; Russel, Moscowitz, Zuroff, Sookman, & Paris, 2007), antisocial PD (Edens, 2009; Wiggins & Pincus, 1989), and avoidant PD (Alden & Capreol, 1993). On the other hand, majority of the rest of the studies investigated personality disorders in relation to the interpersonal circumplex space (e.g., Soldz, Budman, Demby & Merry, 1993; Gurtman, 1996; Wiggins & Pincus, 1989). Figure 1.3. and Figure 1.4. present circumplex locations of personality disorders measured by different instruments including Personality Disorder Examination (Lorenger, Susman, Oldham, & Russakoff, 1987), Millon Clinical Multiaxial Inventory (Millon, 1985), Minnesota Multiphasic Personality Inventory (Morey, Waugh & Blashfield, 1985), and Personality Adjective Checklist (Strack, 1987). Accordingly, Histrionic PD is characterized by friendly-dominant problems, Antisocial, Narcissistic and Paranoid PDs are characterized by hostile-dominant problems, Avoidant and Schizoid PDs are characterized by hostile-

submissive problems, and Dependent PD is characterized by friendly-submissive problems in relations with others.

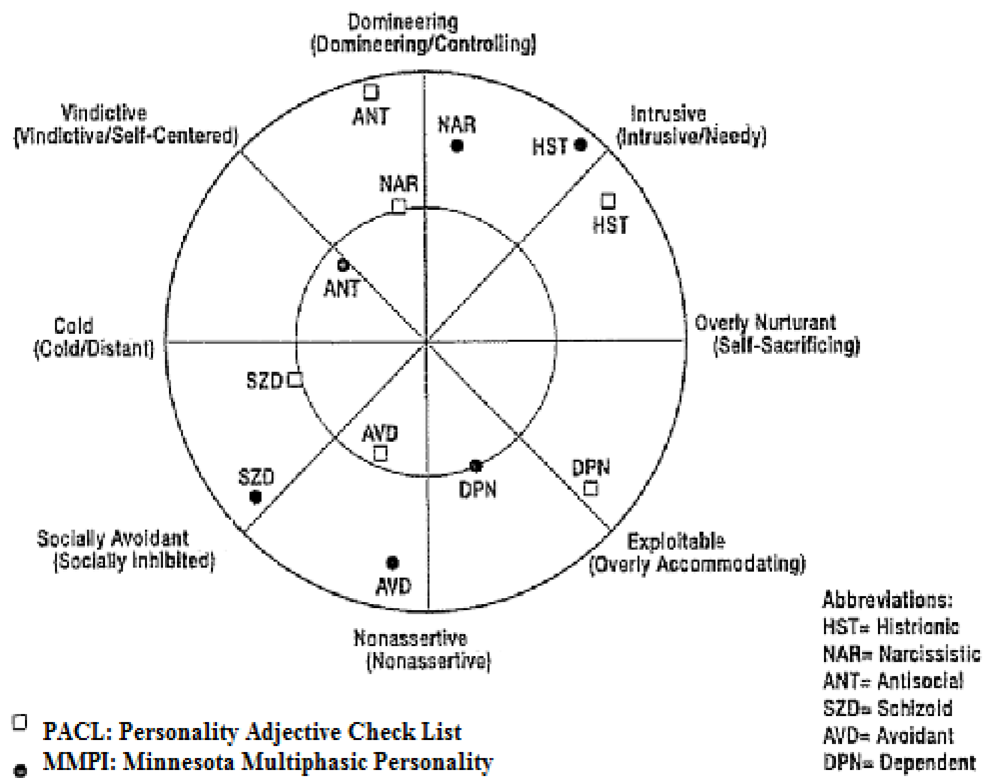


Figure 1. 3. Location of Personality Disorders measured by MMPI and PACL on the Interpersonal Circumplex. Adapted from "Conceptions of personality disorders and dimensions of personality", by J. S. Wiggins and A. L. Pincus, 1989, *Psychological Assessment, 1(4),* p.309.

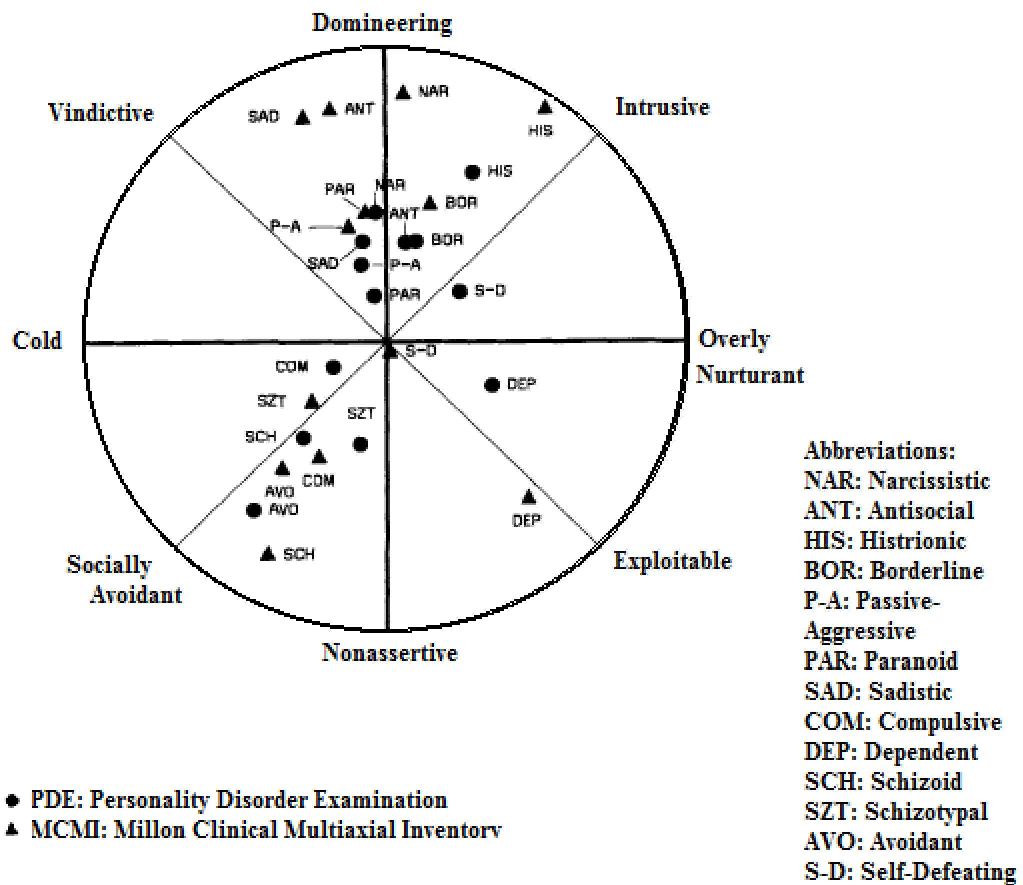


Figure 1. 4. Location of Personality Disorders measured by PDE and MCMI-II on the Interpersonal Circumplex Space. Adapted from "Representation of Personality Disorders in Circumplex and Five-Factor Space: Explorations With a Clinical Sample", by S. Soldz, S. Budman, A. Demby and J. Merry, 1993, *Psychological Assessment, 1(5),* p.45.

1.5.Relationships Among Basic Personality Traits, Emotion Regulation and Interpersonal Problems

There are two well-established models in the literature of personality research namely, the five-factor model and the interpersonal circumplex model of personality. Among the basic personality traits of the five factor model, neuroticism, extraversion, and agreeableness particularlywere found to be related to interpersonal problems (Nysæter,

Langvik, Berthelsen, Hilmar, & Nordvik, 2009). Specifically, Trapnell and Wiggins (1990) indicate that extraversion is closely associated with dominance dimension whereas agreeableness is associated with nurturance dimension of the interpersonal problems. On the other hand, some authors have suggested (e.g., McCrae & Costa, 1989; Soldz, Budman, Demby & Merry, 1993; Trapnell & Wiggins, 1990) that extraversion and agreeableness factors of the big five correspond to dominance and affiliation dimensions of the interpersonal circumplex model only if rotated 30°- 45° in clockwise, respectively.

Personality defined by the five-factor model is associated with affective tendencies and emotion regulation. Parallel to that, neuroticism and extraversion are indicated to be associated with negative and positive emotions, respectively (DeNeve & Cooper, 1998; Ng and Diener, 2009). Moreover, various studies have established close relations between positive (adaptive) emotion regulation strategies and extraversion, and negative (maladaptive) emotion regulation strategies and neuroticism (Gross & John, 2003; Matsumoto, 2006; Ng and Diener, 2009). As well as these well-established links, agreeableness is suggested to be related to better emotion regulation abilities (Lopes, Salovey, Côté and Beers, 2005).

Emotion regulation is an important component of adaptive social functioning. Lopes, Salovey, Côté and Beers (2005) found that emotion regulation abilities are positively associated with the aspects of the quality of social interaction such as interpersonal sensitivity, prosocial tendency and the proportion of positive versus negative peer nominations. Moreover, it was found that emotion regulation strategies such as reappraisal and suppression are associated with better and worse interpersonal

functioning, respectively (Gross & John, 2003). It was also stated that the rigid use of maladaptive affect regulation strategies, such as emotional reactivity (like overreactions) and emotional cutoff (like suppression), contribute to interpersonal problems in the long-term (Wei, Vogel, Ku & Zakalik, 2005).

1.6.Relevance with Psychotherapy

Cognitive theory and therapy of personality disorders emphasize the role of cognitive processes in personality psychopathology and treatment. As mentioned in section 1.1., personality disorders are predominantly defined in relation with cognitive concepts such as schemas and beliefs by the cognitive model (Beck et al., 2004). Accordingly, it is proposed that interventions should focus on core problems which depend on attributional biases referred as maladaptive beliefs and underlying schemas. Indeed, major problems occurring in emotional and behavioral patterns are proposed to be largely due to these cognitive structures. Thus, since dysfunctional beliefs in personality disorders are prioritized in cognitive-behavioral therapies, and treatment planning starts with their assessment and formulation, it is important to well-define these beliefs in early stages of the therapeutic process.

Clinical value of the personality taxonomy has been given considerable attention in psychotherapy literature. For instance, based on many reports in psychotherapy literature, his personal experiences, and his clinical experiences of psychotherapy with 101 treatment seekers, Miller (1991) has concluded that:

> Neuroticism influences the intensity and duration of the patient's distress, Extraversion influences the patient enthusiasm for treatment, Openness influences the patient's reactions to the therapist's interventions, Agreeableness influences the patient's reaction to the person of

the therapist, and Conscientiousness influences the patient's willingness to do the work of psychotherapy(p.415).

In compliance with this, successful treatment outcome has been shown to be positively associated with extraversion, conscientiousness, openness, and negatively associated with neuroticism in short-term group therapy interventions with patients suffering from complicated grief (Ogrodniczuk, Piper, Joyce, McCallum, Rosie, 2003).

The importance of emotion regulation in psychotherapy has also been given underscored in recent years. Indeed, achieving improvement in emotion regulation ability is suggested to be an important predictor of the effectiveness of cognitive-behavioral therapy in patients with various of psychological problems and disorders (Berking, Wupperman, Reichardt, Pejic, Dippel & Znoj, 2008; Cloitre, Stovall-McClough, Miranda & Chemtob, 2004; Slee, Shiphoven, Garnefski & Arensman, 2008). Furthermore, adaptive forms of emotion regulation function as protective or therapeutic whereas maladaptive forms of them are generally regarded as parts of the psychological problems. For example reappraisal, which is an adaptive emotion regulation strategy, has been given an important role in cognitive-behavioral therapy. It was stated that reappraisal corresponds to cognitive restructuring technique in CBT since it involves reevaluating and appraising emotionally aroused thoughts (Leahy, 2011). On the other hand, increased use of maladaptive emotion regulation strategies such as rumination, avoidance and suppression are features of mood disorders (e.g., Aldao & Nolen-Hoeksema, 2010; Aldao & Nolen-Hoeksema, Schweizer, 2010). Indeed, these strategies correspond to dysfunctional cognitive patterns preceding undesirable emotions, or to maladaptive coping styles, on which the CBT focuses.

Interpersonal problems have also been one of the concerns for psychotherapy. The types of interpersonal problems are also found to be important in predicting alliance, improvement and outcome in therapy. Muran, Segal, Samstag and Crawford (1994) reported that friendly-submissive interpersonal problems have a positive impact whereas hostile-dominant interpersonal problems have a negative impact on development of alliance early in the short-term cognitive therapy. Horowitz, Rosenberg and Bartholomew (1993) investigated the extent to whichinterpersonal problems are discussed and improvement has been achieved in different types of interpersonal problems and found that 'nonassertive' and 'exploitable' octants are discussed the most whereas problems in 'cold', 'vindictive' and 'domineering' octants are discussed the least during the course of the treatment. In accordance with this, problems from the 'exploitable' octant are most likely to be improved whereas problems from the 'cold', 'vindictive' and 'domineering' octants are least likely to be improved in brief dynamic therapy. Strauss and Hess (1993) also reported poor treatment outcomes for patients with dominance problems in interpersonal relationships.

1.7.Aim of the Study

1.7.1.Pilot Study

Considering the lack of an instrument that measures individuals' interpersonal difficulties in Turkish, a short version of The Inventory of Interpersonal Problems Circumplex Scales (IIP-32) was aimed to be adapted to Turkish culture. In addition to IIP-32, Turkish versions of the Cognitive Emotion Regulation Questionnaire (CERQ), and Personality Disorder Beliefs (PBQ) were also used for the first time in a research conducted in Turkey. Thus, a pilot study was conducted on a relatively small and independent sample to confirm the reliable utility of these scales before the main study.

For this aim, reliability analyses were conducted, and modifications were made when necessary to improve the internal consistency of the overall and the subscales.

1.7.2.Main Study

1.7.2.1. Psychometric Properties of IIP-32, CERQ and PBQ

Psychometric properties of the Inventory of Interpersonal Problems, Cognitive Emotion Regulation Questionnaire, and Personality Belief Questionnaire were examined in a large and independent sample.

(1) For reliability of the IIP-32, internal consistency, test-retest reliability, and split half reliability of the total IIP-32 and its subscales were examined.
(2) Brief Symptom Inventory (BSI; Derogatis, 1993), Positive and Negative Affect Scale (PANAS; Watson, Clark, & Tellegen, 1988), Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988), and Basic Personality Traits Inventory (BPTI; Gençöz & Öncül, Submitted Manuscript) were used to examine the concurrent validity properties of the IIP-32.
(3) Criterion validity was examined by comparing the IIP-32 scores of high psychological symptoms group with low psychological symptoms group measured by BSI.

The associations of interpersonal problems measured by IIP-32 with personality traits and with personality disorder beliefs were aimed to be confirmed through the main study as an additional evidence for the construct validity of the IIP-32. These associations were examined with the following hypotheses:

(a) Extraversion will be associated with interpersonal problems on dominance dimension;

(b) Agreeableness will be associated with interpersonal problems on affiliation dimension;

(c) Higher levels of neuroticism will be associated with higher levels of interpersonal problems.

Besides, in terms of personality disorder related maladaptive beliefs,

(d) Higher levels of interpersonal problems in dominant/controlling, vindictive/self-centered and cold/distant forms will be associated with higher levels of maladaptive beliefs related to paranoid, passive-aggressive, antisocial, and narcissistic personality disorders;

(e) Higher levels of cold/distant and socially inhibited forms of interpersonal problems will be associated with higher levels of beliefs related to avoidant and/or schizoid personality disorders;

(f) Higher levels of overly accommodating and nonassertive forms of interpersonal problems will be associated with higher levels of beliefs related to dependent personality disorder;

(g) Higher levels of intrusive/needy form of interpersonal problems will be associated with higher levels of beliefs related to histrionic personality disorder.

(4) To assess the reliability of the CERQ, internal consistency, and split half reliability of the total CERQ and its subscales were examined.

(5) To assess the concurrent validity properties of CERQ, the scores of CERQ scales were compared to scores of Positive and Negative Affect Schedules (PANAS).

(6) To assess the reliability of the PBQ, internal consistency, and split half reliability of the total PBQ and its subscales of the IIP-32 were examined.

(7) To assess the the reliability of Borderline Personality Disorder (BPD) subscale of PBQ Turkish version, the same items were used with the original study, and the internal consistency of BPD subscale was examined.

(8) To examine the concurrent validity properties of the PBQ, scores of total PBQ and its subscales were compared to the scores of total Brief Symptom Inventory (BSI) and its subscales.

(9) Criterion validity of PBQ was examined through comparing the PBQ scores of high psychological symptoms group with low psychological symptoms group measured by BSI.

1.7.2.2. Main Study: Influences of Basic Personality Traits, Cognitive Emotion Regulation and Interpersonal Problems on Cognitive Aspects of Personality Disorders

In the current study, firstly, possible differences of demographic categories (i.e., age, gender, education, employment, number of siblings, birth order, parents' education level) on basic personality traits, cognitive emotion regulation, interpersonal problems, and maladaptive beliefs of personality disorders were investigated. Secondly, following the correlational analyses, the hierarchical regression analyses was conducted in order to examine the path of basic personality traits, cognitive emotion regulation, interpersonal problems, and maladaptive beliefs of personality disorders. Finally, mediational models were tested to examine the mediator roles of cognitive emotion regulation and interpersonal problems on the relationship between basic personality traits and

personality disorder beliefs. The proposed model with direct paths and meditational links are presented in Figure 1.4. It was specifically aimed to test the hypotheses below:

(1) Basic personality traits will have an effect on cognitive emotion regulation. Specifically,

(a) Higher levels of neuroticism and negative valence will be associated with the increased use of negative cognitive emotion regulation strategies and the decreased use of positive strategies;

(b) Higher levels of openness, extraversion, agreeableness and conscientiousness will be associated with the increased use of positive cognitive emotion regulation strategies and the decreased use of negative strategies.

(2) Basic personality traits will have an effect on overall level of interpersonal problems. Specifically,

(a) Higher levels of neuroticism and negative valence will be associated with higher levels of overall level of interpersonal problems ;

(a) Higher levels of openness, extraversion, conscientiousness and agreeableness will be associated with lower levels of overall level of interpersonal problems.

(3) Basic personality traits will have an effect on personality disorder beliefs. Specifically,

(a) Higher levels of neuroticism and negative valence will be associated with higher levels of overall maladaptive beliefs in personality disorders;

(a) Higher levels of openness, extraversion, conscientiousness and agreeableness will be associated with lower levels of overall maladaptive beliefs in personality disorders.

In terms of associations between basic personality traits and personality disorder categories, it was mainly hypothesized that:

(i)Participants with higher levels of beliefs related to Avoidant, Dependent and Schizoid PDs will exhibit lower levels of extraversion;

(ii) Participants with higher levels of beliefs related to Passive-Aggressive, Antisocial, Narcissistic and Paranoid PDs will exhibit lower levels of agreeableness;

(iii) Participants with higher levels of beliefs related to Histrionic PD will exhibit higher levels of extraversion;

(vi) Participants with higher levels of beliefs related to Obsessive-Compulsive PD will exhibit higher levels of conscientiousness, whereas those with higher levels of Antisocial PD-related beliefs will be lower in conscientiousness;

(v) Higher levels of neuroticism will be associated with the higher levels of beliefs related to all categories of personality disorders, particularlywith those of Borderline PD;

(vi) Higher levels of beliefs related to all categories of personality disorders, apart from Narcissistic, Histrionic and Schizoid PDs, will be associated with higher levels of negative valence.

(4) Cognitive emotion regulation will have an effect on interpersonal problems. Specifically,

(a) Increased use of negative cognitive emotion regulation strategies will be associated with higher levels of interpersonal problems;

(b) Increased use of positive cognitive emotion regulation strategies will be associated with lower levels of interpersonal problems.

(5) Cognitive emotion regulation will have an effect on personality disorder cognitions. Specifically,

(a) Increased use of negative cognitive emotion regulation strategies will be associated with higher levels of maladaptive beliefs in personality disorders;

(b) Increased use of positive cognitive emotion regulation strategies will be associated with lower levels of maladaptive beliefs in personality disorders.

(6) Overall level of interpersonal problems will have an effect on personality disorder beliefs. Specifically, higher level of interpersonal problems will be associated with higher levels of maladaptive beliefs related to personality disorders.

(7) The effect of basic personality traits on the overall level of maladaptive personality disorder beliefs will be mediated by cognitive emotion regulation. Specifically,

(a) The effects of neuroticism and negative valence on overall level of personality disorder beliefs will be mediated by the levels of negative cognitive emotion regulation strategies;

(b) The effects of openness, extraversion, conscientiousness and agreeableness on personality disorder beliefs will be mediated by the levels of positive cognitive emotion regulation strategies.

(8) The effects of all basic personality traits on the overall level of maladaptive personality disorder beliefs will be mediated by the overall level of interpersonal problems.

(a) The effects of neuroticism and negative valence on overall level of personality disorder beliefs will be mediated by the higher levels of interpersonal problems;

(b) The effects of openness, extraversion, conscientiousness and agreeableness on personality disorder beliefs will be mediated by the lower levels of interpersonal problems.

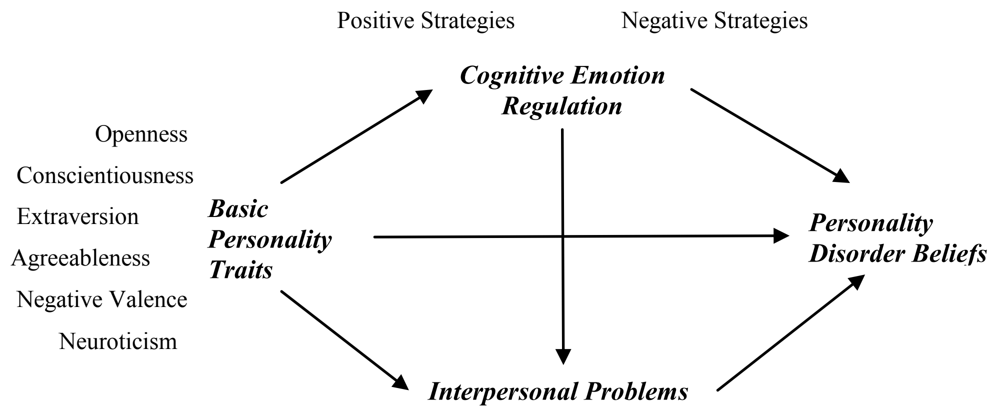


Figure 1. 5. Proposed model

1.8.The Implication of the Study

In the present study, in the light of the theoretical framework in literature, personality disorders are assumed to be characterized by specific dysfunctional cognitions consistent with their personality disturbance. Furthermore, interpersonal problems and cognitive strategies which are used to regulate negative affective experiences are claimed to perpetuate these dysfunctional cognitions of individuals with PD. Therefore, relationships among maladaptive beliefs in personality disorders, basic personality traits, cognitive strategies used for regulating negative affect, and problems in interpersonal relationships were intended to be investigated based on the proposed model. Eventually, clarification of the relationships between these factors is expected to make contributions to the cognitive and interpersonal model of personality disorders as well as the future developments of interventions in the treatment of personality psychopathology.

CHAPTER 2

METHOD

2.1.Participants

In the present study, 1298 adult participants (411 females and 887 males) between ages of 18 and 68 (M = 26.85, sd = 7.95) were voluntarily participated to the study. Demographic characteristics of the participants were presented in the Table 2.1.

With respect to the education level of the participants, 9 % (n = 10) were graduate of primary or secondary school, 35.8 % (n = 465) were graduate of high school, 63.4 % (n = 823) were university or post-graduates. According to working status of the sample, 48.1 % (n = 624) were employed and 51.9 % (n = 674) were unemployed.

In terms of professions of the participants, (as shown in Table 2.1.) 40 % (n = 519) were students, 11.9 % (n = 155) were education professionals, 11.4 % (n = 148) were enginneers, 9.5 % (n = 123) were health professionals and scientists, 6.5 % (n = 84) were businessmen, administrators, finance specialists and lawyers, 3.4 % (n = 44) were architectures and designers, and 15.3 % (n = 198) were other professionals such as artists, commercialists, technisions and liberal workers.

According to the marital status of the participants, (as shown in Table 2.1.) 80.2 % (n = 1041) were single, 15.3 % (n = 198) were married, and 4.6 % (n = 59) were divorced or had been living apart from wife/ husband. Furthermore, among all participants, 90.1 % (n = 1167) had no child, 5 % (n = 65) had one child, and 4.9 % (n = 63) had two or more children.

In terms of the home environment of the participants, (as shown in Table 2.1.) 53.9 % (n = 508) were living with parents and/ or siblings, 22.7 % (n = 294) were living with friends, 16.1 % (n = 209) were living alone, 16 % (n = 208) were living with nuclear family with/ without husband/ wife.

Among all participants, 10.8 % (n = 140) had no sibling, 55.9 % (n = 724) had one sibling, 22.2 % (n = 288) had two sibling and 10.9 % (n = 144) had three or more siblings. Morover, in terms of the degree of birth for the participants, 51.4 % (n = 665) were first, 34.7 % (n = 450) were second, 9.3 % (n = 121) were third and 4.6 % (n = 59) were forth or further in order of birth (see Table 2.1.).

As for mother's education, 2.5 % (n = 32) were illeterate, 4.1 % (n = 53) were literate, 34.3 % (n = 444) were graduate of primary or secondary school, 25.3 % (n = 327) were graduate of high school, and 33.9 % (n = 439) were university or post-graduates. Furthermore, for father's education level, 0.3 % (n = 4) were illeterate, 2.2 % (n = 29) were literate, 23.4 % (n = 303) were graduate of primary or secondary school, 22.5 % (n = 291) were graduate of high school, and 51.6 % (n = 669) were university or post-graduates (see Table 2.1.) .

With respect to parental relationship status of the participants, 75.8 % (n = 984) were living together, 9.7 % (n = 126) were live apart or divorced, and 14.4 % (n = 188) of participants' one or both parents were dead (see Table 2.1.).

According to the family history of psychological problems of the sample, 84.1 % (n = 1092) had no history whereas 9.3 % (n = 122) had psychological problem in a family member, and 6.6 % (n = 70) had psychological problem in a relative. Furthermore, as for the psychological problems of participants, 89.9 % (n = 1036) had no psychological problem, 5.2 % (n = 67) had anxiety disorders, 7.6 % (n = 99) had mood disorder, and 1.5 % (n = 20) had other psychological disorders such as personality disorders, Attention Deficit Hyperactivity Disorder, sleep disorders, psychosis, etc. (see Table 2.1.).

According to the psychological treatment history of the sample, (as shown in Table 2.1.) 74.3 % (n = 965) had no psychological treatment, 19.1 % (n = 248) had psychological treatment in the past, and 6.5 % (n = 85) were under psychological treatment and 8.6 % (n = 111) were under psychotrophic medication.

Table 2. 1. Demographic Characteristics of Participants

Variables	N (1298 participants)	%
Gender	**Total: 1298**	
Female	887	68.3
Male	411	31.7
Age (Mean: 26.85 , SD: 7.95)	**Total: 1296 (2 missing/ 0.2 %)**	
Younger age group (ages between 18 and 22)	409	31.6
Middle age group (ages between 23 and 27)	476	36.7
Older age group (ages between 28 and 68)	214	31.7
Education	**Total: 1298**	
Secondary School and below	10	0.9
High School	465	35.7
University and Graduate	823	63.4
Employment Status	**Total: 1298**	
Employed	624	48.1
Unemployed	674	51.9
Profession	**Total: 1298 (37 missing/ 2.8 %)**	
Student	519	40
Enginneer	148	11.4
Health professionals / Basic sciences	123	9.5
Education professionals	155	11.9
Business and administration/ Finance/ Lawyers	84	6.5
Architecture/ Designer	44	3.4
Other (artists/ commercialists/ technicians/ liberal)	198	15.3
Marital Status	**Total: 1298**	
Single	1041	80.2
Married	198	15.3
Divorced / Widow/ Live apart	59	4.6
Children number	**Total: 1298 (3 missing/ 0.2 %)**	
No children	1167	90.1
One child	65	5.0
Two or more children	63	4.9
Home environment	**Total: 1298 (1 missing/ 0.1 %)**	
With nuclear family with/without wife/husband	208	16
Parents and/or siblings	508	53.9
With a partner/ relative	78	6.1
With friends	294	22.7
Alone	209	16.1
Sibling Number	**Total: 1298 (2 missing/ 0.2 %)**	
No sibling	140	10.8
One sibling	724	55.9
Two siblings	288	22.2
Three or more siblings	144	10.9

Table 2. 1. (Cont.'d) Demographic Characteristics of Participants

Variables	N (1298 participants)	%
Order of birth	**Total: 1298 (3 missing/ 0.2 %)**	
First	665	51.4
Second	450	34.7
Third	121	9.3
Forth or further	59	4.6
Mother's Education	**Total: 1298 (3 missing/ 0.2 %)**	
Illiterate	32	2.5
Literate	53	4.1
Primary or Secondary School	444	34.3
High School	327	25.3
University and Graduate	439	33.9
Father's Education	**Total: 1298 (2 missing/ 0.2 %)**	
Illiterate	4	0.3
Literate	29	2.2
Primary or Secondary School	303	23.4
High School	291	22.5
University and Graduate	669	51.6
Parental relationship status	**Total: 1298**	
Live together	984	75.8
One or both parent is dead	188	14.4
Live apart/ Divorced	126	9.7
Family history of psychological problems	**Total: 1298**	
None	1092	84.1
Psychological problem in a family member	122	9.3
Psychological problem in a relative	70	6.6
History of psychological problems	**Total: 1298 (89 missing/ 6.9 %)**	
None	1036	89.9
Anxiety disorder	67	5.2
Mood disorders (Depression & Bipolar Dis.)	99	7.6
Other (PD., ADHD, Sleep D.,Psychosis)	20	1.5
History of psychological tretment	**Total: 1298**	
None	965	74.3
Past	248	19.1
Present	85	6.5
Psychiatric medication	**Total: 1298**	
None	1187	91.4
Present medication	111	8.6

2.2.Instruments

2.2.1.Adaptation Study: Psychometric Properties of the Inventory of Interpersonal Problems (IIP-32)

2.2.1.1. Inventory of Interpersonal Problems Circumplex Scales

The inventory of Interpersonal Problems- Circumplex (IIP-C; Alden, Wiggins & Pincus, 1990) was developed to assess aspects of interpersonal functioning associated with personal distress or difficulty. At the beginning, a pool of 127 items was constructed through identifying interpersonal complaints of individuals seeking psychotherapy (Horowitz, Rosenberg, Baer, Ureno, & Villasenor, 1988) and 64 item were selected to construct IIP-C (Alden, Wiggins & Pincus, 1990). The circumplex structure of IIP explains interpersonal behavior along the dimension of *affiliation* or *nurturance* and the dimension of *control* or *dominance.* Alden et al., divided this dimensional space into eight octants providing eight domains of difficulties in interpersonal functioning derived from the combination of two principle dimensions; domineering/controlling, vindictive/self-centered, cold/distant, socially inhibited, nonassertive, overly accommodating, self-sacrificing and intrusive needy. Accordingly;

Domineering/Controlling subscale describes the difficulty of a person to relax control, the degree of being controlling or manipulative, tolerance to loss control, inability to consider other's perspective and tendency to argue with others.

Vindictive/Self-centered subscale indicates hostile dominance problems, experience and expression of anger and irritability, distrust and suspicion toward others, little support and disregard for other's needs and welfare and irresponsibility.

Cold/distant subscale reports minimal feelings of affection for and connection with others, difficulty in maintaining long-term commitments, lack of sympathy, nurturance, warmth, generosity relative to other people.

Socially inhibited subscale describes feelings of anxiety, timidity or embarrassment when others around, difficulty in initiating social interactions, joining groups, socializing and expressing feelings.

Nonassertive subscale describes severe lack of self-confidence and self-esteem, difficulty in taking initiative and being center of attention, unassertiveness, avoidance of socially challenging situations and avoidance of making wishes and needs known due to fear of disapproval or negative evaluation.

Overly Accommodating subscale indicates an excess of friendly submissiveness, being inoffensive to please others and gain approval, reluctance to say "no" or to feel and express anger, being easily persuaded and avoidance of being assertive in order to maintain friendly relationships.

Self-Sacrificing subscale describes problems with being too eager to serve, too ready to give, too generous, too caring, too trusting, too permissive, and difficulty to maintain boundaries in relationships, protective attitude toward others, and tendency to put other's needs before own.

Intrusive/Needy subscale indicates problems with friendly dominance, need for engagement with others, difficulty in spending time alone, inappropriate self-disclosure and poor interpersonal boundaries.

Illustrative items of each subscales are presented in Figure 2.1.

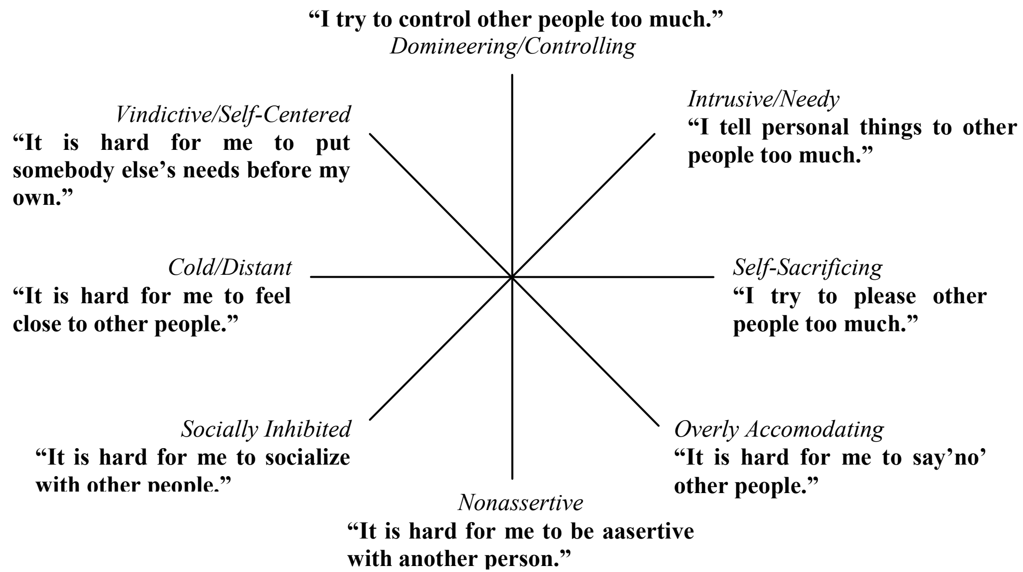


Figure 2. 1. Illustrative items of each subscales of IIP-32.

Horowitz et al. (2003) mentioned clinical utility of IIP that it can be used to show the frequency and severity of different types of interpersonal problems, to identify the most common types of interpersonal problems, to specify the achievements made through treatment, and to differentiate distress due to interpersonal problems and distress due to problems that are not interpersonal.

2.2.1.1.1. IIP-32 Original Form

IIP-32 is 32-item self-report measure assessing most salient interpersonal problems of a person. It was originally developed (Horowitz, Rosenberg, Baer, Ureno, & Villasenor, 1988) as a 127-item measure, and Alden et al. (1990) extracted most representative 64 items and formed IIP-C or IIP-64. The short version of the inventory (IIP-32) was developed (Horowitz, Alden, Wiggins, & Pincus, 2003) for screening purposes while preserving the scale structure of 64-item version (See Appendix A for English version of

IIP-32). The internal consistency reliability values of IIP-32 were consistent with 64-item version and found to be .73 for Domineering/ Controlling subscale, .83 for Vindictive/ Self-centered subscale, .87 for Cold/Distant subscale, .82 for Socially inhibited subscale, .83 for Nonassertive subscale, .70 for Overly Accommodating subscale, .78 for Self-sacrificing subscale, and .68 for Intrusive/Needy subscale, whereas overall scale reliability and re-test reliability was .93 and .78, respectively. Convergent validity studies were conducted by correlating the IIP-64 subscales with other assessment of psychological symptoms and self-report of general functioning. IIP-64 subscales revealed correlations with Beck Anxiety (BAI; Beck & Steer, 1990) and Beck Depression Inventory (BDI-II; Beck et al., 1996) ranging from .31 to .48. Correlations between IIP-64 subscales and Brief Symptom Inventory (BSI; Derogatis, 1993) ranged between .57 and .78 whereas correlations with Symptom Checklist (SCL-90-R; Derogatis, 1994) ranged between .03 and .40. Finally, IIP-64 subscales' correlations with Behavior and Symptom Identification Scale (BASIS-32; Eisen, Dill, Grob, 1994) ranged from .26 to .66; and with Social adjustment Scale-Self Report (SAS-SR; Weissman & Bothwell, 1976) ranged from .16 to .49 (as cited in Horowitz, Alden, Wiggins, & Pincus, 2003).

2.2.1.1.2. IIP-32 Turkish Form

Translation of the Inventory of Interpersonal Problems (IIP-32) was made by two clinical psychologists and last form was constructed with thesis supervisor (See Appendix B for Turkish version of IIP-32).

2.2.1.2. Basic Personality Traits Inventory (BPTI)

BPTI is a 45-item self-report inventory assessing the basic personality traits referred to as the five-factor model of personality (McCrae & Costa, 2003; Peabody & Goldberg, 1989). The scale scored on a 5-point Likert scale from “does not apply to me” (1) to “definitely applies to me” (5) for rating the adjectives defining personality. BPTI is developed for Turkish culture by Gençöz and Öncül (submitted manuscript) and revealed five factor referring to the five basic personality traits consistent with the literature namely, openness, conscientiousness, extraversion, aggreableness and neuroticism with an aditional sixth factor called “negative valence” which refers to “negative self attributions”. The internal consistency, test-retest reliability, and concurrent validity studies with other inventories revealed satisfactory psychometric characteristics for BPTI (See Appendix C for BPTI).

2.2.1.3. Brief Symptom Inventory (BSI)

BSI is developed by Derogatis (1992) as a brief form of SCL-90-R assessing psychological symptoms. It includes nine symptom dimensions namely, somatization, obsession-compulsion, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation and psychoticism; and three global indices of distress namely, global severity index measuring current or past level of symptomatology, positive symptom distress index measuring intensity of symptoms, and positive symptom total measuring number of reported symptoms. Respondents are asked to rate items based on the intensity of distress on a 5-point scale ranging from 0 “not at all” to 4 “extremely” considering the past week. Investigations about psychometric properties of BSI revealed

good internal consistency reliabilities for nine dimensions ranging from .71 to .85., and re-test reliabilities ranging from .68 to .91. (as cited in Savaşır & Şahin, 1997).

Şahin and Durak (1994) adapted the BSI to Turkish (See Appendix D for Turkish version of BSI). Factor analysis revealed 5 factors namely, anxiety, depression, negative self, somatization, and hostility. Internal consistency reliabilities for the subscales ranged from .55 to .86 for and the overall scale alpha ranged from .96 to .95 in three different studies. Validity analysis revealed that correlations between BSI subscales and Social Comparison Scale (SCS; Allan & Gilbert, 1995) were between -.14 and -.34; correlations between BSI subsclales and Submissive Acts Scale (SAS; Gilbert & Allan, 1994) were between .16 and .42; correlations between BSI subsclales and UCLA Loneliness Scale (Russel, Replau & Ferguson, 1978) were between .13 and .36; correlations between BSI subsclales and Beck Depression Inventory (BDI) were between .34 and .70 (as cited in Savaşır & Şahin, 1997).

2.2.1.4. Positive and Negative Affect Scale (PANAS)

PANAS is a 20-item self-report scale developed by Watson, Clark and Tellegen (1988). It includes two subscales with equal number of items (10) measuring positive affect (PA) and negative affect (NA). Respondents are asked to rate the extent of affective states they experienced in last two weeks described by adjectives on a 5-point scale from 1 ‘‘not at all’’ to 5 ‘‘very much’’.

Based on reliability and validity studies (Watson, et al., 1988) internal consistency reliabilities were found to be .88 for PA scale and .87 for NA scale whereas test-re-test reliabilities were .81 and .79 for PA and NA scales, respectively. Test-retest correlations

for an 8-week period ranged from .47 to .68 for Positive Affect, .39 to .71 for Negative Affect. Moreover correlations with Hopkins Symptom Checlist (HSCL; Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974), the Beck Depression Inventory (BDI) and State Anxiety Scale of the State-Trait Anxiety Inventory (A-State; Spielberger, Gorsuch, & Lushene, 1970) supported the validity of PANAS (Watson, et al., 1988).

PANAS was adapted into Turkish by Gençöz (2000) with sufficient reliability and validity coefficients (See Appendix E for Turkish version of PANAS). The internal consistency reliability was found to be .83 for the PA, .86 for the NA, and a test-retest reliabilities for PA and NA were found to be .40, and .54, respectively. Validity analysis revealed that correlations between Beck Depression Inventory (BDI) and PA were -.48 and .51, respectively; and correlations between Beck Anxiety Inventory (BAI) and NA were -.22 and .47, respectively.

2.2.1.5. Multidimentional Scale of Perceived Social Support (MSPSS)

MSPSS (Zimet, Dahlem, Zimet, & Farley, 1988; as cited in Eker, Arkar & Yaldız, 2001) is a 12 item self-report instrument assessing the person's perception of the adequacy of social support from three sources, namely, friends, family, and significant others. Respondents are asked to rate the extent of perceived social support on a 7-point Likert scale from “disagree very strongly” (1) to “agree very strongly” (7).

Eker and Arkar (1995), as cited in, Eker, Arkar, & Yaldız, 2001) adapted the scale to Turkish sample (See Appendix F for Turkish version of MSPSS) and examined the psychometric properties of the scale in psychiatry, surgery, and normal (patient visitors) samples. The same three factors in the original scale confirmed with the Turkish version

namely, perceived social support from friends, family and significant others and each factors consisted of 4 items. The Cronbach's alpha values were found to be between .80 and .95 in three different Turkish samples.

2.2.1.6. Demographic Information Form

Demographic information including age, gender, education, marital status, family structure and information about psychological history of problems, treatments and present information about present treatment and medication were gathered through demographic form (See Appendix G).

2.2.2.Main Study: Association between Basic Personality Traits and Personality Disorder Beliefs mediated by Cognitive Emotion Regulation and Interpersonal Problems

2.2.2.1. IIP-32, BPTI, Demographic Information Form

The demographic form and BPTI which were described in the initial study, were used in the second study. The IIP-32 that was adapted in the Study I was also included in Study II.

2.2.2.2. Cognitive Emotion Regulation Questionnaire (CERQ)

CERQ is a 36-item self-report scale developed by Garnefski, Kraaij and Spinhoven (2001) includes nine subscales with equal number of items (4) assessing cognitive aspects of emotion regulation namely, acceptance, refocus on planning, positive refocusing, positive reappraisal and putting into perspective, self-blame, blaming others, rumination/focus on thought and catastrophizing. The respondents are asked to rate the

items from 1 “never” to 5 “always” based on what they generally think when they experience a negative event.

The internal consistency reliabilities of subscales ranged from .66 to .81with alpha reliabilities of .92 were found for overall scale whereas test-re-test reliability for the CERQ was .64. Validity analysis revealed significant correlations between CERQ and depression and anxiety scales of the Symptom Check List-90 that were .41 and .40, respectively (as cited in Garnefski et al., 2001).

CERQ (Cakmak & Cevik, 2010) was adapted to Turkish sample and a 18-item short version developed following the same strategy used for the development of original short-version by Garnefski and Kraaij (2006) (See Appendix H for short form of the Turkish version of CERQ). Cakmak and Cevik’s study (2010) revealed evidence for factorial validity. Accordingly, the internal consistency for the overall scale was .83 with alpha values ranging from .65 to .78 for the subscales.

2.2.2.3. Personality Belief Questionnaire (PBQ)

Personality belief questionnaire (PBQ) is a 126 item self-report measure (Beck & Beck, 1991, as cited in Beck et al., 2004) developed for assessing the dysfunctional beliefs associated with personality disorders. The PBQ contains nine subscales with equal number of items (14) corresponding to nine personality disorders on Axis II of the DSM-III-R namely, passive-aggressive, obsessive-compulsive, antisocial, narcissistic, histrionic, schizoid, paranoid, dependent and avoidant personality disorders. Moreover, a 14-item subscale for beliefs associated with borderline personality disorder of DSM-IV was constructed from PBQ dependent, paranoid, aviodant and histrionic subscales’

items with a good internal consistency and diagnostic validity (Butler, Brown, Beck & Grisham, 2002). Thrull, Goodwin, Schoop, Hillenbrand & Schuster (1993) investigated psychometric properties of the PBQ among college students and found evidence for good reliability and modest validity. Another study with psychiatric outpatients diagnosed with avoidant, dependent obsessive-compulsive, narcissistic, paranoid personality disorders and Axis I diagnosis revealed discriminant validity findings and good reliabilities for PBQ subscales ranging from .81 to .93 and test-re-test reliabilities ranging from .57 to .93 (Beck, Butler, Brown, Dahlsgaard, Newman & Beck, 2001).

The PBQ was adapted to Tukish by Türkçapar, Örsel, Uğurlu, Sargın, Turhan, Akkoyunlu, et al., (2008) with 232 university students. The internal consistency reliability for overall scale was .95 whereas Cronbach's alpha values for the subscales ranged between .67 and .90, and test-re-test reliabilities ranged between .65 and .87. Validity analysis revealed significant correlations between PBQ subscales and Dysfunctional Attitude subscales (DAS; Weissman & Beck, 1978) (See Appendix I for Turkish version of PBQ).

2.3.Procedure

Before distribution of scale, permission was taken from The Applied Ethics Research Center of Middle East Technical University for research with human participants, and permission for the utilization of Inventory of Interpersonal Problems for research purposes was taken from the original author (see Appendix J for Permission). The Demographic Information Form, IIP-32, MSPSS, BSI, BPTI, CERQ, PBQ were administered to the participants. The scales were administered to participants with snow-ball technique by hand and by electronic mails and via a web-site. Consent form (See

Appendix K for Informed Consent) was given to the participants before the administration of the scales in handout application whereas it is presented as an entry page in web-site and e-mail administrations. Students who participated voluntarily took extra credits for their course, and subjects who participated to the study from the web-site were given a feedback in which they can compare their mean values with a sample's means for the subscales of BPTI, CERQ and IIP-32. The mean values for this sample was taken from the first 300 subjects of the present study and feedback included bar graphs showing means of the subject and the sample for each subscale and a definition of the subscale measurement. The order of the scales was randomized in order to control for possible sequencing effect. It took participants 30-50 minutes to complete the questionnaires.

90 of the participants were readministered the IIP-32 in 3-4 weeks interval for the test-re-test reliability analysis of the scale.

CHAPTER 3

RESULTS

3.1.Statistical Analysis

In the present study, data was analyzed through the Statistical Package of Social Sciences (SPSS), version 13.0 for Windows.

3.2.Pilot Study

Since measures of the main study namely, Personality Belief Questionnaire (PBQ), Cognitive Emotion Regulation Questionnaire (CERQ) and Inventory of Interpersonal Problems (IIP-32) were utilized for the first time in a study, a pilot study were conducted to confirm their internal consistency.

Pilot study for the reliability analysis of CERQ and PBQ was conducted with 133 (28 males, 105 females) participants aged between 18 and 61 (M = 24.52, SD = 7.53). The overall scale Cronbach's Alpha of PBQ was found to be .98, whereas Cronbach's Alpha values ranged from .85 to .95 for the subscales indicating good internal consistency. The overall CERQ Cronbach's Alpha was .87, and internal consistency reliabilities for CERQ subscales ranged from .56 to .88. Item 20, "Bu olayla ilgili hiçbir şeyi değiştiremeyeceğimi düşünürüm" of "acceptance" subscale had a low item correlation with total scale and with the subscale which were .11 and .05, respectively. Moreover

item 20 decreased the alpha coefficient of the "acceptance" subscale from .71 to .56. Therefore the item revised in a consistent way with "acceptance" subscale's content as "Yaşanan bu kötü olayla ilgili değiştirebileceğim birşey olmadığını düşünürüm", and revised version was used in the main study.

184 (51 males, 133 females) participants aged between 18 and 86 (M = 27.40, SD = 11.04) participated to the pilot study conducted for reliability analysis of IIP-32 Turkish version. Results revealed .87 overall scale internal consistency reliability and reliability coefficients ranging from .61 to .82 for subscales indicating satisfactory psychometric characteristics.

3.3.Main Study

Prior to analysis, interpersonal problems (IIP-32), psychological symptoms (BSI), positive and negative affect (PANAS), social support (SS), basic personality traits (BPTI), cognitive emotion regulation (CERQ), personality disorder beliefs (PBQ) were examined through various SPSS programs for accuracy of data entry and missing values and fit between their distributions and the assumptions of multivariate analysis. Normality was checked out using P-P plots and pairwise linearity and homoscedasticity was cheched out using simple scatterplots and all were found to be satisfactory. 10 cases were identified as multivariate outlier with use of $p < .001$ criterion for Mahalanobis distance. Multivariate outliers were deleted, leaving 1288 cases for analysis. Participants who had more than 10% missing cases in at least one of the inventories of adaptation study or main study were excluded from the relevant study. For the remaining missing data, the cases' average scores for that subscale were replaced.

3.3.1. Psychometric Analyses

Psychometric properties of the main study measures namely, Inventory of Interpersonal Problems-Adapted Turkish Version, Personality Belief Questionnaire, and Cognitive Emotion Regulation Questionnaire-Revised Version were examined.

In order to establish reliability and validity of the Turkish version of Inventory of Interpersonal Problems; internal consistency, test-retest reliability, split half reliability coefficients, and concurrent and criterion validity were analyzed. For validity analyses, Positive and Negative Affect Schedule, Brief Symptom Inventory, Multidimensional Scale of Perceived Social Support and Basic Personality Traits Inventory were used.

Internal consistency and split half reliability analysis of Cognitive Emotion Regulation Questionnaire revised version was conducted.

Internal consistency and split half reliability coefficients of Personality Belief Questionnaire (PBQ) and PBQ-Borderline PD. Subscale were examined. In addition to that concurrent and criterion validity of PBQ were analyzed using Brief Symptom Inventory.

3.3.1.1. Adaptation Study: Psychometric Properties of Inventory of Interpersonal Problems

3.3.1.1.1. Reliability Analysis of Inventory of Interpersonal Problems

In order to examine the internal consistency of Turkish version of Inventory of Interpersonal Problems (IIP) including eight subscales namely, Domineering/

Controlling, Vindictive/ Self-Centered, Cold/ Distant, Socially Inhibited, Nonassertive, Overly Accomodating, Self-Sacrificing, Intrusive/ Needy, Cronbach Alpha coefficients were computed. Internal consistency was found to be .86 for the overall IIP scale and item-total correlation ranged between and .16 to .59 whereas Cronbach's Alpha values ranged from .66 to .86 for the subscales (see Table 3.1.).

The test-restest reliability coefficients of the subscales was found to be as .76 ($p<.01$, N = 90) for the overall IIP, and ranged from .59 to .83 ($p<.01$, N = 90) for subscales. Table 3.1. presents internal consistency, item-total correlation range and re-test reliability coefficients for fullscale and subscales of IIP.

Split-half reliability was also computed for the overall IIP by randomly splitting into two parts. The Guttman split-half reliability for IIP was .90, where the Cronbach Alpha coefficient for the first part composed of 16 items was .74 and it was .73 for the second part consisting of 16 items.

Table 3. 1. Internal Consistency, Item-Total Range and Re-Test Reliability Coefficients for Fullscale and Subscales of IIP.

Scale (N: 1288)	N of items	Item-total corr. range	Cronbach's α	Test-re-test reliability r (N: 90)
IIP Fullscale	32	.16- .59	.86	.76*
IIP Domineering/ Controlling	4	.45- .51	.69	.83*
IIP Vindictive/ Self-Centered	4	.49- .66	.75	.59*
IIP Cold/ Distant	4	.47- .63	.73	.70*
IIP Socially Inhibited	4	.55- .74	.84	.73*
IIP Nonassertive	4	.45- .50	.70	.70*
IIP Overly Accomodating	4	.39- .47	.66	.61*
IIP Self-Sacrificing	4	.40- .59	.75	.72*
IIP Intrusive/ Needy	4	.32- .66	.71	.81*

* *p* <.001

Note: **IIP**: Inventory of Interpersonal Problems, **IIP Domineering/Controlling**: Inventory of Interpersonal Problems Domineering/Controlling subscale, **IIP Vindictive/Self-Centered**: Inventory of Interpersonal Problems Vindictive/Self-Centered subscale, **IIP Cold/ Distant**: Inventory of Interpersonal Problems Cold/Distant subscale, **IIP Socially Inhibited**: Inventory of Interpersonal Problems Socially Inhibited subscale, **IIP Nonassertive**: Inventory of Interpersonal Problems Nonassertive subscale, **IIP Overly Accommodating**: Inventory of Interpersonal Problems Overly Accommodating subscale, **IIP Self-Sacrificing**: Inventory of Interpersonal Problems Self-Sacrificing subscale, **IIP Intrusive/ Needy**: Inventory of Interpersonal Problems Intrusive/Needy subscale.

3.3.1.1.2. Concurrent Validity of Inventory of Interpersonal Problems

In order to examine concurrent validity of IIP overall and subscales, correlations of fullscale and subscales of IIP with BSI, PANAS, MSPSS, and BPTI were examined by accepting correlations greater than .25 as moderate and correlation greater than .40 as high correlations. Table 3.2 presented correlations between fullscale and subscales of IIP, subscales of BPTI, MSPSS, and PANAS Positive Affect and PANAS Negative Affect.

The results (as shown in Table 3.2) indicated that overall IIP had high positive correlations with BPTI-Neuroticism (r = .39, p<.001), BPTI-Negative Valence (r = .39,

p<.001), BSI fullscale (r = .52, p<.01) and with PANAS-Negative Affect (r = .45, p<.01) whereas IIP had moderate negative correlation with BPTI-Extraversion (r = -.38, p<.001), moderate positive correlation with MSPSS (r = -.32, p<.001.

Analysis of subscales' correlations revealed that; IIP-Domineering/ Controlling Subscale had moderate positive correlation with BPTI-Negative Valence (r = .38, p<.001), BSI fullscale (r = .35, p<.001), BSI-Negative Self (r = .33, p<.001), BSI-Anxiety (r = .32, p<.001), and PANAS-Negative Affect (r = .31, p<.001) and had high positive correlation with BSI-Hostility (r = .45, p<.001); IIP-Vindictive/Self-Centered had negative high correlation with BPTI- Agreeableness (r = -.43, p<.001) and positive high correlation with BPTI-Negative Valence (r = .40, p<.001); IIP-Cold/ Distant had negative moderate correlation with MSPSS (r = -.39, p<.001), BPTI-Extraversion (r = -.35, p<.001), negative high corralation with BPTI-Agreeableness (r = -.40, p<.001), and had positive moderate correlation with BSI fullscale (r = .35, p<.001), BSI-Negative Self (r = .35, p<.001), BSI-Depression (r = .32, p<.001), BSI-Anxiety (r = .33, p<.001), BSI-Hostility (r = .32, p<.001), and PANAS-Negative Affect (r = .30, p<.001); IIP-Socially Inhibited had negative high correlation with BPTI-Extraversion (r = -.64, p<.001), BPTI-Opennes (r = -.43, p<.001), negative moderate correlation with MSPSS (r = -.34, p<.001), PANAS-Positive Affect (r = -.31, p<.001), and positive moderate correlation with BSI-Negative Self (r = .32, p<.001), BSI-Anxiety (r = .30, p<.001); IIP-Nonassertive had negative high correlation with BPTI-Extraversion (r = -.43, p<.001), BPTI-Opennes (r = -.42, p<.001), negative moderate correlation with PANAS-Positive Affect (r = -.30, p<.001), positive high correlation with BSI-Negative Self (r = .40, p<.001), and positive moderate correlation with BSI fullscale (r = .37, p<.001), BSI-Depression (r = .35, p<.001), BSI-Anxiety (r = .36, p<.001), PANAS-Negative Affect

Table 3. 2. Correlations Between Fullscale and Subscales of IIP, BPTI, BSI, MSPSS, and PANAS

	IIP Domineering/ Controlling	**IIP** Vindictive/ Self-Centered	**IIP** Cold/ Distant	**IIP** Socially Inhibited	**IIP** Nonassertive	**IIP** Overly Accomodating	**IIP** Self-Sacrificing	**IIP** Intrusive/ Needy	**IIP** Total
BPTI (N: 1288)									
Extraversion	.03	-.22***	-.35***	-.64***	-.43***	-.29***	.02	.13***	-.38***
Agreeableness	-.21***	-.43***	-.40***	-.29***	-.15***	.05	.41***	.11***	-.19***
Neuroticism	.51***	.25***	.26***	.16***	.22***	.08**	.09**	.26***	.39***
Negative Valence	.38***	.40***	.29***	.22***	.25***	.17***	-.06*	.18***	.39***
Opennes	.13***	-.15***	-.20***	-.43***	-.42***	-.29***	.04	.02	-.29***
Conscientiousnes	-.14***	-.15***	-.19***	-.18***	-.22***	-.22***	.01	-.18***	-.27***
BSI Total (N: 988)	.35**	.23**	.35**	.29**	.37**	.33**	.24**	.27**	.52**
Somatization	.28***	.15***	.25***	.16***	.24***	.22***	.20***	.19***	.37***
Negative Self	.33***	.25***	.35***	.32***	.40***	.35***	.24***	.27***	.54***
Depression	.26***	.20***	.32***	.29***	.35***	.34***	.24***	.48***	.73***
Anxiety	.32***	.22***	.33***	.30***	.36***	.30***	.21***	.25***	.49***
Hostility	.45***	.24***	.32***	.19***	.27***	.20***	.15***	.25***	.44***
MSPSS Total (N: 1002)	-.15***	-.26***	-.39***	-.34***	-.24***	-.16***	.03	.03	-.32***
PANAS (N: 1002)									
Positive Affect	.09**	-.14**	-.20***	-.31***	-.30***	-.21***	.04	-.01	-.22***
Negative Affect	.31***	.18***	.30***	.26***	.35***	.25***	.20***	.24***	.45***

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

Note: **IIP**: Inventory of Interpersonal Problems, **BPTI**: Basic Personality Traits Inventory **Extraversion**: Basic Personality Traits Inventory Extraversion subscale, **Agreeableness**: Basic Personality Traits Inventory Agreeableness subscale, **Neuroticism**: Basic Personality Traits Inventory Neuroticism subscale, **Negative Valence**: Basic Personality Traits Inventory Negative Valence subscale, **Openness:** Basic Personality Traits Inventory Opennes subscale, **Conscientiousness**: Basic Personality Traits Inventory Conscientiousness subscale, **BSI:** Brief Symptom Inventory**, Somatization:** Brief Symptom Inventory Somatization subscale, **Negative Self:** Brief Symptom Inventory Negative Self subscale, **Depression:** Brief Symptom Inventory Depression subscale, **Anxiety:** Brief Symptom Inventory Anxiety subscale, **Hostility:** Brief Symptom Inventory Hostility subscale**, MSPSS:** Multidimensional Scale of Perceived Social Support, **PANAS**: Positive and Negative Affect scale, **Positive Affect**: Positive Affect subscale, **Negative Affect**: Negative Affect subscale.

(r = .35, p<.001); IIP-Overly Accomodating had positive correlation with BSI fullscale (r = .33, p<.001), BSI-Negative Self (r = .35, p<.001), BSI-Depression (r = .34, p<.001), BSI-Anxiety (r = .30, p<.001); IIP-Self-Sacrificing had positive high correlation with BPTI-Agreeableness (r = .41, p<.001); IIP-Intrusive/ Needy had positive high correlation with BSI-Depression.

3.3.1.1.3. Criterion Validity of Inventory of Interpersonal Problems

In order to examine the criterion validity of Inventory of Interpersonal Problems, two groups were generated on the basis of the participants' BSI scores. The highest 50th percentile of BSI scores were grouped as "high psychological symptoms" and the lowest 50th percentile BSI scores were grouped as "low psychological symptoms" categories. The "high psychological symptoms" group included 486 participants with a mean score of 87.90 (SD = 29.21) and for this group the BSI scores ranged from 48 to 174. The "low psychological symptoms" group included 502 participants with a mean score of 27.44 (SD = 13.57) and for this group the BSI scores ranged from 0 to 47.

For criterion validity, IIP subscales were expected to be significantly different for these groups with high and low psychological problems. In order to examine possible differences between groups, MANOVA was conducted with eight interpersonal problems namely, Domineering/ Controlling, Vindictive/ Self-Centered, Cold/ Distant, Socially Inhibited, Nonassertive, Overly Accomodating, Self-Sacrificing, Intrusive/ Needy, as the dependent variables.

Results revealed significant psychological symptoms main effect [Multivariate F (8, 979) = 30.27, p<.001; Wilks' Lambda = .80; η^2 = .20]. 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 .006 (i.e., .05/8) were considered to be significant with this correction. Univariate analyses with Bonferroni correction for main effect of psychological symptoms yielded significant effects for all measures as seen in Table 3.3.

According to mean scores, participants with high psychological symptoms had more problems than participants with low psychological problems in all domains of interpersonal problems (see in Table 3.3.).

Table 3. 3. Differences and Mean Scores of BSI on subscales of IIP

Variables	Univariate F	Uni. Df	Uni. η2	High psychological symptoms	Low psychological symptoms
IIP Domineering/ Controlling	73.56*	1, 986	.07	9.54	7.89
IIP Vindictive/ Self-Centered	44.57*	1, 986	.04	8.52	7.21
IIP Cold/ Distant	93.36*	1, 986	.09	9.22	7.27
IIP Socially Inhibited	66.44*	1, 986	.06	9.21	7.48
IIP Nonassertive	102.48*	1, 986	.09	10.74	8.79
IIP Overly Accomodating	97.18*	1, 986	.09	11.01	9.17
IIP Self-Sacrificing	36.16*	1, 986	.04	12.62	11.37
IIP Intrusive/ Needy	50.75*	1, 986	.05	11.53	9.97

*$p < .001$

Note: **IIP**: Inventory of Interpersonal Problems.

3.3.1.2. Psychometric Properties of Cognitive Emotion Regulation Questionnaire

3.3.1.2.1. Reliability Analysis of Cognitive Emotion Regulation Questionnaire

Cronbach Alpha coefficients were computed for Cognitive Emotion Regulation Questionnaire (CERQ) revised version including nine subscales namely, acceptance, refocus on planning, positive refocusing, positive reappraisal and putting into

perspective, self-blame, blaming others, rumination/focus on thought, and catastrophizing in a sample of 1018 subjects.

Table 3. 4. Internal Consistency Coefficients and Item-Total Range for Fullscale and Subscales of CERQ

Scale (N: 1018)	N of items	Item-total corr. range	Cronbach's α
CERQ Fullscale	36	.14- .56	.88
CERQ Acceptance	4	.30- .63	.72
CERQ Positive refocus	4	.65- .80	.88
CERQ Refocus on plan	4	.61- .71	.83
CERQ Pos. reappraisal	4	.62- .72	.84
CERQ Putting into perspective	4	.62- .74	.83
CERQ Catastrophizing	4	.56- .73	.83
CERQ Rumination	4	.66- .79	.86
CERQ Blaming others	4	.30- .54	.82
CERQ Self-blame	4	.45- .75	.82

Note: **CERQ**: Cognitive Emotion Regulation Questionnaire, **CERQ Acceptance**: Cognitive Emotion Regulation Questionnaire Acceptance subscale, **CERQ Positive Refocus:** Cognitive Emotion Regulation Questionnaire Positive Refocus subscale, **CERQ Refocus on Plan:** Cognitive Emotion Regulation Questionnaire Refocus on Plan subscale, **CERQ Positive Reappraisal**: Cognitive Emotion Regulation Questionnaire Positive Reappraisal subscale, **CERQ Putting into Perspective**: Cognitive Emotion Regulation Questionnaire Putting into Perspective subscale, **CERQ Catastrophizing:** Cognitive Emotion Regulation Questionnaire Catastrophizing subscale, **CERQ Rumination**: Cognitive Emotion Regulation Questionnaire Rumination subscale, **CERQ Blaming Others:** Cognitive Emotion Regulation Questionnaire Blaming Others subscale, **CERQ Self-blame**: Cognitive Emotion Regulation Questionnaire CERQ Self-blame subscale.

Internal consistency was found to be .88 for the overall CERQ scale and item-total correlation ranged between .14 and .56, whereas Cronbach's Alpha values ranged from .72 to .88 for the subscales (see Table 3.4). Split-half reliability was also computed for the overall CERQ by randomly splitting into two parts. The Guttman split-half reliability for IIP was .94, where the Cronbach Alpha coefficient for the first part composed of 18 items was .79 and it was .75 for the second part consisting of 18 items.

3.3.1.2.2. Concurrent Validity of Cognitive Emotion Regulation Questionnaire

In order to examine concurrent validity of CERQ, correlations between CERQ Positive, CERQ Negative and PANAS Positive, PANAS Negative, BSI Fullscale and BSI subscales namely, Somatization, Negative Self, Depression, Anxiety and Hostility were examined. CERQ Positive and CERQ Negative was constructed by grouping positive and negative strategies. Accordingly, Positive Cognitive Emotion Regulation variable constructed by grouping Acceptance, Refocus on Planning, Positive Refocusing, Positive Reappraisal and Putting into Perspective scales, and Negative Cognitive Emotion Regulation variable constructed by grouping Self-Blame, Blaming Others, Rumination and Catastrophizing subscales.

Table 3. 5. Correlations Between CERQ Positive, CERQ Negative, Fullscale and Subscales of PANAS and BSI

	PANAS (N: 1003)	**PANAS** Positive Affect	**PANAS** Negative Affect	**BSI Total** (N: 988)	**BSI** Somatization	**BSI** Negative Self	**BSI** Depression	**BSI** Anxiety	**BSI** Hostility
CERQ Positive		.36**	-.12**	-.10*	-.06	-.09*	-.12**	-.10*	-.09*
CERQ Negative		-.05	.44**	.51**	.33**	.51**	.49**	.46**	.45**

*p<.01, **p<.001

Note: **CERQ Positive**: Cognitive Emotion Regulation Positive Strategies, **CERQ Negative:** Cognitive Emotion Regulation Negative Strategies, **PANAS**: Positive and Negative Affect scale, **BSI:** Brief Symptom Inventory.

By assuming correlations greater than .25 as moderate and greater than .40 as high correlations, the results (as shown in Table 3.5.) indicated that CERQ Positive scores had moderate positive correlation with PANAS Positive (r = .36, p<.001) and CERQ Negative had high positive correlation with PANAS Negative (r = .44, p<.001).

Moreover, CERQ Negative had high positive correlation with BSI Total score (r = .51, p<.001), BSI Negative Self (r = .51, p<.001), BSI Depression(r = .49, p<.001) , BSI Anxiety (r = .46, p<.001), BSI Hostility (r = .45, p<.001) and moderate positive correlation with BSI Somatization (r = .33, p<.001).

3.3.1.3. Psychometric Properties of Personality Belief Questionnaire

3.3.1.3.1. Reliability Analysis of Personality Belief Questionnaire

Reliability of Personality Belief Questionnaire (PBQ) including ten subscales namely, Avoidant PD, Dependent PD, Passive-aggressive PD, Obsessive-compulsive PD, Antisocial PD, Narcissistic PD, Histrionic PD, Schizoid PD, Paranoid PD and Borderline PD, was examined in a sample of 1073 subjects.

Internal consistency was found to be .96 for the overall PBQ scale and item-total correlation ranged between .12 and .66, whereas Cronbach's Alpha values ranged from .80 to .92 for the subscales (See Table 3.6.)

Split-half reliability was also computed for the overall PBQ by randomly splitting into two parts. The Guttman split-half reliability for IIP was .97, where the Cronbach Alpha coefficient for the first part composed of 63 items was .93 and it was .93 for the second part consisting of 63 items.

Table 3. 6. Internal Consistency Coefficients and Item-Total Range for Fullscale and Subscales of PBQ

Scale (N: 1073)	N of items	Item-total corr. range	Cronbach's α
PBQ Fullscale	126	.12- .66	.96
Avoidant PD.	14	.17- .56	.80
Dependent PD.	14	.32- .61	.87
Passive-aggressive PD.	14	.20- .62	.84
Obsessive-Compulsive PD.	14	.31- .70	.87
Antisocial PD.	14	.20- .62	.82
Narcissistic PD.	14	.47- .72	.89
Histrionic PD.	14	.28- .69	.85
Schizoid PD.	14	. 33- .58	.83
Paranoid PD.	14	.56- .76	.92
Borderline PD.	14	.38- .56	.83

Note: **PBQ**: Personality Belief Questionnaire, **PBQ Avoidant PD**:. Personality Belief Questionnaire Avoidant Personality Disorder subscale, **PBQ Dependent PD**: Personality Belief Questionnaire Dependent Personality Disorder subscale, **PBQ Passive-aggressive PD**: Personality Belief Questionnaire Passive-aggressive Personality Disorder subscale, **PBQ Obsessive-Compulsive PD:** Personality Belief Questionnaire Obsessive-Compulsive Personality Disorder subscale, **PBQ Antisocial PD**: Personality Belief Questionnaire Antisocial Personality Disorder subscale, **PBQ Narcissistic PD**: Personality Belief Questionnaire Narcissistic Personality Disorder subscale, **PBQ Histrionic PD**: Personality Belief Questionnaire Histrionic Personality Disorder subscale, **PBQ Schizoid PD**: Personality Belief Questionnaire Histrionic Personality Disorder subscale, **PBQ Paranoid PD**: Personality Belief Questionnaire Paranoid Personality Disorder subscale, **PBQ Borderline PD**: Personality Belief Questionnaire Borderline Personality Disorder subscale.

3.3.1.3.2. Reliability Analysis of Personality Belief Questionnaire-Bordeline Personality Disorder Subscale

Borderline Personality Disorder subscale of PBQ derived from PBQ items which were significantly more strongly endorsed by BPD patients compared to patients with other PDs (Butler, Brown, Beck & Grisham, 2002). Internal consistency reliability for BPD subscale was computed with Butler et.al.'s items and Cronbach's Alpha was found as .83 for the subscale with item-total correlation ranging from .38 to .56.

3.3.1.3.3. Concurrent Validity of Personality Belief Questionnaire

In order to examine concurrent validity of PBQ, correlations between PBQ fullscale and subscales and BSI fullscale and subscales were examined.

By accepting correlations greater than .25 as moderate and greater than .40 as high correlations, the results indicated that overall PBQ scores had high positive correlations with BSI fullscale (r = .59, p<.001) and with all BSI subscales ranging between .46 and .60. Subscale correalations of PBQ with BSI subscales also indicated significant positive correlations; correlations for PBQ-Avoidant PD. ranged from .40 to .55, correlations for PBQ-Dependent PD. ranged from .37 to .54, correlations for PBQ-Passive-aggressive PD. ranged from .32 to .45, correlations for PBQ-Obsessive-Compulsive PD. ranged from .25 to .34, correlations for PBQ-Antisocial PD. ranged from .25 to .41, correlations for PBQ-Narcissistic PD. ranged from .28 to .36, correlations for PBQ-Histrionic PD. ranged from .37 to .49, correlations for PBQ-Schizoid PD. ranged from .21 to .28, correlations for PBQ-Paranoid PD. ranged from .42 to .54, correlations for PBQ-Borderline PD. ranged from .48 to .70. Table 3.7. presented correlations Between fullscale and subscales PBQ and BSI.

Table 3. 7. Correlations Between Fullscale and Subscales of PBQ and Fullscale and Subscales of BSI

N: 979	PBQ Avoidant PD.	PBQ Dependent PD.	PBQ Passive-aggressive PD.	PBQ Obsessive-Compulsive PD.	PBQ Antisocial PD.	PBQ Narcissistic PD.	PBQ Histrionic PD.	PBQ Schizoid PD.	PBQ Paranoid PD.	PBQ Borderline PD.	PBQ Total
BSI Total	.54*	.51*	.44*	.33*	.37*	.36*	.48*	.25*	.54*	.65*	.59*
BSI Somatization	.40*	.37*	.32*	.25*	.35*	.31*	.37*	.23*	.42*	.48*	.46*
BSI Negative Self	.55*	.54*	.43*	.35*	.25*	.35*	.49*	.24*	.58*	.70*	.60*
BSI Depression	.47*	.48*	.40*	.26*	.27*	.28*	.42*	.21*	.45*	.56*	.50*
BSI Anxiety	.52*	.48*	.39*	.30*	.34*	.32*	.44*	.21*	.48*	.60*	.53*
BSI Hostility	.48*	.39*	.45*	.34*	.41*	.38*	.43*	.28*	.53*	.59*	.57*

*$p<.001$

Note: **PBQ**: Personality Belief Questionnaire, **BSI:** Brief Symptom Inventory.

3.3.1.3.4. Criterion Validity of Inventory of Personality Disorder Beliefs

In order to examine the criterion validity of Personality Belief Questionnaire, two groups were generated on the basis of the participants' BSI scores. The BSI scores with the highest and lowest 50th percentile were grouped as "high psychological symptoms" and "low psychological symptoms" categories respectively (For the details of this categorization see section III.3.1.1.3).

As the criterion validity, Personality Belief Questionnaire subscales as Avoidant PD, Dependent PD, Passive-aggressive PD, Obsessive-compulsive PD, Antisocial PD, Narcissistic PD, Histrionic PD, Schizoid PD, Paranoid PD and Borderline PD were expected to significantly differ for these groups with high and low psychological

symptoms. To be able to examine possible differences between groups, MANOVA was conducted with 10 personality disorder beliefs as the dependent variables.

Results revealed significant psychological symptoms (as shown in Table 3.8.) main effect [Multivariate F (10, 967) = 37.57, p <.001; Wilks' Lambda = .72; η^2 = .28]. 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 .005 (i.e., .05/10) were considered to be significant with this correction. Univariate analyses with Bonferroni correction for main effect of BSI yielded significant effects for all measures as shown in Table 3.8.

Table 3. 8. Differences and Mean Scores of BSI on subscales of PBQ

Variables	Univariate F	Uni. df	Uni. η2	High psychological symptoms	Low psychological symptoms
PBQ Avoidant PD.	214.98*	1, 976	.18	21.48	14.77
PBQ Dependent PD.	188.75*	1, 976	.16	20.21	12.80
PBQ Passive-aggressive PD.	110.98*	1, 976	.10	28.35	22.35
PBQ Obsessive-Compulsive PD.	59.93*	1, 976	.06	28.63	23.86
PBQ Antisocial PD.	90.32*	1, 976	.09	16.65	12.04
PBQ Narcissistic PD.	96.38*	1, 976	.09	18.63	12.69
PBQ Histrionic PD.	165.55*	1, 976	.15	20.63	13.96
PBQ Schizoid PD.	46.58*	1, 976	.05	23.61	19.97
PBQ Paranoid PD.	225.06*	1, 976	.19	20.55	11.22
PBQ Borderline PD.	346.83*	1, 976	.26	18.25	9.79

*$p<.001$

Note: PBQ: Personality Belief Questionnaire

According to mean scores, participants with high psychological symptoms had more dysfunctional beliefs than participants with low psychological problems in all personality disorders (see in Table 3.8.).

3.3.2.Main Analyses

3.3.2.1. Descriptive Information for the Measures of the Study

The characteristics of the measures that were used in this study were examined by means of standard deviations, means, minimum and maximum ranges for both scales and subscales. These were; Inventory of Interpersonal Problems with subscales of Domineering/controlling, Vindictive/self-centered, Cold/distant, Socially inhibited, Nonassertive, Overly accommodating, Self-sacrificing and Intrusive/needy; Basic Personality Traits Inventory with subscales of Openness, Conscientiousness, Extraversion, Aggreableness, Neuroticism and Negative Valence; Cognitive Emotion Regulation Questionnaire with subscales of Acceptance, Refocus on planning, Positive refocusing, Positive reappraisal and Putting into perspective, Self-blame, Blaming others, Rumination/focus on thought and Catastrophizing; and Personality Belief Questionnaire with subscales of Avoidant, Dependent, Passive-aggressive, Obsessive-compulsive, Antisocial, Narcissistic, Histrionic, Schizoid, Paranoid, Borderline PDs (see in Table 3.9).

Table 3. 9. Descriptive Information for the Measures

Measures	**Mean**	**Standard Deviation**	**Range (Min.- Max.)**
IIP-32 (N: 1288)	**75.71**	**15.02**	**34-125**
Domineering/ Controlling	8.76	3.10	4-20
Vindictive/ Self-Centered	7.84	3.09	4-20
Cold/ Distant	8.20	3.28	4-20
Socially Inhibited	8.29	3.45	4-20
Nonassertive	9.75	3.20	4-19
Overly Accomodating	10.10	3.15	4-20
Self-Sacrificing	12	3.31	4-20
Intrusive/ Needy	10.76	3.49	4-20

Table 3.9. (cont.'d) Descriptive Information for the Measure

Measures	Mean	Standard Deviation	Range (Min.- Max.)
BPTI (N: 1009)			
Openness	22.26	3.81	8-30
Conscienciousness	27.75	6.24	8-40
Extraversion	28.58	6.63	8-40
Aggreeableness	33.65	4.01	18-40
Neuroticism	25.66	6.74	9-44
Negative Valence	9.75	3.05	6-22
CERQ (N: 1018)			
Acceptance	11.89	3.21	4-20
Positive focus	9.65	3.58	4-20
Refocus on plan	14.37	3.51	4-20
Reappraisal	13.43	3.77	4-20
Putting into perspective	12.45	3.82	4-20
Catastrophization	8.55	3.28	4-20
Rumination	13.66	3.71	4-20
Blaming others	8.80	2.61	4-20
Self-blame	10.97	3.10	4-20
PBQ (N: 1071)	**169.49**	**59.79**	**52-395**
Avoidant PD.	18.07	7.97	2-43
Dependent PD.	16.47	9.23	0-53
Passive-aggressive PD.	25.26	9.31	0-54
Obsessive-Compulsive PD.	26.35	9.87	0-56
Antisocial PD.	14.38	7.95	0-47
Narcissistic PD.	15.63	9.95	0-50
Histrionic PD.	17.25	8.78	0-51
Schizoid PD.	21.84	8.64	0-54
Paranoid PD.	15.86	10.79	0-56
Borderline PD.	13.99	8.32	0-45

Note: IIP: Inventory of Interpersonal Problems, BPTI: Basic Personality Traits Inventory, CERQ: Cognitive Emotion Regulation Questionnaire, PBQ: Personality Belief Questionnaire.

3.3.2.2. Differences of Demographic Variables on 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 subscales scores of the measures) were conducted. In order to conduct these analyses, demographic variables as independent variables were categorized into different groups. Information related to these categorizations and number and percentages of cases in each category were given in Table 3.10.

Table 3. 10. Categorization of the Demographic Variables

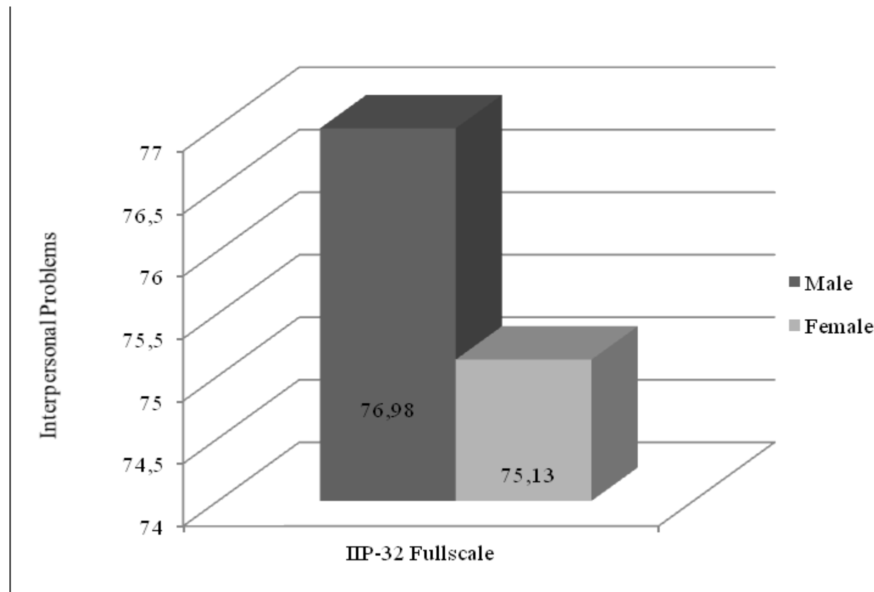
Variables	N (1288 participants)	%
Gender		
Female	883	68.6
Male	405	31.4
Age		
Younger age group (ages between 18 and 22)	405	31.5
Middle age group (ages between 23 and 27)	481	36.6
Older age group (ages between 28 and 68)	410	31.7
Education		
High School and below (Low)	473	36.7
University and Graduate (High)	823	63.3
Work Status		
Employed	621	48.2
Unemployed	667	51.8
Sibling Number		
Having single or no sibling	856	66.6
Having more than one sibling	432	33.2
Order of birth		
First	659	51.3
Second or further (Other)	629	48.5
Mother's Education		
High School or below (Low)	855	66.3
University and Graduate (High)	433	33.7
Father's Education		
High School or below (Low)	626	48.3
University and Graduate (High)	662	51.5

3.3.2.2.1. Difference of Gender on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs

To be able to examine possible differences of Gender on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs 2 Independent t-test was conducted with interpersonal problems and personality disorder beliefs total scores as dependent variables, and 4 separate between subjects MANOVA was conducted with 8 interpersonal problems (i. e., Domineering/Controlling, Vindictive/Self-Centered, Cold/Distant, Socially İnhibited, Nonassertive, Overly Accommodating, Self-Sacrificing and Intrusive/Needy); 6 basic personality traits (i. e., Opennes, Conscientiousness, Extraversion, Agreeableness, Neuroticism, Negative Valence); 9 cognitive emotion regulation strategies (i. e., Acceptance, Refocus on Planning, Positive Refocusing, Positive Reappraisal and Putting into Perspective, Self-Blame, Blaming Others, Rumination and Catastrophizing); and 10 personality disorder related beliefs (i. e., Avoidant PD., Passive-Aggressive PD., Obsessive-Compulsive PD., Antisocial PD., Narcissistic PD., Histrionic PD., Schizoid PD., Paranoid PD., Dependent PD., Borderline PD.) as the dependent variables.

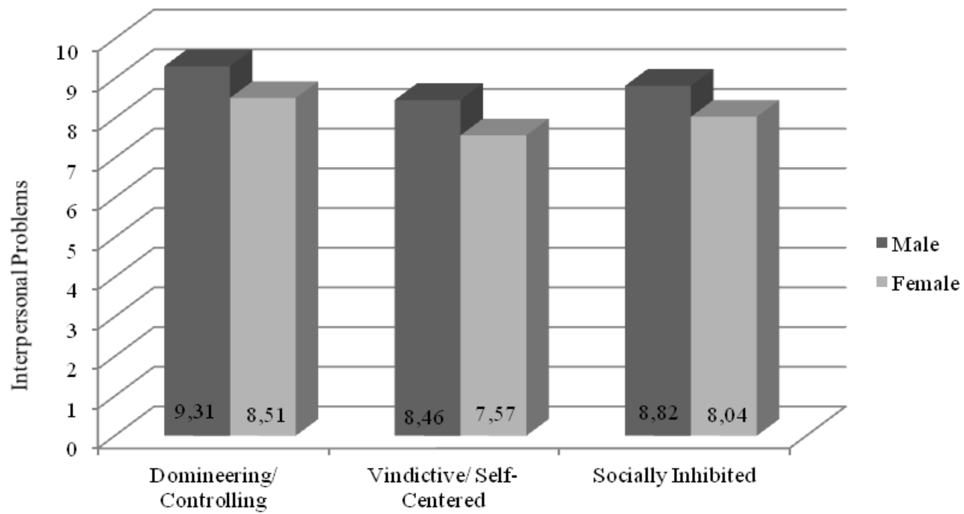
Independent t-tests was conducted with Interpersonal Problems and results revealed significant group difference on Interpersonal Problems ($\underline{t}[1286] = 2.06$, $\underline{p} < .05$). According to the mean scores, male participants had higher scores on interpersonal problems ($\underline{M} = 76.98$) than female participants ($\underline{M} = 75.13$) (see Table 3.12, Figure 3.1).

Figure 3. 1. Mean Scores of Gender on Interpersonal Problems



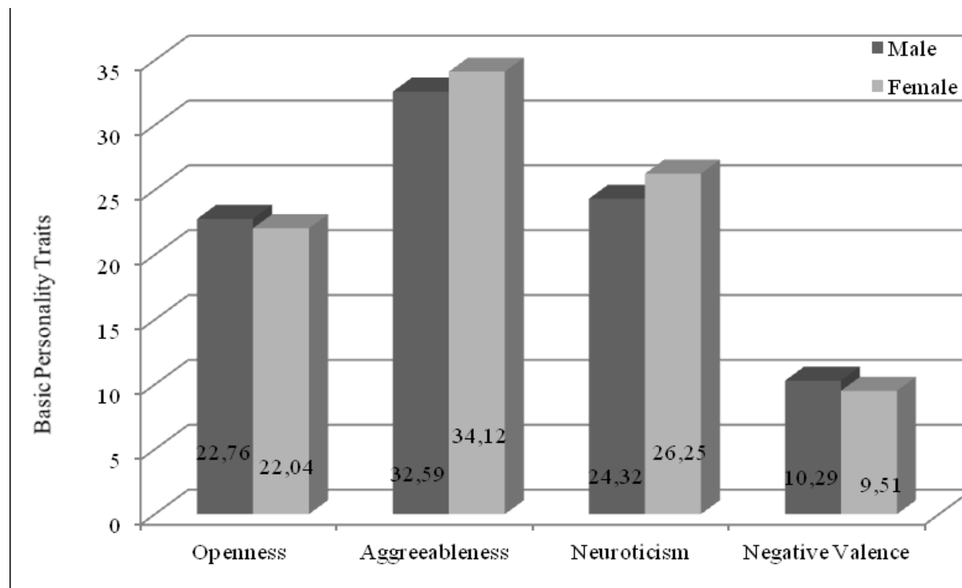
First MANOVA was conducted with interpersonal problems as dependent variables and results yielded a main effect of Gender (as shown in Table 3.11.) on interpersonal problems [Multivariate F (8, 1279) = 10.45, p <.001; Wilks' Lambda = .94; η^2 = .06]. After the multivariate analyses, univariate analyses were performed for significant effects with the application of the Bonferroni correction. Thus, for the univariate analyses, the alpha values that were lower than .00625 (i.e., .05/8) were considered to be significant with this correction. Univariate analyses with Bonferroni correction for main effect of Gender yielded a significant effect for Domineering/ Controlling [F (1, 1286) = 18.79, p <.001; η^2 =.01]; Vindictive/ Self-Centered F (1, 1286) = 23.87, p <.001; η^2 =.02]; Socially Inhibitied [F (1, 1286) = 14.12, p <.001; η^2 =.002] measure. According to mean scores, male participants are more domineering/ controlling (Male M = 9.31, Female M = 8.51), more vindictive/ self-centered (Male M = 8.46, Female M = 7.57), and more socially inhibited (Male M = 8.82, Female M = 8.04) than female participants in interpersonal relationships (as shown in Table 3.12. and Figure 3.2).

Figure 3. 2. Mean Scoress of Gender on Interpersonal Problems Subscales



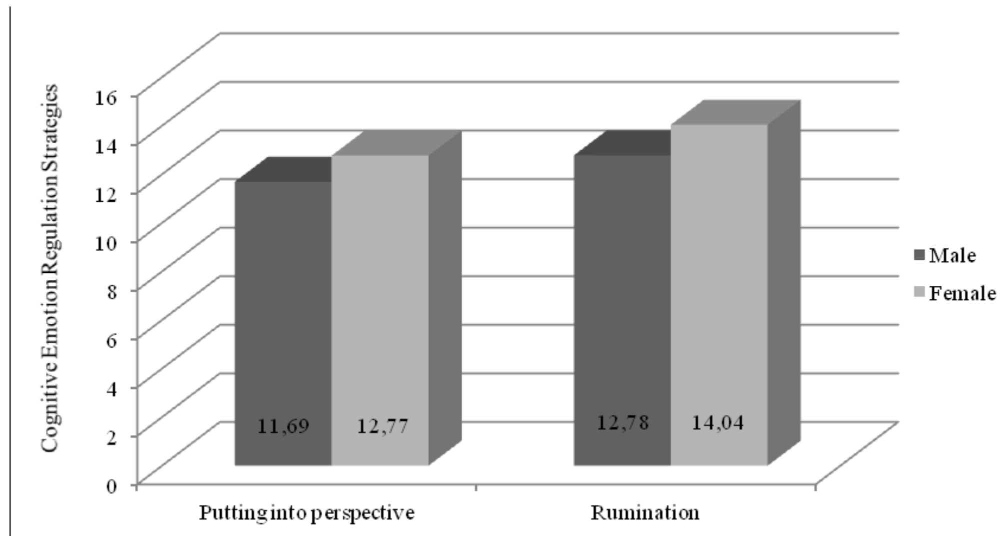
Second MANOVA results revealed Gender (as shown in Table 3.11.) main effect on basic personality traits [Multivariate F (6, 1002) = 19.01, p <.001; Wilks' Lambda = .90; η^2 = .10]. Univariate analyses following Bonferroni correction for main effect of Gender showed significant effect for Opennes [F (1, 1007) = 7.47, p <.05; η^2 =.008], Agreeableness [F (1, 1007) = 32.10, p <.001; η^2 =.03], Neuroticism [F (1, 1007) = 17.78, p <.001; η^2 =.02], and Negative Valence [F (1, 1007) = 14.04, p <.001; η^2 =.01] measure. According to the mean scores, male participants are more open to experience (M = 22.76) than female participants (M = 22.04). Moreover, male participants were less agreeable (M = 32.59) than female participants (M = 34.12) and also less neurotic (M = 24.32) than females (M = 26.25). Finally, male participants had higher scores on negative valence (M = 10.29) than female participants (M = 9.51) (as shown in Table 3.12 and Figure 3.3).

Figure 3. 3. Mean Scores of Gender on Basic Personality Traits



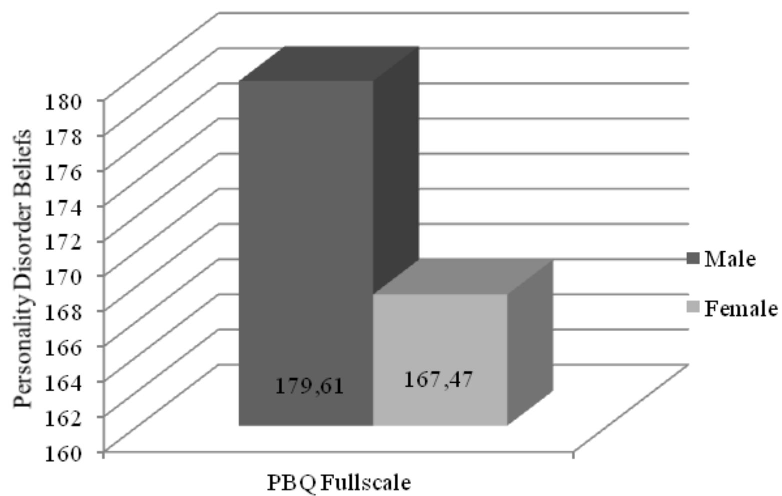
Third MANOVA results revealed Gender (as shown in Table 3.11.) main effect on cognitive emotion regulation strategies [Multivariate F (9, 1008) = 9.32, p <.001; Wilks' Lambda = .92; η^2 = .08]. Univariate analyses following Bonferroni correction for main effect of Gender showed significant effect for Putting into Perspective [F (1, 1016) = 17.60, p <.001; η^2 =.02], and Rumination [F (1, 1016) = 25.88, p <.001; η^2 =.03] scale. According to the mean scores, female participants used putting into perspective (M = 12.77) more often than male participants (M = 11.69) and also females used rumination (M = 14.04) more often than males (M = 12.78) (as shown in Table 3.12. and Figure 3.4).

Figure 3. 4. Mean Scores of Gender on Cognitive Emotion Regulation



Independent t-tests was conducted with Personality Disorder Beliefs total scores as the dependent variable and results revealed significant group difference on Personality Disorder Beliefs (t[1069] = 3.07, p <.01). According to the mean scores, male participants had more beliefs related to personality disorders (M = 179.61) than female participants (M = 167.47) (see Table 3.12., Figure 3.5).

Figure 3. 5. Mean Scores of Gender on Personality Disorders Beliefs



Finally, results of MANOVA with personality disorder beliefs revealed Gender (as shown in Table 3.11.) main effect on personality disorder beliefs [Multivariate F (10, 1060) = 2.95, p <.001; Wilks' Lambda = .97; η^2 = .03]. Univariate analyses following Bonferroni correction for main effect of Gender indicated significant effect for Passive-Aggressive PD. [F (1, 1069) = 11.17, p <.001; η^2 =.01], Obsessive-Compulsive PD. [F (1, 1069) = 10.71, p <.001; η^2 =.01], Antisocial PD. [F (1, 1069) = 10.92, p <.001; η^2 =.01], Narcissistic PD. [F (1, 1069) = 8.68, p <.05; η^2 =.005], and Paranoid PD. [F (1, 1069) = 7.82, p <.005; η^2 =.01] scale. According to the mean scores, male participants had more beliefs related to passive-aggressive PD. (M = 26.70) than female participants (M = 24.64), more beliefs related to Obsessive-Compulsive PD. (M = 27.85) than females (M = 25.71), more Antisocial PD. beliefs (M = 15.60) than females (M = 13.86), and more beliefs related to Narcissistic PD. (M = 16.99) than female participants M = 15.04), and more Paranoid PD. related beliefs (M = 17.26) than female participants (M = 15.26) (as shown in Table 3.12. and Figure 3.6.).

Figure 3. 6. Mean Scores of Gender on Personality Disorders Beliefs

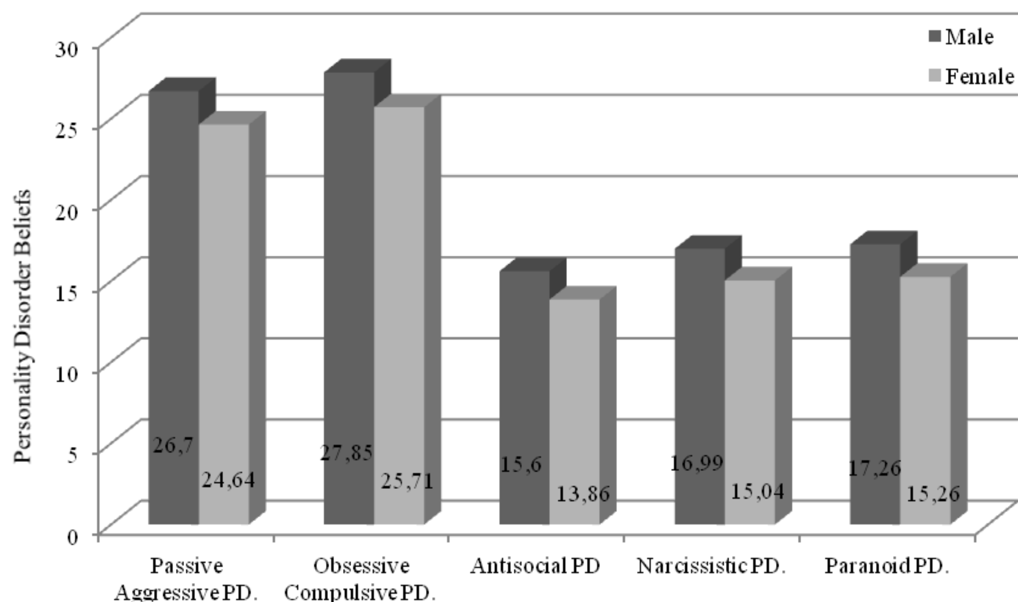


Table 3. 11. Difference of Gender on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs

Measures	Wilks' Lambda	Multi. F	Multi. Df	Multi. η2	Uni. F	Uni. Df	Uni. η2
IIP-32	.94	10.45***	8, 1279	.06	-	-	-
Domineering/ Controlling	-	-	-	-	.18.79†	1, 1286	.01
Vindictive/ Self-Centered	-	-	-	-	.23.87†	1, 1286	.02
Cold/ Distant	-	-	-	-	2.77	1, 1286	.002
Socially Inhibited	-	-	-	-	14.12†	1, 1286	.01
Nonassertive	-	-	-	-	.06	1, 1286	.00
Overly Accomodating	-	-	-	-	.331	1, 1286	.00
Self-Sacrificing	-	-	-	-	6.08	1, 1286	.01
Intrusive/ Needy	-	-	-	-	6.20	1, 1286	.01
BPTI	.90	19.01***	6, 1002	.10	-	-	-
Openness	-	-	-	-	7.47†	1,1007	.01
Conscientiousness	-	-	-	-	.31	1,1007	.00
Extraversion	-	-	-	-	3.31	1,1007	.00
Agreeableness	-	-	-	-	32.10†	1,1007	.03
Neuroticism	-	-	-	-	17.78†	1,1007	.02
Negative Valence	-	-	-	-	14.04†	1,1007	.01
CERQ	.92	9.32***	9, 1008	.08	-	-	-
Acceptance	-	-	-	-	1.22	1, 1016	.001
Positive focus	-	-	-	-	2.95	1, 1016	.003
Refocus on plan	-	-	-	-	4.73	1, 1016	.01
Reappraisal	-	-	-	-	.00	1, 1016	.00
Putting into perspective	-	-	-	-	17.60†	1, 1016	.02
Catastrophizing	-	-	-	-	.97	1, 1016	.001
Rumination	-	-	-	-	25.88†	1, 1016	.03
Blaming others	-	-	-	-	2.10	1, 1016	.002
Self-blame	-	-	-	-	.08	1, 1016	.00
PBQ	.97	2.95***	10, 1060	.03	-	-	-
Avoidant PD.	-	-	-	-	1.91	1, 1069	.02
Dependent PD.	-	-	-	-	.003	1, 1069	.00
Passive-aggressive PD.	-	-	-	-	11.17†	1, 1069	.01
Obsessive-Compulsive PD.	-	-	-	-	10.71†	1, 1069	.01
Antisocial PD.	-	-	-	-	10.92†	1, 1069	.01
Narcissistic PD.	-	-	-	-	8.68†	1, 1069	.01
Histrionic PD.	-	-	-	-	.54	1, 1069	.001
Schizoid PD.	-	-	-	-	3.75	1, 1069	.003
Paranoid PD.	-	-	-	-	7.82†	1, 1069	.01
Borderline PD.	-	-	-	-	4.21	1, 1069	.004

*$p < .05$, **$p < .01$, ***$p < .001$, †Significant after Bonferonni Correction

Table 3. 12. Mean Difference of Gender on Interpersonal Problems, Basic Personality Traits Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs

Measures	Male	Female
IIP-32	**N: 405**	**N: 883**
IIP-32 Fullscale	**76.98**	**75.13**
Domineering/ Controlling	**9.31**	**8.51**
Vindictive/ Self-Centered	**8.46**	**7.57**
Cold/ Distant	8.42	8.09
Socially Inhibited	**8.82**	**8.04**
Nonassertive	9.72	9.77
Overly Accomodating	10.18	10.07
Self-Sacrificing	11.67	12.16
Intrusive/ Needy	10.41	10.93
BPTI	**N: 306**	**N: 703**
Openness	**22.76**	**22.04**
Conscientiousness	27.58	27.82
Extraversion	28.01	28.84
Agreeableness	**32.59**	**34.12**
Neuroticism	**24.32**	**26.25**
Negative Valence	**10.29**	**9.51**
CERQ	**N: 309**	**N: 709**
Acceptance	11.73	11.97
Positive focus	9.36	9.78
Refocus on plan	14.73	14.21
Reappraisal	13.43	13.43
Putting into perspective	**11.69**	**12.77**
Catastrophizing	8.39	8.61
Rumination	**12.78**	**14.04**
Blaming others	8.62	8.88
Self-blame	10.93	10.99
PBQ	**N: 322**	**N: 749**
PBQ Fullscale	**179.61**	**167.47**
Avoidant PD.	18.58	17.85
Dependent PD.	16.44	16.48
Passive-aggressive PD.	**26.70**	**24.64**
Obsessive-Compulsive PD.	**27.85**	**25.71**
Antisocial PD.	**15.60**	**13.86**
Narcissistic PD.	**16.99**	**15.04**
Histrionic PD.	17.56	17.12
Schizoid PD.	22.63	21.51
Paranoid PD.	**17.26**	**15.26**
Borderline PD.	14.78	13.64

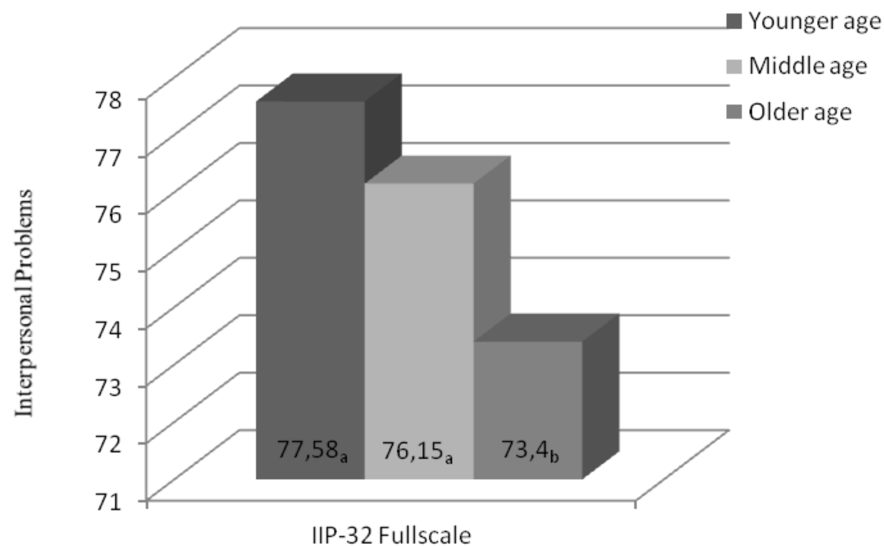
Note: Significant mean differences appear in bold.

3.3.2.2.2. Difference of Age on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs

Age was categorized into 3 different groups so as to be balanced in statistical frequencies. Age categories were named as younger (ages between 18 and 22), middle (ages between 23 and 27), and older (ages between 28 and 68) age groups. Although naming individuals aged from 23 to 27 as middle age group, and individuals aged from 28 to 68 as older age group are socially inappropriate, these categorizations were specific to the sample of the present study. To be able to examine possible differences of Age (Younger age group, Middle age group, and Older age group) on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs one way ANOVAs were conducted with interpersonal problems and personality disorder beliefs total scores as dependent variables, and between subjects MANOVAs were conducted with 8 interpersonal problems (i. e., Domineering/Controlling, Vindictive/Self-Centered, Cold/Distant, Socially İnhibited, Nonassertive, Overly Accommodating, Self-Sacrificing and Intrusive/Needy); 6 basic personality traits (i. e., Opennes, Conscientiousness, Extraversion, Agreeableness, Neuroticism, Negative Valence); 9 cognitive emotion regulation strategies (i. e., Acceptance, Refocus on Planning, Positive Refocusing, Positive Reappraisal and Putting into Perspective, Self-Blame, Blaming Others, Rumination and Catastrophizing); and 10 personality disorder related beliefs (i. e., Avoidant PD., Passive-Aggressive PD., Obsessive-Compulsive PD., Antisocial PD., Narcissistic PD., Histrionic PD., Schizoid PD., Paranoid PD., Dependent PD., Borderline PD.) as the dependent variables.

One-way ANOVA was conducted with interpersonal problems and results revealed significant Age main effect on interpersonal problems [$\underline{F}$ (2, 1283) = 8.29, $\underline{p}$ >.001]. According to the post-hoc comparisons conducted by Bonferroni analysis (as shown in Table 3.14. and Figure 3.7.), younger ($\underline{M}$ = 77.58) and middle age group participants ($\underline{M}$ = 76.15) had higher levels of interpersonal problems than older participants ($\underline{M}$ = 73.40), whereas younger and middle age participants did not significantly differ from each other.

Figure 3. 7. Mean Scores of Age Groups on Interpersonal Problems



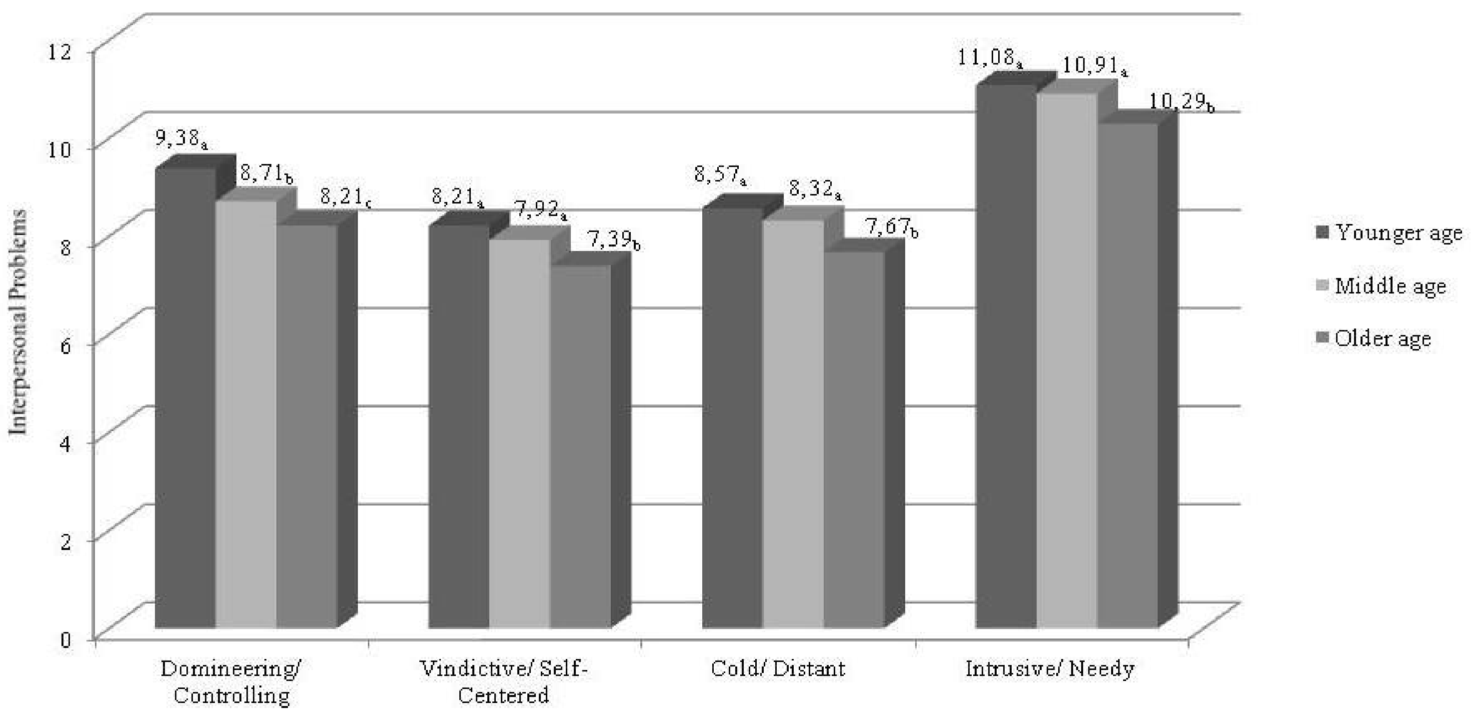
Note: The mean scores that do not share the same subscript are significantly different from each other.

Firstly, a MANOVA was conducted with interpersonal problems as dependent variables and results revealed significant Age (as shown in Table 3.13.) main effect on interpersonal problems [Multivariate $\underline{F}$ (16, 2552) = 3.14, $\underline{p}$ <.001; Wilks' Lambda = .96; η^2 = .02].

Univariate analyses with Bonferonni adjustment for main effect of Age indicated a significant effect for Domineering/ Controlling [F (2, 1283) = 14.87, p <.001; η^2 =.02], Vindictive/ Self-Centered F (2, 1283) = 7.59, p <.01; η^2 =.01], Cold/ Distant [F (2, 1283) = 8.29, p <.001; η^2 =.01], and Intrusive/ Neddy [F (2, 1283) = 5.94, p <.006; η^2 =.01] measure (see Table 3.12).

According to the post-hoc comparisons conducted by Bonferroni analysis, younger participants (M = 9.38) had more Domineering/Controlling problems than middle age group participants (M = 8.71). Furthermore, middle age group participants (M = 8.71) had more Domineering/Controlling problems than older participants (M = 8.21). Main effect for Vindictive/ Self-Centered measure indicated that younger (M = 8.21) and middle age group participants (M = 7.92) had higher scores on Vindictive/ Self-Centeredness than older participants (M = 7.39), whereas younger and middle age group participants did not significantly differ from each other. Younger (M = 8.57) and middle age group participants (M = 8.32) had higher scores on Cold/ Distant scale than older participants (M = 7.67) whereas younger and middle age group participants did not significantly differ from each other. Finally, younger (M = 11.08) and middle age group participants (M = 10.91) were more Intrusive/ Needy than older participants (M = 10.29) whereas younger and middle age group participants did not significantly differ from each other (see in Table 3.14. and Figure 3.8.).

Figure 3.8. Mean Scores of Age Groups on Interpersonal Problems Subscales

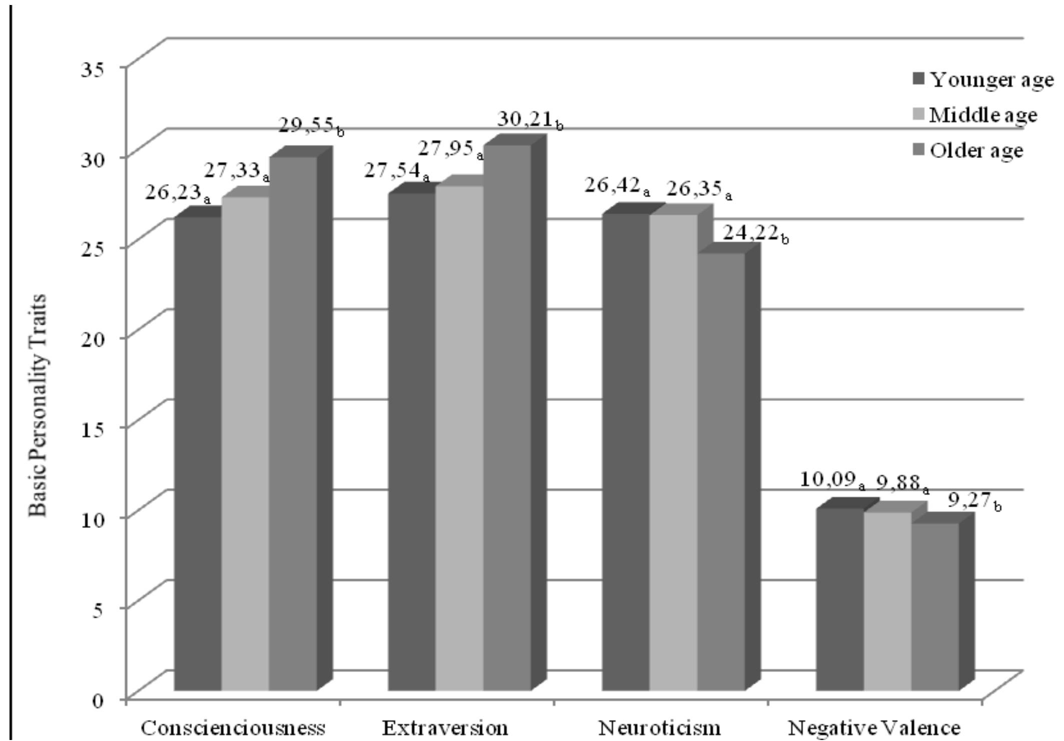


Note: The mean scores that do not share the same subscript are significantly different from each other.

Second MANOVA results yielded a main effect of Age (as shown in Table 3.13.) on basic personality traits [Multivariate $\underline{F}$ (12, 1998) = 7.04, $\underline{p}$ <.001; Wilks' Lambda = .92; η^2 = .04]. Univariate analyses following Bonferroni correction for main effect of Age yielded significant effect for Conscientiousness [$\underline{F}$ (2, 1004) = 24.56, $\underline{p}$ <.001; η^2 =.05], Extraversion [$\underline{F}$ (2, 1004) = 15.86, $\underline{p}$ <.001; η^2 =.03], Neuroticism [$\underline{F}$ (2, 1004) = 11.70, $\underline{p}$ <.001; η^2 =.02], and Negative Valence [$\underline{F}$ (2, 1004) = 6,42, $\underline{p}$ <.05; η^2 =.01] measure.

According to the post-hoc comparisons conducted by Bonferroni analysis, older ($\underline{M}$ = 29.55) had higher scores on Conscientiousness than middle age group ($\underline{M}$ = 27.33) and younger age group ($\underline{M}$ = 26.23) participants, whereas younger and middle age group participants did not significantly differ from each other. Similarly, older ($\underline{M}$ = 30.21) and middle had higher scores on Extraversion than age group ($\underline{M}$ = 27.95) and younger age group ($\underline{M}$ = 27.54) participants, whereas younger and middle age group participants did not significantly differ from each other. On the other hand, younger ($\underline{M}$ = 26.42) and middle age group participants ($\underline{M}$ = 26.35) had higher level of Neuroticism than older participants ($\underline{M}$ = 24.22) whereas younger and middle age group participants did not significantly differ from each other. Younger ($\underline{M}$ = 10.09) and middle age group participants ($\underline{M}$ = 9.88) had higher level of Negative Valence than older participants ($\underline{M}$ = 9.27) whereas younger and middle age group participants did not significantly differ from each other (see in Table 3.14. and Figure 3.9.).

Figure 3. 9. Mean Scores of Age Groups on Basic Personality Traits



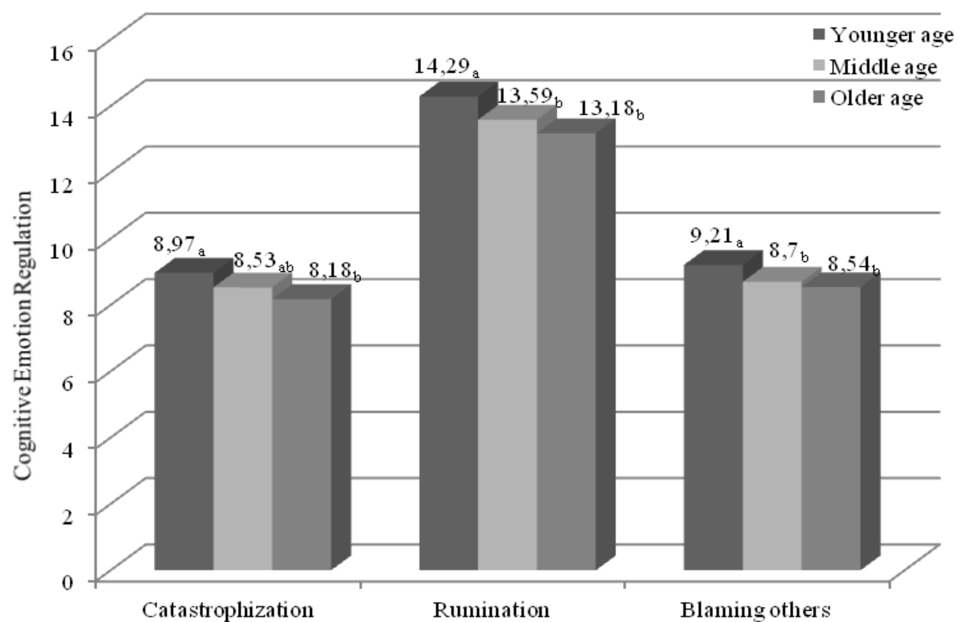
Note: The mean scores that do not share the same subscript are significantly different from each other.

Results of MANOVA conducted with cognitive emotion regulation strategies revealed

Age (as shown in Table 3.13.) main effect on cognitive emotion regulation strategies [Multivariate $\underline{F}$ (18, 2010) = 2.31, $\underline{p}$ <.001; Wilks' Lambda = .96; η^2 = .02]. Univariate analyses following Bonferroni correction for main effect of Age showed significant effect for Catastrophizing [$\underline{F}$ (2, 1013) = 4.69, $\underline{p}$ <.008; η^2 =.01], and Rumination [$\underline{F}$ (2, 1013) = 7.39, $\underline{p}$ <.008; η^2 =.01], and Blaming Others [$\underline{F}$ (2, 1013) = 5.84, $\underline{p}$ <.008; η^2 =.01] subscales. According to the post-hoc comparisons conducted by Bonferroni analysis (see Table 3.14.), younger participants ($\underline{M}$ = 8.97) used more Catastrophizing than older participants ($\underline{M}$ = 8.18) whereas both younger and older participants did not significantly differ from middle age group participants ($\underline{M}$ = 8.53). Moreover, younger participants ($\underline{M}$ = 14.29) used Rumination more often than middle age group

participants (M = 13.59) and older participants (M = 13.18), whereas middle age group and older participants did not significantly differ from each other. Similarly, younger participants (M = 9.21) used Blaming Others more often than middle age group participants (M = 8.70) and older participants (M = 8.54), whereas middle age group and older participants did not significantly differ from each other (see in Table 3.14. and Figure 3.10.).

Figure 3. 10. Mean Scores of Age Groups on Cognitive Emotion Regulation

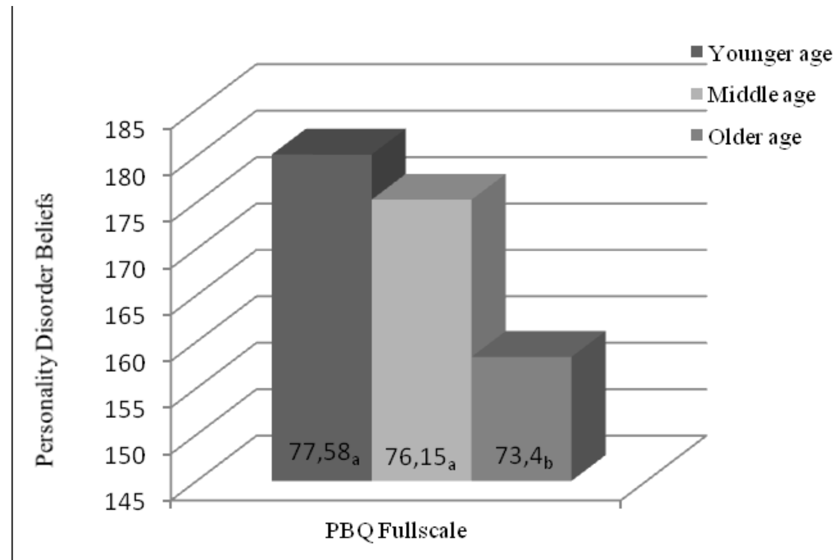


Note: The mean scores that do not share the same subscript are significantly different from each other.

One-way ANOVA was conducted with personality disorder beliefs and results revealed significant Age main effect on personality disorder beliefs [F (2, 1066) = 13.06, p >.001]. According to the post-hoc comparisons conducted by Bonferroni analysis (as shown in Table 3.14. and Figure 3.11.), younger (M = 180.14) and middle age group participants (M = 175.28) had more beliefs related to personality disorders than older

participants ($\underline{M}$ = 158.35) whereas younger and middle age participants did not significantly differ from each other.

Figure 3. 11. Mean Scores of Age Groups on Personality Disorder Beliefs Fullscale

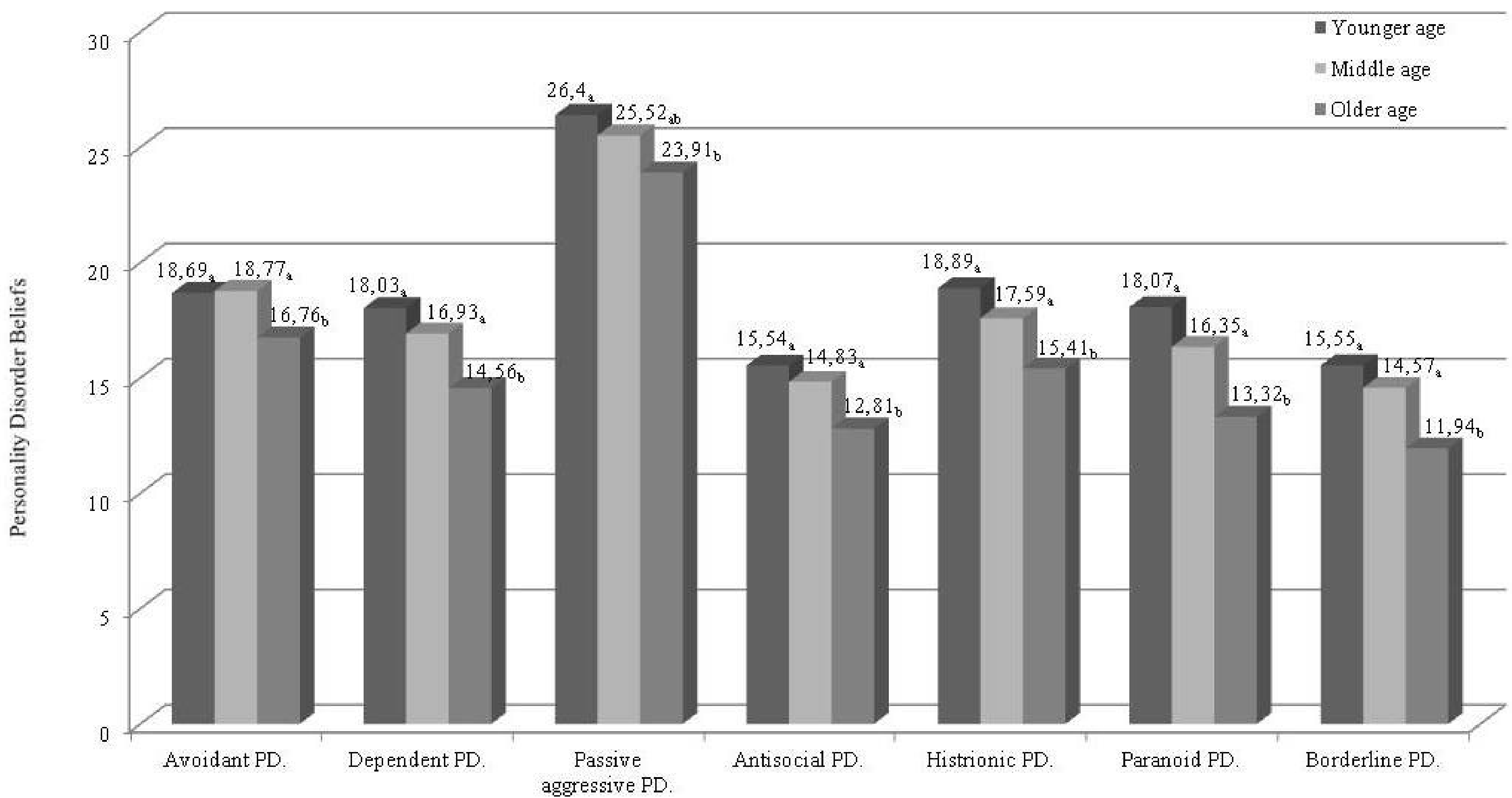


Note: The mean scores that do not share the same subscript are significantly different from each other.

Finally, results of MANOVA with personality disorder beliefs revealed Age (as shown in Table 3.13.) main effect on subscales of personality disorder beliefs [Multivariate $\underline{F}$ (20, 2114) = 3.94, $\underline{p}$ <.001; Wilks' Lambda = .93; η^2 = .04]. Univariate analyses following Bonferroni correction for main effect of Age showed significant effect for Avoidant PD. [$\underline{F}$ (2, 1066) = 7.35, $\underline{p}$ <.01; η^2 =.001], Dependent PD. [$\underline{F}$ (2, 1066) = 12.96, $\underline{p}$ <.001; η^2 =.02], Passive-Aggressive PD. [$\underline{F}$ (2, 1066) = 6.36, $\underline{p}$ <.05; η^2 =.01], Antisocial PD. [$\underline{F}$ (2, 1066) = 11.19, $\underline{p}$ <.001; η^2 =.02], Histrionic PD. [$\underline{F}$ (2, 1066) = 13.95, $\underline{p}$ <.001; η^2 =.03], Paranoid PD. [$\underline{F}$ (2, 1066) = 17.54, $\underline{p}$ <.001; η^2 =.03], and Borderline PD. [$\underline{F}$ (2, 1066) = 17.96, $\underline{p}$ <.001; η^2 =.03] subscales. According to the post-hoc comparisons conducted by Bonferroni analysis (as shown in Table 3.14. and Figure 3.12.), younger ($\underline{M}$ = 18.69) and middle age group participants ($\underline{M}$ = 18.77) had more

beliefs related to Avoidant PD. than older participants (M = 16.76), whereas younger and middle age participants did not significantly differ from each other. Similarly, younger (M = 18.03) and middle age group participants (M = 16.93) had more beliefs related to Dependent PD. than older participants (M = 14.56) whereas younger and middle age participants did not significantly differ from each other. Younger participants (M = 26.40) had more Passive-Aggressive PD. related beliefs than older participants (M = 23.91) whereas both younger and older participants did not significantly differ from middle age group participants (M = 25.52). Furthermore, younger (M = 15.54) and middle age group participants (M = 14.83) had more Antisocial PD. related beliefs than older participants (M = 12.81) whereas younger and middle age participants did not significantly differ from each other. Younger (M = 18.89) and middle age group participants (M = 17.59) had more beliefs related to Histrionic PD. than older participants (M = 15.41) whereas younger and middle age participants did not significantly differ from each other. Younger (M = 18.07) and middle age group participants (M = 16.35) had more Paranoid PD. related beliefs than older participants (M = 13.32) whereas younger and middle age participants did not significantly differ from each other. Finally, Younger (M = 15.55) and middle age group participants (M = 14.57) had more beliefs related to Borderline PD. than older participants (M = 11.94) whereas younger and middle age participants did not significantly differ from each other.

Figure 3.12. Mean Scores of Age Groups on Personality Disorder Beliefs Subscales



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

Table 3. 13. Difference of Age Groups on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs

Measures	Wilks' Lambda	Multi. F	Multi. Df	Multi. η2	Uni. F	Uni. Df	Uni. η2
IIP-32	.96	3.14***	16, 2552	.02	-	-	-
Domineering/ Controlling	-	-	-	-	14.87†	2, 1283	.02
Vindictive/ Self-Centered	-	-	-	-	7.59†	2, 1283	.01
Cold/ Distant	-	-	-	-	8.29†	2, 1283	.01
Socially Inhibited	-	-	-	-	1,22	2, 1283	.002
Nonassertive	-	-	-	-	.42	2, 1283	.001
Overly Accomodating	-	-	-	-	.69	2, 1283	.001
Self-Sacrificing	-	-	-	-	.17	2, 1283	.00
Intrusive/ Needy	-	-	-	-	5.94†	2, 1283	.01
BPTI	.92	7.04***	12, 1998	.04	-	-	-
Openness	-	-	-	-	2.65	2, 1004	.01
Conscientiousness	-	-	-	-	24.56†	2, 1004	.05
Extraversion	-	-	-	-	15.86†	2, 1004	.03
Agreeableness	-	-	-	-	3.62	2, 1004	.01
Neuroticism	-	-	-	-	11.70†	2, 1004	.02
Negative Valence	-	-	-	-	6.42†	2, 1004	.01
CERQ	.96	2.31***	18, 2010	.02	-	-	-
Acceptance	-	-	-	-	.69	2, 1013	.001
Positive focus	-	-	-	-	1.08	2, 1013	.002
Refocus on plan	-	-	-	-	.40	2, 1013	.001
Reappraisal	-	-	-	-	2.06	2, 1013	.004
Putting into perspective	-	-	-	-	4.02	2, 1013	.01
Catastrophizing	-	-	-	-	4.69†	2, 1013	.01
Rumination	-	-	-	-	7.39†	2, 1013	.01
Blaming others	-	-	-	-	5.84†	2, 1013	.01
Self-blame	-	-	-	-	3.17	2, 1013	.01
PBQ	.93	3.94***	20, 2114	.04	-	-	-
Avoidant PD.	-	-	-	-	7.35†	2, 1066	.01
Dependent PD.	-	-	-	-	12.96†	2, 1066	.02
Passive-aggressive PD.	-	-	-	-	6.36†	2, 1066	.01
Obsessive-Compulsive PD.	-	-	-	-	1.28	2, 1066	.002
Antisocial PD.	-	-	-	-	11.19†	2, 1066	.02
Narcissistic PD.	-	-	-	-	3.60	2, 1066	.01
Histrionic PD.	-	-	-	-	13.95†	2, 1066	.03
Schizoid PD.	-	-	-	-	.92	2, 1066	.002
Paranoid PD.	-	-	-	-	17.54†	2, 1066	.03
Borderline PD.	-	-	-	-	17.96†	2, 1066	.03

*$p < .05$, **$p < .01$, ***$p < .001$, †Significant after Bonferonni Correction

Table 3. 14. Mean Scores of Age Groups on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs

Measures	Younger Age (18-22)	Middle Age (23-28)	Older Age (29-68)
IIP-32	**N: 405**	**N: 471**	**N: 410**
IIP-32 Fullscale	**77.58_a**	**76.15_a**	**73.40_b**
Domineering/ Controlling	**9.38_a**	**8.71_b**	**8.21_c**
Vindictive/ Self-Centered	**8.21_a**	**7.92_a**	**7.39_b**
Cold/ Distant	**8.57_a**	**8.32_a**	**7.67_b**
Socially Inhibited	8.51	8.21	8.17
Nonassertive	9.85	9.79	9.65
Overly Accomodating	10.06	10.24	10
Self-Sacrificing	11.93	12.06	12.03
Intrusive/ Needy	**11.08_a**	**10.91_a**	**10.29_b**
BPTI	**N: 297**	**N: 375**	**N: 335**
Openness	21.85	22.32	22.53
Conscientiousness	**26.23_a**	**27.33_a**	**29.55_b**
Extraversion	**27.54_a**	**27.95_a**	**30.21_b**
Agreeableness	33.18	33.68	34.04
Neuroticism	**26.42_a**	**26.35_a**	**24.22_b**
Negative Valence	**10.09_a**	**9.88_a**	**9.27_b**
CERQ	**N: 302**	**N: 378**	**N: 336**
Acceptance	12.05	11.92	11.75
Positive focus	9.66	9.47	9.86
Refocus on plan	14.52	14.32	14.29
Reappraisal	13.25	13.27	13.77
Putting into perspective	12.45	12.06	12.87
Catastrophizing	**8.97_a**	**8.53_{ab}**	**8.18_b**
Rumination	**14.29_a**	**13.59_b**	**13.18_b**
Blaming others	**9.21_a**	**8.70_b**	**8.54_b**
Self-blame	11.17	11.13	10.63
PBQ	**N: 322**	**N: 393**	**N: 354**
PBQ Fullscale	**180.14_a**	**175.28_a**	**158.35_b**
Avoidant PD.	**18.69_a**	**18.77_a**	**16.76_b**
Dependent PD.	**18.03_a**	**16.93_a**	**14.56_b**
Passive-aggressive PD.	**26.40_a**	**25.52_{ab}**	**23.91_b**
Obsessive-Compulsive PD.	26.27	26.93	25.78
Antisocial PD.	**15.54_a**	**14.83_a**	**12.81_b**
Narcissistic PD.	16.15	16.24	14.47
Histrionic PD.	**18.89_a**	**17.59_a**	**15.41_b**
Schizoid PD.	22.09	22.12	21.34
Paranoid PD.	**18.07_a**	**16.35_a**	**13.32_b**
Borderline PD.	**15.55_a**	**14.57_a**	**11.94_b**

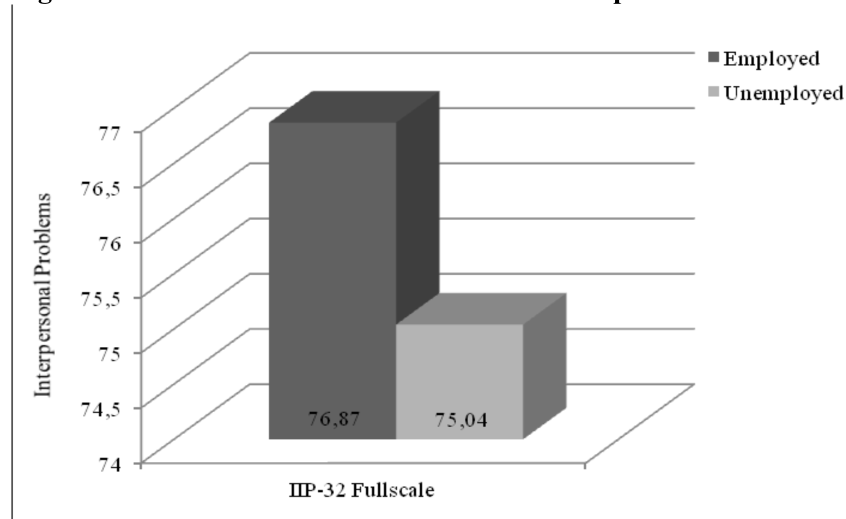
Note: Significant mean differences appear in bold. The mean scores that do not share the same subscript are significantly different from each other.

3.3.2.2.3. Difference of Education on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs

Education was categorized into 2 groups so as to be balanced in statistical frequencies. To see the influence of Education (High and Low) on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs 2 Independent t-test was conducted with interpersonal problems and personality disorder beliefs total scores as dependent variables, and 4 separate between subjects MANOVA was conducted with 8 interpersonal problems (i. e., Domineering/Controlling, Vindictive/Self-Centered, Cold/Distant, Socially İnhibited, Nonassertive, Overly Accommodating, Self-Sacrificing and Intrusive/Needy); 6 basic personality traits (i. e., Opennes, Conscientiousness, Extraversion, Agreeableness, Neuroticism, Negative Valence); 9 cognitive emotion regulation strategies (i. e., Acceptance, Refocus on Planning, Positive Refocusing, Positive Reappraisal and Putting into Perspective, Self-Blame, Blaming Others, Rumination and Catastrophizing); and 10 personality disorder related beliefs (i. e., Avoidant PD., Passive-Aggressive PD., Obsessive-Compulsive PD., Antisocial PD., Narcissistic PD., Histrionic PD., Schizoid PD., Paranoid PD., Dependent PD., Borderline PD.) as the dependent variables.

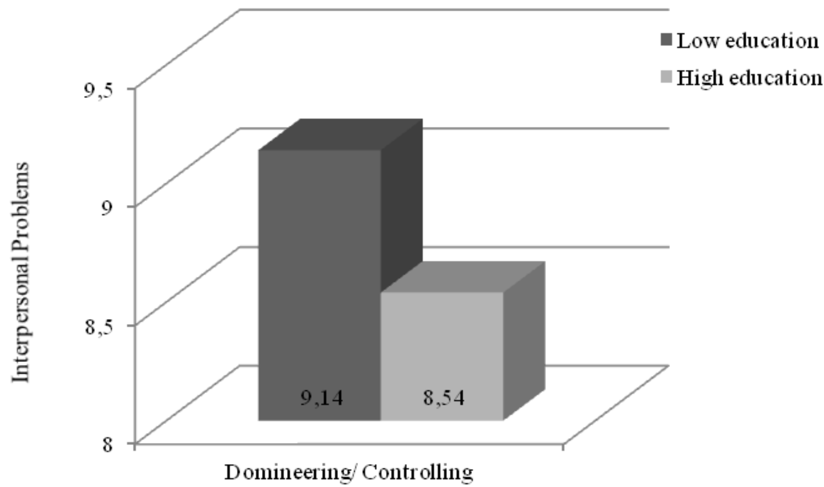
Independent t-test was conducted with Interpersonal Problems. According to the results there was significant group difference on Interpersonal Problems ($\underline{t}[1286] = 2.10$, $\underline{p} < .05$). According to the mean scores, participants with low education had higher scores on interpersonal problems ($\underline{M} = 76.87$) than participants with high education ($\underline{M} = 75.04$) (see Table 3.16., Figure 3.13.).

Figure 3. 13. Mean Scores of Education on Interpersonal Problems



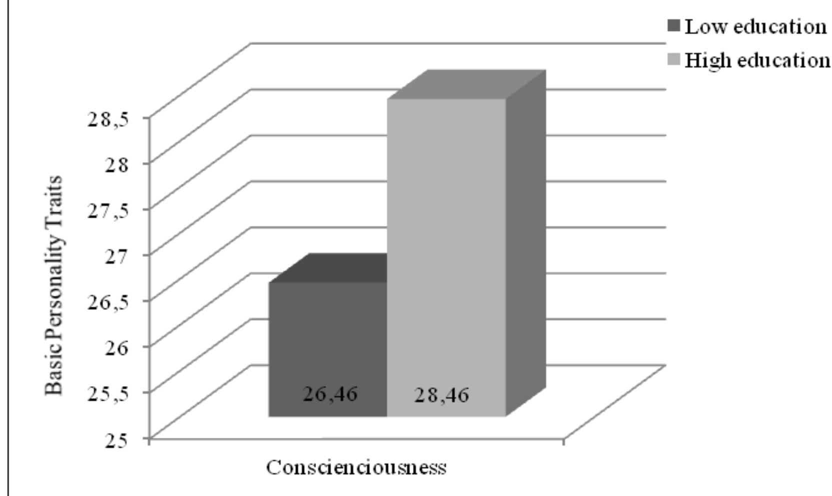
First MANOVA was conducted with interpersonal problems as dependent variables and results revealed significant Education (as shown in Table 3.15.) main effect on interpersonal problems [Multivariate $\underline{F}$ (8, 1279) = 1.99, $\underline{p} < .05$; Wilks' Lambda = .99; $\eta^2 = .01$]. Univariate analyses with Bonferroni correction for main effect of Education yielded a significant effect for Domineering/ Controlling [$\underline{F}$ (1, 1286) = 11.05, $\underline{p} < .01$; $\eta^2 = .01$] measure. According to the mean scores, participants with low education are more domineering/ controlling ($\underline{M} = 9.14$) than participants with high education ($\underline{M} = 8.54$) in interpersonal relationships (as shown in Table 3.16. and Figure 3.14.).

Figure 3. 14. Mean Scores of Education on Interpersonal Problems Subscales



Second MANOVA results revealed Education (as shown in Table 3.15.) main effect on basic personality traits [Multivariate F (6, 1002) = 4.89, p <.001; Wilks' Lambda = .97; η^2 = .03]. Univariate analyses with Bonferonni adjustment for main effect of Education showed significant effect for Conscientiousness [F (1, 1007) = 24.18, p <.001; η^2 =.001] measure. According to the mean scores, participants with high education are more conscientious (M = 28.46) than participants with low education (M = 26.46) (as shown in Table 3.16. and Figure 3.15.).

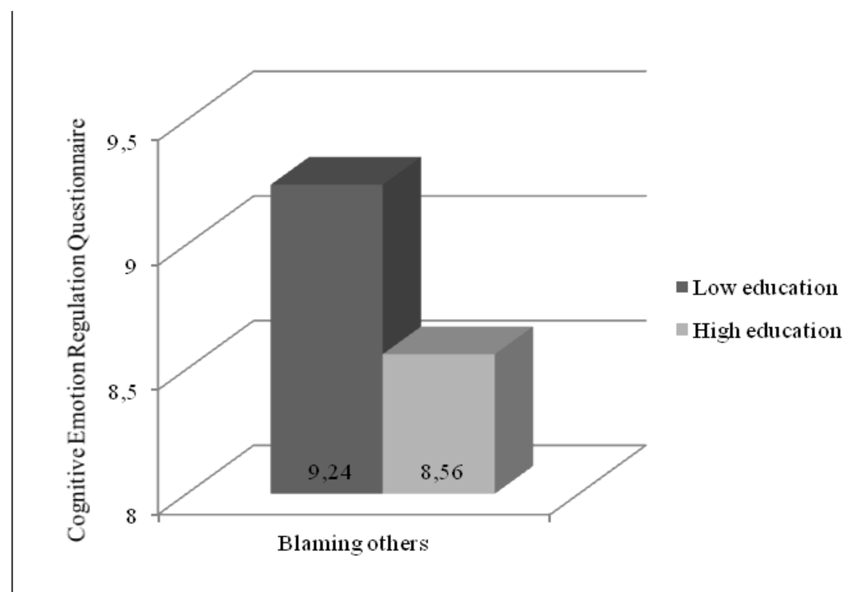
Figure 3. 15. Mean Scores of Education on Basic Personality Traits



Third MANOVA results revealed Education (as shown in Table 3.15.) main effect on cognitive emotion regulation strategies [Multivariate F (9, 1008) = 2.72, $p < .01$; Wilks' Lambda = .98; $\eta^2 = .02$].

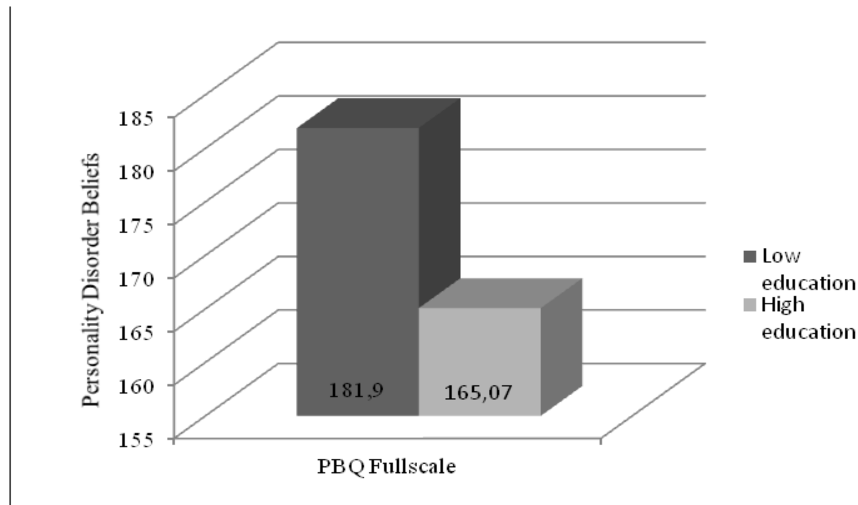
Univariate analyses following Bonferroni correction for main effect of Education showed significant effect for Blaming Others [F (1, 1016) = 16.10, $p < .001$; $\eta^2 = .02$] scale. According to the mean scores, participants with low education (M = 9.24) used blaming others as a cognitive strategy to regulate emotions more often than participants with high education (M = 8.56) (as shown in Table 3.16. and Figure 3.16.).

Figure 3. 16. Mean Score of Education on Cognitive Emotion Regulation



Independent t-tests was conducted with Personality Disorder Beliefs total scores as the dependent variable and results revealed significant group difference on Personality Disorder Beliefs ($t[1069] = 4.38$, $p < .001$). According to the mean scores, participants with low education had more beliefs related to personality disorders (M = 181.90) than participants with high education (M = 165.07) (as shown in Table 3.16., Figure 3.17.).

Figure 3. 17. Mean Score of Education on Personality Disorders Beliefs



Finally, results of MANOVA with personality disorder beliefs revealed Education (as shown in Table 3.15.) main effect on personality disorder beliefs [Multivariate F (10, 1060) = 5.22, p <.001; Wilks' Lambda = .95; η^2 = .05]. Univariate analyses with the application of Bonferroni correction for main effect of Education indicated significant effect for Dependent PD. [F (1, 1069) = 11.77, p <.01; η^2 =.001], Passive-Aggressive PD. [F (1, 1069) = 17.94, p <.001; η^2 =.02], Antisocial PD. [F (1, 1069) = 26.09, p <.001; η^2 =.02], Narcissistic PD. [F (1, 1069) = 8.68, p <.05; η^2 =.01], Histrionic PD. [F (1, 1069) = 15.04, p <.001; η^2 =.01], Paranoid PD. [F (1, 1069) = 22.28, p <.001; η^2 =.02], and Borderline PD. [F (1, 1069) = 22.52, p <.001; η^2 =.02] scale. According to the mean scores (as shown in Table 3.16., Figure 3.18.), participants with low education (M = 17.75) had more beliefs related to Dependent PD. than participants with high education (M = 15.75). Participants with low education (M = 26.85) had more Passive-Aggressive PD. related beliefs than participants with high education (M = 26.36). Morover, participants with low education (M = 16.02) had more Antisocial PD. related beliefs than participants with high education (M = 13.46). Participants with low education (M = 16.75) had more beliefs related to Narcissistic PD. than participants with

high education (M = 13.46). Furthermore, participants with low education (M = 18.63) had more Histrionic PD. related beliefs than participants with high education (M = 16.48). Participants with low education (M = 17.92) had also more beliefs related to Paranoid PD. than participants with high education (M = 14.71). Finally, participants with low education (M = 15.68) had more Borderline PD. related beliefs than participants with high education (M = 13.04).

Figure 3.18. Mean Scores of Education on Personality Disorder Beliefs Subscales

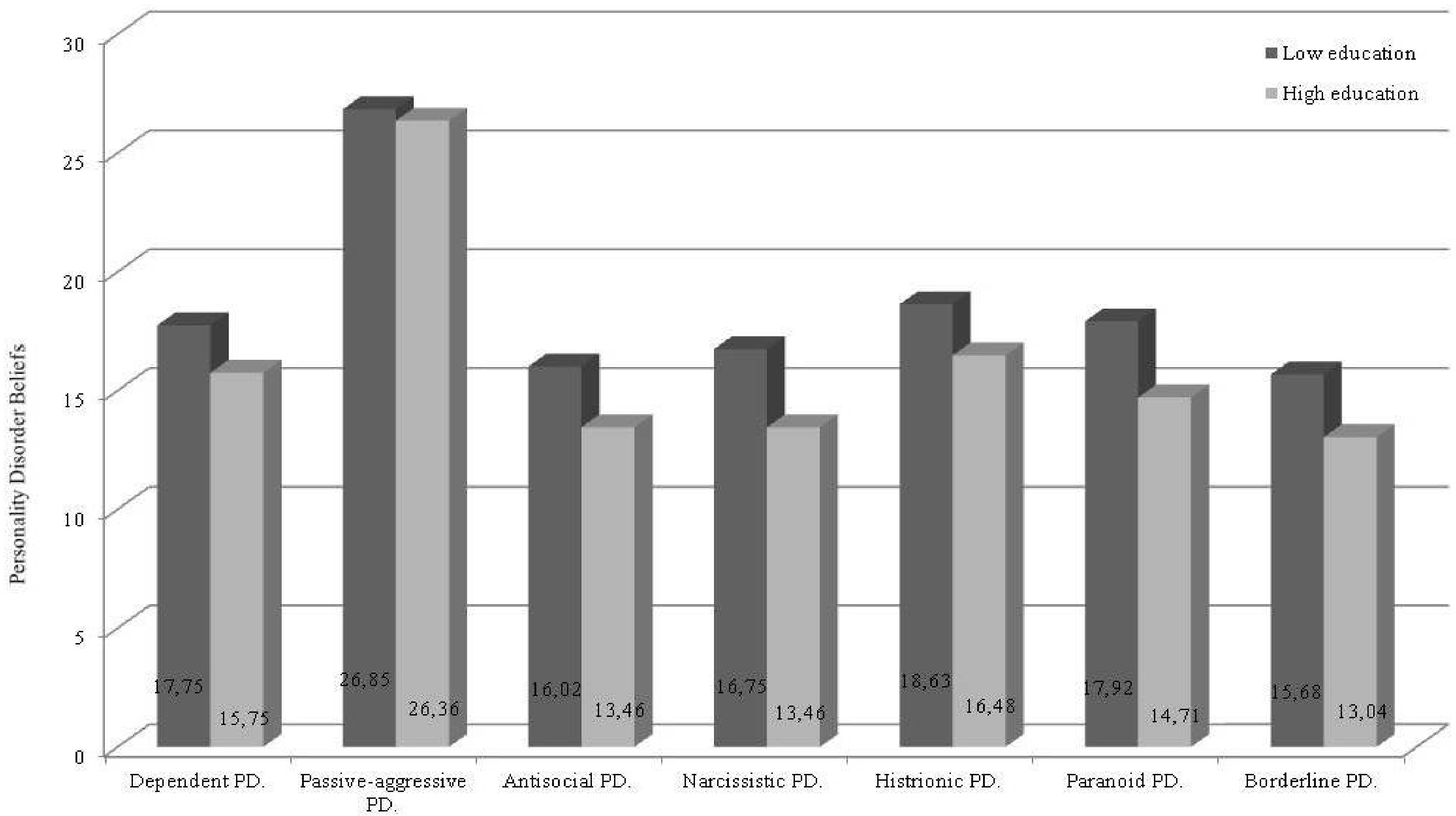


Table 3. 15. Difference of Education on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs

Measures	Wilks' Lambda	Multi. F	Multi. Df	Multi. η2	Uni. F	Uni. Df	Uni. η2
IIP-32	.99	1.99*	8, 1279	.01	-	-	-
Domineering/ Controlling	-	-	-	-	11.05†	1, 1286	.01
Vindictive/ Self-Centered	-	-	-	-	5.11	1, 1286	.004
Cold/ Distant	-	-	-	-	5.58	1, 1286	.004
Socially Inhibited	-	-	-	-	2.05	1, 1286	.002
Nonassertive	-	-	-	-	.05	1, 1286	.00
Overly Accomodating	-	-	-	-	.18	1, 1286	.00
Self-Sacrificing	-	-	-	-	.44	1, 1286	.00
Intrusive/ Needy	-	-	-	-	1.62	1, 1286	.001
BPTI	.97	4.89***	6, 1002	.03	-	-	-
Openness	-	-	-	-	.98	1, 1007	.001
Conscientiousness	-	-	-	-	24.18†	1, 1007	.02
Extraversion	-	-	-	-	5.59	1, 1007	.01
Agreeableness	-	-	-	-	8.14	1, 1007	.01
Neuroticism	-	-	-	-	3.55	1, 1007	.004
Negative Valence	-	-	-	-	8.24	1, 1007	.01
CERQ	.98	2.72**	9, 1008	.02	-	-	-
Acceptance	-	-	-	-	1.41	1, 1016	.00
Positive focus	-	-	-	-	.002	1, 1016	.00
Refocus on plan	-	-	-	-	.08	1, 1016	.00
Reappraisal	-	-	-	-	3.54	1, 1016	.00
Putting into perspective	-	-	-	-	.17	1, 1016	.00
Catastrophizing	-	-	-	-	9.93	1, 1016	.01
Rumination	-	-	-	-	1.34	1, 1016	.00
Blaming others	-	-	-	-	16.10†	1, 1016	.02
Self-blame	-	-	-	-	.05	1, 1016	.00
PBQ	.95	5.22***	10, 1060	.05	-	-	-
Avoidant PD.	-	-	-	-	7.36	1, 1069	.01
Dependent PD.	-	-	-	-	11.77†	1, 1069	.01
Passive-aggressive PD.	-	-	-	-	17.94†	1, 1069	.02
Obsessive-Compulsive PD.	-	-	-	-	.84	1, 1069	.001
Antisocial PD.	-	-	-	-	26.09†	1, 1069	.02
Narcissistic PD.	-	-	-	-	7.76†	1, 1069	.01
Histrionic PD.	-	-	-	-	15.04†	1, 1069	.01
Schizoid PD.	-	-	-	-	1.58	1, 1069	.001
Paranoid PD.	-	-	-	-	22.28†	1, 1069	.02
Borderline PD.	-	-	-	-	25.52†	1, 1069	.02

*$p < .05$, ***$p < .001$, †Significant after Bonferonni Correction

Table 3. 16. Difference of Education on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs

Measures	Low Education (High school and below)	High Education (University and Post-graduate)
IIP-32	**N: 473**	**N: 815**
IIP-32 Fullscale	**76.87**	**75.04**
Domineering/ Controlling	**9.14**	**8.54**
Vindictive/ Self-Centered	8.10	7.70
Cold/ Distant	8.48	8.03
Socially Inhibited	8.47	8.18
Nonassertive	9.78	9.74
Overly Accomodating	10.06	10.13
Self-Sacrificing	11.92	12.05
Intrusive/ Needy	10.92	10.67
BPTI	**N: 359**	**N: 650**
Openness	22.10	22.34
Conscientiousness	**26.46**	**28.46**
Extraversion	27.92	28.95
Agreeableness	33.17	33.92
Neuroticism	26.20	25.37
Negative Valence	10.12	9.54
CERQ	**N: 366**	**N: 652**
Acceptance	11.74	11.99
Positive focus	9.66	9.65
Refocus on plan	14.33	14.39
Reappraisal	13.14	13.60
Putting into perspective	12.38	12.48
Catastrophizing	8.98	8.30
Rumination	13.84	13.56
Blaming others	**9.24**	**8.56**
Self-blame	11	10.95
PBQ	**N: 385**	**N: 686**
PBQ Fullscale	**181.90**	**165.07**
Avoidant PD.	18.95	17.58
Dependent PD.	**17.75**	**15.75**
Passive-aggressive PD.	**26.85**	**26.36**
Obsessive-Compulsive PD.	26.72	26.14
Antisocial PD.	**16.02**	**13.46**
Narcissistic PD.	**16.75**	**13.46**
Histrionic PD.	**18.63**	**16.48**
Schizoid PD.	22.29	21.60
Paranoid PD.	**17.92**	**14.71**
Borderline PD.	**15.68**	**13.04**

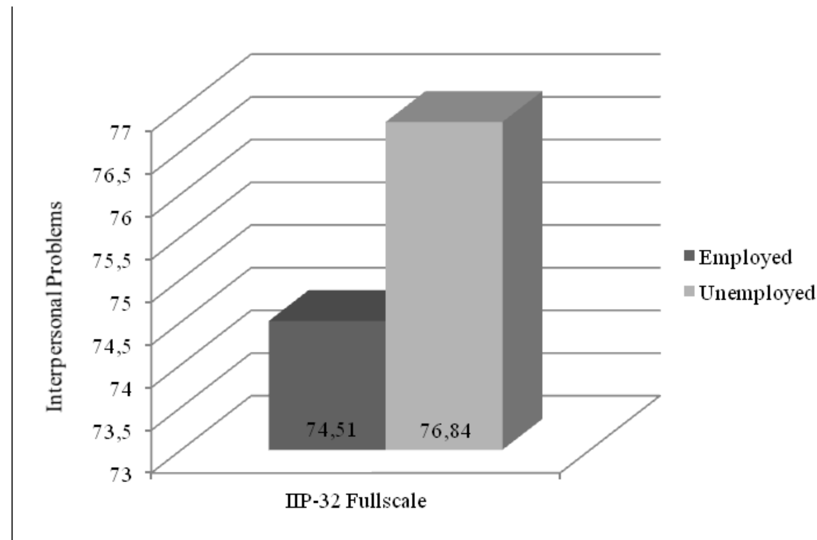
Note: Significant mean differences appear in bold.

3.3.2.2.4. Difference of Employment Status on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs

To be able to examine possible differences of Employment Status (Employed and Unemployed) on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs Independent t-tests was conducted with interpersonal problems and personality disorder beliefs total scores as dependent variables, and between subjects MANOVAs were conducted with 8 interpersonal problems (i. e., Domineering/Controlling, Vindictive/Self-Centered, Cold/Distant, Socially İnhibited, Nonassertive, Overly Accommodating, Self-Sacrificing and Intrusive/Needy); 6 basic personality traits (i. e., Opennes, Conscientiousness, Extraversion, Agreeableness, Neuroticism, Negative Valence); 9 cognitive emotion regulation strategies (i. e., Acceptance, Refocus on Planning, Positive Refocusing, Positive Reappraisal and Putting into Perspective, Self-Blame, Blaming Others, Rumination and Catastrophizing); and 10 personality disorder related beliefs (i. e., Avoidant PD., Passive-Aggressive PD., Obsessive-Compulsive PD., Antisocial PD., Narcissistic PD., Histrionic PD., Schizoid PD., Paranoid PD., Dependent PD., Borderline PD.) as the dependent variables.

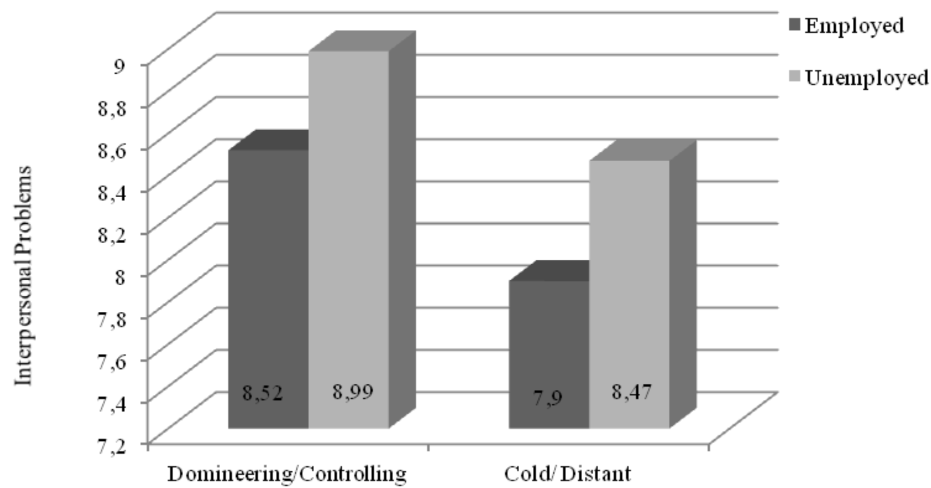
Independent t-tests was conducted with Interpersonal Problems and results revealed significant group difference on Interpersonal Problems ($t[1286] = -2.19$, $p < .05$). According to the mean scores, unemployed participants had higher scores on interpersonal problems ($M = 76.84$) than employed participants ($M = 74.51$) (see Table 3.18., Figure 3.19.).

Figure 3. 19. Mean Scores of Employment Status on Interpersonal Problems



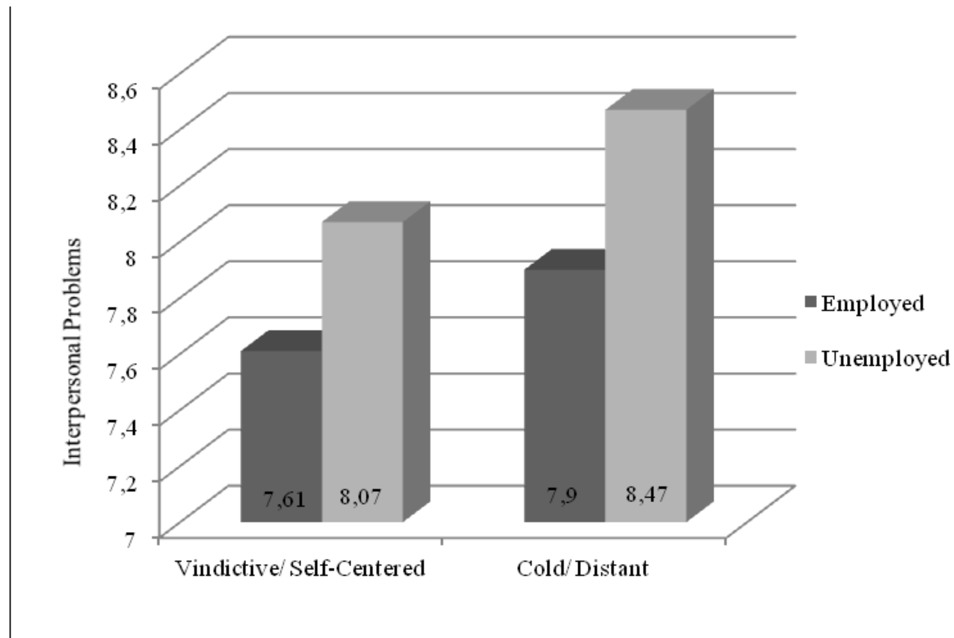
MANOVA results conducted with interpersonal problems as dependent variables and revealed significant Employment Status (as shown in Table 3.17.) main effect on interpersonal problems [Multivariate F (8, 1279) = 2.31, p <.008; Wilks' Lambda = .99; η^2 = .01]. Univariate analyses with Bonferroni correction for main effect of Employment Status yielded a significant effect for Domineering/Controlling [F (1, 1286) = 7.60, p <.006; η^2 =.01], Cold/Distant [F (1, 1286) = 9.69, p <.006; η^2 =.01] measure. According to the mean scores, unemployed participants are more domineering/controlling (M = 8.99) than employed participants (M = 8.52, and more cold/distant (M = 8.47) than employed participants (M = 7.90) in interpersonal relationships (as shown in Table 3.18. and Figure 3.20.).

Figure 3. 20. Mean Scores of Employment Status on Interpersonal Problems Subscales



Results of the MANOVA with basic personality traits as dependent variables revealed Employment Status (as shown in Table 3.17.) main effect on basic personality traits [Multivariate $\underline{F}$ (6, 1002) = 6.64, $\underline{p}$ <.001; Wilks' Lambda = .96; η^2 = .04]. Univariate analyses following Bonferroni correction for main effect of Employment Status indicated significant effect for Conscientiousness [$\underline{F}$ (1, 1007) = 29.54, $\underline{p}$ <.001; η^2 =.03], and Extraversion [$\underline{F}$ (1, 1007) = 15.75, $\underline{p}$ <.001; η^2 =.02] measure. According to the mean scores, employed participants are more conscientious ($\underline{M}$ = 28.82) than unemployed participants ($\underline{M}$ = 29.42) and more extravert than unemployed participants ($\underline{M}$ = 27.78) (as shown in Table 3.18. and Figure 3.21.).

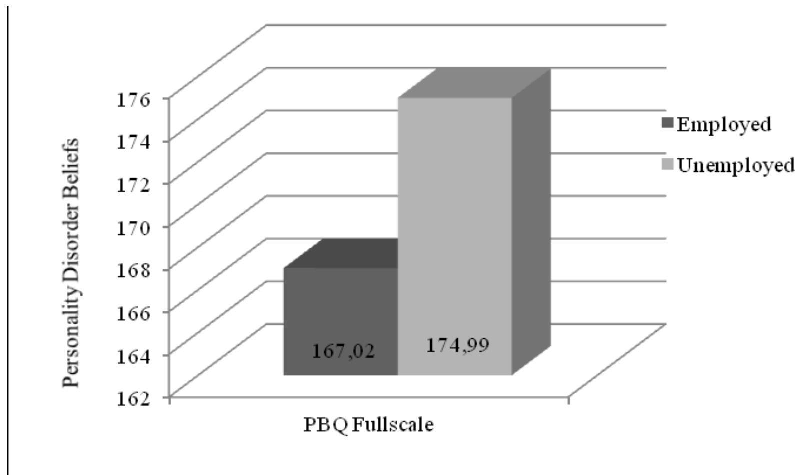
Figure 3. 21. Mean Scores of Employment Status on Basic Personality Traits



MANOVA results conducted with cognitive emotion regulation strategies revealed significant main effect of Employment Status (as shown in Table 3.17.) on cognitive emotion regulation strategies [Multivariate F (9, 1008) = 2.04, p <.05; Wilks' Lambda = .98; η^2 = .02]. However, univariate analyses following Bonferroni correction for main effect of Employment Status did not reveal significant effect for cognitive emotion regulation strategies measures (as shown in Table 3.18.).

Independent t-tests was conducted with Personality Disorder Beliefs total scores as the dependent variable and results revealed significant group difference on Personality Disorder Beliefs (t[1069] = -2.79, p <.01). According to the mean scores, unemployed participants had more beliefs related to personality disorders (M = 174.99) than employed participants (M = 167.02) (see Table 3.19., Figure 3.22.).

Figure 3. 22. Mean Scores of Employment Status on Personality Disorders Beliefs



Finally, results of MANOVA with personality disorder beliefs indicated (as shown in Table 3.17.) Employment Status main effect on personality disorder beliefs [Multivariate F (10, 1060) = 3.46, p <.001; Wilks' Lambda = .97; η^2 = .03]. Univariate analyses following Bonferroni correction for main effect of Employment Status indicated significant effect for Passive-Aggressive PD. [F (1, 1069) = 8.36, p <.005; η^2 =.01] scale. According to the mean scores (as shown in Table 3.18., Figure 3.23.), unemployed participants (M = 26.05) had more Passive-Aggressive PD. related beliefs than employed participants (M = 24.41).

Figure 3. 23. Mean Scores of Employment Status on Personality Disorders Beliefs Subscales

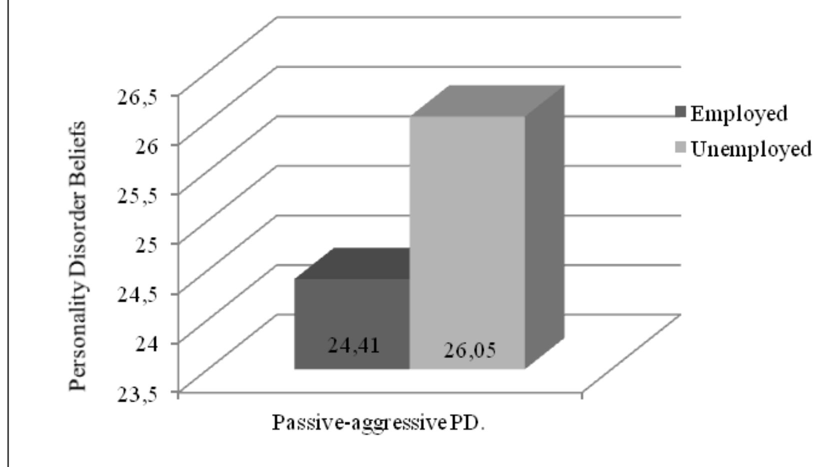


Table 3. 17. Difference of Working Status on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs

Measures	Wilks' Lambda	Multi. F	Multi. Df	Multi. η2	Uni. F	Uni. Df	Uni. η2
IIP-32	.99	2.31*	8, 1279	.01	-	-	-
Domineering/ Controlling	-	-	-	-	7.60†	1, 1286	.01
Vindictive/ Self-Centered	-	-	-	-	6.88	1, 1286	.01
Cold/ Distant	-	-	-	-	9.69†	1, 1286	.01
Socially Inhibited	-	-	-	-	5.74	1, 1286	.004
Nonassertive	-	-	-	-	.89	1, 1286	.001
Overly Accomodating	-	-	-	-	.94	1, 1286	.00
Self-Sacrificing	-	-	-	-	.59	1, 1286	.00
Intrusive/ Needy	-	-	-	-	.63	1, 1286	.00
BPTI	.96	6.64***	6, 1002	.04	-	-	-
Openness	-	-	-	-	1.53	1, 1007	.002
Conscientiousness	-	-	-	-	29.54†	1, 1007	.03
Extraversion	-	-	-	-	15.75†	1, 1007	.02
Agreeableness	-	-	-	-	3.21	1, 1007	.003
Neuroticism	-	-	-	-	2.44	1, 1007	.002
Negative Valence	-	-	-	-	3.91	1, 1007	.004
CERQ	.98	2.04*	9, 1008	.02	-	-	-
Acceptance	-	-	-	-	3.91	1, 1016	.004
Positive focus	-	-	-	-	.25	1, 1016	.00
Refocus on plan	-	-	-	-	.06	1, 1016	.00
Reappraisal	-	-	-	-	1.61	1, 1016	.002
Putting into perspective	-	-	-	-	.01	1, 1016	.00
Catastrophizing	-	-	-	-	2.03	1, 1016	.002
Rumination	-	-	-	-	6.44	1, 1016	.01
Blaming others	-	-	-	-	2.73	1, 1016	.003
Self-blame	-	-	-	-	3.08	1, 1016	.003
PBQ	.97	3.46***	10, 1060	.03	-	-	-
Avoidant PD.	-	-	-	-	5.86	1, 1069	.01
Dependent PD.	-	-	-	-	2.99	1, 1069	.003
Passive-aggressive PD.	-	-	-	-	8.36†	1, 1069	.01
Obsessive-Compulsive PD.	-	-	-	-	.48	1, 1069	.00
Antisocial PD.	-	-	-	-	7.39	1, 1069	.01
Narcissistic PD.	-	-	-	-	.06	1, 1069	.00
Histrionic PD.	-	-	-	-	2.97	1, 1069	.003
Schizoid PD.	-	-	-	-	6.25	1, 1069	.01
Paranoid PD.	-	-	-	-	3.19	1, 1069	.003
Borderline PD.	-	-	-	-	8.13	1, 1069	.01

*$p < .05$, ***$p < .001$, †Significant after Bonferonni Correction

Table 3. 18. Mean Scores of Working Status on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs

Measures	Employed	Unemployed
IIP-32	**N: 621**	**N: 667**
IIP-32 Fullscale	**74.51**	**76.84**
Domineering/ Controlling	**8.52**	**8.99**
Vindictive/ Self-Centered	7.61	8.07
Cold/ Distant	**7.90**	**8.47**
Socially Inhibited	8.05	8.51
Nonassertive	9.67	9.84
Overly Accomodating	10.10	10.11
Self-Sacrificing	11.95	12.05
Intrusive/ Needy	10.71	10.81
BPTI	**N: 496**	**N: 513**
Openness	22.41	22.11
Conscientiousness	**28.82**	**26.71**
Extraversion	**29.42**	**27.78**
Agreeableness	33.88	33.43
Neuroticism	25.33	25.99
Negative Valence	9.55	9.93
CERQ	**N: 498**	**N: 520**
Acceptance	11.70	12.09
Positive focus	9.60	9.71
Refocus on plan	14.34	14.40
Reappraisal	13.59	13.29
Putting into perspective	12.44	12.45
Catastrophizing	8.40	8.69
Rumination	13.36	13.95
Blaming others	8.66	8.80
Self-blame	10.80	11.14
PBQ	**N: 520**	**N: 551**
PBQ Fullscale	**167.02**	**174.99**
Avoidant PD.	17.47	18.64
Dependent PD.	15.97	16.94
Passive-aggressive PD.	**24.41**	**26.05**
Obsessive-Compulsive PD.	26.57	26.15
Antisocial PD.	13.70	15.02
Narcissistic PD.	15.70	15.56
Histrionic PD.	16.78	17.70
Schizoid PD.	21.17	22.49
Paranoid PD.	15.26	16.43
Borderline PD.	13.24	14.69

Note: Significant mean differences appear in bold.

3.3.2.2.5. Difference of Sibling Number on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs

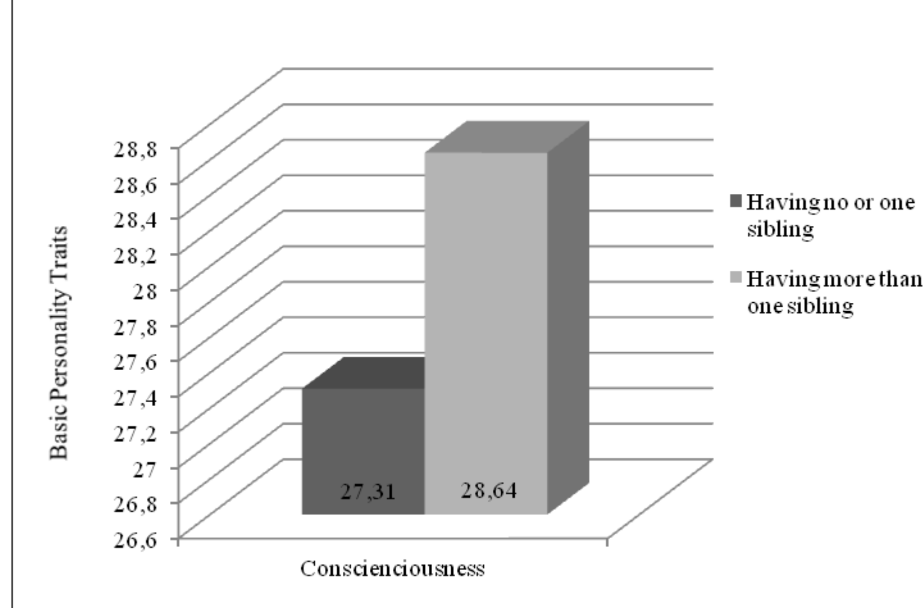
In order to examine possible differences of Sibling Number (Having no or one sibling and Having more than one sibling) on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs Independent t-tests were conducted with interpersonal problems and personality disorder beliefs total scores as dependent variables, and between subjects MANOVAs were conducted with 8 interpersonal problems (i.e., Domineering/Controlling, Vindictive/Self-Centered, Cold/Distant, Socially İnhibited, Nonassertive, Overly Accommodating, Self-Sacrificing and Intrusive/Needy); 6 basic personality traits (i.e., Opennes, Conscientiousness, Extraversion, Agreeableness, Neuroticism, Negative Valence); 9 cognitive emotion regulation strategies (i.e., Acceptance, Refocus on Planning, Positive Refocusing, Positive Reappraisal and Putting into Perspective, Self-Blame, Blaming Others, Rumination and Catastrophizing); and 10 personality disorder related beliefs (i.e., Avoidant PD., Passive-Aggressive PD., Obsessive-Compulsive PD., Antisocial PD., Narcissistic PD., Histrionic PD., Schizoid PD., Paranoid PD., Dependent PD., Borderline PD.) as the dependent variables.

Independent t-test was conducted with Interpersonal Problems total score as dependent variable and result did not reveal significant Sibling Number group difference on Interpersonal Problems ($t[1286] = .37$, $p > .05$).

First MANOVA was conducted with interpersonal problems as dependent variables. According to the result there was no significant main effect of Sibling Number (as

shown in Table 3.20.) on interpersonal problems [Multivariate F (8, 1279) = 1.79, p > .05; Wilks' Lambda = .99; η^2 = .08].

Figure 3. 24. Mean Scores of Sibling Number on Basic Personality Traits



Second MANOVA results revealed Sibling Number (as shown in Table 3.19.) main effect on basic personality traits [Multivariate F (6, 1002) = 2.31, p <.001; Wilks' Lambda = .99; η^2 = .01]. Univariate analyses following Bonferroni correction for main effect of Sibling Number showed significant effect for Conscientiousness [F (1, 1007) = 10.08, p <.05; η^2 =.01] measure. According to the mean scores, participants which have more than one sibling (M = 28.64) are more conscientiousness than participants which have no or one sibling (M = 27.31) (as shown in Table 3.20. and Figure 3.24.).

Third MANOVA conducted with cognitive emotion regulation strategies as dependent variables and the result did not reveal significant Sibling Number (as shown in Table 3.19.) main effect on cognitive emotion regulation strategies [Multivariate F (9, 1008) = 1.17, p > .05; Wilks' Lambda = .92; η^2 = .01].

Independent t-tests was conducted with Personality Disorder Beliefs total scores as the dependent variable and results did not reveal significant Sibling Number group difference on Personality Disorder Beliefs ($t[1069] = -.78$, $p > .05$).

Finally, results of MANOVA with personality disorder beliefs did not reveal significant Sibling Number (as shown in Table 3.19.) main effect on personality disorder beliefs [Multivariate F (10, 1060) = 1.23, $p > .05$; Wilks' Lambda = .99; $\eta^2 = .01$].

Mean scores for Sibling Number on interpersonal problems, basic personality traits, cognitive emotion regulation strategies and personality disorder beliefs are presented in Table 3.20.

Table 3. 19. Difference of Sibling Number on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs

Measures	Wilks' Lambda	Multi. F	Multi. Df	Multi. η2	Uni. F	Uni. Df	Uni. η2
IIP-32	.99	1.79	8, 1279	.08	-	-	-
Domineering/ Controlling	-	-	-	-	4.08	1, 1286	.003
Vindictive/ Self-Centered	-	-	-	-	.03	1, 1286	.00
Cold/ Distant	-	-	-	-	.31	1, 1286	.00
Socially Inhibited	-	-	-	-	2.13	1, 1286	.002
Nonassertive	-	-	-	-	.09	1, 1286	.00
Overly Accomodating	-	-	-	-	.01	1, 1286	.00
Self-Sacrificing	-	-	-	-	.20	1, 1286	.00
Intrusive/ Needy	-	-	-	-	7.27	1, 1286	.01
BPTI	.99	2.31*	6, 1002	.01	-	-	-
Openness	-	-	-	-	.49	1, 1007	.00
Conscientiousness	-	-	-	-	10.08†	1, 1007	.01
Extraversion	-	-	-	-	.20	1, 1007	.00
Agreeableness	-	-	-	-	.50	1, 1007	.001
Neuroticism	-	-	-	-	.01	1, 1007	.00
Negative Valence	-	-	-	-	.001	1, 1007	.00
CERQ	.99	1.17	9, 1008	.01	-	-	-
Acceptance	-	-	-	-	6.45	1, 1016	.01
Positive focus	-	-	-	-	.04	1, 1016	.00
Refocus on plan	-	-	-	-	2.54	1, 1016	.002
Reappraisal	-	-	-	-	.88	1, 1016	.001
Putting into perspective	-	-	-	-	.01	1, 1016	.00
Catastrophizing	-	-	-	-	.004	1, 1016	.00
Rumination	-	-	-	-	.06	1, 1016	.00
Blaming others	-	-	-	-	.01	1, 1016	.00
Self-blame	-	-	-	-	.70	1, 1016	.001
PBQ	.99	1.23	10, 1060	.01	-	-	-
Avoidant PD.	-	-	-	-	1.30	1, 1069	.001
Dependent PD.	-	-	-	-	1.67	1, 1069	.002
Passive-aggressive PD.	-	-	-	-	3.27	1, 1069	.003
Obsessive-Compulsive PD.	-	-	-	-	.01	1, 1069	.00
Antisocial PD.	-	-	-	-	.14	1, 1069	.00
Narcissistic PD.	-	-	-	-	.58	1, 1069	.001
Histrionic PD.	-	-	-	-	.12	1, 1069	.00
Schizoid PD.	-	-	-	-	.15	1, 1069	.00
Paranoid PD.	-	-	-	-	.27	1, 1069	.00
Borderline PD.	-	-	-	-	.91	1, 1069	.01

*$p < .05$, †Significant after Bonferonni Correction

Table 3. 20. Mean Scores of Sibling Number on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs

Measures	**Having No or One Sibling**	**Having More than One Sibling**
IIP-32	**N: 856**	**N: 432**
IIP-32 Fullscale	75.82	75.50
Domineering/ Controlling	8.89	8.52
Vindictive/ Self-Centered	7.84	7.87
Cold/ Distant	8.16	8.26
Socially Inhibited	8.19	8.48
Nonassertive	9.73	9.79
Overly Accomodating	10.10	10.12
Self-Sacrificing	11.98	12.06
Intrusive/ Needy	10.95	10.39
BPTI	**N: 679**	**N: 330**
Openness	22.32	22.14
Conscientiousness	**27.31**	**28.64**
Extraversion	28.52	28.72
Agreeableness	33.59	33.78
Neuroticism	25.66	25.69
Negative Valence	9.74	9.75
CERQ	**N: 686**	**N: 332**
Acceptance	12.08	11.53
Positive focus	9.64	9.69
Refocus on plan	14.49	14.12
Reappraisal	13.51	13.27
Putting into perspective	12.44	12.46
Catastrophizing	8.54	8.55
Rumination	13.68	13.62
Blaming others	8.79	8.81
Self-blame	11.03	10.85
PBQ	**N: 718**	**N: 353**
PBQ Fullscale	170.11	173.18
Avoidant PD.	17.88	18.47
Dependent PD.	16.21	16.99
Passive-aggressive PD.	24.90	25.99
Obsessive-Compulsive PD.	26.37	26.31
Antisocial PD.	14.44	14.25
Narcissistic PD.	15.46	15.95
Histrionic PD.	17.32	17.12
Schizoid PD.	21.78	21.99
Paranoid PD.	15.74	16.11
Borderline PD.	13.82	14.33

Note: Significant mean differences appear in bold.

3.3.2.2.6. Difference of Order of Birth on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs

To be able to examine possible differences of Order of Birth (Firstborn and Laterborn) on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs Independent t-tests were conducted with interpersonal problems and personality disorder beliefs total scores as dependent variables, and between subjects MANOVAs were conducted with 8 interpersonal problems (i. e., Domineering/Controlling, Vindictive/Self-Centered, Cold/Distant, Socially İnhibited, Nonassertive, Overly Accommodating, Self-Sacrificing and Intrusive/Needy); 6 basic personality traits (i. e., Opennes, Conscientiousness, Extraversion, Agreeableness, Neuroticism, Negative Valence); 9 cognitive emotion regulation strategies (i. e., Acceptance, Refocus on Planning, Positive Refocusing, Positive Reappraisal and Putting into Perspective, Self-Blame, Blaming Others, Rumination and Catastrophizing); and 10 personality disorder related beliefs (i. e., Avoidant PD., Passive-Aggressive PD., Obsessive-Compulsive PD., Antisocial PD., Narcissistic PD., Histrionic PD., Schizoid PD., Paranoid PD., Dependent PD., Borderline PD.) as the dependent variables.

Independent t-test was conducted with Interpersonal Problems total score as dependent variable and result did not reveal significant Order of Birth group difference on Interpersonal Problems ($\underline{t}[1286] = 1.28$, $\underline{p} > .05$). MANOVA was conducted with interpersonal problems as dependent variables and result did not indicate significant

Order of Birth (as shown in Table 3.21.) main effect on interpersonal problems [Multivariate $\underline{F}$ (8, 1279) = 1.79, $\underline{p} > .05$; Wilks' Lambda = .99; $\eta^2 = .01$].

According to the results of MANOVA conducted with basic personality traits as dependent variables there was no significant Order of Birth main effect on basic personality traits [Multivariate $\underline{F}$ (6, 1002) = 1.42, $\underline{p} > .05$; Wilks' Lambda = .99; $\eta^2 = .01$] (see Table 3.21.).

MANOVA conducted with cognitive emotion regulation strategies as dependent variables and the result did not reveal significant Order of Birth (as shown in Table 3.21.) main effect on cognitive emotion regulation strategies [Multivariate $\underline{F}$ (9, 1008) = 1.74, $\underline{p} > .05$; Wilks' Lambda = .92; $\eta^2 = .02$].

Independent t-test was conducted with Personality Disorder Beliefs total scores as the dependent variable. According to the result, there was no significant Order of Birth group difference on Personality Disorder Beliefs ($\underline{t}[1069] = .72$, $\underline{p} > .05$).
Finally, results of MANOVA conducted with personality disorder beliefs as dependent variables did not reveal significant Order of Birth main effect on personality disorder beliefs [Multivariate $\underline{F}$ (10, 1060) = .74, $\underline{p} > .05$; Wilks' Lambda = .99; $\eta^2 = .01$] (see Table 3.21.). Mean scores for Order of Birth on the present variables are presented in Table 3.22.

Table 3. 21. Difference of Order of Birth on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs

Measures	Wilks' Lambda	Multi. F	Multi. Df	Multi. η2	Uni. F	Uni. Df	Uni. η2
IIP-32	.99	1.79	8, 1279	.01	-	-	-
Domineering/ Controlling	-	-	-	-	.88	1, 1286	.001
Vindictive/ Self-Centered	-	-	-	-	.04	1, 1286	.00
Cold/ Distant	-	-	-	-	4.17	1, 1286	.003
Socially Inhibited	-	-	-	-	.001	1, 1286	.00
Nonassertive	-	-	-	-	.68	1, 1286	.001
Overly Accomodating	-	-	-	-	.34	1, 1286	.00
Self-Sacrificing	-	-	-	-	.22	1, 1286	.00
Intrusive/ Needy	-	-	-	-	3.51	1, 1286	.003
BPTI	.99	1.42	6, 1002	.01	-	-	-
Openness	-	-	-	-	1.41	1, 1007	.001
Conscientiousness	-	-	-	-	1.01	1, 1007	.001
Extraversion	-	-	-	-	.002	1, 1007	.00
Agreeableness	-	-	-	-	.03	1, 1007	.00
Neuroticism	-	-	-	-	.03	1, 1007	.00
Negative Valence	-	-	-	-	2.65	1, 1007	.003
CERQ	.99	1.74	9, 1008	.02	-	-	-
Acceptance	-	-	-	-	9.29	1, 1016	.01
Positive focus	-	-	-	-	1.26	1, 1016	.001
Refocus on plan	-	-	-	-	1.91	1, 1016	.002
Reappraisal	-	-	-	-	5.28	1, 1016	.01
Putting into perspective	-	-	-	-	2.22	1, 1016	.002
Catastrophizing	-	-	-	-	.57	1, 1016	.001
Rumination	-	-	-	-	1.49	1, 1016	.001
Blaming others	-	-	-	-	1.92	1, 1016	.002
Self-blame	-	-	-	-	1.72	1, 1016	.002
PBQ	.99	.74	10, 1060	.01	-	-	-
Avoidant PD.	-	-	-	-	.16	1, 1069	.00
Dependent PD.	-	-	-	-	.17	1, 1069	.00
Passive-aggressive PD.	-	-	-	-	.01	1, 1069	.00
Obsessive-Compulsive PD.	-	-	-	-	2.07	1, 1069	.002
Antisocial PD.	-	-	-	-	.99	1, 1069	.001
Narcissistic PD.	-	-	-	-	.05	1, 1069	.00
Histrionic PD.	-	-	-	-	.76	1, 1069	.001
Schizoid PD.	-	-	-	-	.03	1, 1069	.00
Paranoid PD.	-	-	-	-	.31	1, 1069	.00
Borderline PD.	-	-	-	-	.09	1, 1069	.00

Table 3. 22. Mean Scores of Order of Birth on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs

Measures	Firstborn	Laterborn
IIP-32	**N: 659**	**N: 629**
IIP-32 Fullscale	76.24	75.17
Domineering/ Controlling	8.84	8.67
Vindictive/ Self-Centered	7.86	7.83
Cold/ Distant	8.37	8
Socially Inhibited	8.29	8.28
Nonassertive	9.83	9.68
Overly Accomodating	10.05	10.16
Self-Sacrificing	12.05	11.96
Intrusive/ Needy	10.94	10.58
BPTI	**N: 519**	**N: 490**
Openness	22.40	22.11
Conscientiousness	27.55	27.95
Extraversion	28.58	28.59
Agreeableness	33.67	33.63
Neuroticism	25.70	25.63
Negative Valence	9.59	9.91
CERQ	**N: 524**	**N: 494**
Acceptance	12.20	11.59
Positive focus	9.78	9.52
Refocus on plan	14.52	14.21
Reappraisal	13.70	13.15
Putting into perspective	12.62	12.26
Catastrophizing	8.62	8.47
Rumination	13.80	13.52
Blaming others	8.69	8.92
Self-blame	11.09	10.84
PBQ	**N: 544**	**N: 527**
PBQ Fullscale	172.40	169.80
Avoidant PD.	18.17	17.97
Dependent PD.	16.58	16.35
Passive-aggressive PD.	25.28	25.24
Obsessive-Compulsive PD.	26.78	25.91
Antisocial PD.	14.62	14.13
Narcissistic PD.	15.56	15.69
Histrionic PD.	17.48	17.02
Schizoid PD.	21.90	21.80
Paranoid PD.	16.04	15.68
Borderline PD.	14.06	13.91

3.3.2.2.7. Difference of Mother Education on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs

Mother Education was categorized into 2 groups so as to be balanced in statistical frequencies. To be able to examine possible differences of Mother Education (High and Low) on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs Independent t-tests were conducted with interpersonal problems and personality disorder beliefs total scores as dependent variables, and between subjects MANOVAs were conducted with 8 interpersonal problems (i. e., Domineering/Controlling, Vindictive/Self-Centered, Cold/Distant, Socially Inhibited, Nonassertive, Overly Accommodating, Self-Sacrificing and Intrusive/Needy); 6 basic personality traits (i. e., Opennes, Conscientiousness, Extraversion, Agreeableness, Neuroticism, Negative Valence); 9 cognitive emotion regulation strategies (i. e., Acceptance, Refocus on Planning, Positive Refocusing, Positive Reappraisal and Putting into Perspective, Self-Blame, Blaming Others, Rumination and Catastrophizing); and 10 personality disorder related beliefs (i. e., Avoidant PD., Passive-Aggressive PD., Obsessive-Compulsive PD., Antisocial PD., Narcissistic PD., Histrionic PD., Schizoid PD., Paranoid PD., Dependent PD., Borderline PD.) as the dependent variables.

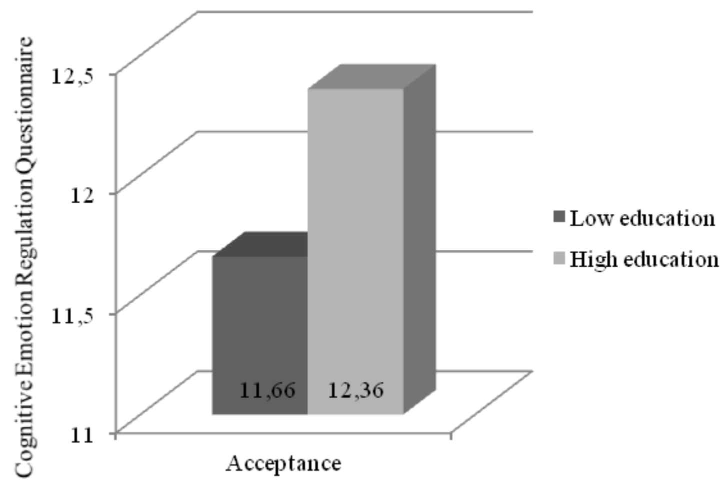
Independent t-test was conducted with Interpersonal Problems total score as dependent variable and result did not reveal significant Mother Education group difference on Interpersonal Problems ($t[1286] = -.56$, $p > .05$).

First MANOVA was conducted with interpersonal problems as dependent variables and result revealed significant Mother Education (as shown in Table 3.23.) main effect on interpersonal problems [Multivariate F (8, 1279) = 2.53, p <.01; Wilks' Lambda = .99; η^2 = .02]. Univariate analyses following Bonferroni adjustment for main effect of Mother Education did not show significant effect for interpersonal problems measures (see Table 3.24. for mean scores).

Second MANOVA results revealed Mother Education (as shown in Table 3.23.) main effect on basic personality traits [Multivariate F (6, 1002) = 2.43, p <.05; Wilks' Lambda = .99; η^2 = .01]. Univariate analyses following Bonferroni correction for main effect of Mother Education did not yield significant effect for basic personality traits measures (see Table 3.24. for mean scores).

Third MANOVA conducted with cognitive emotion regulation strategies as dependent variables and the results revealed significant Mother Education (as shown in Table 3.23.) main effect on cognitive emotion regulation strategies [Multivariate F (9, 1008) = 2.42, p > .01; Wilks' Lambda = .99; η^2 = .02]. Univariate analyses following Bonferroni correction for main effect of Mother Education indicated significant effect for Acceptance [F (1, 1016) = 11.05, p <.01; η^2 =.01] scale. According to the mean scores, participants whose mothers have high education level (M = 12.36) used acceptance more than participants whose mothers have low education level (M = 11.66) (see Table 3.24., Figure 3.25.).

Figure 3. 25. Mean Scores of Mother Education on Cognitive Emotion Regulation Strategies



Independent t-tests was conducted with Personality Disorder Beliefs total scores as the dependent variable. According to the results, there was no significant Mother Education group difference on Personality Disorder Beliefs ($\underline{t}[1069] = 1.16$, $\underline{p} > .05$) (see Table 3.24. for mean scores).

Finally, results of MANOVA conducted with personality disorder beliefs as dependent variables did not reveal significant Mother Education (as shown in Table 3.24.) main effect on personality disorder beliefs [Multivariate $\underline{F}$ (10, 1060) = .77, $\underline{p} > .05$; Wilks' Lambda = .99; $\eta^2 = .01$].

Table 3. 23. Difference of Mother Education on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs

Measures	**Wilks' Lambda**	**Multi. F**	**Multi. Df**	**Multi. η2**	**Uni. F**	**Uni. Df**	**Uni. η2**
IIP-32	.99	2.53**	8, 1279	.02	-	-	-
Domineering/ Controlling	-	-	-	-	.21	1, 1286	.00
Vindictive/ Self-Centered	-	-	-	-	.64	1, 1286	.00
Cold/ Distant	-	-	-	-	2.91	1, 1286	.002
Socially Inhibited	-	-	-	-	.26	1, 1286	.00
Nonassertive	-	-	-	-	.51	1, 1286	.00
Overly Accomodating	-	-	-	-	3.58	1, 1286	.003
Self-Sacrificing	-	-	-	-	.50	1, 1286	.00
Intrusive/ Needy	-	-	-	-	4.32	1, 1286	.003
BPTI	.99	2.43*	6, 1002	.01	-	-	-
Openness	-	-	-	-	3.14	1, 1007	.003
Conscientiousness	-	-	-	-	4.57	1, 1007	.01
Extraversion	-	-	-	-	.41	1, 1007	.00
Agreeableness	-	-	-	-	.15	1, 1007	.00
Neuroticism	-	-	-	-	.27	1, 1007	.00
Negative Valence	-	-	-	-	.22	1, 1007	.00
CERQ	.99	2.42**	9, 1008	.02	-	-	-
Acceptance	-	-	-	-	11.05†	1, 1016	.01
Positive focus	-	-	-	-	.04	1, 1016	.00
Refocus on plan	-	-	-	-	4.12	1, 1016	.004
Reappraisal	-	-	-	-	3.21	1, 1016	.003
Putting into perspective	-	-	-	-	.98	1, 1016	.001
Catastrophizing	-	-	-	-	2.39	1, 1016	.002
Rumination	-	-	-	-	1.85	1, 1016	.002
Blaming others	-	-	-	-	.22	1, 1016	.00
Self-blame	-	-	-	-	4.95	1, 1016	.01
PBQ	.99	.77	10, 1060	.01	-	-	-
Avoidant PD.	-	-	-	-	1.35	1, 1069	.001
Dependent PD.	-	-	-	-	.89	1, 1069	.001
Passive-aggressive PD.	-	-	-	-	2.24	1, 1069	.002
Obsessive-Compulsive PD.	-	-	-	-	.22	1, 1069	.00
Antisocial PD.	-	-	-	-	1.52	1, 1069	.001
Narcissistic PD.	-	-	-	-	.07	1, 1069	.00
Histrionic PD.	-	-	-	-	.03	1, 1069	.00
Schizoid PD.	-	-	-	-	.40	1, 1069	.00
Paranoid PD.	-	-	-	-	2.28	1, 1069	.002
Borderline PD.	-	-	-	-	1.53	1, 1069	.001

*$p < .05$, **$p < .01$, †Significant after Bonferonni Correction

Table 3. 24. Mean Scores of Mother Education on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs

Measures	Low Education (High school and below)	High Education (University and Post-graduate)
IIP-32	**N: 852**	**N: 436**
IIP-32 Fullscale	75.55	76.04
Domineering/ Controlling	8.73	8.82
Vindictive/ Self-Centered	7.90	7.75
Cold/ Distant	8.30	7.97
Socially Inhibited	8.25	8.36
Nonassertive	9.80	9.67
Overly Accomodating	9.98	10.33
Self-Sacrificing	11.96	12.10
Intrusive/ Needy	10.62	11.04
BPTI	**N: 658**	**N: 351**
Openness	22.10	22.55
Conscientiousness	28.05	27.17
Extraversion	28.68	28.40
Agreeableness	33.69	33.59
Neuroticism	25.75	25.52
Negative Valence	9.78	9.68
CERQ	**N: 664**	**N: 354**
Acceptance	**11.66**	**12.36**
Positive focus	9.67	9.62
Refocus on plan	14.21	14.68
Reappraisal	13.28	13.71
Putting into perspective	12.36	12.61
Catastrophizing	8.66	8.33
Rumination	13.55	13.88
Blaming others	8.83	8.75
Self-blame	10.81	11.27
PBQ	**N: 704**	**N: 367**
PBQ Fullscale	172.64	168.20
Avoidant PD.	18.28	17.68
Dependent PD.	16.66	16.10
Passive-aggressive PD.	25.57	24.67
Obsessive-Compulsive PD.	26.45	26.16
Antisocial PD.	14.60	13.96
Narcissistic PD.	15.68	15.52
Histrionic PD.	17.22	17.32
Schizoid PD.	21.97	21.62
Paranoid PD.	16.22	15.17
Borderline PD.	14.21	13.55

Note: Significant mean differences appear in bold.

3.3.2.2.8. Difference of Father Education on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs

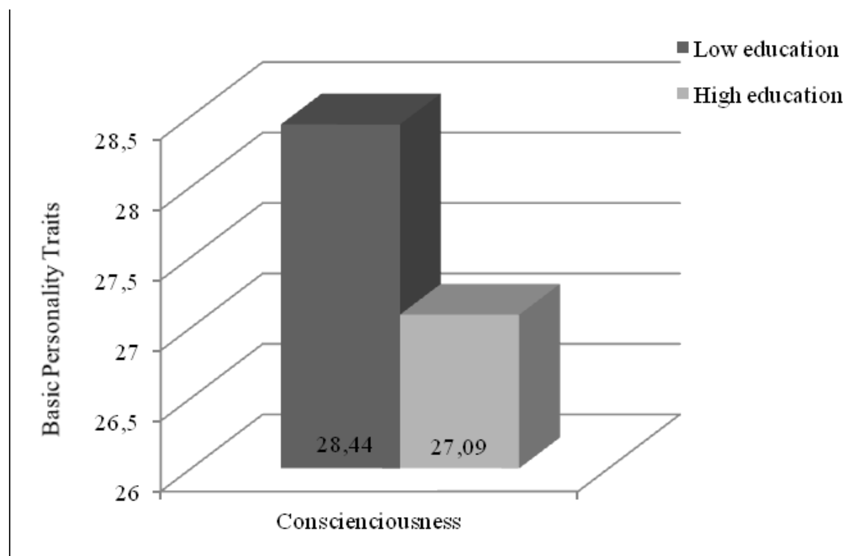
Father Education was categorized into 2 groups so as to be balanced in statistical frequencies. To see the influence of Father Education (High and Low) on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs Independent t-tests were conducted with interpersonal problems and personality disorder beliefs total scores as dependent variables, and between subjects MANOVAs were conducted with 8 interpersonal problems (i. e., Domineering/Controlling, Vindictive/Self-Centered, Cold/Distant, Socially İnhibited, Nonassertive, Overly Accommodating, Self-Sacrificing and Intrusive/Needy); 6 basic personality traits (i. e., Opennes, Conscientiousness, Extraversion, Agreeableness, Neuroticism, Negative Valence); 9 cognitive emotion regulation strategies (i. e., Acceptance, Refocus on Planning, Positive Refocusing, Positive Reappraisal and Putting into Perspective, Self-Blame, Blaming Others, Rumination and Catastrophizing); and 10 personality disorder related beliefs (i. e., Avoidant PD., Passive-Aggressive PD., Obsessive-Compulsive PD., Antisocial PD., Narcissistic PD., Histrionic PD., Schizoid PD., Paranoid PD., Dependent PD., Borderline PD.) as the dependent variables.

Independent t-test was conducted with Interpersonal Problems total score as dependent variable and result did not indicate significant Father Education group difference on Interpersonal Problems ($t[1286] = .43$, $p > .05$).

MANOVA was conducted with interpersonal problems as dependent variable. According to the results, there was no significant main effect of Father Education (as shown in Table 3.25.) on interpersonal problems [Multivariate $\underline{F}$ (8, 1279) = 2.53, $\underline{p}$ <.05; Wilks' Lambda = .99; η^2 = .01].

MANOVA results revealed Father Education (as shown in Table 3.25.) main effect on basic personality traits [Multivariate $\underline{F}$ (6, 1002) = 2.81, $\underline{p}$ <.01; Wilks' Lambda = .98; η^2 = .02]. Univariate analyses following Bonferroni adjustment for main effect of Father Education revealed significant effect for Conscientiousness [$\underline{F}$ (1, 1007) = 11.81, $\underline{p}$ <.01; η^2 =.001] measure. The analysis of the mean scores showed that participants whose fathers have low education level ($\underline{M}$ = 28.44) were more conscientious than participants whose fathers have high education level ($\underline{M}$ = 27.09) (see Table 3.26., Figure 3.26.).

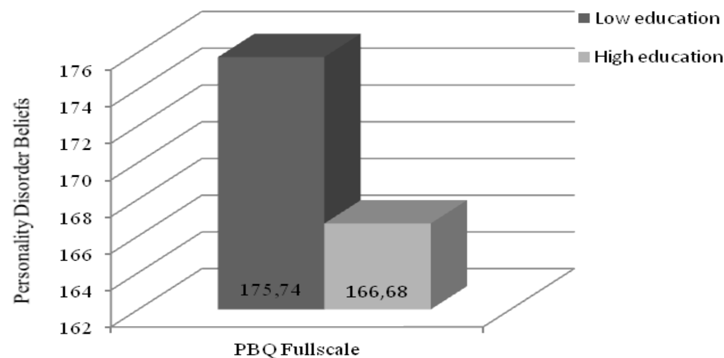
Figure 3. 26. Mean Scores of Father Education on Basic Personality Traits



MANOVA conducted with cognitive emotion regulation strategies as dependent variables and the results revealed significant main effect of Father Education (as shown in Table 3.25.) on cognitive emotion regulation strategies [Multivariate $\underline{F}$ (9, 1008) = 2.20, $\underline{p} < .01$; Wilks' Lambda = .98; $\eta^2 = .02$]. Univariate analyses following Bonferroni correction for main effect of Father Education indicated no significant effect for cognitive emotion regulation strategies measures.

Independent t-tests was conducted with Personality Disorder Beliefs total scores as the dependent variable. According to the results, there was significant Father Education group difference on Personality Disorder Beliefs ($\underline{t}[1069] = 2.50$, $\underline{p} < .05$). According to the mean scores, participants whose fathers have low education level ($\underline{M} = 175.74$) had more beliefs related to personality disorders than participants whose fathers have high education level ($\underline{M} = 166.68$) (see Table 3.26., Figure 3.27.).

Figure 3. 27. Mean Scores of Father Education on Personality Disorders Beliefs



Finally, results of MANOVA conducted with personality disorder beliefs masures as dependent variables revealed significant Father Education (as shown in Table 3.26.) main effect on personality disorder beliefs [Multivariate $\underline{F}$ (10, 1060) = 2.06, $\underline{p} > .05$;

Wilks' Lambda = .98; η^2 = .02]. Univariate analyses following Bonferroni adjustment for main effect of Father Education revealed significant effect for Passive-Aggressive PD. [$\underline{F}$ (1, 1069) = 8.38, $\underline{p}$ <.005; η^2 =.01] measure. The analysis of the mean scores showed that participants whose fathers have low education level ($\underline{M}$ = 26.10) had more Passive-Aggressive PD. related beliefs than participants whose fathers have high education level ($\underline{M}$ = 24.45) (see Table 3.26., Figure 3.28.).

Figure 3. 28. Mean Score of Father Education on Personality Disorders Beliefs Subscale

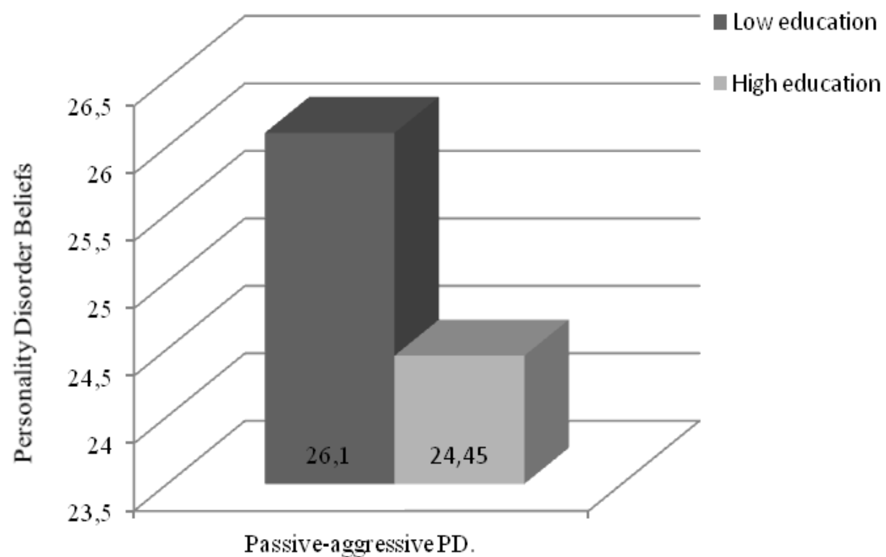


Table 3. 25. Difference of Father Education on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs

Measures	Wilks' Lambda	Multi. F	Multi. Df	Multi. η2	Uni. F	Uni. Df	Uni. η2
IIP-32	.99	1.51	8, 1279	.01	-	-	-
Domineering/ Controlling	-	-	-	-	.12	1, 1286	.00
Vindictive/ Self-Centered	-	-	-	-	.02	1, 1286	.00
Cold/ Distant	-	-	-	-	.90	1, 1286	.001
Socially Inhibited	-	-	-	-	.71	1, 1286	.001
Nonassertive	-	-	-	-	2.38	1, 1286	.002
Overly Accomodating	-	-	-	-	.44	1, 1286	.00
Self-Sacrificing	-	-	-	-	.14	1, 1286	.00
Intrusive/ Needy	-	-	-	-	1.53	1, 1286	.001
BPTI	.98	2.81**	6, 1002	.02	-	-	-
Openness	-	-	-	-	.63	1, 1007	.001
Conscientiousness	-	-	-	-	11.81†	1, 1007	.01
Extraversion	-	-	-	-	.59	1, 1007	.001
Agreeableness	-	-	-	-	.52	1, 1007	.001
Neuroticism	-	-	-	-	.08	1, 1007	.00
Negative Valence	-	-	-	-	.001	1, 1007	.00
CERQ	.98	2.20*	9, 1008	.02	-	-	-
Acceptance	-	-	-	-	5.77	1, 1016	.01
Positive focus	-	-	-	-	.12	1, 1016	.00
Refocus on plan	-	-	-	-	3.85	1, 1016	.004
Reappraisal	-	-	-	-	.64	1, 1016	.001
Putting into perspective	-	-	-	-	.26	1, 1016	.00
Catastrophizing	-	-	-	-	2.45	1, 1016	.002
Rumination	-	-	-	-	.004	1, 1016	.00
Blaming others	-	-	-	-	.71	1, 1016	.001
Self-blame	-	-	-	-	2.96	1, 1016	.003
PBQ	.98	2.06*	10, 1060	.02	-	-	-
Avoidant PD.	-	-	-	-	1.90	1, 1069	.002
Dependent PD.	-	-	-	-	3.73	1, 1069	.003
Passive-aggressive PD.	-	-	-	-	8.38†	1, 1069	.01
Obsessive-Compulsive PD.	-	-	-	-	3.06	1, 1069	.003
Antisocial PD.	-	-	-	-	6.44	1, 1069	.01
Narcissistic PD.	-	-	-	-	.90	1, 1069	.001
Histrionic PD.	-	-	-	-	.10	1, 1069	.00
Schizoid PD.	-	-	-	-	3.56	1, 1069	.03
Paranoid PD.	-	-	-	-	6.22	1, 1069	.01
Borderline PD.	-	-	-	-	5.25	1, 1069	.05

*$p < .05$, **$p < .01$, †Significant after Bonferonni Correction

Table 3. 26. Mean Scores of Father Education on Interpersonal Problems, Basic Personality Traits, Cognitive Emotion Regulation Strategies and Personality Disorder Beliefs

Measures	Low Education (High school and below)	High Education (University and Post-graduate)
IIP-32	**N: 624**	**N: 664**
IIP-32 Fullscale	75.89	75.54
Domineering/ Controlling	8.79	8.73
Vindictive/ Self-Centered	7.84	7.86
Cold/ Distant	8.28	8.11
Socially Inhibited	8.37	8.21
Nonassertive	9.90	9.62
Overly Accomodating	10.04	10.16
Self-Sacrificing	12.04	11.97
Intrusive/ Needy	10.64	10.89
BPTI	**N: 490**	**N: 519**
Openness	22.16	22.35
Conscientiousness	**28.44**	**27.09**
Extraversion	28.42	28.74
Agreeableness	33.75	33.56
Neuroticism	25.73	25.61
Negative Valence	9.74	9.75
CERQ	**N: 492**	**N: 526**
Acceptance	11.65	12.13
Positive focus	9.70	9.62
Refocus on plan	14.15	14.58
Reappraisal	13.34	13.52
Putting into perspective	12.51	12.39
Catastrophizing	8.71	8.39
Rumination	13.65	13.67
Blaming others	8.87	8.73
Self-blame	10.80	11.13
PBQ	**N: 525**	**N: 546**
PBQ Fullscale	**175.74**	**166.68**
Avoidant PD.	18.41	17.75
Dependent PD.	17.02	15.94
Passive-aggressive PD.	**26.10**	**24.45**
Obsessive-Compulsive PD.	26.89	25.84
Antisocial PD.	15.01	13.78
Narcissistic PD.	15.92	15.34
Histrionic PD.	17.34	17.17
Schizoid PD.	22.36	21.36
Paranoid PD.	16.70	15.06
Borderline PD.	14.58	13.42

Note*:* Significant mean differences appear in bold.

3.3.2.3. Correlation Coefficients between Groups of Variables

In order to determine the relationship between fullscale and subscales of Personality Disorder Beliefs Questionnaire (i.e., Avoidant PD., Passive-Aggressive PD., Obsessive-Compulsive PD., Antisocial PD., Narcissistic PD., Histrionic PD., Schizoid PD., Paranoid PD., Dependent PD., Borderline PD.), subcales of Basic Personality Traits Inventory (i.e., Opennes, Conscientiousness, Extraversion, Agreeableness, Neuroticism, Negative Valence), subcales of Cognitive Emotion Regulation Questionnaires (i.e., Acceptance, Refocus on Planning, Positive Refocusing, Positive Reappraisal and Putting into Perspective, Self-Blame, Blaming Others, Rumination and Catastrophizing) fullscale and subscales of Inventory of Interpersonal Problems (i.e., Domineering/Controlling, Vindictive/Self-Centered, Cold/Distant, Socially Inhibited, Nonassertive, Overly Accommodating, Self-Sacrificing and Intrusive/Needy) and demographic variables, pearson correlation analyses were conducted (see Table 3.27).

3.3.2.3.1. Personality Disorder Beliefs

By assuming correlations greater than .25 as moderate and greater than .40 as high correlations, the results (as shown in Table 3.27.) indicated that inter-correlations among subscales of PBQ were moderate-to-strong and positively significant, except for Schizoid PD having nonsignificant low negative correlation with Dependent PD. ($\underline{r}$ = -.03, $\underline{p}$ >.05). Specifically, correlations of Avoidant PD. with other PDs ranged from .26 to .76, Dependent PD. with other PDs ranged from .34 to .76 except for Schizoid PD. as mentioned above, Passive-Aggressive PD. with other PDs ranged from .41 to .55, Obsessive-Compulsive PD. with other PDs ranged from .34 to .53, Antisocial PD. with other PDs ranged from .34 to .64, Narcissistic PD. with other PDs ranged from .41 to

.70, Histrionic PD. with other PDs ranged from .27 to .64, Schizoid PD. with other PDs ranged from .26 to .48 when its correlation with Dependent PD. excluded, Paranoid PD. with other PDs ranged from .44 to .83 and Borderline PD. with other PDs ranged from .36 to .83. Moreover, correlations of PBQ subscales with PBQ total score ranged between .55 to .85 (see Table 3.27).

Correlation results indicated (as shown in Table 3.27) that Personality Disorder Beliefs (PBQ) total score revealed high positive correlation with interpersonal problems (IIP) total score ($r = .52$, $p < .001$), IIP Domineering/Controlling ($r = .47$, $p < .001$) and moderate positive correlation with IIP Cold/Distant ($r = .37$, $p < .001$), IIP Vindictive/Self-Centered ($r = .34$, $p < .001$), IIP Socially Inhibited ($r = .29$, $p < .001$), IIP Nonassertive ($r = .27$, $p < .001$), and IIP Intrusive/Needy ($r = .27$, $p < .001$). Correlations between PBQ subscales and IIP total were also significant and positive. Accordingly, IIP fullscale had high positive correlation with PBQ Borderline PD. ($r = .56$, $p < .001$), PBQ Avoidant PD. and PBQ Dependent PD. ($r = .54$, $p < .001$), PBQ Histrionic PD. ($r = .43$, $p < .001$), PBQ Paranoid PD. ($r = .42$, $p < .001$), high moderate correlation with PBQ Passive-Aggressive PD. ($r = .38$, $p < .001$), PBQ Obsessive-Compulsive PD. ($r = .32$, $p < .001$), PBQ Narcissistic PD. ($r = .31$, $p < .001$), and PBQ Antisocial PD. ($r = .30$, $p < .001$). In terms of correlations between PBQ subscales and IIP subscales, correlations between IIP subscales and PBQ Avoidant PD. ranged from .21 to .38, PBQ Dependent PD. ranged from .18 to .42, PBQ Passive-Aggressive ranged from .13 to .33, PBQ Obsessive-Compulsive PD. ranged from .10 to .37, PBQ Antisocial PD. ranged from -.02 and .40, PBQ Narcissistic PD. ranged from .02 and .41, PBQ Schizoid PD. ranged from -.10 to .32, PBQ Paranoid PD. ranged from .14 to .35, and PBQ Borderline PD. ranged from .20 to .39.

Table 3.27. Correlations among Personality Disorders Beliefs, Basic Personality Traits, Interpersonal Problems and Cognitive Emotion Regulation

Measures	**PBQ** Avoidant PD.	**PBQ** Dependent PD.	**PBQ** Passive-aggressive PD.	**PBQ** Obsessive-Compulsive PD.	**PBQ** Antisocial PD.	**PBQ** Narcissistic PD.	**PBQ** Histrionic PD.	**PBQ** Schizoid PD.	**PBQ** Paranoid PD.	**PBQ** Borderline PD.	**PBQ** Fullscale
PBQ Avoidant PD.	1.00										
PBQ Dependent PD.	.64***	1.00									
PBQ Passive-aggressive PD.	.50***	.39***	1.00								
PBQ Obsessive-Compulsive PD.	.48***	.39***	.41***	1.00							
PBQ Antisocial PD.	.45***	.34***	.44***	.49***	1.00						
PBQ Narcissistic PD.	.39***	.35***	.46***	.51***	.64***	1.00					
PBQ Histrionic PD.	.51***	.56***	.50***	.45***	.52***	.70***	1.00				
PBQ Schizoid PD.	.26***	-.03	.40***	.34***	.48***	.41***	.27***	1.00			
PBQ Paranoid PD.	.54***	.44***	.49***	.52***	.60***	.60***	.57***	.47***	1.00		
PBQ Borderline PD.	.76***	.71***	.55***	.53***	.60***	.55***	.64***	.36***	.83***	1.00	
PBQ Fullscale	.73***	.63***	.71***	.72***	.76***	.79***	.78***	.55***	.82***	.85***	1.00

Table 3.27. (cont.'d) Correlations among Personality Disorders Beliefs, Basic Personality Traits, Interpersonal Problems and Cognitive Emotion Regulation

Measures	IIP Fullscale	IIP Domineering/ Controlling	IIP Vindictive/ Self-Center	IIP Cold/ Distant	IIP Socially Inhibited	IIP Nonassertive	IIP Overly Accomodating	IIP Self-Sacrificing	IIP Intrusive/ Needy	BPTI Openness	BPTI Consciencious	BPTI Extraversion	BPTI Agreeableness	BPTI Neuroticism	BPTI Negative Valence
PBQ Avoidant PD.	.54***	.33***	.31***	.38***	.37***	.39***	.31***	.21***	.21***	-.21***	-.17***	-.28***	.14***	.35***	.29***
PBQ Dependent PD.	.54***	.23***	.18***	.21***	.32***	.42***	.40***	.33***	.38***	-.31***	-.18***	-.27***	.01	.29***	.26***
PBQ Passive-aggressive PD.	.38***	.33***	.21***	.27***	.23***	.23***	.20***	.13***	.16***	.02	-.23***	-.15***	-.10***	.31***	.22***
PBQ Obsessive-Compulsive PD.	.32***	.37***	.16***	.20***	.14***	.10***	.13***	.20***	.16***	.10***	.20***	-.02	.04	.23***	.14***
PBQ Antisocial PD.	.30***	.40***	.30***	.29***	.15***	.11***	.04	-.02	.14***	.14***	-.01	-.06	-.16***	.22***	.30***
PBQ Narcissistic PD.	.31***	.41***	.31***	.22***	.10***	.08**	.07*	.02	.24***	.21***	-.01	.01	-.07*	.28***	.26***
PBQ Histrionic PD.	.43***	.38***	.26***	.19***	.19***	.20***	.20***	.16***	.41***	.03	-.23***	-.09**	-.04	.35***	.32***
PBQ Schizoid PD.	.16***	.24***	.25***	.32***	.17***	.02	-.05	-.10**	-.11***	.19***	-.03	-.11***	-.17***	.14***	.13***
PBQ Paranoid PD.	.42***	.35***	.28***	.35***	.26***	.23***	.22***	.14***	.14***	.004	-.07*	-.21***	-.10***	.32***	.28***
PBQ Borderline PD.	.56***	.39***	.33***	.39***	.36***	.37***	.31***	.20***	.24***	-.19***	-.19***	-.30***	-.15***	.39***	.36***
PBQ Fullscale	.52***	.47***	.34***	.37***	.29***	.27***	.23***	.17***	.27***	.03	-.11***	-.18***	-.11***	.38***	.34***

Table 3.27. (cont.'d) Correlations among Personality Disorders Beliefs, Basic Personality Traits, Interpersonal Problems and Cognitive Emotion Regulation

Measures	**CERQ** Acceptance	**CERQ** Positive refocus	**CERQ** Refocus on plan	**CERQ** Reappraisal	**CERQ** Putting into perspective	**CERQ** Catastrophize	**CERQ** Rumination	**CERQ** Blaming others	**CERQ** Self-blame
PBQ Avoidant PD.	.13***	.01	.06	-.14***	-.05	.42***	.15***	.33***	.27***
PBQ Dependent PD.	.12***	-.06	-.03	-.13***	-.04	.47***	.22***	.32***	.34***
PBQ Passive-aggressive PD.	.11***	-.02	.06*	-.02*	-.07*	.32***	.18***	.31***	.18***
PBQ Obsessive-Compulsive PD.	.13***	.04	.17***	.09*	.04	.34***	.17***	.23***	.20***
PBQ Antisocial PD.	.07*	.14***	.10**	.07*	.03	.29***	.06*	.32***	.07*
PBQ Narcissistic PD.	.05	.06	.13***	.04	-.01	.35***	.13***	.41***	.09**
PBQ Histrionic PD.	.17***	.04	.10***	-.001	.01	.46***	.24***	.39***	.23***
PBQ Schizoid PD.	.15***	.11***	.10***	.12***	.05	.14***	.05	.18***	.06*
PBQ Paranoid PD.	.13***	-.02	.06*	-.03	-.04	.44***	.17***	.40***	.23***
PBQ Borderline PD.	.14***	-.05	-.03***	-.13***	-.08*	.53***	.20***	.42***	.31***
PBQ Fullscale	.16***	.04	.10***	.001	-.01	.50***	.21***	.44***	.26***

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

Note: **IIP**: Inventory of Interpersonal Problems, **BPTI**: Basic Personality Traits Inventory, **CERQ**: Cognitive Emotion Regulation Questionnaire, **PBQ**: Personality Belief Questionnaire.

Correlations between Basic Personality Traits and Personality Disorder Beliefs total score (as shown in Table 3.27) revealed that PBQ total score had moderate positive correlation with Neuroticism ($r = .38$, $p < .001$) and Negative Valence ($r = .34$, $p < .001$). According to the correlations between subscales, Opennes had moderate negative correlation with Dependent PD. ($r = -.31$, $p < .001$), Extraversion had negative moderate correlation with Borderline PD. ($r = -.30$, $p < .001$), Neuroticism had moderate positive correlation with Avoidant PD. ($r = .35$, $p < .001$), Passive-Aggressive PD. ($r = .31$, $p < .001$), Histrionic PD. ($r = .35$, $p < .001$), Paranoid PD. ($r = .32$, $p < .001$) and Borderline PD. ($r = .39$, $p < .001$), and Negative Valence had moderate positive correlation with Antisocial PD. ($r = .30$, $p < .001$), Histrionic PD. ($r = .32$, $p < .001$) and Borderline PD. ($r = .36$, $p < .001$).

Correlations between Cognitive Emotion Regulation strategies and Personality Disorder Beliefs total score (as shown in Table 3.27.) revealed that PBQ total score had high positive correlation with Catastrophizing ($r = .50$, $p < .001$), and Blaming Others ($r = .44$, $p < .001$). According to the subscale correlations, Catastrophizing had high positive correlation with Avoidant PD. ($r = .42$, $p < .001$), Dependent PD. ($r = .47$, $p < .001$), Histrionic PD. ($r = .46$, $p < .001$), Paranoid PD. ($r = .44$, $p < .001$) and Borderline PD. ($r = .53$, $p < .001$), and had moderate positive correlation with Passive-Aggressive PD. ($r = .32$, $p < .001$), Obsessive-Compulsive PD. ($r = .34$, $p < .001$) and Narcissistic PD. ($r = .35$, $p < .001$). Blaming Others had moderate positive correlation with Avoidant PD. ($r = .33$, $p < .001$), Dependent PD. ($r = .32$, $p < .001$) Passive-Aggressive PD. ($r = .31$, $p < .001$), Antisocial PD. ($r = .32$, $p < .001$) and Histrionic PD. ($r = .39$, $p < .001$), and had high positive correlation with Narcissistic PD. ($r = .41$, $p < .001$), Paranoid PD. ($r = .40$, $p < .001$) and Borderline PD. ($r = .42$, $p < .001$). Self-Blame had moderate positive

correlation with Dependent PD. (r = .34, p < .001) and Borderline PD. (r = .31, p < .001).

3.3.2.3.2. Basic Personality Traits, Interpersonal Problems and Cognitive Emotion Regulation

Correlations between Basic Personality Traits and Interpersonal Problems was mentioned in section 3.3.1.1.2. and presented in Table 3.2. and Table 3.28.

Table 3. 28. Basic Personality Traits, Interpersonal Problems and Cognitive Emotion Regulation

Measures	**IIP** Domineering/ Controlling	**IIP** Vindictive/ Self-Centered	**IIP** Cold/ Distant	**IIP** Socially Inhibited	**IIP** Nonassertive	**IIP** Overly Accomodating	**IIP** Self-Sacrificing	**IIP** Intrusive/ Needy	**IIP** Fullscale
BPTI									
Openness	.13***	-.15***	-.20***	-.43***	-.42***	-.29***	.04	.02	-.29***
Conscientiousness	-.14***	-.15***	-.19***	-.18***	-.22***	-.22***	.01	-.18***	-.27***
Extraversion	.03	-.22***	-.35***	-.64***	-.43***	-.29***	.02	.13***	-.38***
Agreeableness	-.21***	-.43***	-.40***	-.29***	-.15***	.05	.41***	.11***	-.19***
Neuroticism	.51***	.25***	.26***	.16***	.22***	.08**	.09**	.26***	.39***
Negative Valence	.38***	.40***	.29***	.22***	.25***	.17***	-.06*	.18***	.39***
CERQ									
Acceptance	.10**	.06	.09**	.05	.09**	.10***	.12***	.12***	.16***
Positive focus	-.05	-.08**	-.13***	-.18***	-.13***	-.09**	.02	.01	-.13***
Refocus on plan	.11***	-.05	-.08*	-.15***	-.16***	-.08**	.12***	.10**	-.04
Reappraisal	.00	-.19***	-.17***	-.23***	-.22***	-.15***	.10**	.05	-.17***
Putting into perspective	-.07*	-.11---	-.15***	-.14***	-.07*	-.09**	.10**	.09**	-.10**
Catastrophizing	.28***	.19***	.17***	.24***	.30***	.25***	.19***	.28***	.41***
Rumination	.10**	-.03	-.02	-.01	.05	.08*	.20***	.23***	.13***
Blaming others	.30***	.20***	.19***	.16***	.23**	.18***	.12***	.28***	.36***
Self-blame	.13***	.04	.10***	.18***	.26***	.28***	.25***	.19***	.31***

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

Note: **IIP**: Inventory of Interpersonal Problems**, BPTI**: Basic Personality Traits Inventory, **CERQ**: Cognitive Emotion Regulation Questionnaire.

Interpersonal Problems total score correlated with Cognitve Emotion Regulation strategies (see Table 3.28.). Accordingly, Interpersonal problems had high positive correlation with Catastrophizing (r = .41, p < .001), and had moderate positive correlation with Blaming Others (r = .36, p < .001) and Self-Blame (r = .31, p < .001). In terms of subscale correlations, there was moderate positive correlation between Domineering/Controlling problems and Blaming Others (r = .30, p < .001), and between Nonassertiveness and Catastrophizing (r = .30, p < .001) .

Basic Personality Traits Inventory scales correlated with Cognitve Emotion Regulation strategies (see Table 3.29.). Accordingly, Openness had moderate positive correlation with Refocus on Planning (r = .34, p < .001), and had high positive correlation with Reappraisal (r = .40, p < .001), Neuroticism had moderate positive correlation with Catastrophization (r = .38, p < .001) and Blaming Others (r = .30, p < .001).

Table 3. 29. Basic Personality Traits and Cognitive Emotion Regulation

Measures	**BPTI** Openness	**BPTI** Conscientious	**BPTI** Extraversion	**BPTI** Aggreeableness	**BPTI** Neuroticism	**BPTI** Negative Valence
CERQ Acceptance	.02	-.11***	-.07*	.06	.06	.02
CERQ Positive focus	.26***	.17***	.17***	.16***	-.21***	-.09**
CERQ Refocus on planning	.34***	.12***	.18***	.23***	-.09**	-.13***
CERQ Reappraisal	.40***	.20***	.23***	.29***	-.21***	-.19***
CERQ Putting into perspective	.19***	.18***	.15***	.25***	-.12***	-.13***
CERQ Catastrophization	-.16***	-.18***	-.18***	-.004	.38***	.24***
CERQ Rumination	.01	-.07*	-.001	.18***	.18***	-.03
CERQ Blaming others	-.07*	-.13***	-.13***	-.06	.30***	.23***
CERQ Self-blame	-.17***	-.20***	-.16***	.04	.18***	.08*

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

Note: **BPTI**: Basic Personality Traits Inventory, **CERQ**: Cognitive Emotion Regulation Questionnaire.

3.3.2.4. Hierarchical Multiple Regressions

Four 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 four sets to reveal the associates of (i) positive cognitive emotion regulation strategies, (ii) negative cognitive emotion regulation strategies, (iii) interpersonal problems (iv) personality disorders beliefs. For these analyses, total scores were used for interpersonal problems and personality disorder beliefs whereas two distant variable constructed for the cognitive emotion regulation measure by grouping positive and negative strategies. Positive Cognitive Emotion Regulation variable constructed by grouping Acceptance, Refocus on Planning, Positive Refocusing, Positive Reappraisal and Putting into Perspective scales, and Negative Cognitive Emotion Regulation variable constructed by grouping Self-Blame, Blaming Others, Rumination and Catastrophizing subscales.

3.3.2.4.1. Variables Associated with Cognitive Emotion Regulation

3.3.2.4.1.1. Variables Associated with Positive Cognitive Emotion Regulation

A hierarchical multiple regression analyses was performed to reveal the significant associates of positive cognitive emotion regulation strategies.

Variables were hierarchically entered (via stepwise method) into the equation via two steps. Age and gender were entered into the equation in the first step in order to control possible effects of demographic variables on dependent variable. Following first step, variables related to basic personality traits (i.e., Openness, Conscientiousness,

Extraversion, Agreeableness, Neuroticism, Negative valence) were entered into the equation in the second step.

Hierarchical regression analysis run for the positive cognitive emotion regulation measure revealed that control variables was not significantly associated with positive cognitive emotion regulation strategies.

Table 3. 30. Hierarchical Regression for Positive Cognitive Emotion Regulation

	F_{change}	df	t (within set)	β	pr	R^2
Dependent Variable Positive Cognitve Emotion Regulation						
Step 1: Control Variables						
Step 2: Basic Personality Traits						
Opennes	130.92*	1, 1005	11.44*	.34	.34	.12
Agreeableness	35.56*	1, 1004	5.96*	.18	.19	.15
Neuroticism	10.14*	1, 1003	-.3.18*	-.10	-.10	.15

**p* < .001

Among basic personality traits namely, Opennes (β = .34, t [1005] = 11.44, p < .001), Agreeableness (β = .18, t [1004] = 5.96, p < .001), Neuroticism (β = -.10, t [1003] = -3.18, p < .001) had significant associations with positive cognitive emotion regulation strategies. Opennes explained 12 % of variance (F_{change} [1, 1005] = 130.92, p < .001), Agreeableness increased explained variance to 15 % (F_{change} [1, 1004] = 35.56, p < .001) and with the entrance of Neuroticism, explained variance was still 15 % (F_{change} [1, 1003] = 10.14, p < .001) (see Table 3.30.).

To sum up, three factors as Openness, Agreeableness, and Neuroticism had significant associations with positive cognitive emotion regulation strategies. That is, increase in

openness, agreeableness, and decrease in neuroticism was associated with increase in the frequency of using positive cognitive emotion regulation strategies.

3.3.2.4.1.2.Variables associated with Negative Cognitive Emotion Regulation

A hierarchical multiple regression analyses was performed to reveal the significant associates of negative cognitive emotion regulation strategies.

Variables were hierarchically entered (via stepwise method) into the equation via two steps. Age and gender were entered into the equation in the first step in order to control possible effects of demographic variables on dependent variable. Following first step, variables related to basic personality traits (i.e., Openness, Conscientiousness, Extraversion, Agreeableness, Neuroticism, Negative valence) were entered into the equation in the second step.

Hierarchical regression analysis run for the negative cognitive emotion regulation measure revealed that among control variables age (β = -.14, t [1005] = -4.37, $p < .001$), and gender (β = .09, t [1004] = 2.90, $p < .001$) was significantly associated with dependent variable. Accordingly, age explained 2 % 0f variance (F_{change} [1, 1005] = 19.13, $p < .001$), and with the entrance of gender explained variance increased to 3 % (F_{change} [1, 1004] = 8.39, $p < .01$) (see Table 3.31.).

After controlling demographic variables, all basic personality traits namely, Neuroticism (β = .35, t [1005] = 11.51, $p < .001$), Agreeableness (β = .15, t [1002] = 4.90, $p < .001$), Conscientiousness (β = -.18, t [1001] = -5.81, $p < .001$), Opennes (β = -.12, t [1000] = -3.83, $p < .001$), Extraversion (β = -.08, t [999] = -2.25, $p < .05$), and Negative Valence

(β = .07, t [1003] = 1.99, p < .05) had significant associations with negative cognitive emotion regulation strategies. Thus, Neuroticism explained 14 % of variance (F_{change} [1, 1003] = 132.52, p < .001), Agreeableness increased explained variance to 16 % (F_{change} [1, 1002] = 24.03, p < .001), Conscientiousness increased explained variance to 19 % (F_{change} [1, 1001] = 33.75, p < .001), Openness increased to 20 % (F_{change} [1, 1000] = 14.70, p < .001), Extraversion keep the explained variance at 20 % (F_{change} [1,999] = 5.05, p < .05), and with the entrance of Negative Valence, explained variance increased to 21 % (F_{change} [1, 998] = 3.96, p < .05) (see Table 3.31.).

Table 3. 31. Hierarchical Regression Analysis for Negative Cognitive Emotion Regulation

	F_{change}	df	t (within set)	β	pr	R^2
Dependent Variable Negative Cognitve Emotion Regulation						
Step 1: Control Variables						
Age	19.13***	1, 1005	-4.37***	-.14	-.14	.02
Gender	8.39**	1, 1004	2.90***	.09	.09	.03
Step 2: Basic Personality Traits						
Neuroticism	132.52***	1, 1003	11.51***	.35	.34	.14
Agreeableness	24.03***	1, 1002	4.90***	.15	.15	.16
Consciencoiouness	33.75***	1, 1001	-5.81***	-.18	-.18	.19
Openness	14.70***	1, 1000	-3.83***	-.12	-.12	.20
Extraversion	5.05*	1, 999	-2.25*	-.08	-.07	.20
Negative Valence	3.96*	1, 998	1.99*	.07	-.06	.21

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

Therefore, eight factors as age, gender, Neuroticism, Agreeableness, Conscientiousness, Openness, Extraversion and Negative Valence had significant associations with negative cognitive emotion regulation strategies. Accordingly, being younger and female, having higher level of neuroticism, agreeableness and negative valence, and having lower level

of conscientiousness, openness to experience and extravertion were associated increased use of negative cognitive emotion regulation strategies.

3.3.2.4.2. Variables Associated with Interpersonal Problems

A hierarchical multiple regression analyses was performed to reveal the significant associates of interpersonal problems.

Variables were hierarchically entered (via stepwise method) into the equation via three steps. Age and gender were entered into the equation in the first step in order to control possible effects of demographic variables on dependent variable. Following first step, variables related to basic personality traits (i.e., Openness, Conscientiousness, Extraversion, Agreeableness, Neuroticism, Negative valence) entered into the equation in the second step. After controlling for the demographic variables and basic personality traits that were significantly associated with interpersonal problems, cognitive emotion regulation strategies (i.e., Acceptance, Refocus on Planning, Positive Refocusing, Positive Reappraisal and Putting into Perspective, Self-Blame, Blaming Others, Rumination and Catastrophizing) were hierarchically entered into the equation on the third step.

Hierarchical regression analysis run for the interpersonal problems measure revealed that (as shown in Table 3.32.) among control variables, only age (β = -.17, $\underline{t}$ [1005] = -5.30, $\underline{p}$ < .001) was significantly associated with interpersonal problems. Age explained 3 % of the variance ($\underline{F}$ [1, 1004] = 28.06, $\underline{p}$ < .001).

In the second step, all basic personality traits, namely, Negative Valence (β = .38, t [1004] = 13.12, p < .05), Extraversion (β = -.28, t [1003] = -9.89, p < .05), Neuroticism (β = .24, t [1002] = 8.16, p < .001), Conscientiousness (β = -.09, t [1001] = -3.27, p < .001), Opennes (β = -.08, t [1000] = -2.60, p < .01), and Agreeableness (β = .08, t [999] = 2.66, p < .01) was associated with interpersonal problems. According to this, addition of Negative Valence increased explained variance to 17 % (F_{change} [1, 1004] = 172.00, p < .001), Extraversion increased explained variance to 24 % (F_{change} [1, 1003] = 97.71, p < .001), Neuroticism increased explained variance to 29 % (F_{change} [1, 1002] = 66.64, p < .001), Conscientiousness increased explained variance to 30 % (F_{change} [1, 1001] = 10.66, p < .001), with the addition of Opennes explained variance was still 30 % (F_{change} [1, 1000] = 6.73, p < .01) and with the entrance of Agreeableness explained variance increased to 31 % (F_{change} [1, 999] = 2.66, p < .01) (see Table 3.32.).

The analysis of third step revealed that among cognitive emotion regulation strategies namely, Catastrophizing (β = .24, t [998] = 8.41, p < .001), Blaming Others (β = .15, t [997] = 5.00, p < .001), Self-Blame (β = .16, t [996] = 5.91, p < .001), Acceptance (β = .06, t [995] = 2.22, p < .05), and Rumination (β = -.06, t [994] = -1.99, p < .05) was associated with interpersonal problems. Explained variance increased to 35 % (F_{change} [1, 998] = 70.75, p < .001), with the addition of Catastrophizing, and Blaming Others increased explained variance to 37 % (F_{change} [1, 997] = 25.02, p < .001), Self Blame increased explained variance to 39 % (F_{change} [1, 996] = 34.94, p < .001), with the addition of Acceptance explained variance was still 39 % F_{change} [1, 995] = 4.93, p < .05), and with the entrance of Rumination explained variance increased to 40 % (F_{change} [1, 994] = 3.97, p < .05) (see Table 3.32.).

Table 3. 32. Hierarchical Regression Analysis for Interpersonal Problems

	F_{change}	df	t (within set)	β	pr	R^2
Dependent Variable						
Interpersonal Problems						
Step 1: Control Variables						
Age	28.06***	1, 1005	-5.30***	-.17	-.17	.03
Step 2: Basic Personality Traits						
Negative Valence	172.00***	1, 1004	13.12*	.38	.38	.17
Extraversion	97.71***	1, 1003	-9.89*	-.28	-.30	.24
Neuroticism	66.64***	1, 1002	8.16***	.24	.25	.29
Conscienciouness	10.66***	1, 1001	-3.27***	-.09	-.10	.30
Openness	6.73**	1, 1000	-2.60**	-.08	-.08	.30
Agreeableness	7.03**	1, 999	2.66**	.08	.08	.31
Step3: Cognitive Emotion Regulation Strategies						
Catastrophizing	70.75***	1, 998	8.41***	.24	.26	.35
Blaming Others	25.02***	1, 997	5.00***	.15	.16	.37
Self- Blame	34.94***	1, 996	5.91***	.16	.18	.39
Acceptance	4.93*	1, 995	2.22*	.06	.07	.39
Rumination	3.97*	1, 994	-1.99*	-.06	-.06	.40

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

Totally, thirteen factors as age, Neuroticism, Agreeableness, Conscientiousness, Openness, Extraversion, Negative Valence, Catastrophizing, Blaming Others, Self-Blame, Acceptance and Rumination had significant associations with interpersonal problems. That is, being older, having high level of agreeableness, negative valence, having low level of extravertion, neuroticism, conscientiousness and openness to experience were associated with increased level of interpersonal problems. Moreover, increase in frequency of using catastrophizing, blaming others, self-blame, acceptance, and decrease in frequency of using rumination as emotion regulation strategy was associated with high level of interpersonal problems.

3.3.2.4.3. Variables associated with Personality Disorder Beliefs

A hierarchical multiple regression analyses was performed to reveal the significant associates of interpersonal problems.

Variables were hierarchically entered (via stepwise method) into the equation via three steps. Age and gender were entered into the equation in the first step in order to control possible effects of demographic variables on dependent variable. Following first step, variables related to basic personality traits (i.e., Openness, Conscientiousness, Extraversion, Agreeableness, Neuroticism, Negative valence) were hierarchically entered into the equation in the second step. Cognitive emotion regulation strategies (i.e., Acceptance, Refocus on Planning, Positive Refocusing, Positive Reappraisal and Putting into Perspective, Self-Blame, Blaming Others, Rumination and Catastrophizing) were hierarchically entered into the equation on the third step. After controlling for the demographic variables, basic personality traits and cognitive emotion regulation strategies that were significantly associated with personality disorders beliefs, interpersonal problems (i. e., Domineering/Controlling, Vindictive/Self-Centered, Cold/Distant, Socially İnhibited, Nonassertive, Overly Accommodating, Self-Sacrificing and Intrusive/Needy) were hierarchically entered into the equation on the final step.

Hierarchical regression analysis run for the personality disorders beliefs measure revealed that (as shown in Table 3.33.) control variables, namely age (β = -.12, t [997] = -3.66, $p < .001$) and gender (β = -.12, t [996] = -2.95, $p < .01$) was significantly associated with interpersonal problems. Age explained 1 % of the variance (F [1, 997] =

13.36, $p < .001$) and addition of gender increased explained variance to 2 % (F [1, 996] = 8.70, $p < .01$).

In the second step, from basic personality traits Neuroticism ($\beta = .39$, t [995] = 13.25, $p < .001$), Negative Valence ($\beta = .19$, t [994] = 5.90, $p < .001$), Opennes ($\beta = .11$, t [993] = 3.63, $p < .001$), and Extraversion ($\beta = -5.06$, t [992] = -9.89, $p < .05$) was associated with personality disorders beliefs. According to this, addition of Neuroticism increased explained variance to 17 % (F_{change} [1, 995] = 175.44, $p < .001$), Negative Valence increased explained variance to 20 % (F_{change} [1, 994] = 34.78, $p < .001$), Openness increased explained variance to 21 % (F_{change} [1, 993] = 13.21, $p < .001$), and Extraversion increased explained variance to 23 % (F_{change} [1, 992] = 25.62, $p < .001$) (see Table 3.33.).

The analysis of third step revealed that among cognitive emotion regulation strategies namely, Catastrophizing ($\beta = .41$, t [991] = 14.72, $p < .001$), Blaming Others ($\beta = .22$, t [990] = 7.58, $p < .001$), Positive Refocusing ($\beta = .14$, t [989] = 5.50, $p < .001$), and Self-Blame ($\beta = .12$, t [988] = 4.44, $p < .001$) was associated with personality disorders beliefs. Explained variance increased to 37 % (F_{change} [1, 991] = 216.81, $p < .001$) with the addition of Catastrophizing, and Blaming Others increased explained variance to 40 % (F_{change} [1, 990] = 57.47, $p < .001$), Positive Refocusing increased explained variance to 42 % (F_{change} [1, 989] = 30.27, $p < .001$), and with the addition of Self Blame explained variance increased to 43 % (F_{change} [1, 988] = 19.72, $p < .001$) (see Table 3.33.).

Table 3. 33. Hierarchical Regression Analysis for Personality Disorders Beliefs

	F_{change}	df	t (within set)	β	pr	R^2
Dependent Variable						
Personality Disorder Beliefs						
Step 1: Control Variables						
Age	13.36***	1, 997	-3.66***	-.12	-.12	.01
Gender	8.70**	1, 996	-2.95**	-.12	-.09	.02
Step 2: Basic Personality Traits						
Neuroticism	175.44***	1, 995	13.25***	.39	.39	.17
Negative Valence	34.78***	1, 994	5.90***	.19	.18	.20
Openness	13.21***	1, 993	3.63***	.11	.12	.21
Extraversion	25.62***	1, 992	-5.06***	-.18	-.16	.23
Step3: Cognitive Emotion Regulation Strategies						
Catastrophizing	216.81***	1, 991	14.72***	.41	.42	.37
Blaming Others	57.47***	1, 990	7.58***	.22	.23	.40
Positive Refocusing	30.27***	1, 989	5.50***	.14	.17	.42
Self- Blame	19.72***	1, 988	4.44***	.12	.14	.43
Step 4: Interpersonal Problems						
Cold/ Distant	80.10***	1, 987	8.95***	.23	.27	.47
Domineering/ Controlling	44.84***	1, 986	6.70***	.20	.21	.50
Over Accomodating	9.43**	1, 985	3.70**	.08	.10	.50
Vindictive/ Self-Centered	8.47**	1, 984	2.91**	.09	.09	.51
Self-Sacrificing	5.64*	1, 983	2.38*	.07	.08	.51
Socially Inhibited	6.77**	1, 983	2.60**	.08	.08	.51

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

The analysis of third step revealed that among interpersonal problems namely, Cold/ Distant (β = .23, t [987] = 8.95, $p < .001$), Domineering/ Controlling (β = .20, t [986] = 6.70, $p < .001$), Over Accommodating (β = .08, t [985] = 3.70, $p < .01$), Vindictive/ Self-Centered (β = .09, t [984] = 2.91, $p < .01$), Self-Sacrificing (β = .07, t [983] = 2.38, $p < .05$), and Socially Inhibited (β = .08, t [983] = 2.60, $p < .01$) was associated with personality disorders beliefs. Explained variance increased to 47 % (F_{change} [1, 987] = 80.10, $p < .001$) with the addition of Cold/ Distant, and Domineering/ Controlling increased explained variance to 50 % (F_{change} [1, 986] = 44.84, $p < .001$), with the addition of Over Accommodating explained variance was still 50 % F_{change} [1, 985] =

9.43, $p < .01$), Vindictive/ Self-Centered increased explained variance to 51 % (F_{change} [1, 984] = 8.47, $p < .01$) and with the entrance of Self-Sacrificing (F_{change} [1, 983] = 5.64, $p < .05$) and Socially Inhibited (F_{change} [1, 983] = 2.60, $p < .01$) explained variance, which was 51 %, did not change (see Table 3.33.).

Totally, sixteen factors as age, gender, Neuroticism, Negative Valence, Openness, Extraversion, Catastrophizing, Blaming Others, Positive Refocusing, Self-Blame, Cold/ Distant, Domineering/ Controlling, Over Accomodating, Vindictive/ Self-Centered, Self-Sacrificing and Socially Inhibited had significant associations with personality disorders beliefs. That is, being younger and female, having high level of neuroticism, negative valence, openness to experience and having low level of extraversion were associated with increased level of personality disorders beliefs. Moreover, increase in frequency of using catastrophizing, blaming others, positive refocusing and self-blame as emotion regulation strategy was associated with high level of personality disorder beliefs. Finally, increament in Cold/ Distant, Domineering/ Controlling, Over Accomodating, Vindictive/ Self-Centered, Self-Sacrificing and Socially Inhibited style in interpersonal relationships was associated with increament in personality disorders beliefs.

3.3.2.5. Multiple Regressions Investigating Mediational Models

Multiple regression analyses were performed to examine the mediator role of (i) interpersonal problems, (ii) negative and positive cognitive emotion regulation strategies between basic personality traits (i.e., Openness, Conscientiousness, Extraversion, Agreeableness, Neuroticism and Negative Valence) and personality disorder beliefs. Relations between variables was examined with the assumption of correlations under .20

presents low relationship. Accordingly, meditational models in which correlations among variables (see Table 3.34.) were greater than .20 were tested.

Table 3. 34. Correlations Among Variables in Meditational Models

Measures	**BPTI** Openness	**BPTI** Conscientious	**BPTI** Extraversion	**BPTI** Agreeableness	**BPTI** Neuroticism	**BPTI** Negative Valence	**IIP** Total	**CERQ** Positive	**CERQ** Negative	**PBQ** Total
BPTI Openness	1.00									
BPTI Conscientious	.26***	1.00								
BPTI Extraversion	.55***	.27***	1.00							
BPTI Agreeableness	.32***	.30***	.31***	1.00						
BPTI Neuroticism	-.13***	-.19***	-.19***	-.19***	1.00					
BPTI Negative Valence	-.18***	-.30***	-.24***	-.45***	.42***	1.00				
IIP Total	-.29***	-.27***	-.38***	-.19***	.39***	.39***	1.00			
CERQ Positive	.34***	.16***	.19***	.27***	-.16***	-.15***	-.09**	1.00		
CERQ Negative	-.14***	-.20***	-.16***	.07*	.36***	.17***	.41***	.12***	1.00	
PBQ Total	.03	-.11***	-.18***	-.11***	.38***	.34***	.52***	.07*	.49***	1.00

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

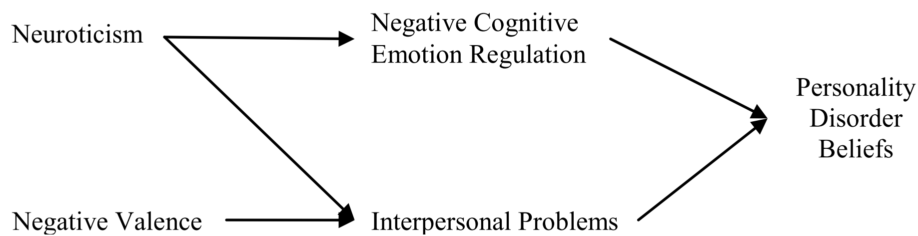
Note: **BPTI**: Basic Personality Traits Inventory, **IIP**: Inventory of Interpersonal Problems. **CERQ Positive**: Cognitive Emotion Regulation Questionnaire Positive Strategies, **CERQ Negative**: Cognitive Emotion Regulation Questionnaire Negative Strategies, **PBQ**: Personality Belief Questionnaire.

According to the analysis of correlations among variables, from the mediator variables positive cognitive emotion regulation was excluded since its correlation (r = .07, p>.05) with dependent variable (personality disorder beliefs) were under .20. Moreover, among basic personality traits correlations, between personality disorder beliefs and openness (r = .03, p>.05), conscientiousness (r = -.11, p<.001), extraversion (r = -.18, p<.001) and

agreeableness (r = -.11, p<.001) were under .20, thus excluded from the analysis. In addition to that, correlations between basic personality traits and mediator variables revealed that correlation between negative valence (r = .17, p<.001) and negative cognitive emotion regulation was also below .20 leading the exclusion of negative valence from the analysis.

Accordingly, three meditational models as presented in Figure 3.29. were tested. Firstly, mediator role of negative cognitive emotion regulation between neuroticism and personality disorder beliefs were examined. Following that, second and third model examining the mediator role of interpersonal problems between (i) neuroticism, (ii) negative valence and personality disorder beliefs was tested.

Figure 3. 29. Hypothesized Mediational Models



3.3.2.5.1. Mediator Role of Negative Cognitive Emotion Regulation Between the Relationship of Neuroticism and Personality Disorder Beliefs

Analysis of correlations among variables in the meditational model indicated that neuroticism had positive moderate correlation with negative cognitive emotion regulation (mediator variable) (r = .36, p<.001) and personality disorders beliefs (dependent variable) (r = .38, p<.001) whereas correlation between interpersonal

problems and personality disorders beliefs was positive high (r = .49, p<.001) (see Table 3.34.).

In order to test the mediator role of negative cognitive emotion regulation in the relation between neuroticism and personality disorder beliefs, two regression analyses were conducted. First regression analysis was conducted with personality disorders beliefs as the dependent variable, in which neuroticism and negative cognitive emotion regulation was entered into the equation in the first and second step, respectively. The second regression analysis conducted to provide further support for the mediator role of negative cognitive emotion regulation. Therefore, negative cognitive emotion regulation was the dependent variable predicted by neuroticism only.

According to the results of the first regression analysis (as shown Table 3.35.), in the first step, neuroticism indicated positive association with personality disorders beliefs (β = .38, t [999] = 13.08, p < .001) and explained 15 % of variance (F_{change} [1, 999] = 171.02, p < .001). At the second step, negative cognitive emotion regulation was also associated with personality disorders beliefs (β = .41, t [998] = 14.42, p < .001) and increased explained variance to 54 % (F_{change} [1, 998] = 207.86, p < .001). Analysis of second step also revealed that the association of neuroticism with personality disorders beliefs shrinked (β = .23, t [998] = 8.13, p < .001) after addition of mediator variable. Sobel test revealed that mediation effect of neuroticism on personality disorders beliefs via negative cognitive emotion regulation was significantly different from zero (Z = 7.45, p < .05). Accordingly, indirect effect explained 39% of the variance of neuroticism’s direct effect on personality disorder beliefs.

Table 3. 35. Mediator Role of Negative Cognitive Emotion Regulation Neuroticism and Personality Disorder Beliefs Relation

Analysis	Variables	F_{change}	df	t (within set)	β	R^2
Regression I						
	Dependent Variable Personality Disorders Beliefs					
	Step 1	171.02*	1, 999			
	Neuroticism			13.08*	.38	.15
	Step 2	207.86*	1, 998			
	Negative Cognitive Emotion Regulation			14.42*	.41	.54
Regression II						
	Dependent Variable					
	Negative Cognitive Emotion Regulation					
	Step 1	153.79*	1, 1007			
	Neuroticism			12.40*	.36	.13

* p < .001

Results of the second regression analysis indicated that neuroticism was associated with negative cognitive emotion regulation (β = .36, t [1007] = 12.40, p < .001) explaining 13 % of variance (F_{change} [1, 1007] = 153.79, p < .001) (see Table 3.35.).

Accordingly, high level of neuroticism was associated with high level of negative cognitive emotion regulation, and increament in neuroticism and negative cognitive emotion regulation predicted increase in personality disorders beliefs.

3.3.2.5.2. Mediator Role of Interpersonal Problems Between the Relationship of Neuroticism and Personality Disorder Beliefs

Analysis of correlations among variables in the meditational model indicated that neuroticism had positive moderate correlation with interpersonal problems (mediator

variable) (r = .39, p<.001) and personality disorders beliefs (dependent variable) (r = .38, p<.001) whereas correlation between interpersonal problems and personality disorders beliefs was positive high (r = .52, p<.001) (see Table 3.34.).

In order to test the mediator role of interpersonal problems in the relation between neuroticism and personality disorder beliefs, two regression analyses were conducted. First regression analysis was conducted with personality disorders beliefs as the dependent variable, in which neuroticism and interpersonal problems was entered into the equation in the first and second step, respectively. In the second regression analysis interpersonal problems was the dependent variable predicted by neuroticism only.

According to the results of the first regression analysis (as shown Table 3.36.), in the first step, neuroticism indicated positive association with personality disorders beliefs (β = .38, t [999] = 13.08, p < .001) and explained 15 % of variance (F_{change} [1, 999] = 171.02, p < .001). At the second step, interpersonal problems was also associated with personality disorders beliefs (β = .44, t [998] = 15.27, p < .001) and increased explained variance to 31 % (F_{change} [1, 998] = 233.24, p < .001). Analysis of second step also revealed that the association of neuroticism with personality disorders beliefs shrinked (β = .21, t [998] = 7.37, p < .001) after addition of mediator variable. Sobel test revealed that mediation effect of neuroticism on personality disorders beliefs via interpersonal problems was significantly different from zero (Z = 10.13, p < .05). Accordingly, indirect effect explained 45% of the variance of neuroticism's direct effect on personality disorder beliefs.

Table 3. 36. Mediator Role of Interpersonal Problems Neuroticism and Personality Disorder Beliefs Relation

Analysis	Variables	F_{change}	df	t (within set)	β	R^2
Regression I						
	Dependent Variable					
	Personality Disorders Beliefs					
	Step 1	171.02*	1, 999			
	Neuroticism			13.08*	.38	.15
	Step 2	233.24*	1, 998			
	Interpersonal Problems			15.27*	.44	.31
Regression II						
	Dependent Variable					
	Interpersonal Problems					
	Step 1	183.17*	1, 1007			
	Neuroticism			13.53*	.39	.15

* p < .001

Results of the second regression analysis indicated that neuroticism was associated with interpersonal problems (β = .39, t [1007] = 13.53, p < .001) explaining 15 % of variance (F_{change} [1, 1007] = 183.17, p < .001) (see Table 3.36.).

Accordingly, high level of neuroticism was associated with high level of interpersonal problems, and increament in neuroticism and interpersonal problems predicted increase in personality disorders beliefs.

3.3.2.5.3. Mediator Role of Interpersonal Problems Between the Relationship of Negative Valence and Personality Disorder Beliefs Relation

Analysis of correlations among variables in the meditational model indicated that negative valence had positive moderate correlation with interpersonal problems (mediator variable) (r = .39, p<.001) and personality disorders beliefs (dependent

variable) (r = .34, p<.001) whereas correlation between interpersonal problems and personality disorders beliefs was positive high (r = .52, p<.001) (see Table 3.34.).

In order to test the mediator role of interpersonal problems in the relation between negative valence and personality disorder beliefs, two regression analyses were conducted. First regression analysis was conducted with personality disorders beliefs as the dependent variable, in which negative valence and interpersonal problems was entered into the equation in the first and second step, respectively. In the second regression analysis interpersonal problems was the dependent variable predicted by negative valence only.

According to the results of the first regression analysis (as shown Table 3.37.), in the first step, negative valence indicated positive association with personality disorders beliefs (β = .34, t [999] = 11.27, p < .001) and explained 12 % of variance (F_{change} [1, 999] = 127.01, p < .001). At the second step, interpersonal problems were also associated with personality disorders beliefs (β = .46, t [998] = 15.84, p < .001) and increased explained variance to 29 % (F_{change} [1, 998] = 250.81, p < .001). Additionally, results of this final step confirmed the mediating role ofinterpersonal problems, that is, after controlling the effect of interpersonal problems, the association of negative valence with personality disorders beliefs shrinked (β = .18, t [998] = 5.41, p < .001) after addition of mediator variable. Sobel test revealed that association between negative valence and personality disorders beliefs was significantly mediated by interpersonal problems (Z = 10.27, p < .05) and 53 % of the total effect of negative valence on personality disorder beliefs was accounted by interpersonal problems.

Table 3. 37. Mediator Role of Interpersonal Problems Negative Valence and Personality Disorder Beliefs Relation

Analysis	Variables	F_{change}	df	t (within set)	β	R^2
Regression I						
	Dependent Variable					
	Personality Disorders Beliefs					
	Step 1	127.01*	1, 999			
	Negative Valence			11.27*	.34	.12
	Step 2	250.81*	1, 998			
	Interpersonal Problems			15.84*	.46	.29
Regression II						
	Dependent Variable					
	Interpersonal Problems					
	Step 1	181.84*	1, 1007			
	Negative Valence			13.49*	.39	.15

* p < .001

Results of the second regression analysis indicated that neuroticism was associated with negative cognitive emotion regulation (β = .39, t [1007] = 13.49, p < .001) explaining 13 % of variance (F_{change} [1, 1007] = 181.84, p < .001) (see Table 3.37.).

Accordingly, high level of negative valence was associated with high level of interpersonal problems, and increament in negative valence and interpersonal problems predicted increase in personality disorders beliefs. Moreover, relationship between negative valence and personality disorders beliefs was mediated by interpersonal problems.

Table 3. 38. Summary of Hierarchical Regression Analysis

	Dependent Variables	Positive Cognitive Emotion Regulation (Acceptance, Positive focus, Refocus on plan, Reappraisal, Putting into perspective)	Negative Cognitive Emotion Regulation (Catastrophizing, Rumination, Blaming others, Self-blame)	Interpersonal Problems (Domineering/ Controlling, Vindictive/ Self-Centered, Cold/ Distant, Socially Inhibited, Nonassertive, Overly Accomodating, Self-Sacrificing, Intrusive/ Needy)	Personality Disorders Beliefs
	Predictors				
Control Var.	Age		–	–	–
	Gender		+		–
Basic Personality Traits	Openness	+	–	–	+
	Conscientiousness		–	–	
	Extraversion		–	–	–
	Agreeableness	+	+	+	
	Neuroticism	–	+	–	+
	Negative Valence		+	+	+
Positive Cognitive Emotion Regulation	Acceptance			+	
	Positive focus				+
	Refocus on plan				
	Reappraisal				
	Putting into perspective				
Negative Cognitive Emotion Regulation	Catastrophizing			+	+
	Rumination			–	
	Blaming others			+	+
	Self-blame			+	+
Interpersonal Problems	Domineering/ Controlling				+
	Vindictive/ Self-Centered				+
	Cold/ Distant				+
	Socially Inhibited				+
	Nonassertive				
	Over Accomodate				+
	Self-Sacrificing				+
	Intrusive/ Needy				
Explained Variance		.15	.21	.40	.51

Note. "-" : negative association; "+" : positive association.
Coding for gender was as follows; 1 = male, 2 = Female.

CHAPTER 4

DISCUSSION

The main purpose of the current study was to examine the nature of relationship among basic personality traits, cognitive emotion regulation, interpersonal problems and cognitive aspects of personality disorder. Accordingly, direct and meditational relations were hypothesized and tested in the current study.

To this end, firstly, Inventory of Interpersonal Problems (IIP) was adapted to Turkish, and reliability and validity of IIP as well as Cognitive Emotion Regulation Questionnaire (CERQ) and Personality Belief Questionnaire (PBQ) were examined. Turkish versions of these measures were used for the first time in the present study. Therefore, a pilot study was conducted before the main study with a relatively small sample to confirm the reliability of measures and make the necessary modifications. Moreover, more general psychometric properties of the measures of the main study (i.e., IIP, CERQ, PBQ) were examined within the main study with a large independent sample.

Secondly, differences between different categories of demographic variables on basic personality traits, cognitive emotion regulation strategies, interpersonal problems, and beliefs related to personality disorders, and correlations among those variables were

investigated. Lastly, multiple hierarchical regressions and mediation analyses were conducted to figure out the associates of those variables and the nature of the relationships among them.

In this chapter, findings of the current study will be discussed in the light of the current literature. Moreover, the possible clinical and 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 Pilot Study

A pilot study was conducted to confirm the reliable utility of Inventory of Interpersonal Problems, Cognitive Emotion Regulation Questionnaire and Personality Belief Questionnaire.

Initially, Inventory of Interpersonal Problems was translated into Turkish, and internal consistency was assessed with a sample of 184 participants within the pilot study. Reliability values were highly acceptable for the subscales and the overall scale of the IIP; thus, no modifications were done.

Cognitive Emotion Regulation Questionnaire (CERQ) was adapted to Turkish by Çakmak and Çevik (2010), and they presented a shorter form of it. In the current study, the longer form of Turkish CERQ was requested from the authors and internal consistency was assessed in a pilot study wih a sample of 133 participants. Accordingly, overall scale and subscales of CERQ revealed high Cronbach Alpha values except for the "acceptance" subscale. Item 20 "I think that I cannot change anything about it." was re-stated due to reducing alpha, and was revised to make it more consistent with scale

content. The former form of the item was “Bu olayla ilgili hiçbir şeyi değiştiremeyeceğimi düşünürüm”, and it was revised as “Yaşanan bu olayla ilgili değiştirebileceğim birşey olmadığını düşünürüm.”. The revised version was used in the main study.

Personality Belief Questionnaire (PBQ) was adapted to Turkish by Türkçapar et al. (2007) with a relatively small sample size (126) and it was used firstly in the present study. Therefore, PBQ was also assessed for its reliability with a sample of 133 participants within the pilot study, and then its psychometric properties were confirmed with an independent sample of 1073 participants in the main study.

4.2.Findings Related to the Main Study

In this part of the current study, the data obtained from a sample of 1288 participants were used to examine the psychometric properties of the IIP, CERQ, and PBQ, differences of demographic variables on the measures, correlational analysis of the measures, and findings related to the tests of the main hypotheses.

4.2.1. Findings Related to Psychometric Analysis

Psychometric properties of the IIP, CERQ, and PBQ, including reliability and validity characteristics, were discussed in this part of the study.

4.2.1.1. Findings Related to Inventory of Interpersonal Problems

In this section, reliability and validity of Inventory of Interpersonal Problems (IIP) were examined.

Reliability analyses of the overall scale and subscales of Inventory of Interpersonal Problems (IIP), including test-retest reliability and split half reliability, were performed. In the present study, 1288 participants aging from 18 to 68 completed IIP, which presented good estimate of representativeness for normal population. Reliability analysis of the IIP revealed slightly lower Cronbach Alpha values when compared to the original reliability analyses of the scale (Horowitz, Wiggins, Alden, & Pincus, 2003), which was originally conducted with a national standardization sample of 800 cases representative of the U.S. population. Accordingly, internal consistency was found to be highly acceptable for the overall IIP with the alpha value exceeding 0.80, and subscales' internal consistencies were found to be in the adequate-to-good range with tha alpha values ranging between .66 and .84. Split-half reliability of the scale, in terms of Guttman split-half reliability, was also found to be highly acceptable. Finally, test-retest reliability analysis revealed that stability of interpersonal problems was high within 3weeks, and results were similar to the original study in which subjects were tested with one week interval.

Considering the validity outcomes of the scale, concurrent and criterion validity of the scale were examined. In terms of concurrent validity, IIP total and subscale scores were compared with the subscale and/or total scores of Brief Symptom Inventory (BSI), Basic Personality Traits Inventory (BPTI), Positive Affect-Negative Affect Schedules (PANAS), and Multidimentional Scale of Perceived Social Support (MSPSS). Correlations of these scales with IIP scores were in expected directions and most of them were significant.

When IIP scores were compared with BPTI scores, results highlighted that interpersonal problems were negatively correlated with extraversion, constientiousness, agreeableness and openness, and positively correlated with neuroticism and negative valence. The strongest associates of the overall level of interpersonal difficulties were extraversion, neuroticism and negative valence. On the other hand, all but conscientiousness were strongly related to specific forms of interpersonal problems. These findings were in line with the existing literature (Gurtman, 1995; Nysaeter, Langvik, Berthelsen & Nordvik, 2009; Soldz, Budman, Demby & Merry). In terms of subscales, correlations mainly revealed that domineering octant was positively correlated with neuroticism: vindictive octant was negatively correlated with agreeableness and positively correlated with negative valence: cold octant was negatively correlated with agreeableness and extraversion: socially inhibited and nonassertive octants were negatively correlated with openness and extraversion: and self-sacrificing octant was positively correlated with agreeableness. Accordingly, overall interpersonal difficulties were related to being introverted/withdrawn, emotionally unstable and having negative self-attributions, and to a lesser extent, being closed to experience, low conscientiousness and low agreeableness. The summary of the main findings for IIP subscales indicated that participants with problems in overfriendly pole of affiliation dimension were highly agreeable: participants with problems in hostile-dominant quadrant were emotionally unstable, low in agreeableness and had negative self-attributions: and participants with problems in hostile-submissive quadrant were introverted and closed to experience. These findings were consistent with the previous studies (Cote & Moscowitz, 1998; McCrae & Costa, 1989; Trapnell & Wiggins, 1990) except for neuroticism, which was found to be negatively related to affiliation dimension. Neuroticism was found to be positively related to all octants of interpersonal

problems in the present study. On the other hand, conceptually, neuroticism was claimed not to be an interpersonal dimension (McCrae & Costa, 1989; Soldz et al., 1993). Positive relations that were found in the current study may represent overlapping common distress factor shared by emotional instability and overall level of interpersonal difficulties. Moreover, present findings supported the alternative placement of axes (McCrae & Costa, 1989). McCrae and Costa suggest that extraversion factor of big five model corresponds to 45° rotated dominance dimension of interpersonal circumplex model (intrusive-to-socially inhibited vector). On the other hand, present results revealed that agreeableness and affiliation dimensions overlapped as hypothesized.

To sum up, results in relation to correlations between basic personality traits and interpersonal problem octants revealed supportive evidence for the construct validity of the IIP. According to the present findings, neuroticism and negative valence are considered to be vulnerability factors for various interpersonal difficulties. On the other hand, extraversion, agreeableness, openness and conscientiousness might be protective factors for overall interpersonal distress, with agreeableness and extraversion also corresponding to specific forms of interpersonal problems. Extremity of these adaptive personality traits may function as risk factors for specific forms of interpersonal problems. Extreme agreeableness may restrict the ability to preserve the rights and boundaries of one, leading to overfriendliness problem such as self-sacrifice in interpersonal relations. On the other hand, extremity in the low end of agreeableness may restrict the ability to preserve the rights and boundaries of others, leading to hostile-dominance problems such as being vindictive/self-centered, and cold/distant in relations. Being extreme in the low end of extraversion might result in problems of socialization,

commitment, and assertiveness, leading to hostile-submission that includes interpersonal problems such as being cold/distant, socially inhibited, and nonassertive.

When IIP scores were compared with BSI scores, all correlations between IIP and BSI scales were positively significant, ranging from mildtostrong. The overall level of interpersonal problems were highly correlated with the overall level of psychological problems and symptoms such as depression, anxiety, negative view of self, and hostility. The highest correlation found between the total scores of IIP and depression was .73, indicating a close relationship between interpersonal difficulties and depressive symptoms. On the other hand, total scores of IIP showed the lowest correlation with somatization as .37. Schmitz, Hartkamp, Kiuse, Franke, Reister and Tress (2000) found similar results in relation to the association between interpersonal problems and psychological symptoms. Concurrent validity of IIP was examined by comparing the levels of interpersonal problems with the levels of psychological symptoms in the original study as well (Horowitz et el., 2003), and supportive findings were found. In terms of correlations among subscales, a relatively high relationship was found between overall psychological problems and domineering, cold and nonassertive octants of IIP. Moreover, relatively strong correlations were found for nonassertive, cold and exploitive octants in relation to the negative view of self, with nonassertiveness also being related to depression and anxiety symptoms. Correlations between domineering octant and hostility, and intrusive octant and depression were also highly positive. Accordingly, dominance dimension and high pole of hostility in interpersonal problems have an important role in decreased psychological well-being. Hostility and dominance can be distruptive for social relations, whereas submission in interpersonal relationships can restrict one's potential to enjoy and benefit from social interactions. Therefore, these

forms of interpersonal problems can lead to psychological problems such as depression. Furthermore, negative view of self may impair self-esteem, and lead to social withdrawal or ignorance of personal rights and needs for the sake of being accepted. These processes might lead individuals to experience interpersonal problems such as nonassertivenes, coldness or overaccomodation.

As a result, findings of the present study supported the relationship between overall interpersonal distress and psychological symptomatology in addition to the expected relationships between specific forms of interpersonal difficulties and psychological problems.

The comparison between IIP and MSPSS scores revealed that the overall level of interpersonal problems had moderate negative correlation with perceived social support. Correlations of the subscales of IIP with perceived social support were negatively mild-to-moderate, highest correlation appearing for cold octant of interpersonal circumplex. Accordingly, the overall level of interpersonal difficulties, and particularly being cold in relationships, were related to low perceived social support. Interpersonal difficulties can disrupt social relations and weaken social networks, which may lead to decrease in perceived social support. Furthermore, individuals having cold/distant problems in interpersonal relationships may also avoid social interactions, which might lead to less social support.

IIP scores were also compared with PANAS scales, which are positive and negative affect scales, to examine concurrent validity. Interpersonal problems total score and scores of all subscales were negatively correlated with positive affect, and positively

correlated with negative affect as expected. The correlations of interpersonal problems with negative affect were higher than those with positive affect. This result supported the predictive value for negative affect, but not for positive affect on the overall level of interpersonal difficulties.

The results of concurrent validity analysis revealed expected relations for interpersonal problems concerning basic personality traits, psychological problems, perceived social support and positive-negative affect, supporting the concurrent validity of IIP.

To examine the criterion validity, the IIP subscales were studied in terms of their effectiveness in differentiating participants based on the measure of psychological symptoms. All subscales of the IIP successfully discriminated between participants with high and low psychological problems. Accordingly, it was suggested that having high levels of interpersonal problems in all forms was associated with high level of psychological symptoms. Therefore, criterion validity analysis results supported the relationship between interpersonal distress and psychological symptoms.

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 Inventory of Interpersonal Problems, assessing distress resulting from various interpersonal problems and the overall level of interpersonal difficulties.

4.2.1.2. Findings Related to Cognitive Emotion Regulation Questionnaire

In this part of the study, reliability and validity of Cognitive Emotion Regulation Questionnaire (CERQ) Turkish Revised Version was examined.

In the present study, reliability analyses of the overall scale and subscales of the CERQ, including split half reliability, were performed. 1018 participants between the ages of 18-68 completed CERQ, presenting a good estimate of representativeness for normal population. Reliability analysis of CERQ in the present study revealed higher Cronbach Alpha values when compared to the original reliability analyses of the scale (Garnefski et. al, 2001), which was conducted with 12-16 year-old 517 secondary school students; and when compared to reliability analysis of CERQ Turkish 18 Item-Short Form (Çakmak & Çevik, 2010), which was conducted with 317 undergraduate students. Accordingly, internal consistencies were found to be highly acceptable for the overall scale and the subscales of CERQ, with most alpha coefficients exceeding .80. Moreover, results indicated that after the revision of item 20 in the pilot study, Cronbach's Alpha for the "acceptance" subscale was improved from .52 to .72. Split-half reliability of the scale, in terms of Guttman split-half reliability, was also found to be highly acceptable.

Considering the validity outcomes of the scale, concurrent validity of the scale was examined. To this end, CERQ Positive and CERQ Negative scores were compared with the scores of Positive Affect-Negative Affect Schedule (PANAS) scales and Brief Symptom Inventory (BSI) scales. As expected, positive cognitive emotion regulation strategies were positively correlated with positive affect, and negatively correlated with negative affect. Furthermore, positive cognitive emotion regulation strategies were negatively correlated with psychological symptoms including somatization, negative view of self, depression, anxiety, hostility as well as overall symptomatology. However, correlations were mild-to-moderate. This indicated that positive strategies in cognitive emotion regulation were related to, but not highly predictive of positive affect, and they improved psychological well-being. Furthermore, correlations of negative cognitive

emotion regulation strategies with negative affect and psychological problems were stronger than correlations of positive strategies. Accordingly, the frequent use of maladaptive cognitive emotion regulation strategies (self-blame, blaming others, rumination and catastrophizing) were related to high level of negative affectivity and increased level of psychological problems, which indicate impairment in psychological well-being. Garnefski et al. (2004) reported similar results stating that the more people use self-blame, rumination and catastrophizing, the higher their depression scores were, whereas higher use of positive reappraisal was related to lower depression scores.

Overall, results of the present study indicated that CERQ Turkish Revised Version was a reliable and valid instrument, assessing a wide variety of cognitive emotion regulation strategies.

4.2.1.3. Findings Related to Personality Belief Questionnaire

In this part of the study, reliability and validity of Personality Belief Questionnaire (PBQ) were examined.

For internal consistency, reliability analyses of the overall scale and subscales of Personality Belief Questionnaire (PBQ), including split- half reliability, were performed.

In the present study, 1073 participants from normal population aging from 18 to 68 completed PBQ, presenting a good estimate of representativeness for normal population. The reliability analysis of PBQ in the present study revealed similar Cronbach Alpha values when compared to the original reliability analyses of the scale (Beck et. al, 2001), which was conducted with 18-73 year-old 756 psychiatric outpatients; and higher alpha

values than Türkçapar and colleagues' study (2008), which was conducted with 126 undergraduate students. Accordingly, internal consistencies were found to be highly acceptable for the overall scale and subscales of PBQ as all alpha values exceeded .80. Split-half reliability of the scale, in terms of Guttman split-half reliability, was also found to be highly acceptable.

Borderline Personality Disorder (BPD) subscale of PBQ Turkish was used in the same way as the original study (Butler, Brown, Beck & Grisham, 2002), and internal consistency of BPD subscale was examined. Results of the reliability analysis were found to be similar to the findings of the original study, presenting a good estimate of reliability for the new subscale.

Considering the validity outcomes of the scale, concurrent and criterion validity of the scale were examined. In terms of concurrent validity, PBQ total and subscale scores were compared with the total and subscale scores of Brief Symptom Inventory (BSI). All correlations were found to be significant and positive, indicating that the more the respondents reported dysfunctional beliefs related to personality disorders, the more psychological symptoms they reported. Specifically, dysfunctional beliefs related to all DSM-III-R personality disorders, except for Schizoid PD, had moderate-to-high correlations with psychological problems including somatization, negative view of self, depression, anxiety, hostility as well as overall symptomatology. Although correlations between Schizoid PD and BSI total and subscale scores were still significant, they were lower when compared to other PDs. This difference might be due to the "indifferent, emotionally detached" nature of beliefs in Schizoid PD, leading to lesser distress and fewer psychological problems. To summarize, overall findings were considered to be

consistent with studies indicating the co-occurrence of personality disorders and Axis I disorders such as mood and anxiety disorders (i.e., Sanderson, Wetzler, Beck & Betz, 1994; Alnaes & Torgersen, 1988; Skodol, et. al., 1999).

To examine the criterion validity, the PBQ subscales were studied in terms of their effectiveness in differentiating participants on the basis of psychological symptoms. All subscales of the PBQ successfully distinguished participants with high and low psychological problems. Accordingly, having high level of dysfunctional beliefs related to all categories of personality disorders was associated with high level of psychological symptoms. Therefore, criterion validity analysis results supported the discriminating power of dysfunctional beliefs in personality disorders between those with high and low psychological symptoms.

A problem with the scale was moderate-to-strong inter-correlations among subscales of PBQ, which gave rise to questions regarding the discriminant validity of the subscales. However, Beck et. al. (2001) found that original PBQ showed discriminant validity for most of the PDs. Indeed, inter-correlations among subscales were claimed to be due to common heterogeneity in personality disorders (Millon & Davis, 1996, as cited in Beck, et. al., 2001), and due to a general distress factor that the PBQ scales might be measuring (Butler, Beck & Cohen, 2007). Although the discriminative validity of PBQ subscales is questionable in the present study since most of subscales were highly correlated with each other, total score of PBQ is considered to be a good measurement for the cognitive aspect of personality psychopathology.

Overall, results of the present study supported reliable and valid use of PBQ, which assesses dysfunctional beliefs related to personality disorders. Further studies are suggested to support these results in psychiatric patients with PDs.

4.2.2.Findings Related to Differences in terms of Demographic Categories on Basic Personality Traits, Interpersonal Problems, Cognitive Emotion Regulation and Personality Disorder Beliefs

In this part of the study, differences due to demographic categories (i.e., age, gender, employment status, number of siblings, order of birth, parents'education levels) on basic personality traits, interpersonal problems, cognitive emotion regulation and personality disorder beliefs were stated.

Gender was the first demographic category that was examined. Gender was found to significantly differentiate the level of domineering, vindictive, socially avoidant problems, and the overall level of interpersonal problems. Accordingly, male participants reported being more excessively dominant, self-centered and socially avoidant in relations with others as well as having more interpersonal difficulties in the overall when compared to female participants. Previous studies found supportive findings for problems in hostile-dominant quadrant for males, and friendly submissive quadrant for females (e.g., Lippa, 1995; Horowitz et. al., 2003; Gurtman & Lee, 2009). The present study supported those previous findings related to hostile-dominance location of male problems, and added social avoidance octant which was located on hostile-submissive quadrant. Males' prominent interpersonal problems in hostile form might be due to expected social behaviors and roles of males. Extremity in hostility might be socially more preferable than extreme friendliness for males. On the other

hand, although expected results regarding submissiveness were not significant for females, a trend was observed. The reason for this trend not being significant might be the fact that women are expected to be warmer, nurturing and submissive relative to men in traditional, male-dominant cultures like Turkish culture. Thus, Turkish women may not have reported to be distressed due to these characteristics since they are culturally acceptable social roles.

In terms of basic personality traits, significant gender differences were found for openness, negative valence, neuroticism and agreeableness in the current study. Findings were in line with the existing literature (Lippa, 1995; Costa, Terracciano & McCrae 2001; Schmitt, Realo, Voracek, Allik, 2008; Işık, 2005). The analysis of results indicated that males were more open to experience, emotionally stable, low in agreeableness and had more negative self-attributions than females. Protecting the rights and boundaries, and sustaining the survival of own and of families are the responsibility of males. On the other hand, agreeableness and emotional-focus are more valued by females. Therefore, males' being open to new experiences, being defensive and aggressive at the expense of being disagreeable and "cruel" might have been socially reinforced. However, females are supposed to be the accommodating, submissive and constructive party in the family, which may lead to emotional problems (neuroticism).

For cognitive emotion regulation strategies, the measure of "rumination" among negative strategies, and the measure of "putting into perspective" among positive strategies revealed significant difference depending on gender. Females more frequently reported ruminating about thoughts and feelings related to a negative event, and taking different perspectives to interpret the relative importance of the event in stressful

situations when compared to males. Females' frequent use of rumination was supported by previous findings (e.g., Tamres, Janicki & Helgeson, 2002; Garnefski et al., 2004) . This difference can be interpreted as consistent with women's tendency to focus on and acknowledge their emotions more than men (Fivush & Buckner, 2000). On the other hand, males' report of using "putting into perspective" strategy to a lesser extent, can be related to males' prioritized rationality. Similarly, Garnefski et al., (2004) found that females use rumination, catastrophization and positive refocusing more frequently than males.

Finally, males reported having more dysfunctional beliefs related to Passive-Aggressive, Obsessive-Compulsive, Antisocial, Narcissistic, and Paranoid PDs as well as overall personality psychopathology than females. The results of the present study were consistent with the categories of personality disorders suggested to be highly exhibited by males according to DSM-IV-TR (American Psychiatric Association, 2000).

As a second demographic category, the effect of age was investigated. Three age groups were categorized as younger, middle aged and older age groups as to be balanced in statistical frequencies in the present sample. For these groups, the age range was 18-22, 23-27 and 28-68, respectively. Among interpersonal problems, domineering, vindictive, cold and intrusive problems differed according to age. Younger and middle aged participants reported being more excessive in vindictive, cold and intrusive octants of interpersonal problems as well as the overall level of interpersonal distress when compared to participants in older age group. In addition, younger participants reported more dominance problems than middle aged group participants who also reported more dominance problems than older aged group. Accordingly, the overall level of

interpersonal difficulties, and particularly hostility and dominance decreased with age. It can be interpreted that with increasing age individuals become more mature, tolerant and skillfull while interacting with others, due to increased experience. Similarly, Birditt, Almeida and Fingerman (2005) found that older adults are less distressed and react passively in response to interpersonal tensions, and they use more effective strategies such as less arguing compared to young adults.

In terms of basic personality traits, as expected, younger and middle aged participants in the study were less conscientious, less extraverted, less emotionally stable (more neurotic) and had more negative self attributions than older participants. A meta-analysis of 92 personality studies (Roberts, Walton & Viechtbauer, 2006) revealed consistent results with the current study, indicating an increase in *social dominance* (a facet of extraversion), emotional stability and conscientiousness between the ages of 20 and 40. According to the findings of the present study, individuals tend to be more conscientious, extraverted, emotionally stable, and have less negative selfattributions after the age of 28. This might be due to the decrease in adolescence-related social anxiety, irresponsibility and impulsivity, the increase in realism (instead of idealism), and the acceptance of adult responsibilities with forthcoming 30s.

Among the cognitive emotion regulation strategies, negative ones such as catastrophization, rumination and blaming others have differed in age groups. Correspondingly, younger participants ruminated and blamed others more frequently to handle emotions evoked by stressfull experiences compared to the middle aged and older participants. Moreover, younger participants catastrophized the negative aspects of the events in stressfull situations more frequently than the older participants whereas

middle aged participants did not differ from younger and older participants in the use of catastrophization. Similarly, Coats and Blanchard-Fields (2008) found increased use of passive emotion regulation or direct problem solving with the increasing age. They suggested that with aging, adults prioritize emotion regulation goals, preserving the social relationships, and avoid anger expression toward others. Therefore, as they get older and mature with increasing experience, individuals might learn to avoid strategies which may worsen their emotional state (such as rumination and catastrophization) (Garnefski et al., 2004) and disrupt interpersonal relationships (such as blaming others). Thus, avoidance of the use of maladapive emotion regulation strategies helps to protect psychological well-being and close relationships.

Diverse results have been presented in the literature in terms of age differences in personality disorders (e.g., Molinari, Kunik, Snow-Turek, Deleon &Williams, 1999; Coolidge, Segal, Pointer, Knaus, Yamazaki & Silberman, 2000; Kenan, Kendjelic , Molinari , Williams, Norris & Kunik, 2000). Nevertheless, as the age increases, a decrease trend is observed in the prevalence and symptom severity of personality disorders, particularly in the related features and diagnosis of Borderline, Antisocial, Passive-Aggressive and Paranoid PDs. According to the results of the current study, compared to the older ones, younger and middle aged participants reported more dysfunctional beliefs related to Avoidant, Dependent, Antisocial, Histrionic, Paranoid, Borderline PDs as well as beliefs related to general personality pathology than older participants. Moreover, younger participants reported more dysfunctional beliefs of Passive-Aggressive PD than older participants. Results revealed that significant age differences were found for personality disorders which are characterized by anxiety (e.g, Avoidant, Dependent) and aggressive behavior or attitudes (e.g., Borderline, Antisocial,

Passive-Aggressive, Paranoid). Therefore, it is concluded that improved anger regulation (Phillips, Henry, Hosie & Milne, 2006) and decreased worry (Brenes, 2006) in older ages contribute to the weakening of dysfunctional beliefs in personality disorders.

Thirdly, differences in education level on the measures of the current study investigated. Accordingly, participants with low education level (high school or below) reported being more excessive in domineering problems and overall interpersonal difficulties than participants with high education level (university and post-graduate). Among basic personality traits, only conscientiousness differed according to education level. This result of the current study is consistent with Işık's study (2010), revealing that individuals with high education level are more conscientious than the individuals with low education level. With *achievement, striving, self-discipline, orderliness,* and high responsibility facets, conscientiousness might be a precursor of commitment and success in education. The only cognitive emotion regulation strategy that differed with respect to education level was "Blaming others". Accordingly, participants with low education level blamed others more frequently in stressfull situations than highly educated participants. In terms of personality disorders beliefs, participants with low education level reported more beliefs related to Dependent, Passive-Aggressive, Antisocial, Narcissistic, Histrionic, Paranoid, Borderline PDs and beliefs related to general personality pathology when compared to participants with high education level. To sum up, participants with low education level reported less adaptive characteristics in measures of the present study when compared to highly educated participants. It is possible that university and graduate education improve adaptability, interpersonal skills, self-esteem and life-satisfaction, and in turn they improve psychological well-

being. Another possibility is that highly educated individuals do not report their negative characteristics due to increased awareness of social desirability.

Employment status was another demographic variable that was investigated. Unemployed participants reported being more excessive in domineering and cold octants of interpersonal problems and overall interpersonal difficulties than the employed participants. Although a causal relationship cannot be inferred from the results, the focus of unemployed individuals' interpersonal problems on hostile-dominant quadrant may show that it may be contributing to incompatibility and maladjustment in career which in turn may result in unemployment. However, this interpretation remains open to question since information regarding employment depends on the latest status in which "unemployment" includes retired, student, newly graduated individuals, and individuals who do not have a paid work (e.g., housewives). In terms of basic personality traits, employed participants were more conscientious and more extraverted than the unemployed participants. Accordingly, it is considered that conscientiousness involving *achievement, striving, competence, dutifulness,* and *self-discipline* facets, and extraversion involving *assertiveness* and *enthusiasm* facets may turn out to be the important characteristics to be employed. The use of cognitive emotion regulation strategies did not differ with respect to employment status of participants in the current study. Finally, among personality disorders' beliefs, unemployed participants reported more beliefs related to Passive-Aggressive PD. and general personality pathology when compared to the employed participants. These results are considered to be consistent with the findings in literature, supporting the relation between unemployment and decreased psychological well-being (e.g., McKee-Ryan, Kinick, Song & Wanberg, 2005).

The number of siblings (Having none or one sibling vs. having more than one sibling) that participants have did not create a difference for interpersonal problems, cognitive emotion regulation strategies and personality disorders beliefs. Among basic personality traits, only conscientiousness differed on the basis of the number of siblings. Participants having more than one sibling were more conscientious than participants having none or one sibling. Therefore, individuals that were raised up with the diffusion of resources among multiple siblings might have acquired the importance and knowledge of “sharing” which may in turn have contributed to the development of a strong sense of conscientiousness.

In terms of the effect of birth order, literature suggests that firstborns are more consciencous, less open to experience (Paulhus, Trapnell & Chen, 1999; Healey & Ellis, 2007) and less agreeable (Jefferson, Herbst & McCrae, 1998) than laterborns. However, none of the variables in the present study differed according to the birth order (firstborn vs. laterborn) of the participants.

Interpersonal problems, basic personality traits, and personality disorder beliefs did not differ according to the education level of the participants’ mothers on the basis of low education (high school and below) or high education (university or post-graduates) level. Among the cognitive emotion regulation strategies, only “acceptance” differed according to mother’s education level. Accordingly, participants with highly educated mothers used acceptance to handle negative emotions evoked by stressfull experiences more than the participants whose mothers had low education level. Therefore, it can be concluded that highly educated mothers might be good at teaching adaptive coping mechanisms to their children.

Interpersonal problems and cognitive emotion regulation strategies did not differ according to theeducation level of participants' fathers on the basis of low education (high school and below) or high education (university or post-graduates) level. Among the basic personality traits, only conscientiousness differed on the basis of father's education level. Participants having fathers with low education level were more conscientious than participants with highly educated fathers. As a male-dominant, traditional culture, in Turkey it can be assumed that families' socio-economic status is mainly determined by father's education level. Therefore, it can be speculated that individuals whose fathers were high-school graduate or less might have suffered individually or as a family from low socioeconomic status while they were growing up. As a result, these individuals might have become more disciplined, responsible, orderly, achievement oriented (facets of conscientiousness) to be successful enough in oder to step forward in their socioeconomic status. In terms of personality disorders beliefs, participants whose fathers had low education level reported more dysfunctional beliefs related to Passive-Aggressive PD and general personality pathology when compared to participants with highly educated fathers. Poor parenting skills might have mediated the relationship between education level of the father and maladaptive beliefs related to personality disorders in the child.

4.2.3.Findings related to Correlation Coefficients between Groups of Variables

In the present study, Pearson's correlation analyses were performed to see the relationship among basic personality traits, interpersonal problems, cognitive emotion regulation and personality disorder beliefs.

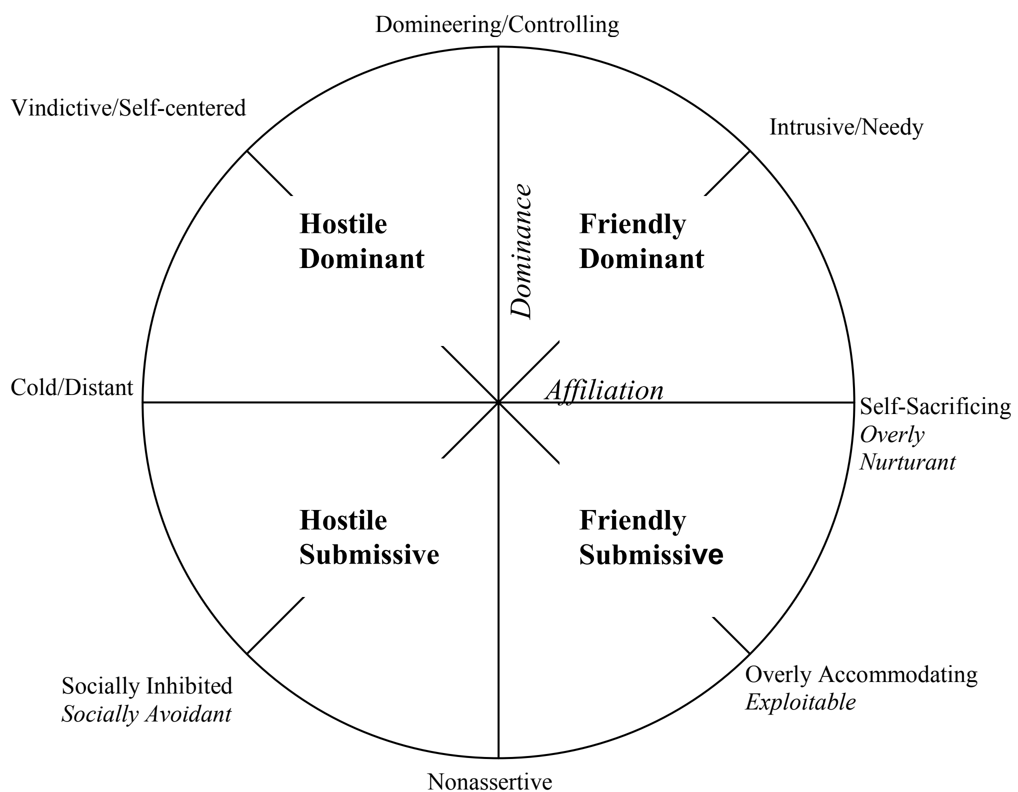
Correlations between personality disorder beliefs and interpersonal problems were examined, and a strong positive correlation was found between total scores of PBQ and IIP. This result indicated a close relationship between dysfunctional beliefs in general personality pathology and the overall level of distress resulting from interpersonal difficulties. Correlations of overall interpersonal distress with personality disorder categories were moderate-to-strong, apart from Schizoid PD which showed a mild correlation. Accordingly, the increase in distress due to interpersonal difficulties was mostly associated with the increase in dysfunctional beliefs related to Avoidant PD, Dependent PD, Histrionic PD, Paranoid PD, and Borderline PDs. On the other hand, interpersonal distress level was mildly related to the level of maladaptive beliefs related to Schizoid PD which is defined by DSM-IV-TR as “pervasive pattern of detachment from social relationships and a restricted range of expression of emotions in interpersonal settings” (American Psychological Association, 2000). Correlations of overall level of personality disorder beliefs with octants of interpersonal problems ranged from mild-to-strong, with the highest correlations occurring with domineering, cold, and vindictive octants of interpersonal problems. The results of the regression analysis supported the strong predictive value of cold/distant and domineering/controlling forms of interpersonal problems for beliefs of personality disorders (see section 4.2.4. for extensive discussion).

Correlations between all personality disorder categories and all interpersonal problem octants (domineering, vindictive/self-centered, cold, socially avoidant/socially inhibited, nonassertive, exploitable/overly accomodating, overly nurturant/self-sacrificing, intrusive) were mostly significant and positive, ranging from mild to strong. This situation was explained with the general distress factor created by the dimensional nature of the circumplex model (Horowitz et al., 1988). The circumplex model is

circular in nature without a beginning or an end, or an empty spot, in which octants without common characteristics represent two opposite sides (Wiggins, 1979). Individuals reporting high level of distress on one octant (e.g., cold) would also report some problems on the opposite side of that octant (e.g., overly nurturing), and on other octants as well (Monsen, Hagtvet, Eilertsen & Havik, 2006). Correspondingly, correlations of IIP octants with other measures of its own correlates (e.g., personality disorders) would be low positive instead of negative where the measure (Dependent PD.) corresponds to the opposite of IIP scale (e.g., self-centered). In the current study, correlations between IIP subscales and PBD subscales revealed that Avoidant PD beliefs were correlated with cold/distant, socially avoidant and nonassertive octants; Dependent PD beliefs were correlated with nonassertive, exploitable and intrusive octants; Pasive-Aggressive, Narcissistic and Antisocial PD beliefs were correlated with dominance octant; Histrionic PD beliefs were correlated with dominance and intrusive octants; Schizoid PD beliefs were correlated with cold octant; Paranoid PD beliefs were correlated with dominance and cold octants; and Borderline PD beliefs were correlated with dominance, cold, socially avoidant, nonassertive octants of interpersonal problems. Accordingly, respondents reporting dysfunctional beliefs related to Pasive-Aggressive, Narcissistic and Antisocial PDs reported interpersonal problems at the dominance pole; respondents reporting dysfunctional beliefs of Histrionic PD reported problems around friendly dominance quadrant; respondents reporting dysfunctional beliefs of Paranoid PD reported problems at hostile and dominance poles; respondents reporting dysfunctional beliefs of Avoidant PD reported problems around hostile submissive quadrant; respondents reporting dysfunctional beliefs of Schizoid PD reported problems at hostile pole; respondents reporting dysfunctional beliefs of Dependent PD reported problems around friendly half of the circumplex including both dominant and

submissive problems; and finally respondents reporting dysfunctional beliefs of Borderline PD reported problems at hostile half including both dominant and submissive problems in interpersonal relations. A generic interpersonal circumplex including problem quadrants and octants formed by the combination of affiliation and dominance axes is presented in Figure 4.1.

Figure 4. 1. A generic interpersonal circumplex.



In literature, personality disorders were given great emphasis since they were accepted as diagnostic correlates of interpersonal problems. Monsen et al. (2006) examined the relationship between IIP octants and Avoidant, Dependent, Histrionic, Paranoid PDs in an outpatient sample. They found quite similar results with the present study, with higher correlation values. High correlation values in Monsen et al.'s study were easily interpretable since higher level of interpersonal difficulties would be expected in

patients with PDs when compared to normal population. Soldz et al. (1993) located personality disorders on the interpersonal circumplex (see also Figure 1.4.). Results based on this locations of DSM-III-R personality disorders were consistent with the correlational results of the present study, except for Schizoid, Obsessive-Compulsive, and Borderline PDs. Indeed, Borderline and Obsessive-Compulsive PDs were not well represented in the circumplex (Soldz et al., 1993; Wiggins & Pincus, 1989). According to the results of the current study, highest correlation of Obsessive-Compulsive PD was found for the controlling octant of interpersonal problems. This was consistent with DSM definition of Obsessive-Compulsive PD which is stated as “preoccupation with orderliness, perfectionism, and mental and interpersonal control, at the expense of flexibility, openness, and efficiency” (American Psychological Association, 2000). On the other hand, Schizoid PD has been consistently predicted by socially avoidant octant of interpersonal problems (Trapnell & Wiggins, 1990; Soldz et al., 1993). However, the current study revealed a shift toward hostile-dominance quadrant of the interpersonal circumplex for Schizoid PD. Another study (Wiggins & Pincus, 1989) conducted with university students, used Minnesota Multiphasic Personality Inventory (MMPI) to diagnose PDs, and found strong correlations between Avoidant, Dependent, Histrionic, Antisocial, Narcissistic, Schizoid PDs and particular octants of IIP (see Figure 1.3.). Accordingly, results were similar with the present and Soldz et al.’s study. Moreover, Alden and Capreol (1993) investigated interpersonal distress in patients with Avoidant PD. They found quite similar results with the present study, locating Avoidant PD around hostile submissive quadrant. Leising, Rehbein and Eckardt (2009) presented supportive findings for the predictive value of socially avoidant octant of IIP on Avoidant PD. On the other hand, the relationship between Borderline PD and IIP octants remains unclear with the present study’s results and the existing mixed/contradictory???

literature (Soldz et al., 1993; Gurtman, 1996; Wiggins & Pincus, 1989; Leichsenring, Kunst & Hoyer, 2003; Hilsenroth, Menaker, Peters & Pincus, 2007). These contradictory results were considered to be due to broad spectrum of symptoms in BPD when compared to other PDs.

In the present study, neither clinical population (e.g., patients with personality disorders) nor measurements directly assessing personality disorders (e.g., MMPI) were used. Instead, normal population was studied with an instrument assessing cognitive aspects of personality disorders to investigate personality disorder pathology. Nevertheless, the present study's overall results were in line with the existing literature that investigates relationship between personality disorders and interpersonal problems in clinical or non-clinical population. It can be speculated that, Personality Belief Questionnaire did not discriminate personality disorders well in the present study, since most of the PDs were highly correlated with hostile-dominance. Nonetheless, findings were consistent with DSM criterias, and a trend was observed, supporting discrimination based on DSM Clusters of PDs. Accordingly, predominant hostile/cold problems were found for "odd-eccentric" personality disorders (Cluster A: Schizoid and Paranoid PDs), hostile-dominant interpersonal problems were found for "dramatic, emotional, erratic" personality disorders (Cluster B: Antisocial, Narcissistic, Histrionic, Borderline PDs); and hostile and/or submissive interpersonal problems were found for "anxious, fearful" personality disorders (Cluster C: Avoidant, Dependent, Obsessive-Compulsive PDs); and Passive-Aggressive PD. Moreover, hypothesized relationships between personality disorder beliefs and interpersonal problems were shown, supporting the construct validity of the Inventory of Interpersonal Problems.

Correlations between personality disorder beliefs and basic personality traits including openness, conscientiousness, extraversion, agreeableness, neuroticism, negative valence were examined. The total score of personality disorder beliefs had moderate positive correlation with neuroticism and negative valence. Extreme neuroticism was also reported for most of the personality disorders by the five-factor model (Widiger, Trull, Clarkin, Sanderson & Costa, 2002) and by previous studies in literature (Wiggins & Pincus, 1989; Soldz et el., 1993; Saulsman & Page, 2004). Furthermore, neuroticism was found to be highly associated with negative emotionality, and negative valence (Durett & Trull, 2005). Predictive value of neuroticism and negative valence on personality disorders were supported by regression analysis. Therefore, these results were interpreted as consistent with the model (MED), describing patients with personality disorders as primarily suffering from an emotional disorder (Linden, 2006).

Correlations between personality disorder categories and basic personality traits were mostly significant, ranging from mild to moderate. Correlations of neuroticism (emotional instability) and negative valence with all PDs were positively significant. Additionally, to a smaller extent, Avoidant and Dependent PD scales were negatively correlated with openness and extraversion; Antisocial PD was negatively correlated with agreeableness; Paranoid and Borderline PDs were negatively correlated with extraversion; and Narcissistic PD scale was positively correlated with openness. Correlations of Schizoid and Obsessive-Compulsive PD. scales were mild with all personality traits. Still, Schizoid PD. scale was positively correlated with openness, and Obsessive-Compulsive PD. scale was positively correlated with conscientiousness and neuroticism, at the most. Finally, Passive-Aggressive PD. and Histrionic PD. scales were correlated negatively with conscientiousness and positively with neuroticism, with

Histrionic PD. scale also being positively correlated with negative valence. Accordingly, personality disorders measured by cognitive distortions were best represented by neuroticism and negative valence in Big Five space, but not much by conscientiousness and agreeableness which showed no or mild correlations with PD scales. Consistent with previous studies that were conducted with Turkish population (Gençöz & Öncül, submitted manuscript; Işık, 2010; Sevim, 2011), mean scores of negative valence were far lower with relatively small variance than other scales in the present study. Still, high correlations between negative valence and PD scales indicated that the presence of "negative self-attributions", even in low level, was discriminative for the presence of general personality pathology. Although present study revealed anticipated relationships between PDs and agreeableness, the strength of the relationships fall behind the expectations when compared to the other personality domains. Indeed, strong association of antagonism (opposite of agreeableness) with most of the PDs was well established in most studies (Axelrod, Widiger, Trull & Corbitt, 1997; Saulsman & Page, 2004). Considering high mean, small variance and elevated range of scores in agreeableness scale when compared to other personality traits scales' descriptives, agreeableness was the most highly reported personality trait. However, agreeableness was not a predictor of personality pathology in the present sample. The difference between previous studies' and the present study's findings on agreeableness was interpreted based on possible cultural difference. Compared to western individualistic cultures, Turkish people trust common wisdom within traditional culture and value agreeableness more, to preserve communal harmony. Thus, most salient and common personality trait was reported to be "agreeableness" by Turkish people. According to the results, in addition to emotional instability and negative self-attributions, participants reporting dysfunctional beliefs related to Avoidant, Dependent, Paranoid and Borderline

PDs were withdrawn/introverted. Among these participants, those with beliefs of Avoidant and Dependent PDs were also closed to experience. As expected, participants with Antisocial PD beliefs were characterized by having negative self-attributions and antagonism (low agreeableness). On the other hand, participants with Narcissistic PD beliefs were characterized by openness to experience, and unexpectedly with emotion instability and negative self-attributions. Indeed, previous findings revealed positive association for Narcissistic PD. with emotional stability (Wiggins & Pincus, 1989; Soldz, 1993) and no relationship with negative valence (Durett & Trull, 2005). Finally, participants reporting Obsessive-Compulsive PD. related beliefs were described by anxious conscientiousness (emotional instability) whereas participants with Histrionic and Passive-Aggressive PDs beliefs were anxious, low in conscientiousness and had negative self-attributions.

Although different results are presented in literature for the representations of personality disorders in Big-Five space, this diversity of findings may be due to differences in samples (clinical vs. non-clinical), measurements (structured clinical interview vs. self-reports, five vs. six factor models) and level of analysis (dimension vs. facet-level). With a normal population sample, self-report measurement of cognitive aspects of personality disorders, and domain-level analysis of six personality factors, the present study in general revealed consistent findings with previous studies (Wiggins & Pincus, 1989; Soldz, et al., 1993; Saulsman & Page, 2004).

In terms of the correlations of cognitive emotion regulation strategies with other measures, “acceptance” subscale revealed unexpected results. Accordingly, correlational results of acceptance were consistent with the results of negative strategies although it

was a positive strategy. Indeed, internal consistently of acceptance scale was low in pilot study. Although Cronbach's Alpha value of the scale was improved with item-revision, the reliability of the acceptance scale remained the lowest among the subscales. On the other hand, the analysis of the meanings of the items indicated that items had a "despair" content in Turkish rather than "acceptance". Furthermore, Tuna's (in progress) study revealed similar results regarding the acceptance subscale of CERQ, indicating that acceptance of a negative experience was perceived as a negative way of coping in Turkish culture. Therefore, the "acceptance" scale was classified under the negative emotion regulation strategies for Turkish culture.

Correlations between personality disorder beliefs and cognitive emotion regulation strategies were examined. Total and subscale scores of PBQ were positively correlated with negative strategies such as catastrophization, blaming others, self-blame, rumination and acceptance. On the other hand, positive strategies revealed non-significant or mild, positive or negative correlations with PBQ scales. The fact that personality disorder beliefs were found to be unrelated to adaptive emotion regulation strategies such as "reappraisal" was interesting since reappraisal was associated with improved psychological well-being (Gross & John, 2003). Furthermore, reappraisal has been an important component of cognitive therapy for emotional disorders (Barlow, 2008). Among the negative strategies, catastrophization and blaming others revealed the highest correlations with all PD categories, except for Schizoid PD, which showed mild correlations with all strategies. Accordingly, the frequent use of negative cognitive emotion regulation strategies, mostly catastrophization and blaming others, and to a smaller extent rumination, self-blame, and acceptance, was associated with high level of beliefs related to all categories of personality disorders as well as beliefs related to

general personality pathology. However, in the present study, Schizoid PD related beliefs were not found to be clearly differentiated on the basis of its relation to specific (positive or negative) cognitive strategies. Findings related to Schizoid PD. was consistent with its DSM definition of symptomatology, and MED model which claims that individuals with Schizoid PD are primarily suffering from affective poverty (Linden, 2006). Affective poverty might have resulted in decreased need for emotion regulation. To sum up, the higher the level of an individual's dysfunctional beliefs related to personality disorders, apart from Schizoid PD, the more they catastrophize the negative aspects of stressfull experiences, and blame others for the negative experience when they are distressed. To a lesser strenght, the higher the level of maladaptive beliefs, the more often individuals ruminate about their thoughts and feelings, blame themselves for the negative event, and desperately accept what was happened in stressful experiences. Consistent with the present findings, the use of maladaptive emotion regulation strategies was found to be related to negative affectivity, psychological problems and decreased well-being (Gross & John, 2003; Garnefski et el., 2004). Regression analysis supported the association between negative cognitive emotion regulation strategies and personality disorder beliefs (see extensive discussion in section 4.2.4.)

Correlations of cognitive emotion regulation strategies with interpersonal problems were examined. Negative cognitive emotion regulation strategies were found to be related to specific forms and overall level of interpersonal difficulties, apart from rumination and acceptance showing no or mild correlations. On the other hand, positive strategies were either unrelated or showed weak association with interpersonal problems. This indicated that using negative strategies to regulate negative emotions evoked by stressfull

experiences, might have been the precursor of having various forms of interpersonal difficulties. Individuals who frequently catastrophize, blame others, and blame themselves for negative experiences, might interact with others in a manner that increases the interpersonal tension. On the other hand, increased use of positive strategies might not necessarily enhances interpersonal relationships. Present findings were supported by regression analysis, and were in line with previous studies indicating the role of using maladaptive emotion regulation strategies in interpersonal problems (Wei, Vogel, Ku & Zakalik, 2005; Coats & Blanchard-Fields, 2008). Essentially, among negative cognitive emotion regulation strategies, catastrophization was related to being overly domineering, intrusive, nonassertive and exploitable; blaming others was related to being overly domineering and intrusive; self-blame was related to being overly nonassertive, exploitable and self-sacrificing in interpersonal relationships. Therefore, participants reporting problems in friendly dominant quadrants tend to catastrophize and blame others whereas participants reporting problems in friendly submissive quadrants tend to catastrophize and blame themselves to regulate negative emotions after stressful experiences. To sum up, either submissive or dominant, individuals showing overfriendliness in relations with others catastrophize the negative aspects of stressfull situations. Understandably, among those individuals, submissive ones blame themselves while dominant ones blame others for stressful experiences.
Correlations of interpersonal problems with basic personality traits were examined, and results were discussed in section 4.2.1.1.

Finally, basic personality traits were correlated with cognitive emotion regulation strategies. The results were consistent with the existing literature (Lopes, Salovey, Côté & Beers 2005; Matsumoto, 2006; Ng & Diener, 2009). Accordingly, openness,

conscientiousness, extraversion and agreeableness revealed positive correlations with positive emotion regulation strategies, and negative correlations with negative strategies. On the other hand, neuroticism and negative valence revealed negative correlations with positive strategies, and positive correlations with negative strategies. As supported by regression analysis, high neuroticism was the marker of increased use of negative strategies, particularly catastrophization and blaming others, in emotion regulation (see extensive discussion in section 4.2.4). Furthermore, openness was related to positive refocus, refocus on planning and reappraisal, and agreeableness was related to reappraisal and putting into perspectives. To sum up, individuals who were agreeable and open to experience use adaptive strategies to regulate negative emotions such as thinking positive things instead of the negative event, planning steps to handle the negative situation, interpreting the negative situation in terms of personal growth, and taking different perspectives to interpret the relative importance of the event (see extensive discussion in section 4.2.4).

4.2.4.Multiple Regression Analyses

Several hierarchical multiple regression analyses were conducted to examine the main hypotheses of the current study. They were run in four sets to reveal the associates of cognitive emotion regulation as negative and positive strategies, interpersonal problems and personality disorders' dysfunctional beliefs.

At first set of the regression analyses, for positive emotion regulation, variables were entered into the equation via two steps. Firstly age and gender as control variables, and secondly variables related to basic personality traits (i.e., openness, conscientiousness, extraversion, agreeableness, neuroticism, negative valence) were entered. Three factors,

namely, openness, agreeableness and neuroticism were found to be significant. Accordingly, participants who reported being agreeable, emotionally stable and open to new experiences used positive cognitive emotion regulation strategies more frequently than participants who were emotionally unstable, closed to experience, and low in agreeableness. The overall analysis indicated that the use of adaptive cognitive emotion regulation strategies was predominantly predicted by openness to experience, and to a smaller extent, by agreeableness after the effects of age and gender were controlled. Indeed, the analysis of zero-order correlations revealed that among positive strategies reappraisal and refocus on planning (like problem-focused coping) had the strongest association with openness and agreeableness. Agreeable and open (experientially) individuals may be low in anxiety and high in self-esteem. Therefore, negative experiences might be interpreted as challenges leading to personal development, in which they prefer to focus on problem, solve it, and learn from the experience instead of dwelling on negative emotions or negative aspects of the experience.

At the second set of the regression analyses, for negative emotion regulation, control variables and basic personality traits were entered into the equation via two steps. All factors were found to be significant. Accordingly, younger and female participants who were emotionally unstable, introverted, low in conscientiousness, closed to experience, agreeable and who had high negative self-attributions used negative cognitive emotion regulation strategies frequently. (see section 4.2.2. and 4.2.3. for detailed discussion). Overall results mainly revealed that after the effects of age and gender were controlled, the use of negative strategies in emotion regulation was predominantly predicted by high emotional instability, and to a lesser extent by low consciencousness and low agreeableness. Indeed, among the negative strategies, catastrophization and blaming

others had the highest zero-order correlations with emotional instability. It can be suggested that *anxious, depressive, vulnerable* and *hostile* facets of emotional instability might trigger increased use of catastrophization and blaming others under stress. It was previously indicated that negative cognitive emotion regulation strategies predicted negative emotions such as anxiety, stress, and anger (Martin & Dahlen, 2005). Moreover, neuroticism was found to be associated with ineffective coping such as hostile rections, self-blame, indecisiveness, and withdrawal (McCrae & Costa, 1986). Present findings supported the possible interaction between increased use of maladaptive cognitive strategies to regulate negative emotions and emotional instability. Furthermore, irresponsible nature of low conscientiousness might lead to increased frequency of negative experiences, which in turn may leads to increased self-blame, catastrophization and blaming others. On the other hand, positive association between high agreeableness and increased use of negative cognitive emotion regulation strategies was unexpected. However, it was consistent with positive zero-order correlation between agreeableness and the overall use of negative strategies. Indeed, analysis of zero-order correlations between agreeableness and negative strategies separately (catastrophization, rumination, blaming others and self-blame) revealed that the correlation of rumination with agreeableness was positive and mild, but by far stronger than other negative strategies which were unrelated to agreeableness. Moreover, according to the mean values, rumination was the most frequently reported strategy among negative strategies. Therefore, it is considered that rumination dominated the relationship between agreeableness and the overall use of negative cognitive emotion regulation strategies, and turned it into a positive relationship. By definition, rumination refers to focusing on thoughts and emotions which are evoked by negative experiences (Garnefski, et al., 2001), which may eventually trigger further negative emotions.

Therefore, ruminators may tend to be agreeable in order to avoid negative experiences and negative emotions which may stem from those negative experiences. Moreover, preoccupation with thoughts and feelings in rumination may correspond to high pole of agreeableness (such as extreme level of *affection, modesty, empathy* and *tender-mindedness* facets) which can be evaluated as maladaptive.

Thirdly, the overall level of interpersonal difficulties was regressed by control variables, basic personality traits and cognitive emotion regulation strategies (i.e., Acceptance, Refocus on Planning, Positive Refocusing, Positive Reappraisal and Putting into Perspective, Self-Blame, Blaming Others, Rumination and Catastrophizing), respectively via three steps. Results revealed that age, all basic personality traits, catastrophization, blaming others, self-blame, acceptance and rumination were significant. Therefore, older participants who were emotionally unstable, introverted, low in conscientiousness, closed to experience, higly agreeable, who had high negative self-attributions, and who used catastrophization, blaming others, self-blame, and acceptance frequently but not rumination, reported high level of overall interpersonal difficulties. (see section 4.2.2.and 4.2.3. for detailed discussion). The results indicated that negative valence, extraversion and neuroticism were the predominant predictors of overall level of interpersonal problems after the effects of age and gender were controlled. Accordingly, having negative self-attributions, being emotionally unstable/anxious and introverted/withdrawn might be the vulnerability factors for experiencing interpersonal difficulties. Consistenly, negative emotionality was found to be the predictor of interpersonal conflict, abuse and low level of relationship quality (Robins, Caspi, Moffitt, 2002). Introversion and negative self-attributions might also interfere with the development of appropriate interpersonal skills since they may restrict

and impair social relations. Furthermore, even the effects of basic personality traits were controlled, mainly catastrophization, and to a smaller extent, blaming others and self-blame predicted interpersonal problems. Correspondingly, using the negative emotion regulation strategies frequently, particularly catastrophization, increases the risk of having problems in relations with others, as mentioned in section 4.2.3. On the other hand, agreeableness (accepted as a positive trait) and rumination (a negative strategy) revealed unexpected results in association with interpersonal problems. Furthermore, regression analysis' results for agreeableness and rumination were contradictory when compared with the direction of zero-order correlations (negative and positive, respectively) with overall interpersonal problems. Due to negligible improvements in the variance of interpersonal problems (1%) and possible suppression effects, results of these variables were not evaluated.

Finally, to determine the variables associated with dysfunctional beliefs related to overall personality pathology, control variables, basic personality traits, cognitive emotion regulation strategies, and interpersonal problems (domineering, vindictive, cold, socially inhibited, nonassertive, overly accomodating, self-sacrificing and intrusive) were entered into the regression equation via four steps. Results indicated that age, gender, personality traits as neuroticism, negative valence, openness, extraversion, cognitive emotion regulation strategies as catastrophization, blaming others, positive refocusing, self-blame, and interpersonal problems as cold, domineering, overly accommodating, vindictive and socially inhibited were significant. Accordingly, younger and male participants who are emotionally instable, introverted, open to experience and who had high negative self-attributions, who use catastrophization, blaming others, self-blame, and positive refocusing frequently, who reported

interpersonal problems in cold, domineering, overly accommodating, vindictive, self-sacrificing and socially avoidant octants reported high level of beliefs related to personality disorders. After the effects of age and gender were controlled, mainly neuroticism, and to a lesser extent negative valence and extraversion predicted the overall level of maladaptive beliefs related to personality disorders. A common factor such as *negative emotionality* might be underlying neuroticism (e.g., *anxiety, angry hostility* and *depression* facets), introversion (e.g., the low end of *positive emotions* and *warmth* facets) and negative valence. In that case, positive associations of these personality traits with negative view of self, others, and the world which exist in personality disorders are meaningful. It can be concluded that particularly emotionally unstable individuals, but also the ones who are introverted and who have high level of negative self-attributions were vulnerable for having maladaptive beliefs of personality disorders. Furthermore, even the effects of basic personality traits were controlled, frequent use of catastrophization and blaming others, and with a smaller extent positive refocusing predicted high level of personality disorder beliefs. Catastrophizing the negative aspects of an experience, and overemphasizing the responsibilities of others on the negative experience might lead to making irrational negative inferences about the experience. These negative inferences may prevent the person from testing the validity of one's negative beliefs about the self, others, and the world which already exist. Therefore, the frequent use of negative cognitive emotion regulation strategies might perpetuate maladaptive beliefs of personality disorders. On the other hand, positive refocusing which refers to thinking positively and thinking about pleasant issues instead of the actual event revealed unexpected positive association with maladaptive beliefs of personality disorders. However, as a distraction-like strategy, positive refocusing may function as *avoidance* (a maladaptive form of coping) which was known to perpetuate

dysfunctional beliefs (Young, Klosko, Weishaar, 2003, pp.33-34). Finally, interpersonal problems were tested for their effect on personality disorder beliefs, after the effects of age, gender, basic personality traits and cognitive emotion strategies were controlled. According to the results, cold and domineering forms of interpersonal problems were prominent risk factors for having personality disorder beliefs. Indeed, hostile-dominant problems in interpersonal relations might lead to repetitive interpersonal conflicts which possibly maintain and perpetuate maladaptive beliefs in personality disorders.

Results of the regression analysis were enlightening particularly in determining the factors which can explain interpersonal problems and the cognitive aspects of personality disorders, since respectively 40% and 51% of their variances were explained by the present study.

4.2.5. Findings related to Multiple Regressions Investigating Mediational Models

Three meditational models were tested. Firstly, the mediator role of negative cognitive emotion regulation between neuroticism and personality disorder beliefs was examined. Following that, the second and the third model examining the mediator role of interpersonal problems between (i) neuroticism, (ii) negative valence and personality disorder beliefs were tested.

The present study revealed that contributions of both neuroticism and negative valence to the cognitive aspects of personality disorders were mediated by interpersonal problems. Moreover, meditational model investigating the mediator role of negative cognitive emotion regulation in the relationship between neuroticism and personality disorder beliefs was supported in the present study.

Indirect effects via interpersonal problems in the path from emotional instability to maladaptive personality disorder beliefs, and from negative self-attributions to maladaptive personality disorder beliefs explained remarkable proportions of variance (45% and 53%, respectively). Some facets of neuroticism (e.g., *angry hostility,* and *impulsivity*) were conceptually related to interpersonal interaction. Furthermore, emotional instability was found to affect interpersonal relations through perceptual and behavioral negativity (Mcnulty, 2008). Through these perceptual (e.g., *vulnerability*) behavioral (e.g., *impulsivity*), and emotional (e.g., *angry hostility*) processes, emotional instability may lead to interpersonal difficulties. As mentioned before, repetitive experiences of interpersonal tensions might strengthen maladaptive beliefs about self, other and life in personality disorders. On the other hand, negative self-attributions were defined as negative evaluation of one's overall personality (Durrett & Trull, 2005). Individuals having attributions such as "evil-intentioned, greedy, mannered" probably interact with others in a consistent way with their negative "self-concept", and provoke corresponding reactions from others leading to interpersonal conflict. As mentioned before, repetitive experiences of interpersonal tensions in turn might strengthen maladaptive beliefs about the self, the others and life in personality disorders.

Indirect effect via negative emotion regulation in the path from emotional instability to maladaptive personality disorder beliefs explained respectable proportion of variance (39%). Accordingly, in order to cope with negative experiences, emotionally unstable individuals tend to use maladaptive emotion regulation strategies such as catastrophization, rumination, blaming the self and the others, and acceptance. As expected, increased use of these negative strategies, in turn, perpetuate dysfunctional view of self, others and the world in personality disorders.

To sum up, these findings indicated that the relation between neuroticism and personality disorder beliefs, and the relation between negative valence and personality disorder beliefs were not only direct relationships. Both emotional instability and negative self-attributions contributed to the cognitive aspects of personality pathology through mediating interpersonal problems. Moreover, the effect of emotional instability on the cognitive aspects of personality disorders was also mediated by the use of negative cognitive emotion regulation strategies.

4.3. Clinical Implications

Interpersonal aspects of psychopathology were primarily assessed and practiced through psychotherapies since they have an important role in both the development and the maintenance of the existing problems. Correspondingly, Inventory of Interpersonal Problems was suggested as a clinically useful assessment tool (Horowitz et al., 2003). Accordingly, IIP can be used to assess the overall level of interpersonal difficulties, and to assess the specific forms of interpersonal problems which distress the patient more than the other forms of problems. Thus, it is helpful to differentiate whether or not distress is due to interpersonal difficulties, to determine the treatment needs of patients in interpersonal area, and to identify what pattern of interpersonal problem primarily needs to be addressed within the treatment. Moreover, IIP is informative for the course of treatment, and useful to assess the improvement in interpersonal distress achieved through treatment. Indeed, certain forms of interpersonal problems are not responsive to change (e.g., hostile dominance) whereas others improved relatively quickly (e.g., friendly submissiveness) (Horowitz, Rosenberg, & Bartholomew, 1993). To sum up, the current study successfully adapted the Inventory of Interpersonal Problems to Turkish, which is a usefull tool for clinical applications as well as research purposes. In addition

to IIP, reliability and validity confirmation was made for Personality Belief Qusetionnaire and Cognitive Emotion Regulation Questionnaire, which are practical measurements in clinical and research settings to assess the cognitive aspects of personality disorders and emotion regulation, respectively. Indeed, Personality Belief Questionnaire was the first scale which assesses the cognitive aspects of all personality disorders within a single measure.

According to the findings of the current study, mostly males and patients under the age of 29, emotionally unstable patients and the patients whose view of self is negative are vulnerable for developing and maintaining maladaptive beliefs of personality disorders. In addition, catastrophizing the negative aspects of stressfull experiences and blaming others for negative experiences are also counterproductive for cognitive processes in healthy personality development. Finally, individuals who are cold/distant and domineering/controlling in social relationships are at risk for personality psychopathology in terms of cognitive style. Accordingly, it is suggested that for intervention programs related to personality disorders, the following factors need to be assessed and practiced throughout therapy if necessary: patients' emotional instability, negative self-attributions, "catastrophizing" and "blaming others" style of thinking as a way of coping with negative emotions, and being domineering, controlling and cold in social relationships. Indeed, externalizing personality factors such as externalizing defense (e.g., denial), coping (e.g., blaming others), and interpersonal impairment (e.g., cold and dismissive behaviors) that patients exhibited in the initial interviews, were found to be negative predictor of psychotherapy engagement (Loeffer-Stastka, Blueml, & Boes, 2010). Accordingly, for those patients, major issues in treatment were externalizing patterns including coping with negative emotions via blaming others, and

displaying cold and dismissive behaviors in interpersonal relations. On the other hand, although positive refocusing was theoretically a positive cognitive emotion regulation strategy and although it was supposed to be a protective factor if it is relevant to personality disorder beliefs, it was found to be as a counterproductive strategy. Thus, distraction-like strategies such as positive refocusing were not suggested to be used in therapy. Moreover, emotional instability and negative self-attributions were also found to be linked to the maladaptive beliefs of personality disorders through interpersonal processes. Thus, treatment of interpersonal problems should be prioritized with emotionally unstable patients and patients with negative "self-concept", who have dysfunctional beliefs related to personality disorders. In addition to these findings, in terms of interpersonal problems, foremost males, but also individuals who have negative self attributions, who are introverted, emotionally unstable, and who use catastrophization and self-blame for negative experiences were vulnerable to have an increased level of interpersonal difficulties. Therefore, it is suggested that this risk group be assessed for potential interpersonal difficulties be treated for those difficulties.

An important and unique contribution of the present study to the literature was the inclusion of "negative valence" in the study in addition to five factor of personality. Indeed, negative self-attributions that was not included in the studies conducted with Big Five personality traits, was the most prominant and important risk factors for experiencing interpersonal problems and to a smaller extent for having maladaptive beliefs of personality disorders.

The current study is basically a "personality psychopathology" research that investigates personality deviations via measurements assessing different aspects of personality

including interpersonal, cognitive, and coping aspects. Therefore, current findings presented a close look at personality and psyhopathology of personality with its different manifestations. Clear distinctions among all personality disorder categories can not be made via present measures. Still, consistent results were found with the DSM classifications including clusters, categories, and diagnostic criterias with interpersonal, cognitive, affective components. Indeed, clear distinctions were not expected to be represented in a normal population, since the presented extremity in personality would be relatively low compared to clinical population. Nevertheless, the presence of different degrees of deviations in various components of personality structure in a normal population supported the dimentional model of personality. Considering the little empirical support in its clarity to discriminate one personality disorder from another, presense or absence of a personality disorder, and normal and abnormal personality, categorical classification of personality disorders has been criticized in literature (Widiger, 1993). Thus, alternative dimentional models were proposed in place of categorical classification (e.g., Matthews, Saklofske, Costa, Deary & Zeidner, 1998; Widiger, 1993). Among dimentional models of personality, interpersonal circumplex model and Big Five model of personality were frequently studied to represent personality disorders (e.g., Soldz et al., 1993; Wiggins & Pincus, 1989). Current findings supported that personality disorders can be understood and represented by the extremity in normal personality traits and location in interpersonal circumplex. Thus, current study contributed to the "categorical versus dimentional model of personality disorders" debate supporting the use of dimentional classification system.

Current study presented support for the interpersonal Big Five and cognitive models of personality disorders. Personality disorders were well represented in the interpersonal

circumplex and Big Five space. Moreover, direct and meditational models presented in the present study corresponded to the cognitive model of personality disorders (Beck et al., 2004), in which maladaptive beliefs originated from predispositions (such as early experiences) and were reinforced by traumatic or repetitive experiences (such as interpersonal conflicts). In the present study, basic personality traits (neuroticism, negative valence) represented vulnerability factors for maladaptive beliefs in personality pathology, which were reinforced by the use of negative emotion regulation strategies (e.g. catastrophization) and repetitive experiences of interpersonal problems (e.g. excessive dominance).

Finally, current study was important with respect to its topic concerning personality disorders which have reputation for being "malevolent" and "uncurable" among psychology and psychiatry professionals. Therefore, the current study is anticipated to promote clinical and research interest in this topic.

4.4.Strenght and Limitations of the Present Study, and Suggestions for Future Research

The present findings need to be considered in the light of several strengths and limitations. Firstly, with the number of participants exceeding 1000, sample size of the study was large enough to run statistical analysis and make reasonable generalizations. Although large sample size with great diversity of participants (in terms of age range, profession, and family structure) provided large variance in the sample, some characteristics of the present sample brought limitations, such as extended age-range (18-68), increased number of highly educated and young participants (half of the present sample were under the age of 25) and unbalanced number of male and female

participants with females being two times more that males. In addition, cross-sectional data have limited inferences about cause and effect relationship to be drawn. Even though these limitations have an impact on some results and generalizability to some extent, main hypothesis did not include gender, age or education differences. Thus, suggestions for the future research include a balanced distribution of age, gender, and education level, or the use of longitudinal data.

Secondly, present sample included voluntary participants from general population to represent normal, non-clinical population. Although findings were consistent with previous studies conducted with both clinical and non-clinical populations, future replications of the present research with clinical samples are encouraged.

Thirdly, a relatively new method was used to gather data in the present study. Individuals were informed about and invited to the study via electronic and internet sources. The participants were guided to a web-site were they could participate in the study and get feedback at the end, depending on the questionnaires that they completed. To the best knowledge of the present author, this feedback system was used for the first time in a research. Due to this feedback opportunity, it can be speculated that mostly individuals who sought personal psychological feedback participated into the study, increasing the possibility of reaching sub-clinical population that may show psychological problems but fall behind the threshold for a diagnosis. Moreover, this method remarkably increased the interest in the study. On the other hand, the method used to recruite participants might have limited the sample to active internet users, which probably caused the restricted age range (mostly young).

Feedback system used in the present study provided an important contribution regarding ethical considerations in self-report research in psychology. Indeed, individuals are voluntarily participate to the research and informed consent was provided to the participants. Nevertheless, researchers in psychology field should consider that voluntary participants have the right to get feedback regarding their self-disclosures. Furthermore, providing information to the participants concerning their psychological conditions will also enable the participants to gain insight about their psychological well-being, and to seek for professional help if they need.

Among limitations of the present study, the use of self-report measurement can be seen as another limitation. Self-report assessment may not reflect the reality, since possible biases such as limited awareness of the "real self", and social desirability can interfere with the reliability of assessment. The participants in the present study completed the questionnaires with the researcher's acknowledgment that they will get personal psychological evaluation. Therefore, participants were expected to response honestly and carefully to the questionnaires. This feedback mechanism was assumed to increase the reliability of the assessments. Nevertheless, the use of peer-report in addition to self-report is suggested for future research to overcome the limitations of self-report measurement. On the other hand, three of the measures (BPTI, IIP, and PBQ) in the study were commonly used for the assessment of personality pathology in literature. Thus, including different measures to assess the same construct via different aspects provided an opportunity to ensure the reliability of the findings.

Various demographic variables were investigated in details, such as age, gender, education level of participant, both parents of the participant, employment status,

number of siblings and birth order, and differences in these variables based on the main measures. However, due to unbalanced distribution of their categories, some demographic variables, such as home environment, parental relationship status, family and participant's history of psychological problems could not be examined. Thus, further studies can be conducted with better balanced samples to examine the possible effects of these variables.

In spite of the clear relationships that were shown among the variables in the present study, conclusions about direction of influences could not be drawn. Relationships among basic personality traits, interpersonal problems, cognitive emotion regulation, and cognitive aspects of personality disorders might be circular in causality, in which two or more variable may be affecting one another.

The present study used domain-level analysis for basic personality traits and total score of Personality Belief Questionnaire to investigate the associates of cognitive aspects in "general personality pathology". Further investigations with a facet-level analysis of basic personality traits, and specific categories of personality disorders would be more informative to figure out the nature of the relationships between the variables.

Inventory of Interpersonal Problems was successfully adapted to Turkish in the present study, including a pilot study and a main study with large non-clinical independent samples (Ns = 184, 1288, respectively), and a comprehensive reliability and validity analysis. Nevertheless, further studies may examine the circumplex factor structure of Inventory of Interpersonal Problem. As a personality measurement, Inventory of Interpersonal Problems should also be assessed for its psychometric properties in clinical samples.

Reliability and validity of Cognitive Emotion Regulation Questionnaire and Personality Disorder Beliefs Questionnaire were also investigated and confirmed with two independent studies. Moreover, discriminant nature of Personality Beliefs Questionnaire is suggested to be validated with a clinical sample.

In addition to the variables of the present study, further studies including attachment, parenting style, coping, and affective dispositions are suggested to be investigated in accordance with personality disorders and interpersonal problems.

Despite these limitations, if the results of the present study can be confirmed with replications in clinical samples, it may carry important implications for understanding the nature of cognitive and interpersonal processes in personality problems as well as contributing to the focus and content of therapeutic intervention programs.

REFERENCES

Aldao, A., & Nolen-Hoeksema, S. (2010). Specificity of cognitive emotion regulation strategies: A transdiagnostic examination. *Behaviour Research and Therapy, 48,* 974-983.

Aldao, A., Nolen-Hoeksema, S., & Schweizer, S. (2010). Emotion-regulation strategies across psychopathology: A meta-analytic review. *Clinical Psychology Review, 30,* 217–237.

Alden, L. E., & Capreol, M. J. (1993). Avoidant personality disorder: Interpersonal problems as predictors of treatment response. *Behavior Therapy, 24(3)*, 357-376.

Alden, L. E., Wiggins, J. S., & Pincus, A. L. (1990). Construction of circumplex scales for the inventory of interpersonal problems. *Journal of Personality Assessment, 55(3&4),* 521-536.

Allen, L. B., McHugh, R. K., & Barlow, D. H. (2008). Emotional Disorders: A Unified Protocol. In Barlow, D. H., *Clinical Handbook of Psychological Disorders: A Step-By-Step Treatment Manual* (pp. 216- 235). New York, NY: Guildford Press.

Alnaes, R., & Torgersen, S. (1988). DSM-III symptom disorders (Axis I) and personality disorders (Axis II) in an outpatient population. *Acta Psychiatrica Scandinavica, 78(3)*, 348-355.

American Psychiatric Association. (1987). *Diagnostic and statistical manual of mental disorders* (3rd ed, rev). Washington, DC: Author.

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental health disorders* (4th ed). Washington, DC: Author.

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed, text rev). Washington, DC: Author.

Axelrod, S. R., Widiger, T. A., Trull, T. J., & Corbitt, E. M. (1997). Relations of five-factor model antagonism facts with personality disorder symptomatology. *Journal of Personality Assessment, 69(2)*, 297-313.

Babgy, R. M., Costa, P. T., Widiger, T. A., Ryder, A. G., & Marshall, M. (2005). DSM-IV personality disorders and the five-factor model of personality: A multi-method examination of domain- and facet-level predictions. *European Journal of Personality, 19*, 307–324.

Barnow, S., Stopsack, M., Grabe, H. J., Meinke, C., Spitzer, C., Kronmüller, K., & Sieswerda, S. (2009). Interpersonal evaluation bias in borderline personality disorder. *Behavior Research Therapy, 47(5)*, 359-65.

Beck, J. S. (1995). *Cognitive Therapy: Basics and Beyond*. New York, NY: Guildford Press.

Beck, A. T., Butler, A. C., Brown, G. K., Dahlsgaard, C. F., Newman, C. F., & Beck, J. S. (2001). Dysfunctional beliefs discriminate personality disorders. *Behavior Research and Therapy, 39,* 1213-1225.

Beck, A. T., Freeman, A., Davis, D. D., & Associates. (2004). *Cognitive therapy of personality disorders* (2nd ed.). New York, NY: Guildford Press.

Berking, M., Wupperman, P., Reichardt, A., Pejic, T., Dippel, A., & Znoj, H. (2008). Emotion-regulation skills as a treatment target in psychotherapy. *Behaviour Research and Therapy, 46*, 1230–1237.

Birditt, K. S., Almeida, D. M., & Fingerman, K. L., (2005). Age differences in exposure and reactions to interpersonal tensions: A daily diary study. *Psychology and Aging, 20(2),* 330 –340.

Bornovalova, M. A., Gratz, K. L., Daughters, S. B., Nick, B., Delany-Brumsey, A., Lynch, T. R.,.....Lejuez, C. W. (2008). A multimodel assessment of the relationship between emotion dysregulation and borderline personality disorder among inner city substance users in residential treatment. *Journal of Psychiatric Research, 42,* 717-726.

Brenes, G. A. (2006). Age differences in the presentation of anxiety. *Aging & Mental Health, 10(3),* 298–302.

Budman, S., Demby, A., Soldz, S., & Merry, J. (1996). Time-limited group psychotherapy for patients with personality disorders: outcomes and drop-outs. *International Journal of Group Psychotherapy, 46,* 357–377.

Butler, A. C., Beck, A. T., & Cohen, L. H. (2007). The Personality Belief Questionnaire-Short Form: Development and preliminary findings. *Cognitive Therapy Research, 31,* 357-370.

Butler, A. C., Brown, G. K., Beck, A. T., & Grisham, J. R. (2002). Assessment of dysfunctional beliefs in borderline personality disorders. *Behavior Research and Therapy, 40(10),* 1231-1240.

Çakmak, A. F., & Çevik, E. I. (2010). Cognitive Emotion Regulation Questionnaire: Development of Turkish version of 18-item short form. *African Journal of Business Management, 4(10),* 2097-2102.

Cloitre, M., Stovall-McClough, K., Miranda, R., & Chemtob, C. M. (2004). Therapeutic alliance, negative mood regulation, and treatment outcome in child abuse-related posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology, 72(3),* 411–416.

Clore, G. L., & Huntsinger, J. R. (2007). How emotions inform judgment and regulate thought. *Trends in Cognitive Sciences, 11(9),* 393-399.

Coats, A. H., & Blanchard-Fields, F. (2008). Emotion regulation in interpersonal problems: The role of cognitive-emotional complexity, emotion regulation goals, and expressivity. *Psychology and Aging, 23(1),* 39-51.

Coolidge, F. C., Segal, D. L., Pointer, J. C., Knaus, E. A.,Yamazaki, T. G., & Silberman, C. S. (2000). Personality disorders in older adult inpatients with chronic mental illness. *Journal of Clinical Geropsychology, 6(1),* 63-72.

Costa, P. T., & McCrae, R. R. (1985). *The NEO Personality Inventory.* Odessa, FL: Psychological Assessment Resources.

Costa, P. T., Jr., & McCrae, R. R. (1992). *NEO PI-R professional manual.* Odessa, FL: Psychological Assessment Resources, Inc.

Costa, P. T., Terracciano, A., & McCrae, R. R. (2001). Gender differences in personality traits across cultures: robust and surprising findings. *Journal of Personality and Social Psychology, 81(2),* 322-31.

Cote, S., & Moscowitz, D. S. (1998). On the dynamic covariation between interpersonal behavior and affect: Prediction from neuroticism, extraversion, and agreeableness. *Journal of Personality and Social Psychology, 75(4),* 1032-1046.

DeNeve, K. M., & Cooper, H. (1998). The happy personality: a meta-analysis of 137 personality traits and subjective well-being. *Psychological Bulletin, 124(2),* 197-229.

Derogatis, L. R. (1992). BSI Brief Symptom Inventory (BSI), Administration, Scoring, and Procedures Manual = II. Clinical Psychometric Research Inc.

Dimaggio, C. Semerari, A., Carcione, A., Procacci, M., & Nicolo, G. (2006). Toward a model of self pathology underlying personality disorders: Narratives, metacognition, interpersonal cycles and decision-making processes. *Journal of Personality Disorders, 20(6),* 597-617.

Durrett, C., & Trull, T.J. (2005). An evaluation of evaluative personality terms: a comparison of the big seven and five-factor model in predicting psychopathology. *Psychological Assessment, 17 (3),* 359-368.

Edens, J. F. (2009). Interpersonal characteristics of male criminal offenders: Personality, psychopathological and behavioral correlates. *Psychological Assessment, 21(1)*, 89-98.

Eker, D., Arkar, H., & Yaldız, H. (2001). Çok Boyutlu Algılanan Sosyal Destek Ölçeği'nin gözden geçirilmiş formunun faktör yapısı, geçerlik ve güvenirliği. *Türk Psikiyatri Dergisi, 12(1)*, 17-25.

Fivush, R., & Buckner, J. P. (2000). Gender, sadness, and depression: the development of emotional focus through gendered discourse. In A. Fischer (Ed.) *Gender and Emotion: social psychological perspectives* (pp. 232-253). Cambridge: University Press.

Gardner, K., & Qualter, P. (2009). Emotional intelligence and borderline personality disorder. *Personality and Individual Differences, 47*, 94-98.

Garnefski, N., & Kraaij, V. (2006). Cognitive emotion regulation questionnaire-development of a short 18-item version (CERQ-short). *Personality and Individual Differences, 41,* 1045-1053.

Garnefski, N., Kraaij, V. & Spinhoven, P. (2001). Negative life events, cognitive emotion regulation and emotional problems. *Personality and Individual Differences, 30,* 1311-1327.

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

Gençöz, T. (2000). Pozitif ve negatif duygu ölçeği: Geçerlik ve güvenirlik çalışması. *Türk Psikoloji Dergisi, 15(46),* 19-26.

Gençöz, T. & Öncül, Ö. (Submitted Manuscript). Development of Basic Personality Traits Inventory: Psychometric characteristics in a Turkish sample.

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

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(2)*, 348-362.

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

Gunderson, J. G., Frank, A. F., Ronningstam, E. F., Wachter, S., Lynch, V. J., & Wolf, P. J. (1989). Early discontinuance of borderline patients from psychotherapy. *Journal of Nervous and Mental Diseases*, 177(1), 38-42.

Gurtman, M. B. (1995). Personality structure and interpersonal problems: A theoretically guided item analysis of the Inventory of Interpersonal Problems. *Assessment, 2*, 343-361.

Gurtman, M. B. (1996). Interpersonal problems and the psychotherapy context: The construct validity of the Inventory of Interpersonal Problems. *Psychological Assessment, 8(3),* 241-255.

Gurtman, M. B. (2009). Exploring personality with interpersonal circumplex. *Social and Personality Psychology Compass, 3*, 1-19.

Gurtman, M. B., & Lee, D. (2009). Sex differences in interpersonal problems: A circumplex analysis. *Psychological Assessment, 21(4)*, 515-527.

Hapwood, C. J., Pincus, A. L., DeMoor, R. M., & Koonce, E. A. (2008). Psychometric characteristics of the inventory of the interpersonal problems short-circumplex (IIP-SC) with college students. *Journal of Personality Assessment, 90(6)*, 615-618.

Healey, M. D., & Ellis, B. J. (2007). Birth order, conscientiousness, and openness to experience. Tests of the family-niche model of personality using a within-family methodology. *Evolution and Human Behavior, 28,* 55–59.

Hilsenroth, M. J., Menaker, J., Peters, E. J., & Pincus, A. L. (2007). Assessment of borderline pathology using the Inventory of Interpersonal Problems Circumplex Scales (IIP-C): A comparison of clinical samples. *Clinical Psychology and Psychotherapy, 14,* 365-376.

Horowitz, L. M., Alden, L. E., Wiggins, J. S., & Pincus, A. L. (2003). *Inventory of Interpersonal Problems Manual.* The Psychological Corporation: Texas.

Horowitz, L. M., Rosenberg, S. E., Baer, B. A., Ureno, G., & Villasenor, V. S.(1988). Inventory of interpersonal problems: Psychometric properties and clinical applications. Journal of *Consulting and Clinical Psychology, 56(6)*, 885-892.

Horowitz, L. M., Rosenberg S. E. & Bartholomew, K., (1993). Interpersonal problems, attachment styles, and outcome in brief dynamic psychotherapy. *Journal of Consulting and Clinical Psychology, 46(3)*, 556-564.

Işık, B. (2010). *The examination of the roles of parental acceptance rejection/ control, personality traits and coping strategies on psychological distress.* Unpublished master's thesis, Middle East Technical University, Graduate School of Social Sciences, Ankara.

Jefferson, T., Herbst, H. H., & McCrae, R. R. (1998). Associations between birth order and personality traits: Evidence from self-reports and observer ratings. *Journal of Research in Personality, 32,* 498–509.

Kenan, M. M., Kendjelic , E. M., Molinari , V. A., Williams, W., Norris, M., & Kunik, M. E. (2000). Age-related differences in the frequency of personality disorders among inpatient veterans. *International Journal of Geriatric Psychiatry, 15(9)*, 831-837.

Kokkonen, M., & Pulkkinen, L. (2001). Examination of paths between personality, current mood, its evaluation and emotion regulation. *European Journal of Personality, 15,* 83-104.

Kring, A. M., & Werner, K. H. (2004). Emotion regulation in psychopathology. In P. Philippot & R. S. Feldman (Eds). *The regulation of emotion* (pp. 359-385). Mahwah, NJ: Lawrence Erlbaum.

Larsen, R. J., & Ketelaar, T. (1991). Personality and susceptibility to positive and negative emotional states. *Journal of personality and Social Psychology, 61(1),* 132-140.

Leichsenring, F., Kunst, H., & Hoyer, J. (2003). Borderline personality organization in violent offenders: Correlations of identity diffusion and primitive defense mechanism with antisocial features, neuroticism, and interpersonal problems. *Bulletin of the Menninger Clinic, 67(4),* 314-327.

Leising, D., Rehbein, D., & Eckardt, J. (2009). The Inventory of Interpersonal Problems (IIP-64) as a screening measure for avoidant personality disorder. *European Journal of Psychological Assessment, 25(1),* 16–22.

Linden, M. (2006). Minimal emotional dysfunctions (MED) in personality disorders. *European Psychiatry, 21*, 325-332.

Lippa, R. (1995). Gender-related individual differences and psychological adjustment in terms of the Big Five and Circumplex models. *Journal of Personality and Social Psychology, 69(6),* 1184-1202.

Loeffer-Stastka, H., Blueml, V., & Boes, C. (2010). Exploration of personality factors and their predictive impact on therapy utilization: *The externalizing mode of functioning. Psychotherapy Research, 20(3),* 295-308.

Lopes, P. N., Salovey, P., Côté, S. & Beers, M. (2005). Emotion regulation abilities and the quality of social interaction. *Emotion, 5(1),* 113-118.

Loranger, A. W., Susman, V. L., Oldham, J. M., & Russakoff, L. M. (1987). The Personality Disorder Examination: A preliminary report. *Journal of Personality Disorders, 1(1),* 1-13.

Luminet, O., Bagby, R. M., Wagner, H., Taylor, G. J., & Parker, J. D. (1999). Relation between alexithymia and the five-factor model of personality. A facet-level analysis. *Journal of Personality Assessment, 73(3*), 345-358.

Lynam, D. R., & Widiger, T. A. (2001). Using five-factor model to represent the DSM-IV personality disorders: An expert concensus approach. *Journal of Abnormal Psychology, 110,* 401-412.

Martin, R. C., & Dahlen, E. R. (2005). Cognitive emotion regulation in the prediction of depression, anxiety, stress, and anger. *Personality and Individual Differences, 39,* 1249–1260.

Matthews, G., Saklofske, D. H., Costa, P. T., Deary, I. J., & Zeidner, M. (1998). Dimensional models of Personality: A framework for systematic clinical assessment. *European Journal of Psychological Assessment, 14(1),* 34-49.

Matsumoto, D. (2006). Are cultural differences in emotion regulation mediated by personality traits? *Journal of Cross-Cultural Psychology, 37(4),* 421-437.

McCrae, R. R., & Costa, P. T. (1986). Personality, coping, and coping effectiveness in adult sample. *Journal of Personality, 54,* 383-405.

McCrae, R. R., & Costa, P. T. (1989). The Structure of Interpersonal Traits: Wiggins's Circumplex and the Five-Factor Model. *Journal of Personality and Social Psychology, 56(4),* 586-595.

McCrae, R. R., & Costa, P. T., Jr. (2003). *Personality in adulthood: A five factor theory perspective.* New York, NY: The Guilford Press.

McKee-Ryan, F. M., Kinick, A. J., Song, Z., & Wanberg, C. R. (2005). Psychological and physical well-being during unemployment: A meta-analytic study. *Journal of Applied Psychology, 90(1)*, 53–76.

Medforda, N., Phillipsa, M. L., Brierleya, B., Brammerb, M., Bullmorec, E. T., & Davida, A. S. (2005). Emotional memory: Separating content and context. *Psychiatry Research, 138(3)*, 247-258.

Miller, T. R. (1991). The psychotherapeutic utility of the five-factor model of personality: A clinician's experience. *Journal of Personality Assessment, 57(3),* 415-433.

Millon, T. (1985). The MCMI provides a good assessment of DSM-III disorders: The MCMI-II will prove even better. *Journal of Personality Assessment, 49,* 379–391.

Molinari, V., Kunik, M. E., Snow-Turek, A. L., Deleon, H., & Williams, W. (1999). Age-related personality differences in inpatients with personality disorder: A cross-sectional study. *Journal of Clinical Geropsychology, 5(3),*191-192.

Monsen, J. T., Hagtvet, K. A., Eilertsen, D. E., & Havik, O. E. (2006). Circumplex structure and personality disorder correlates of the Interpersonal Problems Model (IIP-C): Construct validity and clinical implications. *Psychological Assessment, 18(2)*, 165-173.

Morey, L. C., Waugh, M. H., & Blashfield, R. K. (1985). MMPI scales for DSM-III personality disorders: The derivation and correlates. *Journal of Personality Assessment, 49,* 710-721.

Mullins-Sweatt, S. N., & Widiger, T. A. (2006). The Five-Factor Model of Personality Disorder: A Translation across Science and Practice. In R. F. Krueger & J. L. Tacket (Eds.). *Personality and Psychopathology* (pp. 39-70). New York, NY: The Guilford Press.

Muran, J. C., Segal, Z. V., Samstag, L. W., & Crawford, C.E. (1994). Patient pretreatment interpersonal problems and therapeutic alliance in short-term cognitive therapy. *Journal of Consulting and Clinical Psychology, 62(1),* 185-190.

Ng, W., & Diener, E. (2009). Personality differences in emotions: Does emotion regulation play a role*? Journal of Individual Differences, 30(2)*, 100-106.

Niedenthal, P. M., Krauth-Gruber, S., & Ric, F. (2006). *Psychology of emotion: Interpersonal, Experiental and Cognitive Approaches.* Psychology Press: New York.

Nysæter, T. E., Langvik, E., Berthelsen, M., & Nordvik, H. (2009). Interpersonal problems and personality traits: The relation between IIP-64C and NEO-FFI. *Nordic Psychology, 61(3),* 82-93.

Ogrodniczuk, J. S., Piper, W. E., Joyce, A. S., McCallum, M., & Rosie, J. S. (2003). NEO-Five factor personality traits as predictors of response to two forms of group psychotherapy. *International Journal of Group Psychotherapy, 53(4),* 417-442.

Paulhus, D. L., Trapnell, P. D., & Chen, D. (1999). Birth order effects on personality and achievement within families. *Psychological Science, 10(6),* 482-488.

Peabody, D., & Goldberg, L. R. (1989). Some determinants of factor structures from personality-trait descriptors. *Journal of Personality and Social Psychology, 57*(3), 552-567.

Perry, J. C., Banon, E., M.D., & Ianni, F. (1999). Effectiveness of psychotherapy for personality disorders. *American Journal of Psychiatry*, 156, 1312-1321.

Phillips, L. H., Henry, J. D., Hosie, J. A., & Milne, A. B. (2006). Age, anger regulation and well-being. *Aging & Mental Health, 10(3)*, 250–256.

Roberts, B. W., Walton, K. E. & Viechtbauer, W. (2006). Patterns of Mean-Level Change in Personality Traits Across the Life Course: A Meta-Analysis of Longitudinal Studies. *Psychological Bulletin, 132(1)*, 1–25.

Robins, R. W., Caspi, A., & Moffitt, T. E. (2002). It's not just who you're with, it's who you re: Personality and relationship experiences across multiple relationships. *Journal of Personality, 70(6)*, 925-964.

Russel, J. J., Moscowitz, D. S., Zuroff, D. C., Sookman, D., & Paris, J. (2007). Stability and variability of affective experience and interpersonal behavior in borderline personality disorder. *Journal of Abnormal Psychology, 116(3)*, 578-588.

Safran, J. D. (1990). Towards a refinement of cognitive therapy in light of interpersonal theory: I. Theory. *Clinical Psyhological Review, 10,* 87-105.

Sanderson, W. C., Wetzler, S., Beck, A. T., & Betz, F. (1994). Prevalence of personality disorders among patients with anxiety disorders. *Psychiatry Research, 52(2)*, 167-174.

Saulsman, L. M., & Page, A. C. (2004). The five-factor model and personality disorder empirical literature: A meta-analytic review. *Clinical Psychology Review Volume 23(8)*, 1055-1085.

Savaşır, I., & Şahin, N. H. (1997). Bilişsel -davranışçı terapilerde değerlendirme: *Sık Kullanılan Ölçekler*, Ankara: Türk Psikologlar Derneği.

Schmitt, D. P., Realo, A., Voracek, M., & Allik, J. (2008). Why can't a man be more like a woman? Sex differences in Big Five personality traits across 55 cultures. *Journal of Personality and Social Psychology, 94(1)*, 168-82.

Schmitz, N., Hartkamp, N., Kiuse, J., Franke, G. H., Reister, G., & Tress, W. (2000). The Symptom Check-List-90-R (SCL-90-R): A German validation study. *Quality of Life Research, 9,* 185-193.

Scodol, A. E., Stout, R. L., McGlashan, T. H., Grilo, C. M., Gunderson, J. G., Shea, M. T.,…Oldham, J. M. (1999). Co-occurrence of mood and personality disorders: A report from the collaborative longitudinal personality disorders study (clps). *Depression and Anxiety, 10*, 175-182.

Sevim, B. (2011). *The roles of attachment styles on personality traits, and anger on relationship and and life satisfaction: Mediator roles of humor, intimacy, and psychological problems.* Unpublished doctoral thesis, Middle East Technical University, Graduate School of Social Sciences, Ankara.

Slee, N., Shiphoven, P., Garnefski, N., & Arensman, E. (2008). Emotion regulation as mediator of treatment outcome in therapy for deliberate self-harm. *Clinical Psychology and Psychotherapy, 15,* 205–216.

Snyder, J., Schrepferman, L., & St Peter, C. (1997). Origins of antisocial behavior: Negative reinforcement and affective dysregulation of behavior as socialization mechanisms in family interaction. *Behavior Modification, 21(2)*, 187-215.

Soldz, S., Budman, S.H., Demby, A., & Merry, J. (1993). Representation of personality disorders in circumplex and five-factor space: Explorations with a clinical sample. *Psychological Assessment*, *5*, 41-52.

Strack, S. (1987). Development and validation of an adjective checklist to assess the Millon personality types in normal population. *Journal of Personality Assessment, 51,* 572-587.

Strauss, B., & Hess, H. (1993). Interpersonal problems, interpersonal orientation and success of treatment after inpatient group psychotherapy. *Psychotherapy, Psychosomatik, Meduziniche Psychologie, 43(3&4),* 82-92.

Sullivan, H. S. (1953). *The Interpersonal Theory of Psychiatry.* New York: Norton.

Şahin, N. H., & Durak, A. (1994). Kısa semptom envanteri: Türk gençleri için uyarlaması. *Türk Psikoloji Dergisi, 9(31)*, 44-56.

Tamres, L. K., Janicki, D., & Helgeson, V. S. (2002). Sex differences in coping behavior: A meta-analytic review and an examination of relative coping. *Personality and Social Psychology Review, 6(2), 2-30.*

Trapnell, P. D., & Wiggins, J. S. (1990). Extension of the Interpersonal Adjective Scales to include the big five dimensions of personality. *Journal of Personality and Social Psychology, 59(4),* 781-790.

Trull, T. J., Goodwin, A. H., Schoop, L. H., Hillenbrand, T. L., & Schuster, T. (1993). Psychometric properties of a cognitive measure of personality disorders. *Journal of Personality Assessment, 61(3)*, 536-546.

Tuna, E. (in progress). *The unifying role of ruminative processes in behavioral dysregulation: A test of emotional cascade model.* Unpublished master's thesis, Middle East Technical University, Graduate School of Social Sciences, Ankara.

Türkçapar, M. H., Örsel, S., Uğurlu, M., Sargın, E., Turhan, M., Akkoyunlu, S.,...., Karakaş, G. (2008). Kişilik inanç ölçeği Türkçe formunun geçerlilik ve güvenilirliği. *Klinik Psikiyatri, 10,* 177-191.

Waller, E., & Scheidt, C. E. (2006). Somatoform disorders as disorders of affect regulation: a development perspective. *International Review of Psychiatry. 18(1),* 13-24.

Watson, D., Clark, L. A., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: The PANAS scales. *Journal of Personality and Social Psychology, 54(6),* 1063-1070.

Wei, M., Vogel, D. L., Ku, T., & Zakalik, R. A. (2005). Adult attachment, affect regulation, negative mood and interpersonal problems: The mediating roles of emotional reactivity and emotional cutoff. *Journal of Consulting Psychology, 52(1),* 14-24.

Weissman, A. N., & Beck, A. T. (1978). Development and validation of the Dysfunctional Attitude Scale: A preliminary investigation. Paper presented at the Annual Meeting of the American Educational Research Association. Toronto, Ontario, Canada.

Weiting, N., & Diener, E. (2009). Personality in emotions. Does emotion regulation play a role? *Journal of Individual Differences, 30(2),* 100-106.

Widiger, T. A. (1993). The DSM-III-R categorical personality disorder diagnoses: a critique and an alternative. *Psychological Inquiry, 4,* 75–90.

Widiger, T. A., & Costa, P. T. (2002). Five-factor model of personality disorder research. In P. T. Jr., Costa, & T. A., Widiger (Eds.), *Personality Disorders and The Five-Factor Model of Personality* (2nd ed., pp. 59–87). Washington, DC: American Psychological Association.

Widiger, T. A., Trull, T. J., Clarkin, J. F., Sanderson, C., & Costa, P. T., Jr. (2002). Description of the DSM-IV personality disorders with the five-factor model of personality. In P. T. Jr., Costa, & T. A., Widiger (Eds.), *Personality disorders and the five-factor model of personality* (2nd ed., pp. 89–99). Washington, DC: American Psychological Association.

Wiggins, J. S., & Pincus, A. L. (1989). Conceptions of personality disorders and dimensions of personality . *Psychological Assessment, 1(4),* 305-316.

World Health Organization. *The ICD-10 Classification of Mental and Behavioral Disorders.* World Health Organization, Geneva, 1993.

Yen, S., Zlotnick, C., & Costello, E. (2002). Affect regulation in women with borderline personality traits. *Journal of Nervous & Mental Disease, 190(10),* 693-696.

Young, J. E., Klosko, J. S., & Weishaar, M. E. (2003). *Schema therapy: a practitioner's guide* (2nd ed., pp. 33-34). New York: Guildford Press.

Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The multidimensional scale of perceived social support. *Journal of Personality Assessment, 52,* 30–41.

Zlotnick, C. (1999). Antisocial personality disorder, affect dysregulation and childhood abuse among incarcerated women. *Journal of personality disorders, 13(1),* 90-95.

APPENDIX A: Inventory of Interpersonal Problems (IIP-32) Original Form

People have reported having the following problems in relating to other people. Please read the list below, and for each item, consider whether it has been a problem for you with respect to any significant person in your life. Then fill in the numbered circle that describes how distressing that problem has been.

The following are things you find hard to do with other people. **It is hard for me to:**	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Say "no" to other people	⓪	①	②	③	④
2. Join in on groups	⓪	①	②	③	④
3. Keep things private from other people	⓪	①	②	③	④
4. Tell a person to stop bothering me	⓪	①	②	③	④
5. Introduce myself to new people	⓪	①	②	③	④
6. Confront people with problems that come up	⓪	①	②	③	④
7. Be assertive with another person	⓪	①	②	③	④
8. Let other people know when I am angry	⓪	①	②	③	④
9. Socialize with other people	⓪	①	②	③	④
10. Show affection to people	⓪	①	②	③	④
11. Get along with people	⓪	①	②	③	④
12. Be firm when I need to be	⓪	①	②	③	④
13. Experience a feeling of love for another person	⓪	①	②	③	④
14. Be supportive of another person's goals in life	⓪	①	②	③	④
15. Feel close to other people	⓪	①	②	③	④
16. Really care about other people's problems	⓪	①	②	③	④
17. Put somebody else's needs before my own	⓪	①	②	③	④
18. Feel good about another person's happiness	⓪	①	②	③	④
19. Ask other people to get together socially with me	⓪	①	②	③	④
20. Be assertive without worrying about hurting the other person's feelings	⓪	①	②	③	④
The following are things that you do too much.					
21. I open up to people too much.	⓪	①	②	③	④
22. I am too aggressive toward other people.	⓪	①	②	③	④
23. I try to please other people too much.	⓪	①	②	③	④
24. I want to be noticed too much.	⓪	①	②	③	④
25. I try to control other people too much.	⓪	①	②	③	④
26. I put other people's needs before my own too much.	⓪	①	②	③	④
27. I am overly generous to other people.	⓪	①	②	③	④
28. I manipulate other people too much to get what I want.	⓪	①	②	③	④
29. I tell personal things to other people too much.	⓪	①	②	③	④
30. I argue with other people too much.	⓪	①	②	③	④
31. I let other people take advantage of me too much.	⓪	①	②	③	④
32. I am affected by another person's misery too much.	⓪	①	②	③	④

APPENDIX B: Inventory of Interpersonal Problems (IIP-32) Turkish Form

İnsanlar başkalarıyla ilişkilerinde aşağıda belirtilen problemleri yaşadıklarını ifade etmektedirler. Lütfen aşağıdaki ifadeleri okuyun ve her maddeyi hayatınızdaki **HERHANGİ BİR ÖNEMLİ KİŞİ**YLE (aile bireyleri, dostlar, iş arkadaşları gibi) İLİŞKİNİZDE sizin için problem olup olmadığına göre değerlendirin. Problemin SİZİN İÇİN NE KADAR RAHATSIZ EDİCİ OLDUĞUNU numaralandırılmış daireleri yuvarlak içine alarak belirtiniz.

Aşağıdaki ifadeler başkalarıyla ilişkilerinizde yapmakta ZORLANDIĞINIZ şeylerdir. Benim için,	**Hiç değil**	**Biraz**	**Orta derecede**	**Oldukça**	**Fazlasıyla**
1. Başkalarına “hayır” demek zordur.	1	2	3	4	5
2. Gruplara katılmak zordur.	1	2	3	4	5
3. Birşeyleri kendime saklamak zordur.	1	2	3	4	5
4. Birine beni rahatsız etmemesini söylemek zordur.	1	2	3	4	5
5. Kendimi yeni insanlara tanıtmak zordur.	1	2	3	4	5
6. İnsanları ortaya çıkan problemlerle yüzleştirmek zordur.	1	2	3	4	5
7. Başkalarına kendimi rahatlıkla ifade etmek zordur.	1	2	3	4	5
8. Başkalarına kızgınlığımı belli etmek zordur.	1	2	3	4	5
9. Başkalarıyla sosyalleşmek zordur.	1	2	3	4	5
10. İnsanlara sıcaklık/ şevkat göstermek zordur.	1	2	3	4	5
11. İnsanlarla anlaşmak/ geçinmek zordur.	1	2	3	4	5
12. Başkalarıyla ilişkimde, gerektiğinde kararlı durabilmek zordur.	1	2	3	4	5
13. Başka birisi için sevgi/ aşk hissetmek zordur.	1	2	3	4	5
14. Başka birinin hayatındaki amaçları için destekleyici olmak zordur.	1	2	3	4	5
15. Başkalarına yakın hissetmek zordur.	1	2	3	4	5
16. Başkalarının problemlerini gerçekten umursamak zordur.	1	2	3	4	5
17. Başkalarının ihtiyaçlarını kendi ihtiyaçlarımdan öne koymak zordur.	1	2	3	4	5
18. Başka birinin mutluluğundan memnun olmak zordur.	1	2	3	4	5
19. Başkalarından benimle sosyal amaçla bir araya gelmesini istemek zordur.	1	2	3	4	5
20. Başkalarının duygularını incitmekten endişe etmeksizin kendimi rahatlıkla ifade etmek zordur.	1	2	3	4	5

Aşağıdaki ifadeler ÇOK FAZLA yaptığınız şeylerdir.	**Hiç değil**	**Biraz**	**Orta derecede**	**Oldukça**	**Fazlasıyla**
21. İnsanlara fazlasıyla açılırım/ içimi dökerim.	1	2	3	4	5
22. Başkalarına karşı fazlasıyla agresifim/ saldırganım.	1	2	3	4	5
23. Başkalarını memnun etmek için fazlasıyla uğraşırım.	1	2	3	4	5
24. Fark edilmeyi fazlasıyla isterim.	1	2	3	4	5
25. Başkalarını kontrol etmek için fazlasıyla uğraşırım.	1	2	3	4	5
26. Sıklıkla (fazlasıyla) başkalarının ihtiyaçlarını kendi ihtiyaçlarımın önüne koyarım.	1	2	3	4	5
27. Başkalarına karşı fazlasıyla çömertim	1	2	3	4	5
28. Kendi istediğimi elde edebilmek için başkalarını fazlasıyla yönlendiririm.	1	2	3	4	5
29. Başkalarına kişisel bilgilerimi fazla anlatırım.	1	2	3	4	5
30. Başkalarıyla fazlasıyla tartışırım.	1	2	3	4	5
31. Sıklıkla (fazlasıyla) başkalarının benden faydalanmasına izin veririm.	1	2	3	4	5
32. Başkalarının ızdırapından/ mağduriyetinden fazlasıyla etkilenirim.	1	2	3	4	5

APPENDIX C: Basic Personality Traits Inventory (BPTI)

Aşağıda size uyan yada uymayan pek çok **kişilik özelliği** bulunmaktadır. Bu özelliklerden her birinin SİZİN İÇİN NE KADAR UYGUN OLDUĞUNU ilgili rakamı işaretleyerek belirtiniz.
Örneğin;
Kendimi.................biri olarak görüyorum.

Hiç uygun değil	**Uygun değil**	**Kararsızım**	**Uygun**	**Çok Uygun**
1	**2**	**3**	**4**	**5**

		Hiç uygun değil	**Uygun değil**	**Kararsızım**	**Uygun**	**Çok Uygun**			**Hiç uygun değil**	**Uygun değil**	**Kararsızım**	**Uygun**	**Çok Uygun**
1	Aceleci	1	2	3	4	5	**24**	Pasif	1	2	3	4	5
2	Yapmacık	1	2	3	4	5	**25**	Disiplinli	1	2	3	4	5
3	Duyarlı	1	2	3	4	5	**26**	Açgözlü	1	2	3	4	5
4	Konuşkan	1	2	3	4	5	**27**	Sinirli	1	2	3	4	5
5	Kendine güvenen	1	2	3	4	5	**28**	Canayakın	1	2	3	4	5
6	Soğuk	1	2	3	4	5	**29**	Kızgın	1	2	3	4	5
7	Utangaç	1	2	3	4	5	**30**	Sabit fikirli	1	2	3	4	5
8	Paylaşımcı	1	2	3	4	5	**31**	Görgüsüz	1	2	3	4	5
9	Geniş-rahat	1	2	3	4	5	**32**	Durgun	1	2	3	4	5
10	Cesur	1	2	3	4	5	**33**	Kaygılı	1	2	3	4	5
11	Agresif	1	2	3	4	5	**34**	Terbiyesiz	1	2	3	4	5
12	Çalışkan	1	2	3	4	5	**35**	Sabırsız	1	2	3	4	5
13	İçten pazarlıklı	1	2	3	4	5	**36**	Yaratıcı	1	2	3	4	5
14	Girişken	1	2	3	4	5	**37**	Kaprisli	1	2	3	4	5
15	İyi niyetli	1	2	3	4	5	**38**	İçine kapanık	1	2	3	4	5
16	İçten	1	2	3	4	5	**39**	Çekingen	1	2	3	4	5
17	Kendinden emin	1	2	3	4	5	**40**	Alıngan	1	2	3	4	5
18	Huysuz	1	2	3	4	5	**41**	Hoşgörülü	1	2	3	4	5
19	Yardımsever	1	2	3	4	5	**42**	Düzenli	1	2	3	4	5
20	Kabiliyetli	1	2	3	4	5	**43**	Titiz	1	2	3	4	5
21	Üşengeç	1	2	3	4	5	**44**	Tedbirli	1	2	3	4	5
22	Sorumsuz	1	2	3	4	5	**45**	Azimli	1	2	3	4	5
23	Sevecen	1	2	3	4	5							

APPENDIX D: Brief Symptom Inventory (BSI)

Aşağıda zaman zaman herkeste olabilecek **yakınma ve sorunların** bir listesi vardır.Lütfen her birini dikkatlice okuyunuz. Sonra bu durumun bugün de dahil olmak üzere SON BİR AY İÇİNDE SİZİ NE ÖLÇÜDE HUZURSUZ VE TEDİRGİN ETTİĞİNİ gözönüne alarak aşağıda belirtilen tanımlamalardan uygun olanının numarasını işaretleyiniz.		**Hiç**	**Çok Az**	**Orta derecede**	**Oldukça fazla**	**İleri derecede**
1	İçinizdeki sinirlilik ve titreme hali	0	1	2	3	4
2	Baygınlık , baş dönmesi	0	1	2	3	4
3	Bir başka kişinin sizin düşüncelerinizi kontrol edeceği fikri	0	1	2	3	4
4	Başınıza gelen sıkıntılardan dolayı başkalarının suçlu olduğu duygusu	0	1	2	3	4
5	Olayları hatırlamada güçlük	0	1	2	3	4
6	Çok kolayca kızıp öfkelenme	0	1	2	3	4
7	Göğüs (kalp) bölgesinde ağrılar	0	1	2	3	4
8	Meydanlık(açık) yerlerden korkma duygusu.	0	1	2	3	4
9	Yaşamınıza son verme düşüncesi.	0	1	2	3	4
10	İnsanların çoğuna güvenilemeyeciği hissi.	0	1	2	3	4
11	İştahta bozukluklar.	0	1	2	3	4
12	Hiçbir nedeni olmayan ani korkular.	0	1	2	3	4
13	Kontrol edemediğiniz duygu patlamaları.	0	1	2	3	4
14	Başka insanlarla beraberken bile yalnızlık hissetme.	0	1	2	3	4
15	İşleri bitirme konusunda kendini engellenmiş hissetme.	0	1	2	3	4
16	Yalnızlık hissetme.	0	1	2	3	4
17	Hüzünlü, kederli hissetme.	0	1	2	3	4
18	Hiçbir şeye ilgi duymamak.	0	1	2	3	4
19	Kendini ağlamaklı hissetme.	0	1	2	3	4
20	Kolayca incinebilme, kırılma.	0	1	2	3	4
21	İnsanların sizi sevmediğine, size kötü davrandığına inanma.	0	1	2	3	4
22	Kendini diğer insanlardan daha aşağı görmek.	0	1	2	3	4
23	Mide bozukluğu,bulantı.	0	1	2	3	4
24	Diğer insanların sizi gözlediği ya da hakkınızda konuştuğu duygusu.	0	1	2	3	4
25	Uykuya dalmada güçlük.	0	1	2	3	4
26	Yaptığınız şeyleri tekrar tekrar doğru mu diye kontrol etmek.	0	1	2	3	4
27	Karar vermede güçlükler.	0	1	2	3	4
28	Otobüs,tren, metro gibi umumi vasıtalarla seyahatlerden korkma.	0	1	2	3	4
29	Nefes darlığı, nefessiz kalma.	0	1	2	3	4
30	Sıcak, soğuk basmaları.	0	1	2	3	4
31	Sizi korkuttuğu için bazı eşya yer ya da etkinliklerden uzak kalmaya çalışmak.	0	1	2	3	4
32	Kafanızın bomboş kalması.	0	1	2	3	4
33	Bedeninizin bazı bölgelerinde uyuşmalar, karıncalanmalar.	0	1	2	3	4
34	Hatalarınız için cezalandırılmanız gerektiği düşüncesi.	0	1	2	3	4
35	Gelecekle ilgili umutsuzluk duyguları.	0	1	2	3	4
36	Dikkati bir şey üzerine toplamada güçlük.	0	1	2	3	4
37	Bedenin bazı bölgelerinde, zayıflık, güçsüzlük hissi.	0	1	2	3	4
38	Kendini gergin ve tedirgin hissetme.	0	1	2	3	4
39	Ölme ve ölüm üzerine düşünceler.	0	1	2	3	4
40	Birini dövme, ona zarar verme yaralama isteği.	0	1	2	3	4
41	Birşeyleri kırma ,dökme isteği.	0	1	2	3	4
42	Diğer insanların yanında iken yanlış bir şey yapmamaya çalışmak.	0	1	2	3	4
43	Kalabalıklardan rahatsızlık duymak.	0	1	2	3	4
44	Başka insanlara hiç yakınlık duymamak.	0	1	2	3	4

	SON BİR AY İÇİNDE SİZİ NE ÖLÇÜDE HUZURSUZ VE TEDİRGİN ETTİĞİNİ	**Hiç**	**Çok Az**	**Orta derecede**	**Oldukça fazla**	**İleri derecede**
45	Dehşet ve panik nöbetleri.	0	1	2	3	4
46	Sık sık tartışmaya girmek.	0	1	2	3	4
47	Yalnız kalındığında sinirlilik hissetme.	0	1	2	3	4
48	Başarılarınıza rağmen diğer insanlardan yeterince takdir görmemek.	0	1	2	3	4
49	Kendini yerinde duramayacak kadar tedirginlik hissetmek.	0	1	2	3	4
50	Kendini değersiz görme duygusu.	0	1	2	3	4
51	Eğer izin verirseniz insanların size sömüreceği duygusu.	0	1	2	3	4
52	Suçluluk duyguları.	0	1	2	3	4
53	Aklınızda bir bozukluk olduğu fikri.	0	1	2	3	4

APPENDIX E: Positive Affect- Negative Affect Schedules (PANAS)

Bu ölçek farklı duyguları tanımlayan birtakım sözcükler içermektedir. SON İKİ HAFTA İÇİNDE GENEL ANLAMDA NASIL HİSSETTİĞİNİZİ düşünüpher maddeyi okuyun ve sizin duygunuzu en iyi ifade eden rakamı işaretleyin. Rakamların anlamı en üstte ifade edildiği gibidir.

		Çok az veya Hiç	Biraz	Ortalama	Oldukça	Çok fazla
1	İlgili	1	2	3	4	5
2	Sıkıntılı	1	2	3	4	5
3	Heyecanlı	1	2	3	4	5
4	Mutsuz	1	2	3	4	5
5	Güçlü	1	2	3	4	5
6	Suçlu	1	2	3	4	5
7	Ürkmüş	1	2	3	4	5
8	Düşmanca	1	2	3	4	5
9	Hevesli	1	2	3	4	5
10	Gururlu	1	2	3	4	5
11	Asabi	1	2	3	4	5
12	Uyanık	1	2	3	4	5
13	Utanmış	1	2	3	4	5
14	İlhamlı (yaratıcı düşüncelerle dolu)	1	2	3	4	5
15	Sinirli	1	2	3	4	5
16	Kararlı	1	2	3	4	5
17	Dikkatli	1	2	3	4	5
18	Tedirgin	1	2	3	4	5
19	Aktif	1	2	3	4	5
20	Korkmuş	1	2	3	4	5

APPENDIX F: Multidimentional Scale of Perceived Social Support (MSPSS)

Aşağıda 12 cümle ve her bir cümle altında da cevaplarınızı işaretlemeniz için 1'den 7'ye kadar rakamlar verilmiştir. Her cümlede söylenenin **sizin için ne kadar çok doğru olduğunu** veya olmadığını belirtmek için o cümle altındaki rakamlardan yalnız bir tanesini daire içine alarak işaretleyiniz. Sizce doğruya en yakın olan rakamı işaretleyiniz.

1________2________3________4________5________6_______7
Kesinlikle Hayır   Ne evet, ne hayır   Kesinlikle Evet

1. Ailem ve arkadaşlarım dışında olan ve ihtiyacım olduğunda yanımda olan bir insan (örneğin, flört, nişanlı, sözlü, akraba, komşu, doktor) var.	1	2	3	4	5	6	7
2. Ailem ve arkadaşlarım dışında olan, ve sevinç ve kederlerimi paylaşabileceğim bir insan (örneğin, flört, nişanlı, sözlü, akraba, komşu, doktor) var.	1	2	3	4	5	6	7
3. Ailem (örneğin, annem, babam, eşim, çocuklarım, kardeşlerim) bana gerçekten yardımcı olmaya çalışır.	1	2	3	4	5	6	7
4. İhtiyacım olan duygusal yardımı ve desteği ailemden (örneğin, annemden, babamdan, eşimden, çocuklarımdan, kardeşlerimden) alırım.	1	2	3	4	5	6	7
5. Ailem ve arkadaşlarım dışında olan ve beni gerçekten rahatlatan bir insan (örneğin, flört, nişanlı, sözlü, akraba, komşu, doktor) var.	1	2	3	4	5	6	7
6. Arkadaşlarım bana gerçekten yardımcı olmaya çalışırlar.	1	2	3	4	5	6	7
7. İşler kötü gittiğinde arkadaşlarıma güvenebilirim.	1	2	3	4	5	6	7
8. Sorunlarımı ailemle (örneğin, annemle, babamla, eşimle, çocuklarımla, kardeşlerimle) konuşabilirim.	1	2	3	4	5	6	7
9. Sevinç ve kederlerimi paylaşabileceğim arkadaşlar›m var.	1	2	3	4	5	6	7
10. Ailem ve arkadaşlarım dışında olan ve duygularıma önem veren bir insan (örneğin, flört, nişanlı, sözlü, akraba, komşu, doktor) var.	1	2	3	4	5	6	7
11. Kararlarımı vermede ailem (örneğin, annem, babam, eşim, çocuklarım, kardeşlerim) bana yardımcı olmaya isteklidir.	1	2	3	4	5	6	7
12. Sorunlarımı arkadaşlarımla konuşabilirim.	1	2	3	4	5	6	7

APPENDIX G: Demographic Information Form

Lütfen her soruyu dikkatlice okuyup size en uygun olan seçenegi isaretleyiniz.
RUMUZ:
(Lütfen daha sonra hatırlayabileceğiniz bir rumuz belirleyiniz)

1. Cinsiyetiniz:
Erkek □ Kadın □

2. Yasınız:

3. Ögrenim Düzeyiniz :
Okur-yazar degil □
Okur-yazar □
İlkokul Mezunu □
Ortaokul Mezunu □
Lise Mezunu □
Yüksekögrenim □ .... (belirtiniz)

4. Mesleginiz:

5. Şu an çalışıyor musunuz?
Evet □ Hayır □

6. Medeni Haliniz:
Bekar □ Evli □ Bosanmıs □ Dul □ Ayrı yasıyor □

7. Çocugunuz / Çocuklarınız var mı?
Evet □ Sayı: Hayır □

8. Kimlerle birlikte yasıyorsunuz?
Esiniz ve varsa çocuklarınızla birlikte □
Anne-baba, varsa kardeslerinizle birlikte □
Esinizden ayrı, çocuklarınızla birlikte □
Karsı cinsten biri ile □
Yakın akraba □
Arkadaslarınız ile □
Yalnız □
Diger ....

9. Sizle beraber toplam kaç kardeşsiniz? ……

10. Siz ailenizin kaçıncı çocuğusunuz? …….

11. Annenizin egitim durumu :
Okur-yazar degil □
Okur-yazar □
İlkokul Mezunu □
Ortaokul Mezunu □
Lise Mezunu □
Yüksekögrenim □.......................(belirtiniz)

12. Babanızın egitim durumu :
Okur-yazar degil □
Okur-yazar □
İlkokul Mezunu □
Ortaokul Mezunu □
Lise Mezunu □
Yüksekögrenim □........................(belirtiniz)

13.Anne-babanızın beraberlik durumu :
Birlikte yasıyorlar □
Anne ölü □
Baba ölü □
Bosanmamıs ancak ayrı □
Bosanmıs □
Anne ve Baba ölü □

14. Ailenizde psikiyatrik hastalığı olan kimse var mı?
Yok □ Var □, ……… (Varsa kimde oldugunu belirtiniz.)

15. Herhangi bir psikolojik sorununuz var mı? Evet □ Hayır □
Belirtiniz..

16. Varsa, sorununuz için psikolojik yardım/ tedavi gördünüz mü?
Evet □ Hayır □

17. Şu anda psikolojik yardım/ tedavi görüyor musunuz?
Evet □ Hayır □

18. Psikiyatrik ilaç kullanıyor musunuz?
Evet □ Adı:.......... Hayır □

APPENDIX H: Cognitive Emotion Regulation Questionnaire (CERQ)

Olaylarla nasıl başa çıkarsınız?
Herkesin başından istenmeyen veya tatsız birçok olay geçmiştir veya geçmektedir ve herkes bu duruma kendi yöntemleriyle karşılık vermektedir. İSTENMEYEN VEYA TATSIZ DURUMLARLA KARŞILAŞTIĞINIZDA genellikle ne şekilde düşündüğünüzü, aşağıda yer alan sorular aracılığıyla belirtmeniz istenmektedir.

1 (Neredeyse) Hiçbir zaman **2 Bazen** **3 Düzenli olarak** **4 Sık sık** **5 (Neredeyse) Her zaman**	**Hiçbir zaman**	**Bazen**	**Düzenli olarak**	**Sık sık**	**Her zaman**
1. Gerçekleşen olaydan dolayı kendimi suçlarım	1	2	3	4	5
2.Bu olay yaşandı, gerçekleşen durumu bu şekilde kabullenmem gerektiğini düşünürüm	1	2	3	4	5
3. Yaşadığım olayın bende uyandırdığı duyguları düşünürüm	1	2	3	4	5
4. Yaşadığım tatsız olaydan daha iyi bir şeyler düşünürüm	1	2	3	4	5
5. Yapabileceğim en iyi hamleyi düşünürüm	1	2	3	4	5
6. Yaşanan tatsız olaydan bir şeyler öğrenebileceğimi düşünürüm	1	2	3	4	5
7. Yaşananlar çok daha kötü bir şekilde de gerçekleşebilirdi diye düşünürüm	1	2	3	4	5
8. Başımdan geçen olayın diğerlerinin başına gelenlerden daha kötü olduğunu düşünürüm	1	2	3	4	5
9. Gerçekleşen olay karşısında başkalarını suçlarım	1	2	3	4	5
10. Gerçekleşen olayın sorumlusu olarak kendimi görürüm	1	2	3	4	5
11. Yaşanan kötü olayı kabul etmem gerektiğini düşünürüm	1	2	3	4	5
12. Yaşanan olay karşısında ne düşündüğüm ve ne hissettiğimle meşgul olurum	1	2	3	4	5
13. Bu olayla ilgisi olmayan güzel şeyler düşünürüm	1	2	3	4	5
14. Bu durumla en iyi nasıl başa çıkabileceğimi düşünürüm	1	2	3	4	5
15. Yaşananların bir sonucu olarak daha güçlü bir kişi haline dönüştüğümü düşünürüm	1	2	3	4	5
16. Diğer insanların çok daha kötü deneyimler yaşayabileceklerini düşünürüm	1	2	3	4	5
17. Yaşadığım olayın ne kadar kötü olduğunu sürekli düşünürüm	1	2	3	4	5
18. Gerçekleşen olaydan başkalarının sorumlu olduğunu düşünürüm	1	2	3	4	5
19. Gerçekleşen olayda yaptığım hataları düşünürüm	1	2	3	4	5
20. Yaşanan bu olayla ilgili değiştirebileceğim bir şey olmadığını düşünürüm	1	2	3	4	5
21. Yaşanan olayın, üzerimde neden bu şekilde bir duygu yarattığını anlamak isterim	1	2	3	4	5

1 (Neredeyse) Hiçbir zaman **2 Bazen** **3 Düzenli olarak** **4 Sık sık** **5 (Neredeyse) Her zaman**	**Hiçbir zaman**	**Bazen**	**Düzenli olarak**	**Sık sık**	**Her zaman**
22. Yaşanan bu kötü olayı düşünmek yerine güzel şeyler düşünürüm.	1	2	3	4	5
23. Durumu nasıl değiştirebileceğimi düşünürüm	1	2	3	4	5
24. Yaşanan kötü olayın aynı zamanda olumlu yönlerinin de bulunduğunu düşünürüm	1	2	3	4	5
25. Diğer şeylerle karşılaştırdığımda, bu olayın çok da kötü olmadığını düşünürüm	1	2	3	4	5
26. Yaşadığım olayın, bir insanın başına gelebilecek en kötü olay olduğunu düşünürüm	1	2	3	4	5
27. Gerçekleşen olayda başkalarının yaptığı hataları düşünürüm	1	2	3	4	5
28. Yaşananların kaynağı olarak kendimi görürüm	1	2	3	4	5
29. Bununla yaşamayı öğrenmek zorundayım diye düşünürüm	1	2	3	4	5
30. Başımdan geçen kötü olayın, bende harekete geçirdiği duygular üzerinde düşünürüm	1	2	3	4	5
31. Beni mutlu eden başka olayları düşünürüm	1	2	3	4	5
32. Yapabileceğim hamlelerle ilgili bir plan düşünürüm	1	2	3	4	5
33. Durumun pozitif yönlerini ararım	1	2	3	4	5
34. Kendi kendime hayatta daha kötü şeyler olduğunu söylerim	1	2	3	4	5
35. Durumun ne kadar korkunç olduğunu sürekli düşünürüm	1	2	3	4	5
36. Bu soruna temelde başkalarının neden olduğunu düşünürüm	1	2	3	4	5

APPENDIX I: Personality Belief Questionnaire (PBQ)

Lütfen aşağıdaki ifadeleri okuyunuz ve HER BİRİNE NE KADAR İNANDIĞINIZI belirtiniz. Her bir ifadeyle ilgili olarak ÇOĞU ZAMAN nasıl hissettiğinize göre karar veriniz.

0 Hiç inanmıyorum
1 Biraz inanıyorum
2 Orta derecede inanıyorum
3 Çok fazla inanıyorum
4 Tümüyle inanıyorum

	NE KADAR İNANIYORSUNUZ?	**Tümüyle**	**Çok fazla**	**Orta derecede**	**Biraz**	**Hiç**
1.	İnsanlarla ilişkilerde beceriksiz, işte veya sosyal hayatta istenilmeyen birisiyim.	4	3	2	1	0
2.	Diğer insanlar eleştirel, soğuk, aşağılayıcı yada dışlayıcı olabilirler.	4	3	2	1	0
3.	Rahatsızlık verici duygulara katlanamam.	4	3	2	1	0
4.	İnsanlar bana yakınlaşırlarsa, benim "gerçekten" ne olduğum ortaya çıkar ve benden uzaklaşırlar.	4	3	2	1	0
5.	Aşağılanma veya yetersizlikle karşılaşmak katlanılamaz bir şeydir.	4	3	2	1	0
6.	Ne pahasına olursa olsun rahatsızlık verici durumlardan kaçınmalıyım.	4	3	2	1	0
7.	Rahatsızlık verici bir şey hisseder ya da düşünürsem bunu zihnimden atmaya çalışmalı veya dikkatimi başka yere vermeliyim (Örneğin, başka şeyler düşünmek, içki içmek, ilaç almak, ya da televizyon seyretmek gibi).	4	3	2	1	0
8.	Başkalarının dikkatini çektiğim durumlardan kaçınmalı ve mümkün olduğunca göze çarp**mama**lıyım.	4	3	2	1	0
9.	Rahatsız edici duygular giderek artar ve kontrolden çıkar.	4	3	2	1	0
10.	Başkaları beni eleştiriyorsa bunda haklıdırlar.	4	3	2	1	0
11.	Başarısız olunacak birşeyle uğraşmaktansa, hiçbir şey yapmamak daha iyidir.	4	3	2	1	0
12.	Bir sorun üzerinde düşünmezsem onunla ilgili bir şey yapmam da gerekmez.	4	3	2	1	0
13.	İnsanlarla ilişkilerimde herhangi bir gerginlik işareti bu ilişkinin kötüye gideceğini gösterir bu nedenle o ilişkiyi bitirmeliyim.	4	3	2	1	0
14.	Eğer bir sorunu görmezden gelirsem o sorun ortadan kalkar.	4	3	2	1	0

	NE KADAR İNANIYORSUNUZ?	**Tümüyle**	**Çok fazla**	**Orta derecede**	**Biraz**	**Hiç**
15.	Muhtaç ve zayıfım.	4	3	2	1	0
16.	İşimi yaparken ya da kötü bir durumla karşılaştığımda bana yardım etmesi için her zaman yanımda birilerinin olmasına gereksinim duyarım.	4	3	2	1	0
17.	Bana yardım eden kişi -eğer olmayı isterse- verici, destekleyici ve güvenilir olabilmelidir.	4	3	2	1	0
18.	Yalnız başıma bırakıldığımda çaresizim.	4	3	2	1	0
19.	Temelde yalnızım- kendimi daha güçlü bir kişye bağlamadığım müddetçe.	4	3	2	1	0
20.	Olabilecek en kötü şey terkedilmektir.	4	3	2	1	0
21.	Eğer sevilmezsem hep mutsuz olurum.	4	3	2	1	0
22.	Bana yardımcı ve destekleyici olanları gücendirecek hiçbir şey yapmamalıyım	4	3	2	1	0
23.	İnsanların iyi niyetinin sürmesi için itaatkar olmalıyım.	4	3	2	1	0
24.	Her zaman birilerine ulaşabilecek durumda olmalıyım.	4	3	2	1	0
25.	Bir ilişkiyi mümkün olduğunca yakın hale getirmeliyim.	4	3	2	1	0
26.	Kendi başıma karar veremem.	4	3	2	1	0
27.	Diğer insanlar kadar mücadele gücüm yok.	4	3	2	1	0
28.	Karar verirken diğer insanların yardımına ya da bana ne yapacağımı söylemelerine gereksinim duyarım.	4	3	2	1	0
29.	Kendi kendime yeterim ancak amaçlarıma ulaşmak için başkalarının yardımına gereksinimim var.	4	3	2	1	0
30.	Kendime olan saygımı korumanın tek yolu tepkimi dolaylı biçimde ortaya koymaktır. Örneğin, kurallara tam olarak uy**ma**yarak.	4	3	2	1	0
31.	Başkalarına bağlanmaktan hoşlanırım ancak biri tarafından hükmedilmek gibi bir bedel ödemek istemem.	4	3	2	1	0
32.	Yetkili kişiler sınırlarını bilmeyen, sürekli iş isteyen, müdahaleci ve denetleyicidirler.	4	3	2	1	0
33.	Bir yandan yetkili kişilerin hakimiyetine karşı direnmeli ama aynı zamanda takdir ve benimsemelerini sağlamalıyım.	4	3	2	1	0
34.	Başkalarınca denetlenmek veya hükmedilmek dayanılmazdır.	4	3	2	1	0
35.	İşleri kendi bildiğime göre yapmalıyım.	4	3	2	1	0
36.	Zaman sınırlarına uymak, istenenlere itaat etmek ve uyumlu olmak, onuruma ve kendi yeterliliğime doğrudan bir darbedir.	4	3	2	1	0

	NE KADAR İNANIYORSUNUZ?	Tümüyle	Çok fazla	Orta derecede	Biraz	Hiç
37.	İnsanların beklediği şekilde kurallara uyarsam bu benim davranış özgürlüğüme engel olacaktır.	4	3	2	1	0
38.	En iyisi kızgınlığımı doğrudan ifade etmek yerine, hoşnutsuzluğumu uyumsuzlukla göstermektir.	4	3	2	1	0
39.	Benim için neyin en iyisi olduğunu biliyorum ve diğer insanlar bana ne yapmam gerektiğini söyle**meme**liler.	4	3	2	1	0
40.	Kurallar keyfidir ve beni sıkar.	4	3	2	1	0
41.	Diğer insanlar sıklıkla çok şey isterler.	4	3	2	1	0
42.	İnsanlar çok fazla patronluk taslarlarsa onların isteklerini dikkate al**mama**ya hakkım vardır.	4	3	2	1	0
43.	Kendimden ve başkalarından tamamen ben sorumluyum.	4	3	2	1	0
44.	Bir şeyleri yapabilmek için tamamen kendi gücüme güvenmek zorundayım.	4	3	2	1	0
45.	Başkaları çok dikkatsiz, çoğu kez sorumsuz, kendi isteklerinin peşinde koşan ya da yetersiz kişilerdir.	4	3	2	1	0
46.	Her şeyde kusursuz iş çıkarmak önemlidir.	4	3	2	1	0
47.	Bir işi düzgün yapabilmek için düzene, belirli bir sisteme ve kurallara gereksinimim vardır.	4	3	2	1	0
48.	Eğer bir sistemim olmazsa her şey darmadağın olur.	4	3	2	1	0
49.	Yaptığım bir işte herhangi bir hata ya da kusur felakete yol açabilir.	4	3	2	1	0
50.	Her zaman en yüksek standartlara ulaşmaya çalışmak gereklidir yoksa her şey darmadağın olur.	4	3	2	1	0
51.	Her zaman duygularımı tam olarak kontrol etme ihtiyacındayım.	4	3	2	1	0
52.	İnsanlar işleri benim tarzımda yapmalıdırlar.	4	3	2	1	0
53.	Eğer en yüksek düzeyde iş yapmıyorsam başarısız olurum.	4	3	2	1	0
54.	Kusurlar, eksikler ya da yanlışlar hoş görülemez.	4	3	2	1	0
55.	Ayrıntılar son derece önemlidir.	4	3	2	1	0
56.	Bir şeyleri yapma tarzım genellikle en iyi yöntemdir.	4	3	2	1	0
57.	Kendime dikkat etmeliyim.	4	3	2	1	0
58.	Bir şeyi yapmanın en iyi yolu zor kullanmak ve kurnazlıktır.	4	3	2	1	0
59.	Vahşi bir ortamda yaşıyoruz ve güçlü olan hayatta kalır.	4	3	2	1	0
60.	Eğer ilk önce harekete geçip üstünlük kurmazsam karşımdaki bana üstünlük kurar.	4	3	2	1	0
61.	Sözüne sadık olmak ya da borcunu ödemek önemli değildir.	4	3	2	1	0
62.	Yakalanmadığın müddetçe yalan söylemek ve aldatmak normaldir.	4	3	2	1	0

	NE KADAR İNANIYORSUNUZ?	Tümüyle	Çok fazla	Orta derecede	Biraz	Hiç
63.	Genellikle bana haksız davranılıyor. Bu nedenle ne şekilde olursa olsun payımı almak hakkımdır.	4	3	2	1	0
64.	Diğer insanlar zayıflar ve aldatılmayı hak ediyorlar.	4	3	2	1	0
65.	Eğer başkalarını ben sıkıştırmazsam, onlar beni boyun eğmeye zorlar.	4	3	2	1	0
66.	Karlı çıkabilmek için elimden gelen her şeyi yapmalıyım.	4	3	2	1	0
67.	Başkalarının benim hakkımda ne düşündüğü hiç önemli değil.	4	3	2	1	0
68.	Eğer bir şey istiyorsam onu elde etmek için ne gerekirse yapmalıyım.	4	3	2	1	0
69.	Yaptığım yanıma kar kalacağı için ortaya çıkacak kötü sonuçlar hakkında endişelenmeme gerek yok.	4	3	2	1	0
70.	Eğer insanlar kendilerini koruyamıyorlarsa, bu onların sorunudur.	4	3	2	1	0
71.	Ben çok özel biriyim.	4	3	2	1	0
72.	Çok üstün biri olduğum için çok özel muamele ve ayrıcalıkları hak ediyorum.	4	3	2	1	0
73.	Diğer insanlara uygulanan kurallara uymak zorunda değilim.	4	3	2	1	0
74.	Tanınmak, övülmek ve hayranlık duyulmak çok önemlidir.	4	3	2	1	0
75.	Benim mevkime saygı göstermeyenler cezalandırılmalıdırlar.	4	3	2	1	0
76.	Diğer insanlar benim ihtiyaçlarımı gidermelidir.	4	3	2	1	0
77.	Diğer insanlar ne kadar özel biri olduğumu fark etmelidirler.	4	3	2	1	0
78.	Hak ettiğim saygının gösteril**meme**si veya hakkım olanı ala**mama**k katlanılmaz bir durumdur.	4	3	2	1	0
79.	Diğer insanlar elde ettikleri övgü veya zenginlikleri hak etmiyorlar.	4	3	2	1	0
80.	İnsanların beni eleştirmeye hakları yok.	4	3	2	1	0
81.	Hiç kimsenin ihtiyaçları benimkilere engel ol**mama**lıdır.	4	3	2	1	0
82.	Çok yetenekli olduğum için mesleğimde ilerlerken insanlar benim youmdan çekilmelidir.	4	3	2	1	0
83.	Beni ancak benim gibi zeki insanlar anlayabilirler.	4	3	2	1	0
84.	Büyük şeyler beklemek için haklı nedenlerim var.	4	3	2	1	0
85.	Ben ilginç ve heyecan verici bir kişiyim.	4	3	2	1	0
86.	Mutlu olabilmek için diğer insanların dikkatini çekmeye ihtiyacım var.	4	3	2	1	0
87.	İnsanları eğlendirmedikçe ya da etkilemedikçe bir hiçim.	4	3	2	1	0

	NE KADAR İNANIYORSUNUZ?	Tümüyle	Çok fazla	Orta derecede	Biraz	Hiç
88.	Başkalarının bana olan ilgilerini sürdüremezsem benden hoşlanmazlar.	4	3	2	1	0
89.	İstediğimi almanın yolu, insanları etkilemek ya da eğlendirmektir.	4	3	2	1	0
90.	İnsanlar bana karşı çok olumlu karşılık ver**mi**yorlarsa kötüdürler.	4	3	2	1	0
91.	İnsanların beni görmezden gelmeleri berbat bir durumdur.	4	3	2	1	0
92.	İlgi merkezi olmalıyım.	4	3	2	1	0
93.	Bir şeyleri düşünerek kendimi rahatsız et**meme**li, içimden geldiği gibi davranabilmeliyim.	4	3	2	1	0
94.	Eğer insanları eğlendirirsem benim güçsüzlüğümü farketmezler.	4	3	2	1	0
95.	Can sıkıntısına tahammül edemem.	4	3	2	1	0
96.	Eğer bir şeyi yapmaktan hoşlandığımı hissedersem, hemen başlamalı ve yapmalıyım.	4	3	2	1	0
97.	Sadece abartılı davranırsam insanlar bana dikkat eder.	4	3	2	1	0
98.	Hisler ve sezgiler, mantıklı düşünme ve planlamaya göre çok daha önemlidir.	4	3	2	1	0
99.	Diğer insanların benim için ne düşündüğü önemsizdir.	4	3	2	1	0
100.	Benim için başkalarından bağımsız ve özgür olmak önemlidir.	4	3	2	1	0
101.	Diğer insanlarla birlikte bir şeyler yapmaktansa kendi başıma yapmaktan daha çok hoşlanırım.	4	3	2	1	0
102.	Çoğu durumda yalnız başıma kaldığımda kendimi daha iyi hissederim.	4	3	2	1	0
103.	Ne yapacağıma karar verirken başkalarından etkilenmem.	4	3	2	1	0
104.	Diğer insanlarla yakın ilişkiler kurmak benim için önemli **değil**dir.	4	3	2	1	0
105.	Kendi değerlerimi ve amaçlarımı kendim belirlerim.	4	3	2	1	0
106.	Özel hayatım insanlara yakın olmaktan çok daha fazla önemlidir.	4	3	2	1	0
107.	İnsanların ne düşündüğünü önemsemem.	4	3	2	1	0
108.	Herhangi birinin yardımı olmaksızın kendi başıma işleri haledebilirim.	4	3	2	1	0
109.	Diğer bir insana “bağlanıp” kalmaktansa yalnız olmak daha iyidir.	4	3	2	1	0
110.	Diğer insanlara kendimi açmamalıyım.	4	3	2	1	0
111.	İlişkiye girmemek koşuluyla, diğer insanları kendi amaçlarım için kullanabilirim.	4	3	2	1	0
112.	İnsan ilişkileri karışıktır ve özgürlüğe engeldir.	4	3	2	1	0
113.	Diğer insanlara güvenemem.	4	3	2	1	0
114.	Diğer insanların gizli amaçları vardır.	4	3	2	1	0

	NE KADAR İNANIYORSUNUZ?	Tümüyle	Çok fazla	Orta derecede	Biraz	Hiç
115.	Eğer dikkat etmezem diğer insanlar beni kullanmaya ya da yönlendirmeye çalışır.	4	3	2	1	0
116.	Her zaman hazırlıklı olmalıyım.	4	3	2	1	0
117.	Diğer insanlara kendini açmak güvenilir değildir.	4	3	2	1	0
118.	Eğer insanlar dostça davranıyorlarsa, beni kullanmaya ya da sömürmeye çalışıyor olabilirler.	4	3	2	1	0
119.	Eğer fırsat verirsem insanlar beni kullanırlar.	4	3	2	1	0
120.	Çoğunlukla diğer insanlar dostça değildir.	4	3	2	1	0
121.	Diğer insanlar bilerek beni aşağılıyorlar.	4	3	2	1	0
122.	Çoğu kez insanlar bilerek beni rahatsız etmek istiyorlar.	4	3	2	1	0
123.	Diğer insanların, bana kötü davranıp sonra da çekip gideceklerini düşünmelerine izin verirsem, başımı ciddi belaya sokmuş olurum.	4	3	2	1	0
124.	Eğer insanlar benimle ilgili şeyler açığa çıkarırarsa, bunu bana karşı kullanacaklardır.	4	3	2	1	0
125.	İnsanla sıklıkla söylediğinden farklı bir anlamı kasteder.	4	3	2	1	0
126.	Yakın olduğum kişi sadakatsiz veya güvenilmez olabilir.	4	3	2	1	0

APPENDIX J: Permission Letter

PENNSTATE

Aaron L. Pincus, Ph.D.

Department of Psychology
College of the Liberal Arts
The Pennsylvania State University
417 Bruce V. Moore Building
University Park, PA 16802-3104

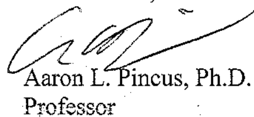
814-865-9514
Fax: 814-863-7002

May 10, 2011

Tulin Gencoz, Ph.D.
Professor of Clinical Psychology
Department of Psychology
Middle East Technical University
06531 Ankara
Turkey

Dr. Gencoz,
This letter serves as confirmation of my initial permission to translate the IIP into for use in Turkish speaking samples. Best of luck on your efforts. I would like to alert you that between the time I granted permission and the present, the authors of the IIP (Horowitz, Alden, Pincus) agreed to submit the inventory to Mindgarden publications for future development. As our agreement regarding a Turkish adaptation preceded this, I believe it remains fully valid. If you have further questions, I would recommend contacting Dr. Leonard Horowitz as he has done all of the direct negotiations with Mindgarden. Dr. Horowitz can be reached via lenh@stanford.edu.

Best of Luck,



Aaron L. Pincus, Ph.D.
Professor

College of the Liberal Arts

An Equal Opportunity University

APPENDIX K: Informed Consent

Gönüllü Katılım Formu

Bu çalışma, Orta Doğu Teknik Üniversitesi Psikoloji Bölümü öğretim üyesi Prof. Dr. Tülin Gençöz ve Klinik Psikoloji Doktora Programı öğrencisi Uzm. Psikolog Miray Akyunus İnce tarafından yürütülen bir çalışmadır. Çalışmanın amacı, katılımcıların kişilik özellikleri ve problemleri, kişilerarası ilişki tarzları ve duygu düzenleme stratejileri ile ilgili bilgi toplamaktır. Çalışmaya katılım tamamiyle gönüllülük temelinde olup, katkılarınız araştırmamız açısından önemlidir. Ankette, sizden kimlik belirleyici hiçbir bilgi istenmemektedir. Cevaplarınız tamamiyle gizli tutulacak ve sadece araştırmacılar tarafından değerlendirilecektir; elde edilecek bilgiler bilimsel yayınlarda kullanılacaktır.

Anket sorularını cevaplarken samimi olmanız araştırmanın sonuçlarının güvenirliği açısından büyük önem taşımaktadır. Anketler genel olarak kişisel rahatsızlık verecek soruları içermemektedir. Ancak, katılım sırasında sorulardan ya da herhangi başka bir nedenden ötürü kendinizi rahatsız hissederseniz cevaplama işini yarıda bırakıp çıkmakta serbestsiniz. Böyle bir durumda anketi uygulayan kişiye, anketi tamamlamadığınızı söylemek yeterli olacaktır. Anket sonunda, bu çalışmayla ilgili sorularınız cevaplanacaktır. Bu çalışmaya katıldığınız için şimdiden teşekkür ederiz. Çalışma hakkında daha fazla bilgi almak için Psikoloji Bölümü öğretim üyelerinden Prof. Dr. Tülin Gençöz (Oda: B239; Tel: 210 3131; E-posta: tgencoz@metu.edu.tr) ya da Uzm. Psk. Miray Akyunus İnce (Tel: 5336470720; E-posta: e127588@metu.edu.tr) ile iletişim kurabilirsiniz.

Bu çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman yarıda kesip çıkabileceğimi biliyorum. Verdiğim bilgilerin bilimsel amaçlı yayımlarda kullanılmasını kabul ediyorum.

Tarih---/----/-----   İsim

İmza

APPENDIX L: Curriculum Vitae

PERSONAL INFORMATION

Surname, Name: Akyunus- İnce, Miray
Nationality: Turkish (TC)
Date and Place of Birth: 1 April 1983, İzmir
Marital Status: Married
Phone: +90 5336470720
email: makyunus@gmail.com

EDUCATION

2006 - 2012	Ph.D in Clinical Psychology, Middle East Technical University, Ankara
2001 - 2006	B.S. in Department of Psychology, Middle East Technical University, Ankara
1994 - 2001	Buca Anatolian High School, İzmir

EXPERIENCE

2011 May -.....	BİLTED Psychiatry and Psychotherapy Center *Clinical Psychologist/ Psychotherapist*
2008- 2011	Voluntary 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)
2010 September- 2011 January	Internship in Child Psychiatry Department of GATA, Ankara
2010 January- June	Internship in Psychiatry Department of Ankara Numune Education and Research Hospital, Ankara,
2009 September- 2010 June	Middle East Technical University, UYAREM Clinical Psychology Unit, Ankara ***Psychotherapy under supervision*** *Supervisors*; Prof. Dr. Tülin Gençöz, Prof. Dr. Faruk Gençöz, Prof. Dr. Hürol Fışıloğlu, Prof Dr. Nuray Karancı

EXPERIENCE (Cont'd)

2008 Ocak- Haziran	Internship in Child and Adolescent Psychiatry Department of Hacettepe University Hospital, Ankara
2007 September-2008 January	Internship in Adult Psychiatry Department of Dışkapı Education and Research Hospital, Ankara
2007 August (2 Weeks)	Voluntary psychologist in TÜBİTAK's Summer Science Camp for Children, Gebze
2007 January-June	Internship in Adolescence Psychiatry Department of Dışkapı Education and Research Hospital, Ankara
2006 January- June	Voluntary psychologist in the education programme for children with learning disabilities and ADHD, Ankara University Hospital, Ankara
2005September- 2006 June	Field Work with Schizophrenic patients (Supervisor: Prof. Nuray Karancı) Association of Schizophrenic Patients and Patients' Relatives, Ankara
2004 July- August	Internship in Psychiatry Department of Ankara University, Ankara,

CERTIFICATE

2008 October- 2009 June	T Group Experience and Group Psychotherapy Education, Martı Psychotherapy Center, Ankara Assoc. Prof. Dr. Çiğdem Soykan/ 100 hours

COMPUTER SKILLS

LISREL (Linear structural relations)
SPSS (Statistical package for Social Sciences)
Microsoft Office (MS Word, MS Excel, MS PowerPoint, vb.)

LANGUAGES

İngilizce *Okuma*: Akademik seviye, *Yazma*: Akademik seviye, *Konuşma*: İyi
Fransızca *Okuma*: Orta, *Yazma*: Orta, *Konuşma*: Az

SCHOLARSHIPS

2006 - 2011 National Scholarship Programs for MSc and PhD Students
By TÜBİTAK

REFERENCES

Tülin Gençöz Prof. Dr., Middle East Psychology Department,
06531/ ANKARA, tgencoz@metu.edu.tr,
Tel.: + 90 312 210 3131.

Çiğdem Soykan Assoc. Prof. Dr., Martı Psychotherapy Center,
Köroğlu Street. 13/1, Gaziosman Paşa/ ANKARA,
+90 312 447 93 00.

APPENDIX M: Turkish Summary

1. GİRİŞ

Kişilik bozuklukları kilinik uygulamalarda hastanın kendisi ve çevresi için yıpratıcı olan doğası ve tedaviye direnci ile bilinir. Kişilik bozukluğu (KB) olan hastalar, genellikle problemlerinin kişilik boyutunun farkında olmazlar ve kişilerarası problemlerini kendi davranış ve tutumlarından bağımsız görürler (Beck, Freeman, Davis ve ark., 2004). Ayrıca, bu hastalar çoğunlukla klinikleri kişilik problemlerinin dışındaki şikayetlerle ziyaret ederler ya da davranışlarından rahatsız olan yakınları tarafından getirilirler.

Litreatürde kişilik bozuklukları, bilişsel, duygusal ve kişilerarası ilişkiler ve kişilik özellikleri boyutlarıyla anlaşılmaya çalışılmıştır. Metnin devamında, kişilik bozuklukları bilişsel, afektif ve kişilerarası modeller ile temel “kişilik özellikleri” perspektifinden anlatılacak, ve çalışmanın amacı ve önemi açıklanacaktır.

1.1.Bilişsel Model

Bilişsel teori (Beck, ve ark., 2004), kişilik bozukluklarının gelişmesi ve sürmesinde işlevsel olmayan bilişsel şemaların önemini vurgulamaktadır. Buna göre, doğal (örneğin, genetik yatkınlık) ve çevresel faktörler (örneğin, diğer insanların etkisine veya travmaya maruz kalma) kişilik bozukluklarında görülen örüntülerin gelişmesinde yer alırlar.

Beck ve arkadaşları (2004) kişilik bozukluklarındaki ve eksen 1 bozukluklarındaki şemalar farklı şekilde işlerler. Kişilik bozukluklarında şemalar, eksen 1 bozukluklarından farklı olarak, bilgi işlem sisteminde sürekli olarak aktiftir. Bu şemalar

bilgi işemlemede sistematik yanlılıklara neden olur ve davranışları işlevsel olmayacak şekilde biçimlendirir.

Bilişsel modele göre, şematik formulasyonda üç inanç türü yer alır: temel inançlar, koşullu inançlar (varsayımlar), ve araçsal inançlar. Temel inançlar, kendi, başkaları ve dünya ile ilgili temel görüşleri; varsayımlar koşullu ilişkileri (eğer...o zaman...) içeren inançları; araçsal inançlar ise temel inançları ve varsayımları telafi etme adına kendi kendine yapılan telkinleri tanımlar.

Bilişsel modele göre, kişilik bozuklukları inançları, bilişsel sistemdeki güçlü, kalıcı ve derin yapısından dolayı eksen 1 bozukluklarındaki inançlara göre değişime daha kapalıdır.

1.2.Beş Faktörlü Kişilik Modeli ve Kişilik Bozuklukları

Beş Faktör Model (Costa & Mc Crae, 1985) kişilik boyutlarını sınıflandıran kapsamlı bir modeldir. Bu boyutlar, kalıcı, belirli ve tutarlı düşünce, duygu ve davranış özellikleri gösterme eğilimde olan *kişilik özellikleri*dir (Widiger & Costa, 2002). Bu kişilik özellikleri; *deneyime açıklık, dışadönüklük, sorumluluk, uyumluluk, duygusal tutarsızlık*tır. Beş faktor modelin belirlediği kişilik özellikleri kişilik işlevlerinde belirli bozulmalarla yakından ilişkilidir (Kruege & Tackett, 2006). Buna göre, normal olmayan dışadönüklük ve uyumluluk, kişilerarası ilişki problemleriyle; normal olmayan sorumluluk, iş (işkoliklik) ve aile (mükemmelliyetçilik) yaşamındaki bozulmalarla; normal olmayan deneyime açıklık, algısal ve bilişsel çarpıtmalarla, yada önyargı ve tutuculukla; ve duygusal tutarsızlık ise stress ve duygu düzenleme problemleriyle yakından ilişkilidir.

Kişilik bozuklukları Beş Faktör Model kişilik özellikleriyle betimlenmiş (Widiger, Trull, Clarkin, Sanderson, & Costa, 2002) ve çeşitli çalışmalar mevcut betimlemeleri desteklemiştir (Örneğin, Babgy, Costa, Widiger, Ryder, & Marshall, 2005; Saulsman & Page, 2004; Widiger & Costa, 2002).

1.3.Afektif Model ve Duygu Düzenleme

Minimal Duygusal İşlevsizlik Modeli (Linden, 2006), kişilik bozuklukları tanısı olan hastalar aslen duygusal problemlerden muzdariptirler. Buna göre, bu duygusal problemlerle ilgili bilişler ve inançlar, başkaları ile girilen etkileşimler sonucunda gelişir ve kendi kendini doğrulayan bir biçimde süregelirler.

Duygular gerek düşüncelerden doğsun, gerekse düşünceleri şekillendirsin, duygu düzenleme kavramı kişilik bozuklukları açısından öne çıkan bir fenomendir. Duygu düzenleme akıl sağlığı açısından kritik olmakla birlikte, kişilik psikopatolojisindeki yeri literatürde hak ettiği ilgiyi görmemiştir. Duygu düzenleme problemleri ile ilgili literatürdeki araştırmalar çoğunlukla Sınır Kişilik Bozukluğu (Örneğin, Bornovalova ve ark., 2008; Gardner & Qualter, 2009; Yen, Zlotnick & Costello, 2002) ve Antisosyal Kişilik Bozukluğu hastalarına odaklanmaktadır.

1.4.Kişilerarası Model

Kişilik bozukluğu hastalarının kişilerarası ilişkileri öyle rahatsızlık vericidir ki, diğer psikolojik hastalıklardan muzdarip kişilerin ulaşabildiği destek ve ilgiden yoksundurlar. Kişilerarası Teori (Sullivan, 1953)'ye göre kişilik psikopatolojisinin temelinde kişilerarası etkileşimler yatar. Buna göre, *güven* ve *öz-saygı* kişilerarası etkileşimin temel motivasyonlarıdır. Daha sonra Leary (1957) bu teoriyi geliştirmiş ve kişilerarası

davranışları, *yakınlık* ve *dominantlık* (sırasıyla Sullivan'ın güven ve öz-saygı kavramlarına denk gelir) eksenleri ile oluşturulan dairesel düzlemle tanımlamıştır. Bu Kişilerarası Model, kişiliğin kişilerarası yönlerini ölçen kir kişilik envanterinin geliştirilmesine öncü olmuştur.

Kişilik bozuklukları ve kişilerarası problemler arasındaki ilişki literatürde ampirik çalışmalarla da desteklenmiş, ve kişilik bozuklukları kişilerarası davranışlar dairesel düzlemine yerleştirilmiştir. Bu çalışmalara (Soldz, Budman, Demby & Merry, 1993; Gurtman, 1996; Wiggins & Pincus, 1989) göre, Histrionik Kişilik Bozukluğu (KB) kişilerarası ilişkilerde dominant-dostanelik, Antisosyal KB, Narsisistik KB ve Paranoid KB dominant-düşmancıllık, Kaçıngan ve Şizoid KB düşmancıl-itaatkarlık, ve Bağımlı KB dostane-itaatkarlık ile özdeşleşir.

1.5.Psikoterapi Açısından Önem

Bilişsel teori ve tarapi uygulamaları çerçevesinde, bilişsel çarpıtma ve adaptif olmayan inanç ve düşüncelerin, psikoterapinin erken aşamalarında tespit edilmesi önem taşımaktadır. Bununla ilgili olarak, bu çalışma çerçevesinde kişilik bozukluklarının bilişsel boyutu çalışılmaktadır.

Temel kişilik özellikleri psikoterapiye devam ve süreç ve sonuçların öngörülmesi açısından önem taşımaktadır. Örneğin, dışadönüklük psikoterapi almaya hevesi öngörürken, sorumluluk terapi sürecindeki çalışma ve görevleri yerine getirme isteğiyle yakından ilişkilidir (Miller, 1991).

Duygu düzenlemenin psikoterapideki önemi de son yıllarda vurgulanmaktadır. Adaptif duygu düzenleme akıl sağlığı açısından koruyucu ve terapötik iken, adaptif olmayan duygu düzenleme psikolojik problemlerin bir parçası olarak kabul edilir.

1.6.Çalışmanın Amacı

Bu çalışma pilot ve ana çalışma olmak üzere iki ayrı çalışmadan oluşmaktadır.

Pilot çalışmanın amacı, bu araştırma çerçevesinde adapte edilen ölçek başta olmak üzere, ana çalışmanın ölçüm araçlarının güvenilirliklerini doğrulamak ve ölçeklerde gerekli ise iyileştirme amaçlı değişiklikler yapmaktır.

Ana çalışma çerçevesinde kullanılan envanterlerin psikometrik özelliklerinin incelenmesi ve önerilen modelin test edilmesi amaçlanmaktadır. Önerilen modele göre, temel kişilik özelliklerinin, bilişsel duygu düzenleme ve kişilerarası problemlerin, kişilik bozukluklarının bilişsel boyutu üzerine etkilerinin araştırılacaktır. Buna ek olarak, temel kişilik özelliklerinin kişilik bozukluğu inançları üzerindeki etkisinde, bilişsel duygu düzenleme stratejileri ve kişilerarası problemlerin aracı roller araştırılacaktır.

1.7.Çalışmanın Önemi

Bu çalışmanın sonuçlarının, kişilik bozukluklarının bilişsel ve kişilerarası modellerine, ve kişilik psikopatolojisine yönelik geliştirilebilecek tedavi programlarına katkıda bulunması beklenmektedir.

2. YÖNTEM

2.1. Katılımcılar

Yaşları 18 ila 68 (Ortalama = 26.85, Standart Sapma = 7.95) arasında değişen 1298 yetişkin katılımcı (411 erkek ve 887 kadın) çalışmaya gönüllü olarak katılmıştır. Çalışmaya katılanların çoğunluğunu 30 yaş altı, üniversite ve üzeri eğitim seviyesine sahip, bekar, psikolojik problemi bulunmayan ve psikiyatrik tedavi görmemiş kişiler oluşturmuştur.

2.2. Ölçüm Araçları

2.2.1.Kişilerarası Problemler Envanteri Adaptasyon Çalışması

Kişilerarası Problemler Envanteri Kısa Formunun (Horowitz, Alden, Wiggins, & Pincus, 2003) Türkçe'ye adaptasyon çalışması dahilinde; Demografik Bilgi Formu (yaş, eğitim, medeni hal, meslek, anne-baba eğitimi, aile yapısı, psikolojik problem ve tedavi öyküsü, vb. bilgileri içerir), Kısa Semptom Envanteri (Şahin & Durak, 1994), Positif-Negatif Afekt Ölçeği (Gençöz, 2000), Çok Boyutlu Algılanan Sosyal Destek Ölçeği (Eker & Arkar, 1995), Temel Kişilik Özellikleri Envanteri (Gençöz & Öncül, Gönderilmiş Döküman) kullanılmıştır.

2.2.2.Ana Çalışma: Kişilik Bozukluklarının Bilişsel Boyutu: Temel Kişilik Özellikleri, Bilişsel Duygu Düzenleme ve Kişilerarası Problemlerin Etkileri

Ana çalışmada data, Demografik Bilgi Formu (adaptasyon çalışmasında kullanılan form), Temel Kişilik Özellikleri Envanteri, Bilişsel Duygu Düzenleme Ölçeği (Cakmak & Cevik, 2010) uzun formu, adapte edilen Kişilerarası Problemler Envanteri, ve Kişilik

İnanç Ölçeği (Türkçapar, Örsel, Uğurlu, Sargın, Turhan, Akkoyunlu, ve ark., 2008) aracılığı ile toplanmıştır.

Temel Kişilik Özellikleri Envanteri: 6 altölçek ve toplam 45 maddeden oluşur. Alt ölçekler: Deneyime Açıklık, Sorumluluk, Dışadönüklük, Uyumluluk, Duygusal Tutarsızlık ve Negatif Değerlilik'tir.

Bilişsel Duygu Düzenleme Ölçeği: Her alt ölçeğinde 4 madde bulunan 9 allt ölçekten ve toplam 36 maddeden oluşur. Alt ölçekler: Kabullenme, Pozitif Odaklanma, Plana Odaklanma, Yeniden Anlamlandırma, Perspektive Alma, Felaketleştirme, Başkalarını Suçlama ve Kendini Suçlama'dır.

Kişilerarası Problemler Envanteri: Her alt ölçeğinde 4 madde bulunan 8 alt ölçekten ve toplam 32 maddeden oluşur. Alt ölçekler: Dominant/Kontrolcülük, Kinci/Benmerkezcilik, Soğuk/Mesafelilik, Sosyal Çekiniklik, Kendine güvenmeme, Aşırı Uyumluluk, Kendini Feda Etme, Sırnaşık/Muhtaçlık'tır.

Kişilik İnanç Ölçeği: Her alt ölçeğinde 13 madde bulunan 9 alt ölçekten ve toplam 126 maddeden oluşur. Alt ölçekler: Kaçıngan Kişilik Bozukluğu, Bağımlı Kişilik Bozukluğu, Pasif-Agresif Kişilik Bozukluğu, Obsesif-Kompulsif Kişilik Bozukluğu, Antisosyal Kişilik Bozukluğu, Narsisistik Kişilik Bozukluğu, Histrionik Kişilik Bozukluğu, Şizoid Kişilik Bozukluğu, Paranoid Kişilik Bozukluğu inanışlarıdır. Butler, Brown, Beck ve Grisham (2002) sınır kişilik bozukluğu hastalarıyla yürüttüğü çalışma sonucunda 10. altölçek olan "Sınır Kişilik Bozukluğu inanışları" ölçeğini mevcut maddelerden geliştirilmiştir.

2.3. Prosedür

Çalışmanın ilk aşamasında, Kişilerarası Problemler Envanteri Türkçe'ye uyarlanmış ve uyarlanan envanterle beraber tüm anketler katılımcılara elden, electronik posta yada web sitesi aracılığı ile kartopu tekniği kullanılarak ulaştırılmıştır. Katılımcılara anketler öncesinde bilgilendirilmiş ona sunulmuştur. Araştırmaya web sitesi üzerinden katılan katılımcılara doldurdukları anketler çerçevesinde, temel kişik özellikleri, duygu düzenleme stratejileri ve kişilerarası problemleri ile ilgili geribildirim verilmiştir. Bu geribildirimlerde katılımcılara, kendi ortalama değerlerini 300 kişilik bir datadan elde edilen ortalama değerlerle kıyaslayan grafikler ve anlamları sunulmuştur. Kişilerarası Problemler Envanterinin test-tekrar-test güvenilirlik çalışması çerçevesinde, 90 katılımcı ilk ölçümden 3-4 hafta sonra aynı ölçeği tekrar almıştır.

3. SONUÇLAR

3.1. Pilot Çalışma Sonuçları

Türkçeye çevrilmiş Kişilerarası Problemler Envanteri (KPE), Bilişsel Duygu Düzenleme Ölçeği (BDDÖ) ve Kişilik İnanç Ölçeği (KİÖ)'nin güvenilir kullanımının test edilmesi amacı ile 184 katılımcıdan oluşan bağımsız bir örneklem üzerinde pilot çalışma yapılmıştır. Bu çalışma dahilinde KPE ve KİÖ tüm ölçek ve alt ölçekler iç tutarlılıkları kabul edilir özellikler göstermiştir. BDDÖ ölçeğinde ise, "kabullenme" ölçeğinin iç tutarlılığını düşürdüğü gözlemlenen 20. madde alt ölçek içeriğine uygun olarak yeniden düzenlenmiş, ve ana çalışmada güncel versiyonu kullanılmıştır.

3.2. Ana Çalışma

3.2.1. Psikometrik Özellikler

3.2.1.1. Kişilerarası Problemler Envanteri: Adaptasyon Çalışması

Kişilerarası Problemler Envanteri tüm ölçek iç tutarlılığı .86 olarak belirlenirken, alt öçeklerin güvenilirlikleri .66 ile .86 arasında değişmektedir. KPE'nin test-tekrar-test güvenilirliği ise tüm ölçek için .76 iken, alt ölçekler için .59 ile .83 arasında değişmektedir. Buna ek olarak, ölçeğin yarı-test güvelirliği de test edilmiş, .90 olarak belirlenmiştir.

KPE'nin eşzamanlı geçerliliği Kısa Semptom Envanteri, Positif-Negatif Afekt Ölçeği, Çok Boyutlu Algılanan Sosyal Destek Ölçeği, Temel Kişilik Özellikleri Envanteri ile korelasyonları incelenerek değerlendirilmiş, ve eşzamanlı geçerlilik özelliklerinin iyi olduğu görülmüştür. Ayrıca KPE'nin KİÖ ile korelasyonları yapı geçerliliğini destekler niteliktedir. Bunlara ek olarak ölçüt geçerliliği yüksek ve düşük psikolojik semptomlar

gösteren iki grubu birbirinden ayırabilme özelliğine göre test edilmiş ve KPE'nin tüm alt ölçeklerinin iki grubu birbirinden anlamlı olarak ayırabildiği bulunmuştur.

3.2.1.2. Bilişsel Duygu Düzenleme Ölçeği

Bilişsel Duygu Düzenleme Ölçeği tüm ölçek iç tutarlılığı .88 olarak belirlenirken, alt öçeklerin güvenilirlikleri .72 ile .88 arasında değişmektedir. Buna ek olarak, ölçeğin yarı-test güvelirliği .94 olarak belirlenmiştir.
BDDÖ'nin eşzamanlı geçerliliği Positif-negatif Afekt Ölçeği ile korelasyonları incelenerek değerlendirilmiş ve iyi özellikler gösterdiği görülmüştür.

3.2.1.3. Kişilik İnanç Ölçeği

Kişik İnanç Ölçeği tüm ölçek iç tutarlılığı .96 olarak belirlenirken, alt öçeklerin güvenilirlikleri .80 ile .92 arasında değişmektedir. Ayrıca, ölçeğin yarı-test güvelirliği .97 olarak belirlenmiştir. Bu çalışmada, original çalışma baz alınarak KİÖ Sınır Kişilik Bozukluğu alt ölçeği oluşturulmuş ve güvenilirliği .83 olarak bulunmuştur.

KİÖ'nin eşzamanlı geçerliliği Kısa Semptom Envanteri ile korelasyonları incelenerek değerlendirilmiş ve iyi özellikler gösterdiği görülmüştür. Bunlara ek olarak ölçüt geçerliliği yüksek ve düşük psikolojik semptomlar gösteren iki grubu birbirinden ayırabilme özelliğine göre test edilmiş ve KİÖ'nin tüm alt ölçeklerinin iki grubu birbirinden anlamlı olarak ayırabildiği bulunmuştur.

3.2.2. Demografik Değişkenlere Göre Temel Ölçümlerde Farklılıklar

Cinsiyete bağlı anlamlı farklılıklar: Erkekler "kişilerarası problemler"in genel düzeyinin yanı sıra "dominantlık", "benmerkezcilik", "sosyal çekiniklik"; kişilik özelliklerinden

“dışadönüklük”, “negatif değerlilik”; ve “kişilik bozukluğu inanışları” genel düzeyinin yanı sıra “pasif-agresif”, “obsesif-kompulsif”, “antisosyal”, “narsisistik” ve “paranoid” kişik bozukluğu inanışları ölçümlerinden, kadınlardan daha yüksek değerler almışlardır. Kadınlar ise, kişilik özelliklerinden “uyumluluk” ve “duygusal tutarsızlık”; bilişsel duygu düzenleme stratejilerinden “perspektif alma” ve “ruminasyon” ölçümlerinden, erkeklerden anlamlı olarak daha yüksek değerler almışlardır.

Yaşa bağlı anlamlı farklılıklar: Genç (18-22 yaş) ve orta (23-28 yaş) grubu “kişilerarası problemler”in genel düzeyinin yanı sıra “benmerkezcilik”, “soğukluk”, “muhtaçlık”; kişilik özelliklerinden “duygusal tutarsızlık”, “negative değerlilik”; ve “kişilik bozukluğu inanışları” genel düzeyinin yanı sıra “kaçıngan”, “bağımlı”, “antisosyal”, “histrionik”, “paranoid” ve “sınır” kişik bozukluğu inanışları ölçümlerinden, ileri (29-68) yaş grubundan daha yüksek değerler almışlardır. Ayrıca, genç ve orta yaş grubu, kişilik özelliklerinden “sorumluluk”, “dışadönüklük” ölçümlerinden, ileri yaş grubundan daha düşük değerler almışlardır. Bu ölçümlerde orta ve ileri yaş grupları birbirinden farklılaşmamıştır. Bunlara ek olarak, kişilerarası problemlerden “dominantlık” için, genç grup orta yaş grubundan, orta yaş grubu da ileri yaş grubundan anlamlı olarak daha yüksek değerler almıştır. Bilişsel duygu düzenleme stratejilerinden “ruminasyon” ve “başkalarını suçlama” ölçümleri için; genç grup orta ve ileri yaş grubundan daha yüksek değerler almış, orta ve ileri yaş grubu ise bu ölçümlerde farklılaşmamıştır. Son olarak, bilişsel duygu düzenleme stratejilerinden “felaketleştirme” ve “pasif-agresif kişilik bozukluğu inanışları” ölçümleri açısından; genç grup ileri yaş grubundan daha yüksek değerler alırken orta yaş grubu bu ölçümlerde diğer her iki gruptan farklılaşmamıştır.

Çalışma durumuna bağlı anlamlı farklılıklar: Çalışan katılımcılar kişilik özelliklerinden “sorumluluk” ve “dışadönüklük” ölçümlerinden çalışmayan/işsiz katılımcılardan daha yüksek değerler almışlardır. Diğer yandan, çalışan katılımcılar “kişilerarası problemler”in genel düzeyinin yanı sıra “dominantlık” ve “soğukluluk”; “kişilik bozukluğu inanışları” genel düzeyinin yanı sıra “pasif-agresif” kişilik bozukluğu inanışları ölçümlerinden çalışmayan/işsiz katılımcılardan daha düşük değerler almışlardır.

Kardeş sayısına göre anlamlı farklılıklar: Birden fazla kardeşi olan katılımcılar kişilik özelliklerinden “sorumluluk” ölçümünde daha yüksek değerler almışlardır.
Doğum sırasına göre anlamlı farklılıklar: Mevcut ölçümlerde doğum sırasına göre anlamlı fark bulunmamıştır.

Anne eğitim seviyesine göre anlamlı farklılıklar: Anne eğitim seviyesi üniversite ve üzeri düzeyde olan katılımcılar, bilişsel duygu düzenleme stratejilerinden “kabullenme” ölçümünden anne eğitim seviyesi lise ve daha düşük olan katılımcılardan daha yüksek değerler elde etmişlerdir.

Baba eğitim seviyesine göre anlamlı farklılıklar: Baba eğitim seviyesi lise ve daha düşük düzeyde olan katılımcılar, kişilik özelliklerinden “sorumluluk” ölçümünden; ve “kişilik bozukluğu inanışları” genel düzeyinin yanı sıra “pasif-agresif kişilik bozukluğu ölçümü”nden baba eğitim seviyesi üniversite ve üzeri düzeyde olan katılımcılardan daha yüksek değerler elde etmişlerdir.

3.2.3. Korelasyon Analizleri

Yüksek korelasyon değeri .40 ve üzeri korelasyon olarak kabul edildiğinde, Kişilik İnanç Ölçeği (KİÖ) ile Kişilerarası Problemler Envanteri (KPE) tüm ölçek korelasyonu yüksek ($r = .52$, $p < .001$) olarak bulunmuştur. Alt ölçeklerin korelasyonları açısından ise, KİÖ altölçeklerinin KPE tüm ölçek ile korelasyonları pozitif ve anlamlı olup .16 ile .56 arasında değişirken, KPE altölçeklerinin KİÖ tüm ölçek ile korelasyonları yine pozitif ve anlamlı olup .17 ile .47 arasında değişmektedir. Kişilerarası problemlerin genel düzeyi ile KİÖ altölçekleri arasındaki ilişki açısından yüksek korelasyonlar, “kaçıngan” ($r = .54$, $p < .001$), “bağımlı” ($r = .54$, $p < .001$), “histrionik” ($r = .43$, $p < .001$), “paranoid” ($r = .42$, $p < .001$), ve “sınır” ($r = .56$, $p < .001$) kişilik bozukluğu inanışları için bulunmuştur. Kişilik bozukluğu inanışları genel düzeyi ile KPE altölçekleri arasındaki ilişki açısından ise yüksek korelasyon “dominantlık” ($r = .47$, $p < .001$) ölçeği ile bulunmuştur.

Kişilik İnanç Ölçeği (KİÖ) tüm ölçek ile Temel Kişilik Özellikleri Envanteri (TKÖE) altölçekleri arasındaki korelasyonlar; “deneyime açıklık” için ($r = .03$, $p > .05$), “sorumluluk” için ($r = -.11$, $p < .001$), “dışadönüklük” için ($r = -.18$, $p < .001$), “uyumluluk” için ($r = -.11$, $p < .001$), “duygusal tutarsızlık” için ($r = .38$, $p < .001$), ve “negatif değerlilik” için ($r = .34$, $p < .001$) olarak bulunmuştur. Alt ölçeklerin korelasyonları açısından ise, KİÖ’nün tüm altölçeklerinin “duygusal tutarsızlık” ve “ negatif değerlilik” altölçekleri ile korelasyonları pozitif ve anlamlı olup, .13 ile .39 arasında değiştiği belirlenmiştir.

Kişilik İnanç Ölçeği (KİÖ) tüm ölçek ile Bilişsel Duygu Düzenleme Ölçeği (BDDÖ) pozitif stratejiler altölçekleri (kabullenme, positif odaklanma, plana odaklanma, yeniden anlamlandırma, perspektif alma) arasındaki korelasyonlar .01 ile .16 arasında değişirken; BDDÖ negatif stratejiler altölçekleri (felaketleştirme, ruminasyon, kendini suçlama, başkalarını suçlama) ile arasındaki korelasyonlar anlamlı olup .21 ile .50 arasında değişmiştir. Alt ölçekler de göz önüne alındığında, KİÖ ölçekleri ile en yüksek korelasyonlar, sırasıyla BDDÖ'nün "felaketleştirme" ve "başkalarını suçlama" altölçekleri için bulunmuştur.

Tüm ölçek Kişilerarası Problemler Envanteri'nin temel kişilik özellikleri ile korelasyonları, "deneyime açıklık" için ($r = -.29$, $p > .05$), "sorumluluk" için ($r = -.27$, $p < .001$), "dışadönüklük" için ($r = -.38$, $p < .001$), "uyumluluk" için ($r = -.19$, $p < .001$), "duygusal tutarsızlık" için ($r = .39$, $p < .001$), ve "negatif değerlilik" için ($r = .39$, $p < .001$) olarak bulunmuştur. Tüm ölçek KPE'nin bilişsel duygu düzenleme stratejileri ile korelasyonları, positif stratejiler için -.04 ile -.17 arasında, negatif stratejiler için ise .13 ile .41 arasında değişmektedir.

3.2.4. Regresyon Analizleri: Pozitif ve Negatif Bilişsel Duygu Düzenleme, Kişilerarası Problemler ve Kişilik Bozukluğu İnanışları

3.2.4.1. Pozitif Bilişsel Duygu Düzenleme ile İlişkili Değişkenler

Pozitif duygu düzenlemenin bağımlı değişken olduğu analizde yaş ve cinsiyet kontrol değişkenleri olarak ilk basamakta, temel kişilik özellikleri ise ikinci basamakta girilmiştir. Sonuçlara göre, deneyime açıklık ve uyumluluğu yüksek olanlar ile duygusal tutarsızlığı düşük olanlar positif duygu düzenleme stratejilerini daha çok kullandıklarını

belirtmişlerdir. Bu değişkenler, pozitif duygu düzenlemenin varyansının % 15 ini açıklamıştır.

3.2.4.2. Negatif Bilişsel Duygu Düzenleme ile İlişkili Değişkenler

Negatif duygu düzenlemenin bağımlı değişken olduğu analizde yaş ve cinsiyet kontrol değişkenleri olarak ilk basamakta, temel kişilik özellikleri ise ikinci basamakta girilmiştir. Sonuçlara göre, negatif duygu düzenleme ile, yaş, cinsiyet, ve tüm kişilik özellikleri ilişkilidir. Buna göre, gençler, kadınlar, duygusal tutarsızlığı, uyumluluğu ve negatif değerliliği yüksek olanlar, sorumluluğu, dışadönüklüğü ve deneyime açıklığı ise düşük olanlar negatif duygu düzenleme stratejilerini daha çok kullandıklarını ifade etmişlerdir. Bu değişkenler, negatif duygu düzenlemenin varyansının % 21 ini açıklamıştır.

3.2.4.3. Kişilerarası Problemler ile İlişkili Değişkenler

Kişilerarası problemlerin bağımlı değişken olduğu analizde yaş ve cinsiyet kontrol değişkenleri olarak ilk basamakta, temel kişilik özellikleri ikinci basamakta, ve bilişsel duygu düzenleme stratejileri son basamakta girilmiştir. Sonuçlara göre, yaş, tüm kişilik özellikleri, ve negatif duygu düzenleme stratejilerinin tümü ile "kabullenme" kişilerarası problemler ile ilişkilidir. Buna göre, gençler, duygusal tutarsızlığı, uyumluluğu ve negatif değerliliği yüksek olanlar ile sorumluluğu, dışadönüklülüğü ve deneyime açıklığı düşük olanlar kişilerarası ilişkilerde daha çok problem yaşadıklarını ifade etmişlerdir. Bu değişkenler, kişilerarası ilişkilerde problemlerin varyansının % 40 ını açıklamıştır.

3.2.4.4. Kişilik Bozukluğu İnanışları ile İlişkili Değişkenler

Kişilik bozukluğu inanışlarının bağımlı değişken olduğu analizde yaş ve cinsiyet kontrol değişkenleri olarak ilk basamakta, temel kişilik özellikleri ikinci basamakta, bilişsel duygu düzenleme stratejileri üçüncü basamakta, ve kişilerarası problemler son basamakta girilmiştir. Sonuçlara göre, gençler, erkekler, duygusal tutarsızlığı, deneyime açıklığı ve negatif değerliliği yüksek olanlar ile dışadönüklülüğü düşük olanlar; duygularını düzenleme amaçlı olarak felaketleştirme, başkalarını suçlama, pozitif odaklanma ve kendini suçlama stratejilerini sıklıkla kullananlar; kişilerarası ilişkilerde soğuk, dominat, aşırı uyumlu, benmerkezci, kendini feda eden ve sosyal olarak çekinik olanlar, daha yüksek düzeyde kişilik bozukluğu inanışları rapor etmişlerdir. Bu değişkenler, kişilik bozukluklarıyla ilişkili işlevsel olmayan inanışların varyansının % 51 ini açıklamıştır.

3.2.5. Temel Kişilik Özellikleri ve Kişilik Bozukluğu İnançları ilişkisi: Bilişsel Duygu Düzenleme ve Kişilerarası Problemlerin Aracı Rolü

Aracı modellerdeki değişkenleri korelasyon analizlerine göre, .20'nin üzerinde korelasyon gösteren değişkenler çerçevesinde oluşturulan aracı modeler incelenmiştir. Buna göre duygusal tutarsızlığın kişilik bozukluğu inanışları üzerindeki etkisinin hem negatif duygu düzenleme, hem de kişilerarası problemler aracılığı ile açıklandığı iki model ile, negatif değerliliğin kişilik bozukluğu inanışları üzerindeki etkisinin kişilerarası problemler aracılığı ile açıklandığı model olmak üzere toplam üç aracı model test edilmiştir. Her üç model de anlamlı sonuçlar vermiş, kayda değer oranda varyans açıklamıştır. Sonuçlara göre duygusal tutarsızlığın kişilik bozukluğu inanışları üzerindeki etkisinin açıkladığı varyansın % 39'u negatif duygu düzenlemenin

aracılığıyla açıklanırken, % 45'i de kişilerarası problemler aracılığı ile açıklanmıştır. Ayrıca, negatif değerliliğin kişilik bozukluğu inanışları üzerindeki etkisinin açıkladığı varyansın % 53'ü ise kişilerarası problemler aracılığı ile açıklanmıştır.

4. TARTIŞMA

4.1. Pilot Çalışma Bulguları

Ana çalışmada kullanılacak ölçeklerin güvenilirlik açısından ön değerlendirilmeleri yapılmış, gerekli yenilemeler yapılmış ve kabul edilebilir güvenilirlikleri tespit edilmiştir.

4.2.Ana Çalışma Bulguları

4.2.1.Psikometrik Özelliklerle İlgili Bulgular

Bilişsel Duygusal Düzenleme Ölçeği, Kişik İnanç Ölçeği ve Türkçe'ye adaptasyonu yapılan Kişilerarası Problemler Envanteri'nin güvenilirlik ile, eşzamanlı ve ölçüt geçerlilik özellikleri geniş bir örneklem üzerinde test edilmiş ve iyi psikometrik özellikler gösterdiği tespit edilmiştir.

4.2.2.Korelasyonel Bulgular

Kişilik bozuklukları inanışları ile kişilerarası problemlerin genel düzeyleri arasında yakın ilişki bulunmuştur. Genel olarak bakıldığında kişilik bozukluğu inanışları alt ölçekleri, "dominantlık", "benmerkezcilik", "soğukluk" gibi düşmanca-dominant kişilerarası tarza işaret eden eksenlerde diğer eksenlere göre daha yüksek korelasyonlar vermiştir. Kişilik özellikleri ile ilişkisi incelendiğinde, kişilik bozuklukları inanışlarına sahip bireylerin özellikle duygusal tutarsızlık ve negative değerlilik açısından da yüksek değelere sahip oldukları görülmüştür. Bilişsel duygu düzenleme stratejileri açısından ise negatif bilişsel duygu düzenleme stratejilerinin sıklıkla kullanan bireylerin daha yüksek oranda kişilik bozukluğu inanışlarına sahip oldukları bulunmuştur.

Kişilerearası problemler ile temel kişilik özellikleri arasındaki ilişki incelendiğine, genel kişilerarası sıkıntı düzeyi yüksek olan bireylerinin duygusal tutarsızlık ve negatif değerliliklerinin yüksek, dışadönüklük, deneyime açıklık, sorumluluk ve uyumluluk gibi özelliklerinin ise düşük olduğu bulunmuştur. Kişilerarası problemler, bilişsel duygu düzenleme stratejilerinden negatif olanlarla aynı yönde ilişkili iken, pozitif olanlarla ters yönde ilişkili bulunmuştur. Ancak, "kabullenme" pozitif bir strateji olmasına karşın kişilerarsı problemlerle ve kişilik bozuklukları inanışları ile ilişkisi negatif stratejilerle aynı yöndedir. "Kabullenme" alt ölçeğinin güvenilirliği pilot çalışma sonuçları çerçevesinde geliştirilmesine karşın tüm ölçeğin en düşük güvenilirlikli alt ölçeğidir ve Türkçe çevirisinin içeriği anlam açısından "kabullenme"den ziyade "çaresizlik" ifade etmektedir. Dolayısıyla bu alt ölçekle ilgili sonuçlar göz ardı edilmiştir.

4.2.3.Regresyon Analizleri Bulguları

İlk regresyon analizlerinin sonuçlarına göre; yaş ve cinsiyetin etkisi kontrol edildiğinde, deneyime açıklık ve uyumluluk, pozitif bilişsel duygu düzenleme ile ilişkili bulunmuştur. Buna göre, deneyime açıklığı ve uyumluluğu yüksek olan kişiler positif duygu düzenleme stratejilerini sıklıkla kullanmaktadırlar.

İkinci regresyon analizlerinin sonuçlarına göre; yaş ve cinsiyetin etkisi kontrol edildiğinde, başta duygusal tutarsızlık, ve sorumluluk, negatif bilişsel duygu düzenleme ile negatif yönde, uyumluluk ise pozitif yönde ilişkili bulunmuştur. Buna göre, duygusal olarak tutarsız, sorumluluğu düşük, ve uyumluluğu yüksek bireyler negatif duygu düzenleme stratejilerini sıklıkla kullanmaktadırlar. Uyumluluk özelliğinin gösterdiği ilişki beklenmedik gibi görünmekle beraber, korelasyonel veriler ile tutarlı olduğu ve uyumluluğun negatif stratejilerle gösterdiği ilişkinin aslen ruminasyonla arasındaki

ilişkiden kaynaklandığı görülmüştür. Ruminasyonun düşünce ve duygularla aşırı meşgul olma hali olarak tanımlandığı göz önüne alınırsa, uyumluluğun yüksek olan kutpuyla (aşırı duygusallık, empati, şevkat, alçakgönüllülük) eşleşebileceği düşülmüştür. Ayrıca, ruminasyon olumsuz deneyimlerle başetmek için kullanılsa da çoğunlukla yine olumsuz duygularla sonuçlanır, dolayısıyla kişilerin bu olumsuzluklardan kaçınmak için aşırı uyumlu olma eğiliminde olabilecekleri düşünülmüştür.

Üçüncü regresyon analizlerinin sonuçlarına göre; öncelikle negatif değerlilik, duygusal tutarsızlık, felaketleştirme, kendini ve başkalarını suçlama, kişilerarası problemler ile pozitif yönde, yaş ve dışadönüklük ise negatif yönde ilişkili bulunmuştur. Buna göre, gençler, kendi kişiliğine yönelik negatif değerlendirmeleri yüksek, duygusal olarak tutarsız, içedönük olan, duygularını düzenleme amaçlı olarak felaketleştirme, kendini ve başkalarını suçlama gibi stratejileri sıklıkla kullanan bireyler kişilerarası problemleri daha fazla yaşamaktadırlar. Dolayısıyla, kişiliğe yönelik negatif tutum, duygusal tutarsızlık ve içedönüklük kişilerarası ilişkilerde problem yaşamak konusunda yatkınlık oluşturan kişilik özellikleridir. Buna ek olarak, stresli yaşantılar sonucunda ortaya çıkabilecek duyguları düzenlemek için, durumu felaketleştirerek değerlendirmek, yaşananlar için kendini ve başkalarını suçlamak gibi stratejiler kullanmak da kişilerarası ilişkilerde problemleri arttırmaktadır. Bu analizde, uyumluluk ve kabullenme beklenmedik şekilde kişilerarası problemler ile olumlu yönde ilişkili bulunmuş, ancak açıkladıkları varyansın düşük (%1) olduğu görülmüş, ve baskılama (supressör) etkisinden kaynaklandığı düşünülerek değerlendirilmemiştir. Mevcut değişkenlerin kişilerarası problemler üzerindeki etkisi, toplam varyansın %40'ı gibi yüksek bir oranını açıklamıştır.

Son regresyon analizlerinin sonuçlarına göre; öncelikle duygusal tutarsızlık ve felaketleştirme olmak üzere, negatif değerlilik, başkalarını suçlama, pozitif odaklanma ile kişilerarası ilişkilerde soğuk ve kontrolcü olma ile kişilik bozukluğu inanışları ile pozitif yönde, dışadönüklük ise negatif yönde ilişkili bulunmuştur. Buna göre özellikle, duygusal olarak tutarsız, olumsuz durumlarda felaketleştirme yapan, başkalarını suçlayan ve ilişkilerinde soğuk/uzak olan bireylerin kişilik bozukluklarıyla ilgili işlevsel olmayan inanışlarının yüksek olduğu bulunmuştur. Ayrıca, kendi kişiliğine yönelik olumsuz atıfları olan, içedönük, ilişkilerinde dominant/kontrolcü olan ve duygularını düzenleme amaçlı olarak positife odaklanan bireylerde de kişilik bozukluklarıyla ilgili işlevsel olmayan inanışlarda yükselme görülmüştür. Dolayısıyla, duygusal tutarsızlık, kişiliğe yönelik negative atıflar ve içedönüklük gibi kişilik özellikleri kişilik bozukluğu inanışlarına yatkınlık oluştururken; stress altındayken felaketleştirme yapma ve başkalarını suçlama, ilişkilerde soğuk ve dominant olma mevcut işlevsel olmayan inanışları destekleyen risk faktörlerdir. Bu analizde, pozitif odaklanmanın kişilik bozukluğu inanışları ile gösterdiği ilişki beklenmedik yöndedir. Pozitif odaklanma olumlu bir strateji olmakla beraber; dikkat dağıtma amaçlı olarak kullanıyor ve adaptif olmayan bir başa çıkma olan, kişilik bozukluğu inanışlarını desteklediği bilinen bir yöntem olan "kaçınma"nın (Young, Klosko, Weishaar, 2003, pp.33-34) bir formu niteliğini taşıyor ise bu şekilde sonuç vermesi beklendiktir. Mevcut değişkenlerin kişilik bozuklukları inanışları üzerindeki etkisi, toplam varyansın %51'i gibi yüksek bir oranını açıklamıştır.

4.2.4.Aracı Modellerle İlgili Bulgular

Araştırma sonuçlarına göre, duygusal tutarsızlığın kişilik bozukluğu inanışları üzerindeki etkisinin hem negatif duygu düzenleme, hem de kişilerarası problemler

aracılığı ile açıklandığı iki model, ve negatif değerliliğin kişilik bozukluğu inanışları üzerindeki etkisinin kişilerarası problemler aracılığı ile açıklandığı model olmak üzere, üç aracı model de anlamlı olarak bulunmuştur. Buna göre, kişinin kendi kişiliğine yönelik olumsuz atıflarının varlığı ve duygusal tutarsızlıkları kişilerarası etkileşimde problemlere yol açabilir. Tekrarlanan kişilerası gerginlikler de kişinin, kendi, başlaları ve yaşamla ilgili olumsuz inanışlarını güçlendirir. Ayrıca, duygusal olarak tutarsız bireyler felaketleştirme, başkalarını ve kendini suçlama, ruminasyon gibi adaptif olmayan stratejilerle duygularını düzenleme eğilimindedirler. Bu işlevsel olmayan stratejilerin sık kullanımı da varolan patolojik inanışları destekler.

4.2.5. Çalışmanın Teorik ve Klinik Katkıları

Bu çalışma çerçevesinde, Kişilerarası Problemler Envanteri Türkçe'ye kazandırılmıştır. Bu envanter kilinik araştırma amaçlı kullanımının yanı sıra klinik uygulamalarda da şu amaçlarla kullanılabilir: kişilerin genel kişilerarası stress düzeyi, kişilerarası ilişkilerde hangi türden problemlerin diğerlerine göre daha fazla yaşandığı, kişlerarası stresle kişilerarası faktörlere bağlı olmayan stresin birbirinden ayırd edilmesive dolayısıyla kişinin bu alanda tedaviye ihtiyacı olup olmadığının belirlenmesi, ve terapi süresince kişilerarası problemler alanında kaydedilen ilerlemenin değerlendirilmesi. Bunlara ek olarak, bazı problemlerin (düşmancıl dominantlık) tedeviye cevap vermediği, diğerlerinin ise (arkadaşcıl çekiniklik) kısa sürede iyileştiği bilindiğinden, bu durumun tedavi sürecinin başında değerlendirilebilmesi de önem taşır. Bu çalışma çerçevesinde, Bilişsel Duygu Düzenleme Ölçeği ve Kişilik İnanç Ölçeği gibi klinik alanda yararlanılabilecek ölçeklerin geçerlilik güvenilirlik çalışmaları gerçekleştirilmiş, kullanıma kazandırılmıştır.

Çalışma sonuçlarına göre, genel olarak kişilik bozukluklarıyla ilişkili tedavi programlarında, hastaların duygusal tutarsızlıkları, negatif içsel atıfları, olumsuz duygularla başetme amaçlı "felaketleştirme" ve "başkalarını suçlama" içerikli düşünme biçimleri, sosyal ilişkilerinde baskın, kontrolcü ve soğuk tarzları değerlendirilmesi ve gerekliyse çalışılması gereken faktörlerdir. Ayrıca, kişilik bozukluğu inanışlarına sahip, duygusal olarak tutarsız ve negatif içsel atıfları olan kişilerin tedavi süreçlerinde kişilerarası problemlerin çalışılmasına öncelik verilmelidir. Bunlara ek olarak, başta erkekler olmak üzere, duygusal olarak tutarsız, negatif içsel atıfları olan, içedönük, olumsuz deneyimler karşısında sıklıkla felaketleştirme yapan ve kendini suçlayan kişiler kişilerarası stres açısından risk grubundadırlar. Dolayısıyla bu kişiler kişilerarası problemler açısından değerlendirilmeli ve gerekliyse tedavi edilmelidirler.

Bu çalışmanın bir ayrıcalığı, kişiliğin beş faktörlü modeli ile yürütülen önceki çalışmalardan farklı olarak "negative değerlilik" faktörünü de çalışmaya dahil etmesidir. Negatif değerliliğin kişilerarası stresin en önemli, kişilik bozukluğu inanışlarının ise önemli risk faktörlerinden biri olduğu tespit edilmiştir.

Mevcut çalışma aslen bir kişilik psikopatolojisi çalışmasıdır. Kişilik kişilerarası, bilişsel ve başa çıkma yöntemleri olmak üzere farklı yönleriyle değerlendirilmiştir. Mevcut ölçüm araçlarıyla, kişilik bozuklukları kategorileri arasında net ayrımlar yapılamasa da, DSM ktiter, kategori ve küme sınıflandırma sistemiyle tutarlı sonuçlar elde edilmiştir. Aslında, net ayrımların normal populasyon gibi kişilikteki sapmaların klinik populasyona göre daha az olacağı bir populasyonda bulunması da beklenmemiştir. Yine de, kişiliğin farklı eksenlerinde değişken sapmaların normal populasyonda da (görece düşük şiddette de olsa) bulunmuş olması sınıflandırmaya ilişkin kategorik yerine

boyutsal yaklaşımı desteklemektedir. Bununla tutarlı biçimde, boyutsal yaklaşım modellerinde popülar olan kişilerarası model ve beş faktör kişilik modeli çerçevesinde yürüttüğümüz çalışmanın sonuçları; kişilik psikopatolojisinin normal kişilik özelliklerindeki ve kişilerarası eksendeki sapmaları olarak tanımlanabileceğini göstermiştir.

Mevcut çalışmanın sonuçlarına göre, test edilen direk ve aracı modeler, işlevsel olmayan inanışların mevcut yatkınlıklardan ortaya çıktığını ve tekrarlanan deneyimlerle pekiştiğini öne süren kişilik bozuklukları bilişsel modeli (Beck ve ark., 2004)'ni desteklemiştir. Kişilik bozukluğu inanışlarının oluşumunda, duygusal tutarsızlık, negative değerlilik gibi temel kişilik özellikleri yatkınlık oluştururken, olumsuz bilişsel duygu düzenleme stratejilerinin sık kullanımı ve tekrarlanan kişilerarası sıkıntılar da pekiştireç işlevi görmüşlerdir.

4.2.6. Çalışmanın Güçlü Yanları, Sınırlılıkları ve Gelecek Çalışmalar için Öneriler

Çalışmanın 1000'i aşan katılımcı sayısı genelleme yapılabilmesi açısından yeterlidir. Geniş çeşitlilik ve sayıdaki örneklem geniş varyans sağlamakla beraber, katılımcıların çoğunu 30 yaş altı, üniversite ve üzeri eğitim seviyesine sahip kişiler oluşturmuştur. Ayrıca kadın ve erkek katılımcıların oranı da dengeli değildir. Ayrıca, datanın enlemesine kesitten oluşması da ölçümlerdeki değişimlerin seyriyle ilgili çıkarımları sınırlamaktadır. Sonraki çaılşmalarda, bu sınırlılıkları bertaraf eden araştırma desenlerinin kullanılması önerilir.

Bu çalışmada veriler internet sitesinden toplanmış ve katılımcılara geribildirim verilmiştir. Bu sayede, araştırma daha fazla ilgi görmüştür. Psikolojik değerlendirmeleriyle ilgili geribildirim alma olanağı dolayısıyla, daha çok profesyonel yardıma/değerlendirmeye ihtiyaç duyan kişilerin bu çalışmaya katıldıkları varsayılabilir. Bu durum tanı kriterlerini sağlamayan ancak patolojik olarak nitelendirilebilecek beraber klinik-altı populasyona ulaşma ihtimalimizi arttırmış olduğu düşünülmüştür.

Bu çalışmada kendi kendine bildirim yönteminin kullanılması önemli bir sınırlılıktır. Ancak, kimlik bilgilerini vermeden doldurdukları ölçekler çerçevesinde otomatik geribildirim alacaklarını bilmeleri, katılımcıların daha dürüst ve dikkatli yanıtlar verme ihtimalini, dolayısıyla verilerin güvenilirliğini arttırmıştır. Bunun yanı sıra, aynı yapının (kişilik psikopatolojisi) farklı içerikteki ölçüm araçlarıyla (TKÖE, KPE, KİÖ) değerlendirilmesi de bulguların güvenilirliğini arttırmıştır.

Mevcut sınırlılıklara ramen elde edilen bulgular, klinik örneklem üzerinde de doğrulanırsa, kişilik problemlerinin bilişsel, kişilerarası doğası ve tedavi programlarının öncelik ve içeriği açısından önemli bilgiler sağlamaktadır.

APPENDIX N: Tez Fotokopisi İzin Formu

TEZ FOTOKOPİSİ İZİN FORMU

ENSTİTÜ

Fen Bilimleri Enstitüsü	☐
Sosyal Bilimler Enstitüsü	☒
Uygulamalı Matematik Enstitüsü	☐
Enformatik Enstitüsü	☐
Deniz Bilimleri Enstitüsü	☐

YAZARIN

Soyadı : Akyunus-İnce
Adı : Miray
Bölümü : Psikoloji

TEZİN ADI (İngilizce) : Cognitive Aspects of Personality Disorders: Influences of Basic Personality Traits, Cognitive Emotion Regulation, and Interpersonal Problems

TEZİN TÜRÜ : Yüksek Lisans ☐ Doktora ☒

1.Tezimin tamamından kaynak gösterilmek şartıyla fotokopi alınabilir. ☐

2.Tezimin içindekiler sayfası, özet, indeks sayfalarından ve/veya bir ☐

3.bölümünden kaynak gösterilmek şartıyla fotokopi alınabilir.

4.Tezimden bir bir (1) yıl süreyle fotokopi alınamaz. ☒

TEZİN KÜTÜPHANEYE TESLİM TARİHİ: