

THE RELATIONS BETWEEN PARENTAL ATTITUDES, GUILT, SHAME,
AND SELF-COMPASSION AND DIFFERENTIATION OF GUILT-PRONE
AND SHAME-PRONE INDIVIDUALS IN TERMS OF THEIR RESPONSES
AND EXPECTATIONS: A MIXED STUDY

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

BY

EMİNE İNAN

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

JUNE 2016

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ABSTRACT

**THE RELATIONS BETWEEN PARENTAL ATTITUDES, GUILT, SHAME,
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AND EXPECTATIONS: A MIXED STUDY**

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June 2016, 172 pages

The current study, comprised of two parts. The aim of the first part was to examine the relationships between maternal and paternal parental attitudes, guilt, shame, and -if any- their effects on self-compassion. 348 participants were included in the study. The paths between parental attitudes, guilt-shame, and self-compassion were analyzed through the employment of multiple mediation analyses. Both relationships of maternal and paternal acceptance/involvement with self-compassion were mediated by guilt, and the relationship between maternal strict control/supervision and self-compassion was mediated by shame. The aim of the second part was to differentiate reactions and expectations of individuals according to their guilt and shame levels. For this purpose, 2 vignettes were presented to the

participants. Participants were group into four according to their guilt-shame levels. The obtained inquiry was analyzed qualitatively with Thematic Analysis. Accordingly, the emotional and behavioral reaction profiles and an overview of their expectations from others (in this thesis the focus was on the therapists) are provided. Results of both first and the second parts were discussed in the light of the literature. Moreover, strengths, implications, limitations, and suggestions for future studies were also mentioned.

Keywords: Parental Attitudes; Guilt; Shame; Self-Compassion; Thematic Analysis

ÖZ

EBEVEYN TUTUMLARI, SUÇLULUK, UTANÇ VE ÖZ-DUYARLILIK ARASINDAKİ İLİŞKİ VE SUÇLULUĞA VE UTANCA YATKIN BİREYLERİN TEPKİLERİ VE BEKLENTİLERİ AÇISINDAN FARKLILAŞMASI: KARMA BİR ÇALIŞMA

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June 2016, 172 sayfa

Bu tez iki bölümden oluşmaktadır. İlk bölümün amacı, annenin ve babanın ebeveyn tutumları, suçluluk, utanç arasındaki ilişkiyi ve eğer varsa bunların öz-duyarlılık üzerindeki etkilerini ölçmektir. Çalışmaya 348 katılımcı dâhil edilmiştir. Ebeveyn tutumları, suçluluk-utanç ve öz-duyarlılık ilişkilerini test etmek için çoklu aracı değişken analizi kullanılmıştır. Hem anneden hem de babadan algılanan kabul/ilgi ve öz-duyarlılık ilişkisine suçluluk aracılık etmiştir. Anneden algılanan sıkı denetim/kontrol ve öz-duyarlılık ilişkisine de utancın aracılık ettiği görülmüştür. İkinci bölümün amacı ise bireylerin suçluluk ve utanç seviyelerine göre tepkilerini ve beklentilerini ayırtırmaktır. Bu amaçla, katılımcılara iki hikâye sunulmuştur. Katılımcılar suçluluk-utanç seviyelerine göre 4 gruba ayrılmış ve elde edilen

içerikler tematik analiz yöntemiyle nitel olarak analiz edilmiştir. Buna göre, grupların duygusal ve davranışsal tepkilerine göre profilleri ve başkalarından (tez kapsamında terapistler odak noktası idi) beklentilerine dair bir değerlendirme sunulmuştur. Her iki bölümün de sonuçları ilgili literatür ışığında tartışılmıştır. Ayrıca, çalışmanın güçlü yanları, çıkarımları, sınırlılıkları ve gelecek çalışma önerileri üzerinde de durulmuştur.

Anahtar Kelimeler: Ebeveyn Tutumları; Suçluluk; Utanç; Öz-Duyarlılık; Tematik Analiz

To my two big loves, ASI and Masal

ACKNOWLEDGEMENTS

I would like to start with expressing my gratitude to my supervisor Prof. Dr. Faruk Gençöz. He always provided the courage and support to me for completing my work. Although he set me free, at critical points, his wisdom and critical view helped me a lot. I also would like to thank him for supervising me while practicing psychotherapy. His point of view, gave me a different perspective while listening to clients.

I also would like to thank to my thesis committee members: Prof. Dr. Bengi Öner-Özkan, for her positive and encouraging attitude towards me and her contributions to my thesis; Assoc. Prof. Dr. Özden Yalçinkaya-Alkar for her contributions both to my thesis and my research life; Assoc. Prof. Dr. Özlem Bozo for providing me confidence and support at all the juries I have attended during my graduate education, accepting to be in my thesis committee and providing valuable contributions; and Assoc. Prof. Dr. Bikem Hacıömeroğlu for her positive and accepting attitude and valuable comments and suggestions.

My sincere gratitude goes to Prof. Dr. Tülin Gençöz. Her compassionate attitude, acceptance, and courage always motivated me and since I have started taking supervisions from her, she became source of safety for me. Feeling her support is very valuable for me.

I also would like to express my sincere gratitude to my first supervisor, Dr. Nurten Özüorçun-Küçükertan. Her compassionate attitude spread the seeds of compassion to my soul and I believe both self-compassion and compassion is growing inside day after day. I am very thankful for her accepting, supportive, and empathic attitude towards me.

I am also very thankful for the support of TÜBİTAK-BİDEB program that provided me scholarship during my Ph.D. on Bachelor's Degree education.

I also appreciate the support of Ece Bekaroğlu, whom I call my co-advisor. From the very beginning of my thesis, she encouraged me and provided support whenever I got stuck. She believed in me. Besides her academic contributions to my thesis, with her accepting, empathic, and compassionate attitude, she always provides the psychological support I needed. I feel very lucky for having a friend like her and I believe we will save more memories throughout our lives.

Hande Karahan, my friend for fourteen years and sidekick, I am very thankful for her belief in me. I felt her courage and acceptance at every step in my life and I know that she will be there for me throughout my life.

I would like to thank my friends Pınar Kaya and Derya Gürcan for being there whenever I asked for support. Their compassionate attitude was very comforting and valuable for me. Although we are distant now, I hope we can reconvene one day.

I also want to thank the academic staff at Yıldırım Beyazıt University Psychology Department. Without the convenience they provided me and their positive attitudes both towards me and my thesis, it would be very difficult to accomplish this thesis. I would also like to thank my colleagues; Emine Yücel for her encouragement, support, and compassionate attitude, even just receiving a text message from her is enough to make me happy and comforted; Derya Karanfil for her help with clustering the themes; Yankı Süsen for naming the themes; and Gülden Sayılan for sharing her ideas related to qualitative reporting.

My parents, Müge and Cemil Kır, I love them a lot. I am very thankful for everything they did for me. I would not be here today without them. My parents-in-law, Gül Nazife and Gürcan İnan, without their help and support, it would be impossible to complete this thesis. I am very grateful for their efforts.

My better half, Serdar, needless to say how hard would this process be without his contributions. I appreciate his help during data collection and coding processes, and all the physical and technical support he provided me. However, most importantly, I am very grateful for his presence in my life. I am aware that this process was very hard also for him. But congratulations! We did it:)

And Masal, my pretty love... This process was harder with her. Not because of the burden she imposed but the missing. I know that she missed me, too. I am so sorry for causing her to experience this. I appreciate the huge and lovely hugs she provides me. I cannot express how much I love her.

TABLE OF CONTENTS

PLAGIARISM.....	iii
ABSTRACT	iv
ÖZ.....	vi
DEDICATION	viii
ACKNOWLEDGEMENTS	ix
TABLE OF CONTENTS	xii
LIST OF TABLES	xv
LIST OF FIGURES	xvii
CHAPTER	
1. INTRODUCTION	1
1.1 General Introduction	1
1.2 Self-Compassion	2
1.3 Parenting Styles/Attachment.....	5
1.3.1 Parenting Styles/Attachment and Self-Compassion.....	9
1.4 Guilt and Shame.....	10
1.4.1 Development of Guilt and Shame	11
1.4.2 How Do They Work?	12
1.4.3 Differentiation of Guilt and Shame	12
1.4.4 Studies Related to Guilt and Shame	16
1.5 Expectations from Therapists	20
1.6 Current Study	22
1.6.1 Part 1: Quantitative.....	22
1.6.2 Part 2: Qualitative.....	24
2. METHOD	26
2.1 Participants.....	26
2.2 Instruments.....	27

2.2.1 Demographic Information Form.....	27
2.2.2 The Measure of Child Rearing Styles.....	27
2.2.3 Guilt and Shame Scale.....	28
2.2.4 Self-Compassion Scale.....	28
2.2.5 Open-Ended Questions.....	29
2.3 Procedure.....	30
3. RESULT.....	31
3.1 Part 1: Preliminary Analysis.....	31
3.1.1 Descriptive Statistics of the Data.....	31
3.1.2 Differentiation of Study Variables According to the Levels of Demographic Variables.....	32
3.1.3 Inter-Correlations among the Study Variables of the Study.....	38
3.2 Part 1: Multiple Mediator Effects of Guilt and Shame in the Relations of Perceived Parental Attitudes and Self-Compassion.....	39
3.2.1 Multiple Mediator Effects of Guilt and Shame in the Relation of MPPA and Self-Compassion.....	39
3.2.2 Multiple Mediator Effects of Guilt and Shame in the Relation of FPPA and Self-Compassion.....	42
3.3 Part 2: Qualitative.....	45
3.3.1 Individuals in High Shame-Low Guilt (HSLG) Group.....	45
3.3.2 Individuals in High Guilt-Low Shame (HGLS) group.....	57
3.3.3 Individuals in High Guilt-High Shame (HGHS) Group.....	68
3.3.4 Individuals in Low Guilt-Low Shame (LGLS) Group.....	83
4. DISCUSSION.....	94
4.1 Part 1: Differentiation of Study Variables According to the Levels of Demographic Variables.....	95
4.1.1 Part 1: Differentiation of Mother’s Perceived Parental Attitude According to the Levels of Demographic Variables.....	95
4.1.2 Part 1: Differentiation of Father’s Perceived Parental Attitude According to the Levels of Demographic Variables.....	96
4.1.3 Part 1: Differentiation of Guilt-Shame According to the Levels of Demographic Variables.....	96

4.1.4 Part 1: Differentiation of Self-Compassion According to the Levels of Demographic Variables	97
4.2 Part 1: Inter-Correlations among the Study Variables of the Study	98
4.3 Part 1: Mediator Effects of Guilt and Shame in the Relations of Perceived Parental Attitudes and Self-Compassion.....	99
4.3.1 Part 1: Mediator Effects of Guilt and Shame in the Relations of MPPA and Self-Compassion.....	99
4.3.2 Part 1: Mediator Effects of Guilt and Shame in the Relations of FPPA and Self-Compassion	101
4.4 Part 2: Identifying Group Characteristics	101
4.4.1 Individuals in High Shame-Low Guilt (HSLG) Group.....	101
4.4.2 Individuals in High Guilt-Low Shame (HGLS) Group.....	104
4.4.3 Individuals in High Guilt-High Shame (HGHS) Group	105
4.4.4 Individuals in Low Guilt-Low Shame (HGHS) Group.....	107
4.4.5 Evaluation of the 2 nd Part	108
4.5 Strengths and Implications of the Current Study	109
4.6 Limitations and Suggestions for Future Studies	111
REFERENCES	113
APPENDICES	
APPENDIX A: INFORMED CONSENT	126
APPENDIX B: DEMOGRAPHIC INFORMATION FORM.....	127
APPENDIX C: THE MEASURE OF CHILD REARING STYLES	128
APPENDIX D: GUILT-SHAME SCALE	131
APPENDIX E: SELF-COMPASSION SCALE.....	134
APPENDIX F: OPEN-ENDED QUESTIONS.....	136
APPENDIX G: DEBRIEFING FORM	138
APPENDIX H: CURRICULUM VITAE.....	139
APPENDIX I: TURKISH SUMMARY	142
APPENDIX J: TEZ FOTOKOPİSİ İZİN FORMU	172

LIST OF TABLES

TABLES

Table 1 Demographic Characteristics of the Participants.....	27
Table 2 Descriptive Statistics of the Measures.....	31
Table 3 Differentiation of Mother’s Perceived Parental Attitude According to the Levels of Demographic Variables.....	33
Table 4 Differentiation of Father’s Perceived Parental Attitude According to the Levels of Demographic Variables.....	35
Table 5 Differentiation of Guilt-Shame According to the Levels of Demographic Variables.....	36
Table 6 Differentiation of Self-Compassion According to the Levels of Demographic Variables.....	37
Table 7 Correlations between the Study Variables.....	39
Table 8 Results of Bootstrapping for Indirect Effects in Multiple Mediation Analysis for Strict Control/Supervision-Mother (Model 1).....	40
Table 9 Results of Bootstrapping for Indirect Effects in Multiple Mediation Analysis for Acceptance/Involvement-Mother (Model 2).....	41
Table 10 Results of Bootstrapping for Indirect Effects in Multiple Mediation Analysis for Acceptance/Involvement-Father (Model 3).....	43
Table 11 Results of Bootstrapping for Indirect Effects in Multiple Mediation Analysis for Strict Control/Supervision-Father (Model 4).....	44
Table 12 Emotional Reactions of High Shame-Low Guilt Group.....	47
Table 13 Behavioral Responses of High Shame-Low Guilt Group.....	48

Table 14 High Shame-Low Guilt Group’s Expected Reactions from Others.....	50
Table 15 Emotional Reactions of High Guilt-Low Shame Group.....	58
Table 16 Behavioral Responses of High Guilt-Low Shame Group.....	60
Table 17 High Guilt-Low Shame Group’s Expected Reactions from Others.....	62
Table 18 Emotional Reactions of High Guilt-High Shame Group.....	69
Table 19 Behavioral Responses of High Guilt-High Shame Group.....	72
Table 20 High Guilt-High Shame Group’s Expected Reactions from Others.....	76
Table 21 Emotional Reactions of Low Guilt-Low Shame Group.....	84
Table 22 Behavioral Responses of Low Guilt-Low Shame Group.....	86
Table 23 Low Guilt-Low Shame Group’s Expected Reactions from Others.....	88

LIST OF FIGURES

FIGURES

Figure 1 The Model of the Study.....	23
Figure 2 Model 1 and the Unstandardized Regression Coefficients Demonstrating Shame as the mediator of Strict Control/Supervision-Mother and Self-Compassion Relation.....	41
Figure 3 Model 2 and the Unstandardized Regression Coefficients Demonstrating Guilt as the mediator of Acceptance/Involvement-Mother and Self-Compassion Relation.....	42
Figure 4 Model 3 and the Unstandardized Regression Coefficients Demonstrating Guilt as the mediator of Acceptance/Involvement-Father and Self-Compassion Relation.....	43
Figure 5 Model 4 the Unstandardized Regression Coefficients.....	44

CHAPTER I

INTRODUCTION

1.1 General Introduction

As can be inferred from its name, self-compassion is compassion directed to the self (Neff, 2012). Although the history of compassion does not go long way back in Western psychology, it is seen as central in Eastern cultures for relieving our minds from the effects of destructive emotions (Goleman, 2003 as cited in Gilbert, 2005). In the East, it is believed that compassion both supports the formation of prosocial relationships with others and contributes to the healing of our minds and bodies. Without any defense or judgment, compassion enables people to be “open to the suffering of self and others” (Gilbert, 2005). Till attaching importance to compassion as a concept in Western literature, it was already present in clinical applications under other concepts or attitudes like “empathy, unconditional positive regard, containment or holding, client-therapist rapport, and working alliance” and it was also hidden in parenting literature within “availability, sensitivity, and responsiveness” (Gillarth, Shaver, & Mikulincer, 2005). Since it is a known and attention paid concept now, compassion has its own literature and researchers proceed to study to understand this concept, its roots, effects on our lives, and its

possible clinical implications. Parental attitudes and shame are found to be effective on the development of self-compassion.

Therefore, in the present study, the effects of parental attitudes and self-conscious emotions, namely, guilt and shame, on self-compassion will be investigated. In this section, firstly literature related to those concepts and their relations will be presented. Moreover, as shame was found to be effective on the development of self-compassion, it is also expected to have effects in the therapeutic course. Hence, the therapeutic expectations of guilt-prone and shame-prone individuals are also within the scope of this study. In this part, the literature related to those expectations will also be covered.

1.2 Self-Compassion

One of the pioneers of self-compassion in Western psychology, Neff, defined self-compassion around three concepts, “self-kindness, a sense of common humanity, and mindfulness”. Self-kindness refers to behaving in a kind and understanding way to oneself instead of self-judgment and self-criticism. Individuals may have some ideals; however, it cannot be possible to achieve all the ideals. Rejecting this truth may cause self-judgment, stress, and frustration. However, if individuals admit that the ideals are not attainable every time, then they start to approach themselves in a kind way, which eases coping. As the second factor of self-compassion, common humanity means accepting the idea of being connected to others with own acts, as labeling them belonging to the large human experience instead of isolating them. Accepting the idea that anyone can experience failures and he/she is not alone in that experience forms the base of an individual’s common humanity. Finally, neither dissociating from nor over-identifying with own painful experiences, but keeping them in balanced awareness corresponds to mindfulness facet of self-compassion (Neff, 2003; Neff, 2012).

In the literature, there are studies conducted to investigate the relations between self-compassion and psychological well-being, life satisfaction, and

psychopathologies. In their study, Neff, Rude, and Kirkpatrick (2007) found that self-compassion has a positive correlation with “happiness, optimism, positive affect, wisdom, personal initiative, curiosity and exploration, agreeableness, extroversion, and conscientiousness.” Correspondingly, Bluth, et al. (2016) come up with a result that individuals with higher self-compassion reported higher psychological well-being and lower psychological stress than individuals with lower self-compassion. Zhang and Chen (2016) indicated that individuals with higher self-compassion experienced higher improvement after a regret experience. As a result of the meta-analysis they conducted, Zessin, Dickhauser, and Garbade (2015) concluded that self-compassion is an important factor for individual’s well-being. Self-compassion was also found to be positively related to life satisfaction (Dossing, et al., 2015). On the other side, compassion was found to be negatively related to psychopathologies. Researchers concluded that self-compassion is negatively related to anxiety (Bayramoğlu, 2011; Kemppainen, et al., 2013; Muris, Meesters, Pierik, & de Kock, 2016), depression (Bayramoğlu, 2011; Muris, et al., 2016; Pinto-Gouveia, Duarte, Matos, & Fraguas, 2014), emotion regulation difficulties (Finlay-Jones, Rees, & Kane, 2015), stress symptoms (Finlay-Jones, Rees, & Kane, 2015; Pinto-Gouveia, et al., 2014), and eating psychopathology (Ferreira, Matos, Duarte, & Pinto-Gouveia, 2014). Furthermore, self-compassion was found to be lower in patients with bipolar disorder compared to control group (Dossing, et al., 2015).

Researchers also tested the moderator/mediator effects of self-compassion in different settings. For instance, the moderating role of self-compassion and its facets (self-kindness, common humanity, and mindfulness) were examined on irrational beliefs and depression relation. In the presence of high self-compassion, the relation between irrational beliefs and depression no longer existed. When the analyses were deepened, it was revealed that self-kindness facet of self-compassion was the real moderator not common humanity and mindfulness (Podina, Jucan, & David, 2015). Moreover, self-compassion was found to moderate the relationship between “shame traumatic and central memories” and severity of eating

psychopathology (Ferreira, et al., 2014). According to the results of another study, it was revealed that self-compassion plays a buffer role between “restrictive/critical caregiver eating messages” and body surveillance and “restrictive/critical caregiver eating messages” and body shame relations (Daye, Webb, & Jafari, 2014). In another study, self-compassion was found to mediate the relationship between negative evaluations of body image and quality of life of participated women (Duarte, Ferreira, Trindade, & Pinto-Gouveia, 2015). As a sum up, being self-compassionate enables people to prevent their possible experiencing of suffering. Thus, it is believed to lead behaviors that support and extend well-being (Neff, 2003).

Besides individual effects, self-compassion was also found to be related to interpersonal relations. Being compassionate towards oneself was found to be related to greater perspective-taking, forgiveness, compassion for humanity, altruism, and empathy (Neff & Pommier, 2013), and willingness to help the person in need (Welp & Brown, 2013). Gerber, Tolmacz, and Doron (2015) also stressed the positive effects of self-compassion on interpersonal functioning. In conflict resolution, higher self-compassion was found to be related to increased possibility to compromise and decreased possibility to self-subordinate needs (Yarnell & Neff, 2013). Compared to individuals who lacked self-compassion, self-compassionate individuals were reported to perform more positive relationship behavior. Moreover, for positive relationship behavior, self-compassion was found to be a better predictor than attachment and trait self-esteem (Neff & Beretvas, 2013).

In the face of a negative event that another person experiences, individuals either prefer to behave compassionately or to become self-centered by paying attention to own audience experiences (Bierhoff, 2005). Contrary to a possible expectation, self-compassion strengthens the feelings of compassion for others rather than causing people become more self-centered. Because compassion does not require social comparison, for example, as in self-esteem, those who are self-compassionate, most probably, will approach others also in a compassionate way

(Neff, 2003). In other words, self-compassion and compassion are interconnected concepts and existence of one enhances the chance of other to develop. However, as Bierhoff (2005) stated, in some conditions, compassion (also self-compassion) may not develop. Some individuals become compassionate while others cannot develop compassion both for self and others. In the literature, there are some factors that are studied with self-compassion in order to detect whether they have any effect on self-compassion. For instance, gender is a factor that is thought to be influential on self-compassion (Neff, 2003). Studies conducted to test this relationship found out that self-compassion reports of men are greater than reports of women (Souza & Hutz, 2016). In their meta-analysis Yarnell, et al. (2015) supported this finding. However, some studies did not find any effect of gender on self-compassion (Neff & Pommier, 2013; Yilmaz, 2009). Those results bring the question that gender's effect on self-compassion either changes according to the sample or there are other factors affecting the existence of self-compassion.

For the development of self-compassion, it is noted that lack of self-compassion can be due to low affection or abusive backgrounds of people (Bowlby, 1980, Gilbert, 2007 as cited in Gilbert P., McEwan, Matos, & Ravis, 2011). Moreover, self-criticism can be a roadblock for developing self-compassion (Gilbert & Procter, 2006). All those factors are related to child rearing styles. Therefore, in the light of the literature, for the scope of this study, parenting styles were chosen as an indicator of self-compassion. In the following section literature related to parenting styles and attachment, and their relation to self-compassion will be presented.

1.3 Parenting Styles/Attachment

It was theorized that compassionate parents approach their children in a kind and loving attitude that they are interested in the well-being of their children (Neff, 2003). Received parenting styles and attachment developed between parents and children are stated to be influential on the development of self-compassion of children. Among them, parenting styles literature takes its roots from Baumrind (1972 as cited in Sümer & Güngör, 1999). Baumrind suggested three types of

parenting styles, namely, authoritarian, authoritative, and permissive. Based on Baumrind's studies, Maccoby and Martin (1983 as cited in Sümer & Güngör, 1999) brought a new view to the parenting styles. They claimed that the underlying structure of parenting styles is dimensional and they suggested responsiveness and demandingness dimensions to the literature. Finding this suggestion reasonable, Steinberg et al. (1991, 1994 as cited in Sümer & Güngör, 1999) renamed those dimensions as responsiveness dimension corresponds to acceptance and involvement and demandingness corresponds to strict control and supervision of the parents. As a result of this dimensional model, four parenting styles occur. The intersection of moderate, but not high, strict control/supervision and high acceptance/involvement leads to authoritative parenting style, where there is a balance between involvement and control. In those families, the reasons of the existence of the rules are clear and they are questionable, and if necessary they can be changed. When high strict control/supervision accompany to low acceptance/involvement, then the parenting style is called authoritarian parenting style. In this case, the rules of those parents are unquestionable; they expect their children to obey their rules without any objection. They do not show affection to their children and are not interested in the needs of them. In the case of low strict control/supervision and high acceptance/involvement, the style is called permissive/indulgent parenting style. As can be understood from its name, those parents do not control their children much. They do not even punish them. However, the acceptance and the love they show their children are limitless. Finally, low strict control/supervision and low acceptance/involvement form permissive/neglecting parenting style. Within this combination, parents neither show affection to their children nor control them. Those parents are not interested in with the needs of their children and keep away from establishing closeness (Sümer & Güngör, 1999).

Before moving on with the literature related to self-compassion and parenting styles, it is better to mention attachment. Attachment theory was first suggested by Bowlby (1969), who form the theory with his observations. Then Ainsworth (1967

as cited in Bennett, 2006) enhanced the theory with his empirical studies. Bowlby (1969) stated that when infants face with danger and stress, in order to be protected, they search for a closeness to a caregiver and based on this seeking, attachment develops. During the caregiving and caretaking process, both parents and infants are sensitive to the signals of each other. Signals of the babies give information about their needs and signals of the parents give information about their emotional and social situation. This reciprocal relation forms the attachment between the baby and the caregiver (Wicks-Nelson & Israel, 2006).

As everyone does not behave in the same manner, all the infant-caregiver relations are different from each other. How consistent and sensitive the provided caregiving determines the quality of the attachment (Bennett, 2006). Although the formed attachment depends on the caregiver's responses, in attachment literature there are consensuses on the similarities of certain types of parenting styles and related attachment qualities. For instance, a good-enough-mother who can adapt child's needs, mental states and real self plays a crucial role in the development of the secure attachment (Roberts, 2008). Another important concept in attachment literature is "internal working model". Internal working models are the cognitive representations of self, others, and relationships that are formed based on the quality of parents' responding styles (Cortina, 2003 as cited in Bennett, 2006; Sherman, Rice, & Cassidy, 2015). Infants use those internal working models in order to test how much others are responsive to the needs of them and how worthy they are to be responded (Bowlby, 1973 as cited in Bartholomew & Horowitz, 1991). Studies conducted on internal working models revealed differences between attachment styles. For example, securely attached children believe that they are worthy enough to deserve care and caregivers are reliable and responsive to them, while, avoidant children, whose parents are dismissing and ignoring, believe that they are not worthy enough to deserve care and significant others are rejecting and unresponsive to their needs (Soloman & George, 1999 as cited in Bennett, 2006). In their adulthood, those individuals prefer emotional distance and self-resilience because

they do not feel comfortable with being close and depending on others in relationships (Mikulincer & Shaver, 2007). Children, who developed “anxious” attachment style due to inconsistent and intrusive care they received, believe that they are weak and needy and significant others are unpredictable and intrusive (Soloman & George, 1999 as cited in Bennett, 2006). In their adulthood, those individuals have a strong desire for closeness and protection, they feel very anxious about the availability of their partners and they worry about their own values to their partner (Mikulincer & Shaver, 2007). Moreover, they fear of being abandonment and rejection (Smolewska & Dion, 2005). Finally, as for children with “disorganized” attachment style, it can be stated that they are exposed to abusive parents and this interaction leads them to become disoriented, unable to gain comfort in their attempts and they are afraid of their parents (Soloman & George, 1999 as cited in Bennett, 2006). Naturally, all infants born with a normal attachment system, however, the responsiveness of the caregiver they encounter affects their attachment styles (Mikulincer & Shaver, 2007).

In the literature, there are studies conducted to explore the associations between parenting styles and attachment. For example, Zeinali, Sharifi, Enayati, Asgari, and Pasha (2011) found associations between authoritative and permissive parenting styles and secure attachment, and authoritarian and neglectful parenting styles and insecure attachment. Similarly, Karavasilis, Doyle, and Markiewicz (2003) found that authoritative parenting was positively associated with secure attachment, while negligent parenting was positively associated with avoidant attachment. In Turkey, while developing a measure that scans both mother’s and father’s parental attitudes, Sümer and Güngör (1999) also conducted a study. According to the results of their study, it was revealed that maternal strict control/supervision has a negative association with secure attachment and a positive association with fearful and preoccupied attachment styles. However, paternal strict control/supervision did not have any significant relation with any kind of attachment styles. For acceptance/involvement dimension, they concluded that both maternal and paternal

acceptance/involvement were positively correlated with secure attachment. Finally, for Sümer and Güngör, they reported that the most frequent parenting styles in Turkey are authoritarian and permissive/indulgent parenting styles. In another study conducted in Turkey, Yılmaz (2009) revealed that girls report their parents' parenting styles as more authoritative while boys report as more authoritarian.

In the literature, parenting styles were either just studied over maternal care (Frontini, Moreira, & Canavarro, 2016; Molina & Musich, 2016; Wang & Fletcher, 2016) or a general parental attitude (Masud, Ahmad, Jan, & Jamil, 2016; Sabagh, Khademi, Noorbakhsh, Razjooyan, & Arabgol, 2016). However, considering the different roles of maternal and paternal care in Turkey, Sümer & Güngör (1999) suggested to evaluate paternal and maternal parenting styles separately. Even though they have different roles, they found out that individuals who reported their mother's and father's parenting styles as similar consisted of 62% of the sample.

1.3.1 Parenting Styles/Attachment and Self-Compassion

As stated above, in the literature it is theorized that there is a relationship between parenting styles/attachment and self-compassion. In their study, Neff and McGehee (2010) found out that while maternal support leads to greater self-compassion, maternal criticism causes less self-compassion. It is stated that individuals may have modeled their reactions to failure and suffering from their parents. Children of the parents who are angry, cold and critical become self-critical and cold towards themselves. In the opposite case, individuals, whose parents are warm, caring and supportive, behave themselves in the same manner. Consistent with those findings, Pepping, Davis, O'Donovan, and Pal (2015) reported that while parental warmth and self-compassion are positively related, parental rejection and overprotection were negatively related to self-compassion. In a study conducted in Turkey, it was found out that authoritative parenting enhances the development of self-compassion in children while authoritarian parenting style effects self-compassion development negatively (Yılmaz, 2009).

When viewed from attachment perspective, while secure attachment enhances the development of self-compassion, fearful and preoccupied attachment styles lead to less self-compassion reports (Neff & McGehee, 2010). In the same manner, attachment anxiety (Wei, Liao, Ku, & Shaffer, 2011) and insecure attachment styles (Kim, 2014) were found to be related to less self-compassion.

Besides direct effects, there are also studies examining possible mediators between parenting styles and self-compassion. For instance, social safeness, whose development depends on parenting styles, mediated the relationship between parental warmth and self-compassion. Parental warmth was found to be related to greater self-compassion indirectly through social safeness (Kelly & Dupasquier, 2016). Furthermore, parenting styles that are criticizing, rejecting, and poor in warmth and care are found to be related to less self-compassion via attachment anxiety (Pepping, et al., 2015).

Although there are studies including self-compassion as a variable, either as mediator or leading factor of some variables, not much attention was paid to the causal or enhancing factors of self-compassion. There is parenting styles/attachment literature related to the development of this concept, however, it is not detailed. For instance, paternal care did not get much attention in literature. Besides, more studies are needed to understand the relationship between parenting styles/attachment and self-compassion with different mediators. Therefore, in this study, both paternal and maternal parenting styles' effects on self-compassion will be investigated. Moreover, the possible mediating role of guilt and shame in those relationships will be studied. In the following section, guilt and shame literature and studies related to parenting styles will be presented.

1.4 Guilt and Shame

Guilt and shame are two high functioning emotions both at individual and interpersonal level (Tangney & Dearing, 2004). The function of those emotions is to operate social relations. They enable the individual to observe his/her

interpersonal relationships and try not to break any moral or social rule. In other words, they enable individual to act in a socially expected way (Tangney & Tracy, 2012 as cited in Muris & Meesters, 2013). Those emotions are considered both as self-conscious emotions, as they include self-judgment, and moral emotions, as they lead the individual to perform moral behaviors (Tangney & Dearing, 2004). When they are handled together, they have some boundaries with other emotions; however, among the two, it is difficult to distinguish them. Therefore, in this section, starting from development of those emotions, their functions, differentiation and related literature will be introduced.

1.4.1 Development of Guilt and Shame

In the literature, there are studies conducted to detect the origins of emotions. Although most of the basic emotions are believed to develop from birth on, for the occurrence of self-conscious emotions a more complex cognitive development is needed. Muris and Meesters (2013) summarized that in order to be able to feel self-conscious emotions; children need to go through a complex cognitive development. According to Lewis (2000 as cited in Muris & Meesters, 2013), three cognitive skills are needed to be acquired. The first one is self-awareness and stable self-representations. The second required skill is awareness of the children related to the social norms and values. They need to realize that social interactions are formed around those norms and values. The third one is development of the theory of mind. In this way, children can detect what and how others expect them to behave and evaluate themselves from their eyes. In addition to those acquired skills, with further cognitive development, children internalize the outer norms, values, and evaluations (Kon, 1979 as cited in Makogona & Enikolopov, 2013; Muris & Meesters, 2013). Children gained some cognitive abilities and internalized the outer norms. Then, what happens? The answer of this question is presented in the following section.

1.4.2 How Do They Work?

Guilt and shame are two self-conscious emotions that are evaluated both as positive and negative. When viewed from the perspective that guilt and shame regulate social relations, they seem functional. However, if they cannot be regulated properly, those emotions may turn out to be counterproductive emotions (Muris & Meesters, 2013). In the presence of bad situations, sadness, anger, and disappointment may occur; however, if the individual realizes that this bad situation is a result of his/her own action or attributes, then guilt and shame can be felt (Tangney & Tracy, 2012 as cited in Muris & Maesters, 2013). Besides, presence of others is important because in those emotions, individuals are evaluating themselves from the eyes of other people. They are asking questions like “how they see me?”, “what do they think about me?” In other words, guilt and shame have a relation with both own and others’ perception of the self and individual’s actions, however, the strongest tight is with the perceptions of others (Leary, 2004). Needless to say that self-perception is unimportant. Actually, as mentioned above, individuals internalize the expectations of others, the social and moral rules that are defined by others, and evaluate themselves and their actions accordingly (Tracy & Robins, 2004 as cited in Leary, 2004). Because of the internalization, those rules, values, and expectations operate as if they are the individuals’ values. In both cases, either in the presence of others or in the case of internalization, if the individuals have an opinion that others have a negative view about themselves and their behaviors, they most probably will feel shame or guilt (Muris & Meesters, 2013).

1.4.3 Differentiation of Guilt and Shame

1.4.3.1 Individual level

Guilt and shame are defined as two of the self-conscious negative emotions which “react to unfavorable aspects of the self” (Giner-Sorolla, Piazza, & Espinosa, 2011). Most researchers tried to distinguish those two emotions. Their attempts gather around three kinds of focus. One is the event causing those emotions, the second

focus is either others present or not, and the final focus is either the individual focuses on the self or the behavior (Tangney, Stuewig, & Mashek, 2007). The studies conducted to reveal the answers of those questions, whether guilt and shame can be distinguished around those focuses, found some answers. To begin with, the emotional reaction being either guilt or shame mostly does not change according to the event. In general, they are felt as a result of similar events (Tangney, 1992). Therefore, they are mostly used interchangeably. Even in society, people try not to pronounce shame and they prefer using guilt in situations that may provoke either one of shame, guilt or both (Tangney & Dearing, 2004). For individuals to experience either guilt or shame as a result of same event, Giguère, Lalonde, and Taylor (2014) conducted a study, hypothesizing that if another factor (in their study level of identification with the group) is paid attention, it will change the effects of event on affection. They tested the effects of level of group identification on shame and guilt, in case of the violation of a group norm. They reached a result that if the level of group identification is high, then the individuals' guilt reports increase when they violate a group norm. They attribute the violation as a bad act. In the case of low identification with the group, individuals report more shame; they attribute the violation to their bad characteristics. However, simply focusing on the type of event does not make any difference.

As stated above, the presence of others is also not a differentiating factor, because audience is important for both emotions. In the case of shame, individuals evaluate themselves from the eyes of others and in the case of guilt; they are concerned with the effect of their actions on others (Tangney & Dearing, 2004; Tangney, et al., 2007). However, as Ferguson (2005) stated, it is better to differentiate those emotions because of their differences in reacting to the events.

Actually, the most attention getting distinction between guilt and shame is the attribution the individual makes. In the literature, shame is defined as a counterproductive emotion while guilt is characterized as more productive. In this manner, shame is directed to the self, it focuses on the global, stable, negative

appraisals of the self (*I made a mistake*) and as action, people who feel ashamed tend to avoid and conceal. In the case of guilt, attention is given to the wrongdoing of a controllable action (*I made a mistake*), not to the self, and people are inclined to apologize and repair for the wrongdoing. As with shame people believe they are worthless and powerless, shame is believed to cause more pain compared to guilt with which people feel tension, remorse and regret (Tangney & Dearing, 2002 as cited in Akbağ & İmamoğlu, 2010; Lewis, 1971 as cited in Giner-Sorolla, et al., 2011; Keltner & Buswell, 1996; Lopez, et al., 1997; Lewis, 1971 as cited in Tangney & Dearing, 2004).

1.4.3.2 Interpersonal level

At interpersonal level, shame, defined differently by different researchers as “sleeper in psychopathology” (Lewis, 1987) and “bedrock of much psychopathology” (Miller, 1996), is believed to be linked to maladaptive patterns in interpersonal relationships while guilt is related to more adaptive patterns (Abe, 2004). It is stated that shame is more hurting, because both to themselves and others, shame-prone individuals mostly approach in a blaming attitude, the anger and hostility that they express are mostly hurtful. Instead of leading them to withdraw, shame causes individuals to get angry with others. Moreover, those individuals are lack of ability to show empathy to others. On the other side, guilt is not viewed as hurting as shame. To begin with, the ability of guilt-prone individuals to show empathy to others is evaluated to be greater than shame-prone ones and if they have any responsibility at interpersonal level, they accept it. Also for anger, they are not prone to anger as much as shame-prone individuals. However, this does not mean that guilt-prone individuals do not get angry. Of course they do, but they express their anger in a more appropriate way. Moreover, shame-free guilt-prone individuals are more likely to regulate anger and conflicts in positive ways (Tangney & Dearing, 2004).

Focusing the self in the relationships, Riek, Root-Luna, and Schnabelrauch (2014) investigated again guilt and shame differences in terms of forgiveness seeking and

found out that in the case of a transgression, guilt-prone individuals seek for forgiveness while shame-prone individuals do not.

Tangney and Dearing (2004) warn the therapists. During the therapy process, when a shame evoking event occurs, as also mentioned above, shame-prone individuals may react in an angry way in order to get rid of the distressing feelings caused by shame. They can start arguments, accuse the therapist for the situation and not caring him-/herself, and may express his/her doubt about the qualification of the therapist. When such an unexpected anger occurs and the client drops out, most probably the client is shame-prone.

1.4.3.3 Physical features

There are also studies trying to differentiate guilt and shame from physically noticeable features like facial expressions, vocal features, gestures, etc. In his theory, Tomkins (1984 as cited in Motan, 2007) argues that for each emotion the given response is different. Therefore, categorizing those responses and emotions will ease to identify them. With the development of his theory, he believed that although experienced differently, shame and guilt are identical emotions. According to Greenberg and Korman (1993), although in the case of basic emotions (they classified shame as basic emotion) individuals use common facial expressions or are inclined to react in a common way, for complex emotions (guilt corresponds to this group) there is not any consensus about the reactions. In her study, Motan (2007) found out that shame and guilt do not differ in terms of nonverbal features. As she cited, Barret and Campos (1987) suggested focusing on language expressions of shame and guilt instead of nonverbal expressions because they claimed that those emotions are expressed in complex ways, not just with a facial muscle.

In the literature, as mentioned above, some differentiations of guilt and shame could be detected, especially at attributional level and their relations with anger. However, not many specific detectors for differentiating those emotions could be found. As

Barret and Campos suggested, in the scope of this study's qualitative part, individuals with high guilt-low shame, low guilt-high shame, high guilt-high shame, and low guilt-low shame will be compared in terms of their emotional, behavioral, verbal reactions and expectations from others.

1.4.4 Studies Related to Guilt and Shame

Many studies have been conducted including guilt and shame either being the study variables or outcome variables. First of all, studies related to guilt will be presented. Then, studies including both guilt and shame will be introduced and literature related to shame will end this part.

To begin with, in contrast with those researchers, who consider guilt as productive because individuals try to compensate their wrong-doings, do not take it personal in the case of guilt, and in this way they can maintain their relationships, some other researchers argue that the productivity of guilt may differ according to the measure used to assess it (for a detailed discussion see Ferguson & Crowley, 1997). According to Ferguson and Crowley, the measures used to identify guilt are confusing. Some of them, for instance Test of Self-Conscious Affect (TOSCA), are using non-ruminative guilt statements. Therefore, in the studies, none or weak relations with psychopathologies are found. As stated above, if the regulation of guilt cannot be made properly, then even guilt can turn out to be a maladaptive emotion (Muris & Meesters, 2013). In their study, O'Connor, Berry, Weiss, Bush, and Sampson (1997) identified four types of maladaptive guilt, namely, survivor guilt (irrational belief that causing others to suffer because the success the individual attained), separation guilt (irrational belief that causing others to suffer because of leaving them, in this case individual feels being disloyal), omnipotent responsibility guilt (irrational belief that one is responsible from the happiness of others), and self-hate guilt (includes the maladaptive evaluation of the self).

Bruno, Lutwak, and Agin (2009) conducted a study both using TOSCA and O'Connor et al.'s measure of guilt (Interpersonal Guilt Questionnaire-IGQ, 1997)

and investigated their relations with some adaptive and maladaptive constructs. They concluded that TOSCA guilt was positively related to adaptive behaviors and negatively related to maladaptive constructs. However, guilt assessed by IGQ was found to be positively related to maladaptive constructs. In other words, guilt may not be productive and adaptive in every case and while assessing it, the used assessment tool affects its productivity and may cause to come up with a misleading conclusion.

As another view, Tangney and Dearing (2004) suggest that maladaptive guilt is the guilt which fuses with shame. In other words, guilt ends up with self-judgment and rumination when it overlaps with shame. As a result of their study, they found out that shame-free guilt proneness is more adaptive in terms of psychological well-being than other kinds of shame and guilt affective conditions. In the similar line, shame was found to be related to depression while guilt is not. For this relationship, researchers also hypothesized that the mediating factor is rumination and when the analysis run, rumination caused by shame mediated the shame depression relationship. However, as the direct effect of shame-free guilt on depression, shame-free guilt also did not have any effect on depression via rumination (Orth, Berking, & Burkhardt, 2006). As another study, focusing on the productive effects of guilt over shame, researchers chose self-injury as an outcome variable and found out that shame-prone individuals are more likely to give harm to them compared to guilt-prone individuals. They also concluded that guilt protects individuals against self-injury while shame is a risk factor (VanDerhei, Rojahn, Stuewig, & McNight, 2014).

As for shame, in order to investigate the counter productiveness of it, Tangney (2000 as cited in Tangney & Dearing, 2004), conducted a study for the shame and anger relation. She investigated couples and starting from anger eliciting events, wanted to compare the reactions of shame-prone and non-shame-prone couples to anger. It was found out that the partners who made other shame-prone partner to get angry, respond their partner in an angry, resentful, defiant, and denying attitude

instead of trying to compensate the situation. When they did something that made their couple angry, women mostly feel “embarrassed, anxious, sad, shamed, and surprised” while men feel “dominant, sad, and ashamed”. When two shame-prone individuals come together as a couple, things become hectic. Those individuals are included in the relationship with all their vulnerabilities, for instance “insecure attachment, fear of negative evaluation, an impaired capacity for empathy” and their shame-based relation will continually produce shame and conflicts (Lansky, 1987 as cited in Tangney & Dearing, 2004).

For shame, it is stated that shame becomes internalized by conditioning or being exposed to repeated abuse or rejection by others (Gilbert, 2006). Internalized shame is referred to as self-to-self relating experience. In other words, self has two parts; one of which is criticizing and the other part is receiving those criticisms and responding emotionally (Gilbert, 2000b as cited in Gilbert, 2006). It is suggested that internal shame is associated with two forms of self-attacking, one of which is self-improvement/self-attacking and the other one is self-persecution/self-attacking. Self-improving/self-attacking seems more functional compared to self-persecution/self-attacking. While it goads someone on and stops making mistakes, self-hatred becomes prominent in self-persecution/self-attacking and the intention is to harm the parts of the self (Gilbert, 2006). This contributions of Gilbert to the literature leads to an idea that this self-to-self experience is like lack of self-compassion which has a relationship with parenting styles.

1.4.4.1 Studies related to guilt, shame and study variables

In the literature, there are numerous studies conducted both with guilt and shame. They are tested under different circumstances, with different variables. However, as a result of each study, findings related to demographic variables are presented. To begin with, for gender differences, in the case of body image concern, women reported higher guilt and shame compared to men (Pila, Brunet, Crocker, Kowalski, & Sabiston, 2016). Similarly, in another study conducted with adolescents, reports of girls in terms of unambiguous guilt, shame, and ruminative guilt were found to

be greater than reports of boys (Muris, et al., 2014). Findings of Akbağ and İmamoğlu (2010) also support that women report more shame than men. However, contrary to previous studies, Akbağ and İmamoğlu could not find any difference between women and men in terms of guilt. In their study Darby, Henniger, and Harris (2014) investigated individuals' shame and guilt experiences during a doctor visit. They ended up with the conclusion that women experience more guilt and shame during a doctor visit compared to men. In another study conducted with adolescents, no effect of gender on guilt and shame was found. However, the school type made a difference on guilt that compared to other school types, students at Anatolian high school reported more guilt when they make a mistake (Dilber, 2013).

Researchers have studied the relationship between guilt, shame and attachment styles and found significant positive relationships between shame and anxious adult attachment (Magai, Distel, & Liker, 1995), shame and fearful and preoccupied attachment styles (Lopez, et al., 1997), shame and blaming, ignoring and attacking parental attitudes (Claesson & Sohlberg, 2002), and shame and fearful attachment style (Deniz, 2006). Parental rejection was also found positively correlated with shame and guilt, and guilt was also positively correlated with parental warmth (Choi & Jo, 2011). Similarly, another study found a positive relation between parental rejection and shame-proneness; however, conversely, negative relation between parental rejection and guilt-proneness was detected (Stuewig & McCloskey, 2005). However, there is not any research that could find any positive relationship between attachment styles and guilt. On the contrary, Akbağ and İmamoğlu (2010) found a negative relationship between dismissing style and guilt.

As for the relationships between shame and self-compassion, there are also some studies conducted. In their study, Daye, et al. (2014) revealed that there is a negative relation between self-compassion and body shame. Moreover, as a mediator, self-compassion decreased the effects of restrictive/critical caregiver eating messages on body shame. Similarly, Reilly, Rochlen, and Awad (2014) found a negative

association between self-compassion and trait shame. There are also other studies indicating negative association between self-compassion and shame (Ferreira, Pinto-Gouveia, & Duarte, 2013). However, no study could be found detecting the guilt and self-compassion relationship.

There are also studies that were conducted to see the effectiveness of compassion-based therapies on shame and guilt. For instance, Kelly, Carter, and Borairi (2014) looked for the effectiveness of Compassion Focused Therapy on the shame and symptomatology improvement of eating disorder patients. They revealed that if the shame level of the individuals decreased early in the process, the symptoms also decrease faster. Same pattern was also valid for self-compassion; early improvement in self-compassion lead faster improvement in eating disorders symptomatology. In another study, investigating the relations between shame, self-compassion and depression, it was concluded that individuals, who were instructed to approach themselves in a self-compassionate way, reported decreased shame-proneness and depression (Johnson & O'Brien, 2013). Gilbert and Procter (2006) developed Compassionate Mind Training (CMT; for detailed information see Gilbert P., 2010) and at their pre-trial study they revealed that CMT has a significant effect on shame. As for guilt, only one study exists looking for the effectiveness of Self-Compassion Workbook Training and guilt. As a result, increase in self-compassion lead to decrease in guilt (Held & Owens, 2015).

1.5 Expectations from Therapists

In order to test what individuals' preferences about their therapists are, DeGeorge, Constantino, Greenberg, Swift, and Smith-Hansen (2013) conducted a study, replicating the study of Greenberg and Zeldow (1980). Greenberg and Zeldow revealed that women preferred more masculine characteristics like confident, dominant, aggressive, while men preferred feminine characteristics, namely, nurturing, affiliatory, changeable, and deferent. According to the results of DeGeorge et al.'s study, nowadays there is not a clear difference between the

preferences of men and women. Accordingly, the most preferred characteristic of a therapist is to be personal adjustment, which was defined as to have “a positive attitude toward life, enjoy the company of others, and feel capable of initiating and carrying through on activities.” Nurturance was the second high rated characteristic that individuals prefer. It was defined as “providing material or emotional benefit to others”. As a result of their study, DeGeorge et al., concluded that clients mostly prefer therapists who are warm-hearted, continuous, aware of both themselves and others, and emotionally available. Those characteristics are also the ones that are needed to establish a good rapport (Bordin, 1979 as cited in DeGeorge, et al., 2013). It was suggested that if those preferences are considered while matching the therapists and clients then the likelihood of establishing a good rapport will increase. Also results of Hartlage and Sperr (1980)’s study establishes a baseline for this suggestion that the clients’ ratings of the effectiveness of a therapy is influenced by the match between their expectations and the characteristics of the therapists. Also meta-analysis of Swift, Callahan, and Vollmer (2011) revealed that the less early drop-outs and greater improvements were observed when the client preferences are taken into account in the matching process. However, Goates-Jones and Hill (2008) could not detect any significant effects of matching therapists and clients according to the clients’ preferences on therapy outcome. Swift and Callahan (2010) conducted also a study to see individuals’ preferences and ended up with a conclusion that individuals do not care much about the literature based effectiveness of the interventions. What they are mostly concerned with is, their believes related to what features of the therapist and the established rapport will be useful for them during the therapy process. An interesting finding of this study was that clients were not interested in the outcome of their therapies as they are interested in the process. Therapist’s empathy ability and acceptance, and the rapport are the prominent features related to the process. In other words, clients valued the relationship and interaction with their therapists.

1.6 Current Study

1.6.1 Part 1: Quantitative

In the light of the literature mentioned above, the relations of mother's perceived parental attitude, father's perceived parental attitude, guilt, and shame with each other and their possible effects on self-compassion are aimed to be investigated in the first part of the study. In the literature, the relationships between parenting styles/attachment and shame/guilt, attachment and self-compassion, guilt/shame and self-compassion were studied. However, to our knowledge, so far, parental attitudes, self-conscious emotions, and compassion have not been studied together. This study will be the first to examine the effects of self-conscious emotions on parental attitudes and self-compassion relations. Moreover, maternal attitudes have gathered attention so far, however, paternal attitudes were not able to get the same interest. In western cultures, there may not be significant differences between maternal and paternal attitudes; however, in Turkish culture maternal and paternal attitudes and roles in child rearing may have different effects (Sümer & Güngör, 1999). Therefore, as Sümer and Güngör (1999) suggested maternal and paternal attitudes will be handled separately. In order to test the hypotheses below, several statistical analyses will be conducted. First of all, the differentiation of maternal parental attitude, paternal parental attitude, guilt, shame, and self-compassion according to the levels of demographic variables, namely, gender, education, marital status, parental status, and therapy experience will be examined. Secondly, the correlational relations between the study variables and the internal consistency coefficients of the scales will be analyzed. Finally, in order to identify the role of guilt and shame in the relationships between maternal parental attitude and self-compassion and paternal parental attitude and self-compassion (see Figure 1 for the model of the study), multiple mediation analyses will be employed.

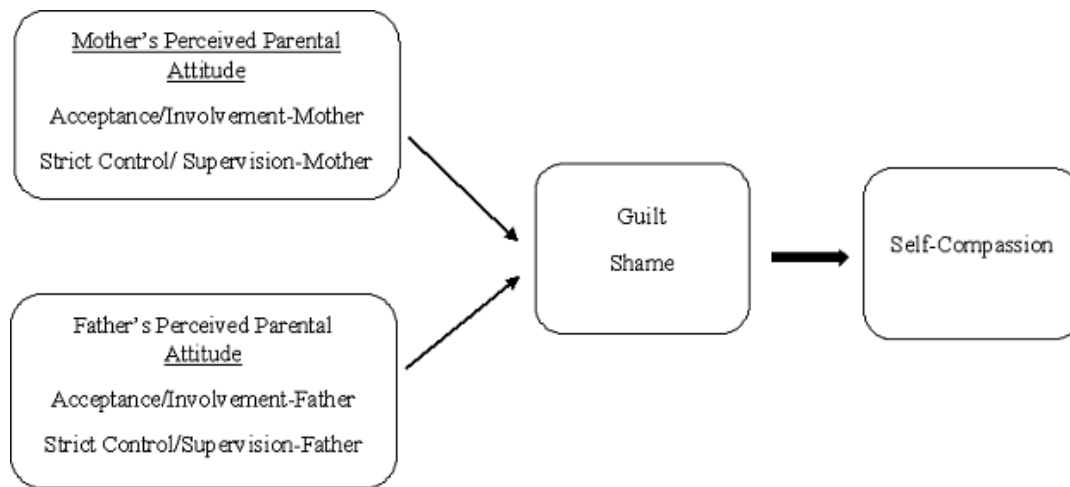


Figure 1 The Model of the Study

1.6.1.1 Research questions and hypotheses

1. Are there any significant relationships between the study variables (Maternal parental attitudes, paternal parental attitudes, shame, guilt, and self-compassion)?

2. Do self-conscious emotions (shame and guilt) mediate the relationships between parental attitudes (strict control/rejection and acceptance/involvement) and self-compassion?

2.a. It is hypothesized that self-conscious emotions will mediate the relationship between maternal strict control/rejection and self-compassion.

2.b. It is hypothesized that self-conscious emotions will mediate the relationship between maternal acceptance/involvement and self-compassion.

2.c. It is hypothesized that self-conscious emotions will mediate the relationship between paternal acceptance/involvement and self-compassion.

2.d. It is hypothesized that self-conscious emotions will mediate the relationship between paternal strict control/rejection and self-compassion.

1.6.2 Part 2: Qualitative

During her clinical practices, the researcher tried to adopt a compassionate attitude toward her clients and tried to enable them to approach themselves in a compassionate way. Some of the clients benefited from this attitude. However, she realized that for some of the clients this self-compassionate attitude complicated the process. Based on her personal experiences and interest, and taking its roots from the literature, she hypothesized that those differences stem from shame and guilt. She tried to focus on clients' relationships with their parents and the possible negative self-conscious emotions they might have. Although it is easier to learn about relationships with parents, she found it difficult to identify which negative self-conscious emotions the clients have. The literature suggests some differentiations; however, the representations of those features are not clear in practice. Based on this personal difficulty, the researcher wanted to investigate how shame-prone and guilt-prone individuals emotionally and behaviorally react to uncompassionate attitudes and actually what kind of an attitude they expect. In that sense, this study will be the first to study the reactions and expectations of individuals based on shame-/guilt-proneness. Furthermore, being a qualitative study attaches another importance to the current study.

1.6.2.1 Research questions

1. How do individuals from different shame/guilt levels react emotionally to uncompassionate attitudes?
2. What kind of a behavioral reaction do individuals from different shame/guilt levels give to uncompassionate attitudes?

3. What kind of an attitude do individuals from different shame/guilt levels expect from their parents/significant others/therapists when they are in a bad situation?

CHAPTER II

METHOD

2.1 Participants

In Table 1, the demographic characteristics of the participants are given. Participants of the current study were 348 subjects, 214 (61.5 %) of which were female and 134 (38.5 %) of which were male. The ages of the participants ranged between 19 and 60 ($M = 23.28$; $SD = 6.24$). While most of the participants were university students ($n = 280$, 80.5%), 33 participants reported being graduated from university (9.5%), 14 participants (4%) reported having a master's degree, 9 participants (2.6%) graduated from high school, 2 participants (0.6 %) from upper secondary education, 1 participant (0.3 %) from primary school, and rest of the participants reported being student either at upper secondary education ($n = 1$, 0.3%), master program ($n = 4$, 1.1%), or doctoral program($n = 4$, 1.1%). 296 participants were single (85.1%), 49 were married (14.1%), and 3 were divorced (0.9%). Among the 52 married or divorced participants 26 (7.5%) reported having at least one child and the rest 26 (7.5%) reported not having any child. 277 participants did not have any therapy experience (79.6%), while 71 participants (20.4%) had at least once. The data was collected online via “Qualtrics: Online Survey Software & Insight Platform” and “Sona Systems: Cloud-based Participant Management Software”. Moreover, Yıldırım Beyazıt University Psychology Department 3rd year students were also informed about the study and they and the university students attending the study through SONA Systems got bonus points for their participation.

Table 1
Demographic Characteristics of the Participants (N = 348)

Variables	Frequency (%)	Mean (SD)
Age		23.28 (6.24)
Gender		
Female	214 (61.5%)	
Male	134 (38.5%)	
Educational Status		
Primary School	1 (0.3%)	
High School	9 (2.6%)	
University Student	280 (80.5%)	
University	33 (9.5%)	
Upper Secondary Education student	1 (0.3%)	
Upper Secondary Education	2 (0.6%)	
Master's Degree Student	4 (1.1%)	
Master's Degree	14 (4%)	
Doctoral Degree Student	4 (1.1%)	
Marital Status		
Single	296 (85.1%)	
Married	49 (14.1%)	
Divorced	3 (0.9%)	
<i>If Married or Divorced, Any Children</i>		
Yes	26 (7.5%)	
No	26 (7.5%)	
Therapy experience		
Yes	71 (20.4%)	
No	277 (79.6%)	

2.2 Instruments

2.2.1 Demographic Information Form

In this form, questions related to age, gender, educational status, marital status, parental status and therapy experiences of the participants were included.

2.2.2 The Measure of Child Rearing Styles

The Measure of Child Rearing Styles was developed by Sümer and Güngör (1999), taking inspiration from Maccoby and Martin's (1983 as cited in Sümer & Güngör, 1999) model and Steinberg, Mounts, Lamborn, and Dornbusch's (1991 as cited in Sümer & Güngör, 1999) studies, in order to measure child rearing styles of mothers and fathers separately. It is a 5-point Likert type scale, ranging from 1 (strongly

disagree) to 5 (strongly agree). The last version of the scale consists of 22 items; 11 items were for measuring strict control/supervision dimension (e.g. He/She had interfered my relationships with my friends a lot.) and 11 items were for acceptance/involvement dimension (e.g. I always trusted his/her love and intimacy.). In the development study of this scale, the reliability scores were for both mother's perceived acceptance/involvement and father's perceived acceptance/involvement dimensions .94, for mother's perceived strict control/supervision .80 and for father's strict control/supervision .70. For the current study, reliability scores were found to be .92 for mother's perceived acceptance/involvement, .87 for mother's perceived strict control/supervision, .92 for father's perceived acceptance/involvement, and .90 for father's strict control/supervision.

2.2.3 Guilt and Shame Scale

Guilt and Shame Scale (GSS) was developed by Sahin and Sahin (1992) in order to obtain a scale that can detect individual's guilt and shame. GSS was a 24-item, 5-point Likert type scale and the responses were ranging from 1 (not at all) to 5 (very much). 12 items were measuring guilt (e.g. Being unable to fulfill your parents' expectations) and 12 items were measuring shame (e.g. Drop a plate with full of food to the floor in a dinner invitation). The reliability scores detected in development study were .80 for shame and .81 for guilt. In the current study, the Cronbach's alpha internal consistency reliability score for guilt was .85 and for shame was .82.

2.2.4 Self-Compassion Scale

Self-Compassion Scale (SCS) was originally developed by Neff (2003) to measure self-compassion dimensions. It is a 26-item, 5-point Likert type scale ranging from 1 (almost never) to 5 (almost always). It has six dimensions, namely, self-kindness, self-judgment, common humanity, isolation, mindfulness and over identification. Cronbach's alpha coefficient for the original form was .92 for total scale. This scale

was adapted into Turkish by Deniz, Kesici, and Sümer (2008). According to the results of their study, Deniz et al. excluded 2 items which are loaded below .30 and they ended up with one factor. All in all, the Turkish version turned out to be 24-item, 1 factor scale (e.g. If I am too distressed, I will show the concern and compassion to myself.). The Cronbach's alpha coefficient of Turkish version was .89. In the current study, the reliability of SCS was .88.

2.2.5 Open-Ended Questions

In order to find out if a difference can be detected between the reactions of shame-prone and guilt-prone individuals to an uncompassionate attitude, a vignette and four open-ended questions were presented to the participants. The vignette was "You were graduated from high school last year and you are getting ready for the university entrance exam again. In the morning, you went to private teaching institute, afternoon you study on your own. In the evening, just for resting a little, you were watching TV and your parent/s came and said 'Ooouw, you are watching TV! OK, but I will see you after the exam.'" (Kaya, 2004) and the questions were "How would you feel in that situation?", "What would you say?", "What would you do?", and "How would you expect him/her to act?" With the first three questions, it was aimed to detect if shame-prone and guilt-prone individuals are responding differently and the last question was to see those individuals' expectations from their parents. However, the real aim was to detect their expectations from their therapists/-to-be. In order to make those connections stronger another vignette and related questions were presented to participants. This second vignette was as follows; "The person you are living with (your parents, your spouse, your flat mate, etc.) told you to close the windows and lock the door carefully when you are leaving because he/she has heard many burglary issues recently. You said okay. Nevertheless, due to your busyness at work/school with your meetings/exams and reports/homework, you were very preoccupied and forgetful. Although you had been warned you forgot to close the window and when you came back to home, you saw that the home was disheveled, the drawers were evacuated, and you realized

that you got burgled.” And the following questions were “With whom would you like to share this event first? (Mom, Dad, Partner, A friend, Policeman, Therapist)”, “Why this person?”, “How do you want your parents to react when you tell them what happened?”, “How do you want your partner to react when you tell him/her what happened?”, “How do you want the policemen to react when you tell them what happened?”, and finally, “How do you want your therapist to react when you tell him/her what happened?” from those questions, the last question takes the most attention. It is believed to answer the question of “What shame-prone and guilt-prone individuals are expecting from therapists?” The aim of including policeman question was to soften the transition from family to therapist.

2.3 Procedure

After taking approval from Research Center for Applied Ethics in Middle East Technical University, the instruments of the study were loaded to “Qualtrics: Online Survey Software & Insight Platform”. After creating a link for the study, another approval was taken from METU “Sona Systems: Cloud-based Participant Management Software” Moderator and using the link of the study, the Qualtrics and Sona systems were linked. Then both of the systems were activated and the link was also spread through social media. When the participants attended to the study, they first encounter with an informed consent form which informs the participants about the aims of the study, their right to not to participate or if they started their right to withdraw from the study any time they want. Following the informed consent, the questionnaires and the open-ended questions were presented respectively. The instruments took approximately 20 minutes to administer. At the end of the application, a debriefing was obtained for participants about the details of the study and the contact information of the researcher. The data was collected through December 2015 and February 2016. As for the analyses, firstly, the preliminary analyses were conducted. After that four multiple mediation analyses were employed for the hypotheses tests. And finally, for the analysis of the qualitative data Thematic Analysis was applied.

CHAPTER III

RESULT

3.1 Part 1: Preliminary Analysis

In this section, firstly, the descriptive statistics of the data is handled. Then, how the study variables differ according to the levels of demographic variables is given. Finally, the correlation coefficients of all the variables are presented.

3.1.1 Descriptive Statistics of the Data

In Table 2 the descriptive statistics of the measures (number of participants, means, standard deviations and ranges) are given.

Table 2
Descriptive Statistics of the Measures

Variables	<i>N</i>	Mean	<i>SD</i>	Range
Measure of Child Rearing Styles (Mother)				
Strict Control/Supervision	348	30.17	8.09	13-55
Acceptance/Involvement	348	40.37	8.42	12-55
Measure of Child Rearing Styles (Father)				
Strict Control/Supervision	348	29.81	9.21	11-55
Acceptance/Involvement	348	36.08	9.43	11-55
Guilt and Shame Scale				
Guilt	348	48.68	7.42	24-60
Shame	348	40.37	8.08	15-60
Self-Compassion Scale	348	74.49	15.23	29-116

3.1.2 Differentiation of Study Variables According to the Levels of Demographic Variables

In order to test how study variables (Mother's Perceived Parental Attitude, Father's Perceived Parental Attitude, Guilt-Shame) differ according to the levels of demographic variables (gender, educational status, marital status, parental status, and therapy experience), fifteen one way between subjects Multivariate Analysis of Variances (MANOVA) were conducted, five for each study variable. Whenever a MANOVA result turned out to be significant, a univariate analysis was performed in order to detect the main effect of the independent variable on dependent variable, with the application of Bonferroni correction; .025 significance level was applied to all three dependent variables. Moreover, for self-compassion, two One-Way Analysis of Variance Analyses (ANOVA) and 3 independent samples t-tests were employed.

3.1.2.1 Differentiation of mother's perceived parental attitude according to the levels of demographic variables

In order to detect the effects of gender, educational status, marital status, parental status and therapy experiences on Mother's Perceived Parental Attitude (MPPA), five one-way between subjects MANOVAs were conducted and the results are summarized in Table 3. The results were found to be non-significant for gender [Multivariate $F(2, 345) = 2.0, p > .05$; Wilks' $\lambda = .99$, partial $\eta^2 = .01$], educational status [Multivariate $F(16, 676) = .61, p > .05$; Wilks' $\lambda = .97$, partial $\eta^2 = .01$], and therapy experience [Multivariate $F(2, 345) = .20, p > .05$; Wilks' $\lambda = .99$, partial $\eta^2 = .001$].

The result of the one way between subjects MANOVA analysis that was conducted for marital status was significant [Multivariate $F(4, 688) = 3.09, p < .05$; Wilks' $\lambda = .97$, partial $\eta^2 = .02$]. According to the results of the univariate analysis, marital status has a significant main effect on mother's perceived acceptance/involvement [$F(2, 345) = 4.41, p < .025$; partial $\eta^2 = .025$]. Bonferroni post hoc comparison

results revealed that divorced individuals perceive significantly lower acceptance/involvement from their mother's ($m = 26.33$, $sd = 4.82$) compared to both single ($m = 40.58$, $sd = .49$) and married ($m = 39.92$, $sd = 1.19$) participants, while there was not a significant difference between single and married individuals.

Table 3
Differentiation of Mother's Perceived Parental Attitude According to the Levels of Demographic Variables

Variables	Strict Control/Supervision			Acceptance/ involvement		
	Mean	SD	F	Mean	SD	F
Age			1.12			1.13
Gender			2.22			3.48
Female	30.68	0.55		39.70	8.83	
Male	29.35	0.70				
Educational Status			0.83			0.43
Primary School	32.00	-		36.00	-	
High School	32.00	11.22		39.00	11.38	
University Student	30.49	7.87		40.36	8.41	
University	29.61	9.57		39.58	8.86	
Upper Secondary Education student	25.00	-		48.00	-	
Upper Secondary Education	27.50	13.44		37.50	7.78	
Master's Degree Student	24.50	6.03		42.25	7.80	
Master's Degree	26.57	7.27		41.43	6.65	
Doctoral Degree Student	28.50	4.43		45.00	9.45	
Marital Status			3.59			4.41*
Single	30.24	7.91		40.58 ^a	8.26	
Married	29.02	8.20		39.92 ^a	8.26	
Divorced	41.67	16.65		26.33 ^b	17.21	
If Married or Divorced, Any			7.87*			5.55*
Children						
Yes	33.08 ^a	9.99		36.23 ^a	9.67	
No	26.42 ^b	6.81		42.04 ^b	8.04	
Therapy experience			0.21			0.04
Yes	29.77	7.89		40.20	9.16	
No	30.27	8.15		40.41	8.24	

Note 1. * $p < .05$

Note 2. The differences of the means that have different subscripts are significant.

Moreover, in terms of mother's perceived strict control/supervision, there was not any significant difference among marital status levels [$F(2, 345) = 3.59$, $p > .025$; partial $\eta^2 = .02$].

Finally, for MPPA, the results of the one way between subjects MANOVA found to be significant for having a child or not [Multivariate $F(2, 49) = 4.06, p < .05$; Wilks' $\lambda = .86$, partial $\eta^2 = .14$]. Results of the univariate analysis revealed that having a child or not has a significant effect on both mother's perceived acceptance/involvement [$F(1, 50) = 5.55, p < .025$; partial $\eta^2 = .10$] and mother's perceived strict control/supervision [$F(1, 50) = 7.87, p < .025$; partial $\eta^2 = .14$]. Accordingly, participants who do not have a child perceive significantly higher acceptance/involvement from their mother's ($m = 42.04, sd = 1.74$) compared to the participants who have at least one child ($m = 36.23, sd = 1.74$). Moreover, individuals who themselves are parents reported significantly higher maternal strict control/supervision ($m = 33.08, sd = 1.68$) than participants who do not have a child ($m = 26.42, sd = 1.68$).

3.1.2.2 Differentiation of father's perceived parental attitude according to the levels of demographic variables

Another five one way between subjects MANOVAs were employed for Father's Perceived Parental Attitude (FPPA) and for all demographic variables, gender [Multivariate $F(2, 345) = .10, p > .05$; Wilks' $\lambda = .99$, partial $\eta^2 = .001$], educational status [Multivariate $F(16, 676) = 1.38, p > .05$; Wilks' $\lambda = .94$, partial $\eta^2 = .03$], marital status [Multivariate $F(4, 688) = 1.34, p > .05$; Wilks' $\lambda = .99$, partial $\eta^2 = .008$], parental status [Multivariate $F(2, 49) = .32, p > .05$; Wilks' $\lambda = .99$, partial $\eta^2 = .01$] and therapy experience [Multivariate $F(2, 345) = .79, p > .05$; Wilks' $\lambda = .99$, partial $\eta^2 = .005$] the results were found to be non-significant (Table 4).

3.1.2.3 Differentiation of guilt-shame according to the levels of demographic variables

The final five one-way between subjects MANOVA analyses were calculated for Guilt-Shame in order to detect the effects of gender, educational status, marital status, parental status and therapy experiences on Guilt and Shame and the results were summarized in Table 5. Accordingly, the results of the one way between

Table 4
Differentiation of Father's Perceived Parental Attitude According to the Levels of Demographic Variables

Variables	Strict Control/Supervision			Acceptance/ involvement		
	Mean	SD	F	Mean	SD	F
Gender			0.15			0.10
Female	29.96	9.27		35.95	9.74	
Male	29.57	9.15		36.28	8.94	
Educational Status			1.38			1.51
Primary School	36.00	-		48.00	-	
High School	36.11	6.49		37.33	9.47	
University Student	30.32	9.21		36.00	9.48	
University	28.91	9.72		34.55	9.87	
Upper Secondary Education student	23.00	-		43.00	-	
Upper Secondary Education	16.50	3.54		39.00	4.25	
Master's Degree Student	22.25	7.89		45.50	1.91	
Master's Degree	29.00	9.38		33.57	6.81	
Doctoral Degree Student	27.00	7.39		45.00	8.68	
Marital Status			2.07			0.41
Single	30.15	9.21		35.98	9.50	
Married	28.18	9.04		36.92	8.73	
Divorced	22.00	8.89		32.67	15.18	
<i>If Married or Divorced, Any Children</i>			0.51			0.35
Yes	28.73	9.34		35.92	9.84	
No	36.92	8.87		37.42	8.29	
Therapy experience			0.18			1.57
Yes	30.23	8.95		34.83	9.84	
No	29.70	9.29		36.40	9.31	

Note 1. * $p < .05$, ** $p < .001$

Note 2. The differences of the means that have different subscripts are significant.

subjects MANOVA turned out to be significant for gender [Multivariate $F(2, 345) = 27.97, p < .05$; Wilks' $\lambda = .86$, partial $\eta^2 = .14$]. The univariate analysis results revealed that gender has a significant effect on both Guilt [$F(1, 346) = 24.85, p < .025$; partial $\eta^2 = .07$] and Shame [$F(1, 346) = 53.46, p < .025$; partial $\eta^2 = .13$]. Accordingly, females' reports of guilt ($m = 50.20, sd = .49$) and shame ($m = 42.71, sd = .52$) were found to be significantly higher than males' reports of guilt ($m = 46.25, sd = .62$) and shame ($m = 36.64, sd = .65$).

The effects of other demographic variables, namely, educational status [Multivariate $F(16, 676) = 1.34, p > .05$; Wilks' $\lambda = .94$, partial $\eta^2 = .03$], marital status [Multivariate $F(4, 688) = 1.04, p > .05$; Wilks' $\lambda = .99$, partial $\eta^2 = .006$], parental status [Multivariate $F(2, 49) = .73, p > .05$; Wilks' $\lambda = .97$, partial $\eta^2 = .03$] and therapy experience [Multivariate $F(2, 345) = .00, p > .05$; Wilks' $\lambda = 1.0$, partial $\eta^2 = .00$] on Guilt-Shame factor were found to be non-significant.

Table 5
Differentiation of Guilt-Shame According to the Levels of Demographic Variables

Variables	Guilt			Shame		
	Mean	SD	F	Mean	SD	F
Gender			24.85**			53.46**
Female	50.20 ^a	6.94		42.71 ^a	7.49	
Male	46.25 ^b	7.55		36.64 ^b	7.58	
Educational Status			0.93			0.98
Primary School	51.00	-		43.00	-	
High School	51.56	6.27		43.11	7.72	
University Student	48.28	7.68		40.56	8.17	
University	49.76	6.67		40.39	7.35	
Upper Secondary Education student	51.00	-		46.00	-	
Upper Secondary Education	43.00	1.41		31.00	4.24	
Master's Degree Student	49.25	3.95		36.00	6.73	
Master's Degree	52.14	5.05		37.36	9.01	
Doctoral Degree Student	50.25	6.85		38.25	4.99	
Marital Status			1.63			0.09
Single	48.39	7.62		40.31	8.23	
Married	50.45	5.62		40.63	7.26	
Divorced	48.33	11.59		42.00	8.00	
If Married or Divorced			0.74			1.47
Any Children						
Yes	51.04	6.18		41.92	7.87	
No	49.62	5.71		39.50	6.46	
Therapy experience			0.00			0.00
Yes	48.66	6.75		40.35	7.04	
No	48.68	7.59		40.38	8.33	

Note 1. * $p < .05$, ** $p < .001$

Note 2. The differences of the means that have different subscripts are significant.

3.1.2.4 Differentiation of self-compassion according to the levels of demographic variables

In order to test how self-compassion differs according to the levels of demographic variables, three independent samples t-test analyses, where gender, parental status

and therapy experience were the independent variables, and two one-way ANOVA analyses were conducted, for which educational status and marital status were set to be the independent variables (Table 6).

Independent samples t-test analysis results revealed that therapy experience has a significant effect [$t(346) = -4.36, p < .001$] on self-compassion. Individuals who had therapy experience reported significantly lower self-compassion ($m = 67.63, sd = 14.37$) than individuals who did not have any therapy experience ($m = 76.25, sd = 14.96$). However, the other two independent samples t-test analyses for gender [$t(346) = -1.65, p > .05$] and parental status [$t(50) = 1.57, p > .05$] turned out to be non-significant.

Table 6
Differentiation of Self-Compassion According to the Levels of Demographic Variables

Variables	Self-Compassion			
	Mean	SD	<i>t</i>	<i>F</i>
Gender			-1.65	
Female	73.43	15.51		
Male	76.19	14.66		
Educational Status				1.41
Primary School	62.00	-		
High School	69.78	16.88		
University Student	74.52	14.88		
University	78.36	18.06		
Upper Secondary Education student	45.00	-		
Upper Secondary Education	88.00	11.31		
Master's Degree Student	75.75	15.73		
Master's Degree	71.00	12.50		
Doctoral Degree Student	65.50	12.58		
Marital Status				0.76
Single	74.07	14.95		
Married	76.96	16.17		
Divorced	75.00	28.48		
If Married or Divorced, Any Children			1.57	
Yes	80.42	18.18		
No	73.27	14.49		
Therapy experience			-4.36**	
Yes	67.63 ^a	14.37		
No	76.25 ^b	14.96		

Note 1. * $p < .05$, ** $p < .001$

Note 2. The differences of the means that have different subscripts are significant.

As for the one-way ANOVA analyses, results were non-significant for both demographic variables; educational status [$F(6, 339) = 1.13, p > .05$] and marital status [$F(2, 345) = .76, p > .05$].

3.1.3 Inter-Correlations among the Study Variables of the Study

For the purpose of detecting the relationships between the study variables, Pearson correlation coefficients were calculated for dimensions of MPPA, dimensions of FPPA, shame, guilt, and self-compassion (Table 7).

According to the results of correlational analyses, the dependent variable, self-compassion, is positively correlated with mother's perceived acceptance/involvement ($r = .19, p < .01$) and father's perceived acceptance/involvement ($r = .20, p < .01$). However, it is negatively correlated with father's perceived strict control/supervision ($r = -.12, p < .05$) and shame ($r = -.28, p < .01$).

Correlation analyses revealed that shame has a positive correlation with mother's perceived strict control/supervision ($r = .18, p < .01$) and guilt ($r = .53, p < .01$) while guilt has a positive correlation with mother's perceived acceptance/involvement ($r = .22, p < .01$) and father's perceived acceptance/involvement ($r = .17, p < .01$).

Finally, as for the correlations of dimensions of both MPPA and FPPA, there are positive correlations between mother's perceived acceptance/involvement and father's perceived acceptance/involvement ($r = .34, p < .01$) and mother's perceived strict control/supervision and father's perceived strict control/supervision ($r = .47, p < .01$). However, between mother's perceived acceptance/involvement and mother's perceived strict control/supervision ($r = -.45, p < .01$), father's perceived acceptance/involvement and father's perceived strict control/supervision ($r = -.28, p < .01$), and mother's perceived acceptance/involvement and father's perceived strict control/supervision ($r = -.18, p < .01$) there are negative correlations.

Table 7
Correlations between the Study Variables

	1	2	3	4	5	6	7
1.Acc/Inv-Mother	1						
2.Str Ctrl/Sup-Mother	-.45**	1					
3.Acc/Inv-Father	.34**	-.08	1				
4.Str Ctrl/Sup-Father	-.18**	.47**	-.28**	1			
5.Guilt	.22**	-.02	.17**	-.05	1		
6.Shame	.04	.18**	.06	.10	.53**	1	
7.Self-Compassion	.19**	-.07	.20**	-.12*	-.00	-.28**	1

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

3.2 Part 1: Multiple Mediator Effects of Guilt and Shame in the Relations of Perceived Parental Attitudes and Self-Compassion

In order to test the mediator roles of guilt and shame in the relationships of MPPA and self-compassion and FPPA and self-compassion, four multiple mediation analyses were conducted by following the procedures of Preacher and Hayes (2008). Two reasons choosing Preacher and Hayes' method over Baron and Kenny's mediation method (1986) are those, there is not a requirement about normality in Preacher and Hayes' method and significant effects of predictor variable on mediator and mediator on dependent variable are not needed. Moreover, large sample sizes are not necessary in this method.

3.2.1 Multiple Mediator Effects of Guilt and Shame in the Relation of MPPA and Self-Compassion

For testing the mediator roles of guilt and shame in MPPA and self-compassion relations, two separate multiple mediation analyses were conducted with mother's perceived strict control/supervision and mother's perceived acceptance/involvement being the two independent variables.

According to the results, the relationship between mother's perceived strict control/supervision and self-compassion was mediated by shame (Table 8). As summarized in Figure 2, the more the individuals experienced strict control/supervision from their mother's, the more they reported shame ($a = .18, p$

< .001), which led to decrease in self-compassion ($b = -.74, p < .001$). In other words, when mother's perceived strict control/supervision increases, shame reports also increase, which in turn causes decrease in self-compassion. Both the total effect of mother's perceived strict control/supervision on self-compassion via all mediators ($c = -.13, p > .05$) and direct effect of mother's perceived strict control/supervision on self-compassion ($c' = .01, p > .05$) were non-significant. The total indirect effect of mother's perceived strict control/supervision on self-compassion via all mediators ($B = -.14, SE = .05$) was significant as the bias corrected confidence intervals ranged between $-.25$ and $-.07$. All in all, the model was significant [$F(3, 344) = 13.91, p < .001$] and 11% of the variance in self-compassion was predicted by mother's perceived strict control/supervision through guilt and shame. Moreover, for mother's perceived strict control/supervision, a bias corrected confidence interval for the indirect effect of shame ($B = -.14, SE = .05$) based on the 1000 bootstrap samples was above zero.

Table 8
Results of Bootstrapping for Indirect Effects in Multiple Mediation Analysis for Strict Control/Supervision-Mother (Model 1)

Indirect Effect	Unstandardized Coefficients		95% Bias Corrected Confidence Intervals		Standardized Coefficients	
	B	Standard Error	Lower	Upper	β	Standard Error
Total	-.14*	.04	-.25	-.07	-.08	.02
Guilt	-.01	.02	-.05	.03	-.00	.01
Shame	-.13*	.05	-.11	.03	-.24	-.05

Note. * $p < .05$

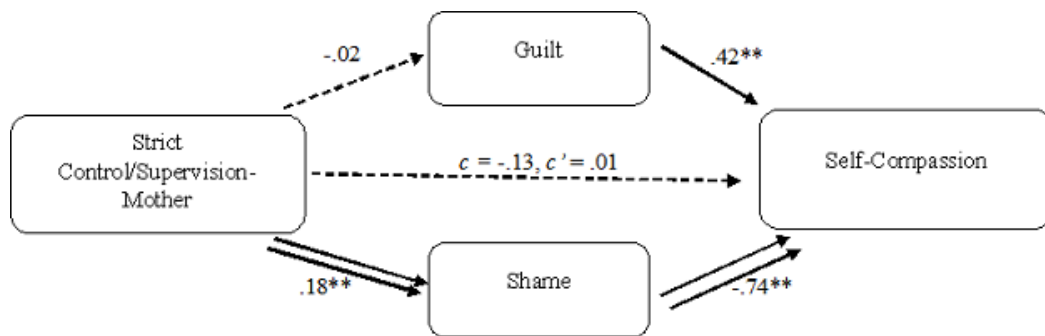


Figure 2. Model 1 and the unstandardized regression coefficients demonstrating shame as the mediator of strict control/supervision-mother and self-compassion relation

Note 1. * $p < .05$, ** $p < .001$

Note 2. Mediation is represented by double lines.

Note 3. Non-significance is figured by dashed lines.

As for the multiple mediation analysis conducted for the relationship between mother's perceived acceptance/involvement and self-compassion, guilt was found to be mediating this relationship (Table 9). The more the individuals experienced acceptance/involvement from their mother's, the more they reported guilt ($a = .19, p < .001$), which led to increase in self-compassion ($b = .33, p < .05$). More clearly, when the mother's perceived acceptance/involvement increases, guilt reports also increase, which in turn causes increase in self-compassion. Both the total effect of mother's perceived acceptance/involvement on self-compassion via all mediators ($c = .34, p < .001$) and direct effect of mother's perceived acceptance/involvement on self-compassion ($c' = .30, p < .05$) were significant. The total indirect effect of

Table 9

Results of Bootstrapping for Indirect Effects in Multiple Mediation Analysis for Acceptance/Involvement-Mother (Model 2)

Indirect Effect	Unstandardized Coefficients		95% Bias Corrected Confidence Intervals		Standardized Coefficients	
	B	Standard Error	Lower	Upper	β	Standard Error
Total	.04	.04	-.03	.12	.02	.02
Guilt	.06*	.03	.02	.13	.03	.02
Shame	-.03	.04	-.10	.06	-.01	.02

Note. * $p < .05$

mother's perceived acceptance/involvement on self-compassion via all mediators ($B = .04, SE = .04$) was non-significant as the bias corrected confidence intervals

ranged between -.03 and .13. Overall, the model was significant [$F(3, 344) = 17.78$, $p < .001$] and 13% of the variance in self-compassion was predicted by mother's perceived acceptance/involvement through guilt and shame. Additionally, based on the 1000 bootstrap samples, a bias corrected confidence interval for the indirect effect of guilt ($B = .06$, $SE = .02$) was above zero for mother's perceived acceptance/involvement (Figure 3).

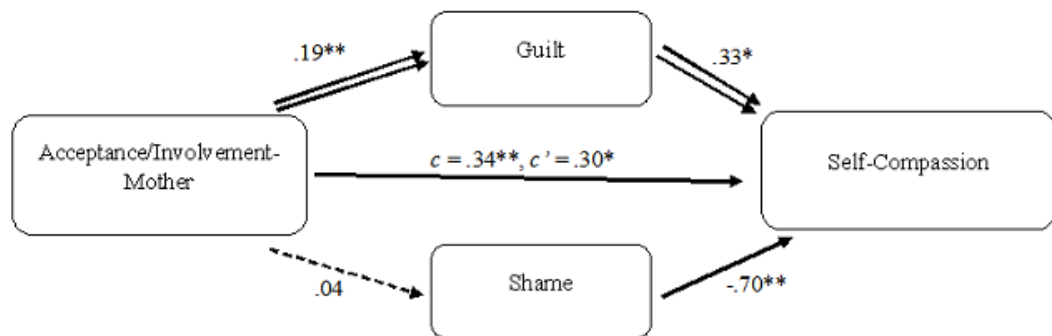


Figure 3. Model 2 and the unstandardized regression coefficients demonstrating guilt as the mediator of acceptance/involvement-mother and self-compassion relation

Note 1. $* p < .05$, $** p < .001$

Note 2. Mediation is represented by double lines.

Note 3. Non-significance is figured by dashed lines.

3.2.2 Multiple Mediator Effects of Guilt and Shame in the Relation of FPPA and Self-Compassion

In order to test the mediator roles of guilt and shame in FPPA and self-compassion relations, taking father's perceived acceptance/involvement and father's perceived strict control/supervision as the two independent variables, two separate multiple mediation analyses were employed.

Table 10

Results of Bootstrapping for Indirect Effects in Multiple Mediation Analysis for Acceptance/Involvement-Father (Model 3)

Indirect Effect	Unstandardized Coefficients		95% Bias Corrected Confidence Intervals		Standardized Coefficients	
	B	Standard Error	Lower	Upper	β	Standard Error
Total	.01	.03	-.06	.07	.01	.02
Guilt	.05*	.02	.02	.10	.03	.01
Shame	-.04	.03	-.11	.03	-.02	.02

Note. * $p < .05$

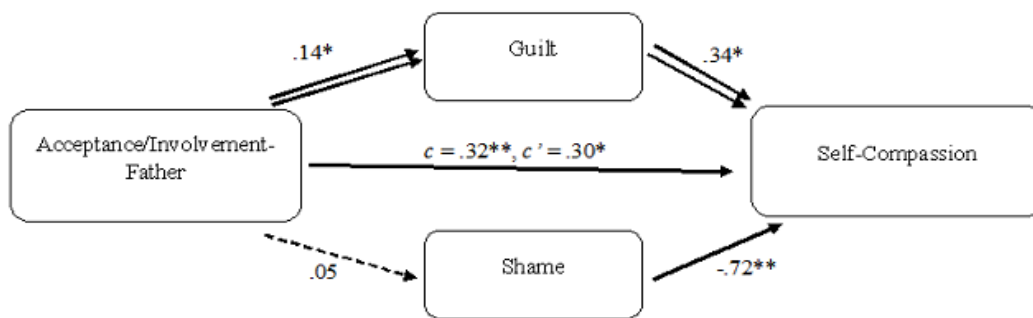


Figure 4. Model 3 and the unstandardized regression coefficients demonstrating guilt as the mediator of acceptance/involvement-father and self-compassion relation

Note 1. * $p < .05$, ** $p < .001$

Note 2. Mediation is represented by double lines.

Note 3. Non-significance is figured by dashed lines.

As a result of the multiple mediation model conducted for father’s perceived acceptance/involvement and self-compassion relation, taking guilt and shame as mediators, guilt turned out to mediate the relation (Table 10). Increase in father’s perceived acceptance/involvement caused increase in guilt ($a = .14, p < .05$), which brought an increase in self-compassion reports ($b = .34, p < .05$). Specifically, when the perceived acceptance/involvement from father increased, the experienced guilt increased correspondingly, which led to increase in self-compassion. The total effect of father’s perceived acceptance/involvement on self-compassion via all mediators ($c = .32, p < .001$) was significant as the direct effect of father’s perceived acceptance/involvement on self-compassion ($c' = .30, p < .05$). As the bias corrected confidence intervals ranged between $-.06$ and $.07$, the total indirect effect

of father's perceived acceptance/involvement on self-compassion via all mediators ($B = .01$, $SE = .03$) was non-significant. All in all, the model was significant [$F(3, 344) = 19.05$, $p < .001$] and father's perceived acceptance/involvement explained 14% of the variance in self-compassion through guilt and shame. Furthermore, for father's perceived acceptance/involvement, a bias corrected confidence interval for the indirect effect of guilt ($B = .05$, $SE = .02$) was above zero based on the 1000 bootstrap samples (Figure 4).

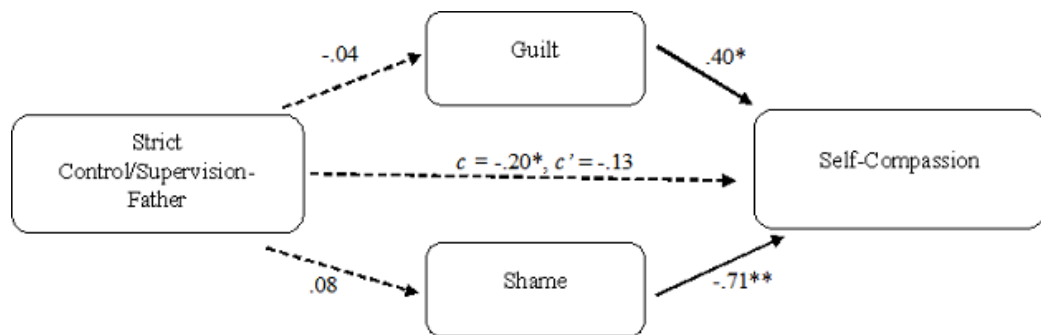


Figure 5. Model 4 and the unstandardized regression coefficients

Note 1. * $p < .05$, ** $p < .001$

Note 2. Mediation is represented by double lines.

Note 3. Non-significance is figured by dashed lines.

Table 11

Results of Bootstrapping for Indirect Effects in Multiple Mediation Analysis for Strict Control/Supervision-Father (Model 4)

Indirect Effect	Unstandardized Coefficients		95% Bias Corrected Confidence Intervals		Standardized Coefficients	
	B	Standard Error	Lower	Upper	β	Standard Error
Total	-.07	.04	-.16	-.01	-.05	.02
Guilt	-.02	.02	-.06	.02	-.01	.01
Shame	-.06	.04	-.16	.01	-.04	.02

Note. * $p < .05$

Finally, a multiple mediation analysis was conducted for testing the mediator roles of guilt and shame in the relationship between father's perceived strict control/supervision and self-compassion (Table 11). Neither guilt nor shame were found to be a significant mediator in father's perceived strict control/supervision and self-compassion relation (Figure 5).

3.3 Part 2: Qualitative

In this section, the analysis results of the qualitative data are presented. Firstly, the reasons of choosing thematic analysis over other methods, the analysis process, and grouping of the data are explained. Then, each study group is handled one-by-one in order to draw a representative picture of each.

As mentioned above, in order to analyze the open-ended questions, Thematic Analysis from qualitative analysis methods was employed. The reason for choosing thematic analysis over other qualitative methods is that it is a flexible method. In other words, it does not require any type of data collection method (Braun & Clarke, 2013 as cited in Craver, 2014). As the qualitative data of the current study was collected as a part of a data collection booklet and the data was not collected by considering the data saturation as in the other methods (Creswell, 2007), thematic analysis is decided to be the best fitting analysis method for the current study.

After the completion of the data collection process, the qualitative data was analyzed via MAXQDA 12-Professional Software for Qualitative & Mixed Methods Research Program. Based on the quantitative data, participants were divided into four groups in terms of their shame- and guilt-proneness, namely, high shame-low guilt, high guilt-low shame, high guilt-high shame, and low guilt-low shame. Answers of each participant were coded one-by-one. The codes were divided into three groups, whether they are emotion codes, own reaction codes, or expected reaction codes. Each code group reviewed multiple times in order to form more comprehensive codes and at the end of all those reviews, themes occurred for each code group. Superordinate themes, subordinate themes, and codes were presented for each study group.

3.3.1 Individuals in High Shame-Low Guilt (HSLG) Group

In this section, the responses of high shame-low guilt individuals are presented. This group was composed of 44 individuals. Compared to other groups, it was realized that the statements of individuals in HSLG group were poorer, especially

when they explained their own emotions and possible reactions. While statements of the individuals in other groups could be coded with multiple codes, as they answered the questions with least words possible, statements of individuals in HSLG group were mostly coded with just one code.

3.3.1.1 Emotional reactions

When the emotional reactions of the individuals in HSLG group are reviewed, it is not hard to realize that they mostly reported introverted emotions (40 responses). However, as mentioned above, their statements were poor and nearly each individual reported one emotional reaction. Therefore, unfortunately, it is hard to conclude that those individuals cumulate around some emotions. Nevertheless, they mostly reported emotions which were clustered under harassing/hurting feelings (17 responses), namely, downtrodden, mistrust, broken, and desperate. Examples of those statements are “I would feel downtrodden”, “I would feel mistrust because if they really trusted me, they would have known that I gave a break.”, “I would feel very upset and broken. I would think that they are unsympathetic.”, “I would feel desperate.” Those individuals also reported feeling bad, upset and discomfort, emotions which were clustered under feelings of discomfort (13 responses). “I would feel very bad and upset.” And “I would feel uncomfortable and that they have an issue with me.” Furthermore, guilt and shame were also reported, which are from self-attributional feelings (9 responses). Although this group was HSLG group, only one participant reported shame, while 4 participants reported guilt.

Although as a theme introverted emotions were reported more, anger, from extroverted emotions, alone gets the most attention (15 responses). The answers were mostly just one word; “angry”, “anger”, etc.

Table 12
Emotional Reactions of High Shame-Low Guilt Group

Thematic Units	# of Responses	Total # of Responses
Introverted Emotions		
1. Harassing/Hurting Feelings		
• Downtrodden	5	45
• Mistrust	4	12
• Broken	3	13
• Desperate	2	5
• Disappointment	2	6
• Razed	1	1
2. Feelings of Discomfort		
• Bad	5	44
• Upset	5	70
• Discomfort	2	20
• Anxiety	1	2
3. Self-Attributional Feelings		
• Guilty	4	18
• Ashamed	1	6
• Unlucky	1	1
• Regretful	1	1
• Unsuccessful	1	1
• Worthless	1	6
Demotivated	1	9
Pessimistic	1	1
Extroverted Emotions		
• Anger	15	122
• Ambitious	1	4
• Sleep with Peace of Mind	1	6

Note. # of Responses column represents the number of participants from HSLG group who stated the code and Total # of Responses column stands for the number of times the code was mentioned by all the participants

3.3.1.2 Behavioral responses

In Table 13 behavioral responses of HSLG group are summarized. As it can be detected from the table, the superordinate theme “reactions arising from the need to be understood” turned out to be the heading theme for the individuals in HSLG group (38 responses). Within this theme, participants mostly reported making explanations (26 responses), followed by claiming their rights (9 responses). “Reactions arising from the need to be understood” theme was followed by “rebellious reactions” theme (36 responses). While reacting to those uncompassionate parents, at some point reactions arising from the need to be

understood and rebellious reactions overlap, therefore, those overlapping parts of those two themes will be handled together.

Table 13
Behavioral Responses of High Shame-Low Guilt Group

Thematic Units	# of Responses	Total # of Responses
Reactions Arising from the Need to be Understood		
• Making Explanations	26	194
• Claiming Their Rights	9	44
• Presenting Facts	1	33
• I am aware of my responsibilities	1	36
Rebellious Reactions		
1.Punishment		
• Keep on Watching TV	14	165
• Not Studying	6	24
2.Rebellious		
• Reproach	12	45
• Revolt at	2	50
• Attacking/Arguing/Defensing	2	33
• Challenge	1	25
Avoidance		
1.Avoidance		
2.Devotion		
• Keep on Studying	5	45
• Turn off the TV	4	16
Disregard		
• Disregard	4	40
• Slur over	2	9
Passive		
• Keep Silent	2	24
• Crying	1	7

Note. # of Responses column represents the number of participants from HSLG group who stated the code and Total # of Responses column stands for the number of times the code was mentioned by all the participants

When their parents approach those individuals in HSLG group in an uncompassionate way, at the first encounter, they mostly tried to explain themselves, that they had studied all day, very tired of studying and need to rest. “I just gave break. I have studied whole day and got very tired.” is an example of making explanations. “Since the morning, I am studying. It is my right to rest a

little.” can be an example for both making explanations and claiming their rights. As stated above, the statements of HSLG group are very poor. Therefore, even their explanations are very limited.

While making explanations, some individuals reproach while others revolt at their parents. “Since the morning I have studied. I have just sit and you always see this part.” is an example of both making explanations and reproach, while, “I have just given a break. Let me breath!” is an example for both making explanation and revolting at. A pure reproach statement is “welcome mom, hi yourself :)”. “Study study study! How could you know what I am experiencing!” is an example for both reproach and revolt at.

Apart from those overlapping responses, punishment from “rebellious reactions” theme take a great response from HSLG group (20 responses). After giving their first reactions to their parents, those individuals reported that they would keep on watching television (14 responses) which can be considered as overt punishment. On the other side, some individuals reported covert punishment as they would not study anymore (6 responses). “I would go to my room and listen to music”, “I would go to my room and keep on resting there.” are examples for covert punishment.

“Avoidance” theme is also a frequent theme among HSLG individuals (32 responses). Example statements of avoidance overlapped with covert punishment. Apart from those statements, they mostly responded as “I would go to my room” (23 responses). Some of those individuals (4 responses) also turn off the television before leaving and some reported continuing to study in their room (5 responses). All those responses are considered to be avoidance from any argument that can occur between them and their parents.

3.3.1.3 Expected reactions from others

When they are in a bad mood, have done something wrong, or just have some needs to be satisfied, as anyone, individuals in HSLG group also have some expectations from others. In this study, these expectations were asked around 3 groups of people,

Table 14
High Shame-Low Guilt Group's Expected Reactions from Others

Thematic Units	# of Responses	Total # of Responses
Positive Attitudes		
1.Support		
• Comforting	28	148
• Consolation	16	197
• Support	13	120
2.Showing Interest		
• Caring & Protecting	27	253
• Kind Questioning	15	103
• Spending Time Together	7	36
• Kind Warning	4	45
• Listening	2	22
• Kind Insisting	1	16
3.Acceptance		
• To Show an Understanding Approach	26	164
• Normalization	7	45
• Take it Normally	6	33
• Show his/her Trust	3	23
• Anyone can Experience This	2	22
• Destiny	2	7
• What Happened Happened	1	18
• Calm/Positive Attitude	1	30
4.Problem-Focused		
• Generating Solutions	6	48
• Suggestions	3	38
• Cold-Blooded	1	11
• Expostulating	1	5
5.Use of Skills/Techniques		
• Analysis of the Event	2	31
• Necessary Response	1	14
• Empathic	1	14
Negative Attitudes		
1.Punishment	14	78
2.Warning	2	15
Neither Positive nor Negative		
1.Contrary to Criticism		
• Not Angry	3	18
• Not to Accuse	2	29
2.Non-responsive		
• Non-Involvement	1	14

Note. # of Responses column represents the number of participants from HSLG group who stated the code and Total # of Responses column stands for the number of times the code was mentioned by all the participants

parents, significant others, and therapists. Therefore, the answers will be covered separately for each group under each theme.

For these questions, there is a point that has to be indicated here. Some participants (9 responses) denied either to understand or to answer those questions. Those individuals answered the questions as either “I have no idea” (5 responses) or “I do not have a therapist” (3 responses). Those answers considered to be denial because the study was based on fictional vignettes and although most of the participants did not have any therapy experience, they answered those questions as the answers had to be about their expectations not reality. Moreover, one of the participants expected his/her parents to appreciate his/her cold-blooded attitude. The vignette did not give any information related to post-burglary neither did the participant. Therefore, this participant is considered to refuse to understand and answer the question.

3.3.1.3.1 Positive attitudes theme

As summarized in Table 14, HSLG individuals mostly expect others to approach them positively (176 responses). When the positive attitudes are reviewed, it is obvious that the prominent ones are support (57 responses), show interest (56 responses), and acceptance (47 responses).

Support

Within Support unit, comforting (28 responses), consolation (16 responses), and support (13 responses) were responded by HSLG individuals.

Comforting

When the answers coded as comforting reviewed, it was realized that only 4 individuals expected comforting from their parents. “Even though I would expect him/her to tell me to calm down, I am sure he/she will get very angry.” is an example statement.

11 participants expected comforting from significant others. An example statement is “I would expect him/her to calm me down and say that we will get over it.”

14 participants reported that they would expect their therapist to comfort them. “I would expect my therapist to tell me that this was not my fault and anyone can experience such an event.” is one of the participant’s answers for this question.

Consolation

5 participants who expected consolation from their parents use statements like “I am a calm person but even though I would expect them to say ‘life is more important than things’”, “I would expect him/her to accept the situation and console me”, “Don’t be upset, they will find the thief.”

Consolation is mostly expected from significant others with 8 responses. “I would expect him to console me” is a common answer for significant others.

Only 3 participants expected their therapists to console them. They stated their expectations as “I would expect him/her in a way that he/she is consoling me.”, I would expect him/her to listen to me cold-bloodedly, and to tell me that this is not a matter of life or death, life is more important than money or belongings.”

Support

Responses given for parents and significant other are equal for support (6 responses for each). However, responses given for therapists are far behind others (1 response).

“I would expect them to say ‘Okay, I am coming immediately.’”, “I would expect them to support me instead of accusing”, “I would expect them to calm me down and support me.” are example statements given for parents.

“I would expect him/her to stay with me and support me.” and “I would expect him/her to calm me down and stay with me while I am solving the problem.” are reported for significant others.

The only response given for therapist is that “I would expect him/her to support me by understanding the situation. However, as this is something wrong, I would expect him/her to criticize me.”

Show interest

Within this unit, caring and protecting (27 responses) and kind questioning (15 responses) are prominent responses.

Caring and protecting

Within this code, both the expectations of the participants from their parents in first vignette and their expectations from their parents, significant others, and therapists are included. Therefore, parental responses are dominant under this code. Furthermore, nobody expected their therapists to approach them in a caring and protecting way.

24 responses were given for parents. Example statements for the first vignette are “You got too tired today. Make time for yourself.”, “I would expect them to sit and have a talk with me. They could ask how my day was.” For the second vignette participants responded like “Disregarding the house, I would expect him/her to ask questions related to my wellbeing.”, “Life is more important than belongings. What if you were at home and he would have done something to you?”, and

In any case, they will get angry with me. However, even they are angry, I would like to feel that they fear for me. I mean, I would expect an anger talk with an under message of ‘life is more important than belongings’.

Only 3 participants reported that they would expect a caring and protecting response from significant others. “I would expect him/her to ask me if I am okay.” And “I would expect him/her to show me interest. Oow, how could this happen? You are fine and rest is unimportant.” are example statements.

Kind questioning

This code is also mostly given to the answers of first vignette. Therefore, all the responses were for parents. In that situation the question was “how would you like your parents to respond [in a case that they saw you watching TV instead of studying as you have to study enough because it is an important year for you]?” In this situation some participants, as stated above, wanted their parents to ask “how was your day?” However, some participants preferred their parents to ask them questions related to their studies. At first, the researcher and her supervisor had difficulty in clustering this code. Later, with the advice of a friend who is also a clinical psychologist, this questioning is considered as a kind of showing interest and included under this code. Example answers for this code are “I would expect him/her to ask ‘Son, have you studied today?’”, “I would expect him/her to ask ‘Ooo, what is my daughter is doing? I wonder if she has given a break?’”, “I would expect him/her to ask ‘have you studied today? How long have you studied? Yes, if you have studied that much, it would be better for you to rest but do not extend this.’”

Acceptance

As a whole unit, acceptance is an important factor. However, under this factor, there are multiple codes like normalization, showing his/her trust, calm and positive attitude, etc. However, there is one factor dominating this unit, which is “to show an understanding approach” (25 responses).

Participants expected an understanding approach mostly from their parents (13 responses) and significant others (9 responses). Example answers given for parents are “I would expect them to say ‘what you have done was bad but due to your busyness I understand you.’ and offer solutions”, “I would expect an understanding approach.” The answers given for significant others are not very different from the answers given for parents; “I would expect him/her to show understanding and comfort me.”, “I would expect him/her to show understanding and console me.”

Only 3 participants expected their therapists to show an understanding approach with statements like “I would expect him/her to be understanding.”

3.3.1.3.2 Negative attitudes theme

Even though responses related to negative attitudes theme are far behind responses related to positive attitudes theme, considering that only 44 participants are present in HSLG group, 16 negative attitudes responses are not little. Within this theme, punishment (14 responses) is prominent.

Punishment

Although the question was “how would you expect your parents/significant others/therapists to respond you?” the given answers coded under this unit surprised the researcher a lot. The participants were free to answer any way, however, they preferred mostly their parents to accuse them and to get angry with them.

Example statements given for parents are “I would like them to accuse me because I am guilty.”, “I would expect them to get angry with me a little.”, “In any case, they would get angry a lot. To some point it is their right, however, while doing this I would expect them to be sensitive about my feelings and talk accordingly.”, and

In any case, they will get angry with me. However, even they are angry, I would like to feel that they fear for me. I mean, I would expect an anger talk with an under message of ‘life is more important than belongings’.

Answers given for significant others are “I would expect him/her both to get angry with me and stay with me and understand me.”, “After showing his/her anger a little, to become understanding.”, and “I would expect him/her to get angry with me and take precautions.”

There was only one participant who expected his/her therapist to punish him/her. The statement is “I would expect him/her to support me by understanding the situation; however, at the same time as it was wrong, I would expect him/her to criticize me.”

3.3.1.4 Overview of HSLG group

As indicated at the beginning of this section, individuals in HSLG group try to express themselves with very few words and the contents are mostly poor. Even overtly, they express little information to be analyzed, this poor content gives some opinion about those individuals. As they do not give much information, even they had the opportunity, it is concluded that those individuals are not very willing to solve their problems.

When their feelings in a negative situation are asked, the most reported feelings are introverted emotions, which do not have any effect to prompt an individual. Contrary to other groups, harassing/hurting feelings from introverted emotions are the most prominent ones for HSLG group. Downtrodden, mistrust, broken, desperate, disappointment and razed are from those emotions. However, they also report feeling bad and sad. Actually, feeling downtrodden, bad and sad are the most pronounced individual emotions, after anger. As a single emotion, anger gets the most attention from individuals with HSLG.

As for their behavioral reactions to a negative attitude, they firstly try to explain themselves and claim their rights. Some of their reactions may include reproach. After their first response, individuals with HSLG mostly prefer to leave the context, a behavior that is considered as avoidance, as they avoid from arguing. A smaller group prefers to keep on what they were doing.

When their expectations from others are asked individuals in HSLG group mostly prefer others to comfort them, to show their interest with caring and protecting statements or behaviors, and to show an understanding approach. Actually, those preferences state the needs of those individuals. When they face with a negative event they would like to be comforted. With the interest of others, they would like to feel that they are important. In this manner, their actual need is believed to feel to be important and special. Finally, they want to be understood. Interestingly, the ones, from who they expect those approaches, change from approach to approach.

Comforting is mostly expected from therapists, while a few people expect this from their parents. On the contrary, for the other two approaches, parents come first, where for caring and protecting, nobody reported an expectation from their therapist. Besides those positive attitudes, some individuals from HSLG group expect their parents to punish them by mostly getting angry with them. Because they believe that they have the right to.

To sum up, as a clinician, if you encounter someone that talks with a poor content, seems unwilling to attend to the therapies or does not believe the usefulness of the therapies, you may think that most probably those individuals are from this group. Considering their expectations from others, firstly, those individuals would like to be comforted when they experience a negative situation. Although your aim is to understand them, if you keep on questioning them, they might feel discomfort and as stated under behavioral reactions, they may avoid from you. In other words, they may drop out. Therefore, in order to establish a rapport first, it would be useful to approach those individuals in an empathic and comforting way. Besides, using normalization would make those individuals feel better as both their actions and emotions are understood. Following the establishment of the rapport, you may use other techniques; however, as those individuals are very inclined to avoid, it might be better to keep it slow while using confrontations.

3.3.2 Individuals in High Guilt-Low Shame (HGLS) group

This section is devoted to individuals with high guilt-low shame. 56 participants of the current study fall into this group.

3.3.2.1 Emotional reactions

As the emotional reactions of HGLS group are reviewed it is obvious that introverted emotions (46 responses) are numerically superior to extroverted emotions (23 responses). Within introverted emotions, “feelings of discomfort” unit (25 responses) is followed by “harassing/hurting feelings” (12 responses), as summarized in Table 15.

Table 15
Emotional Reactions of High Guilt-Low Shame Group

Thematic Units	# of Responses	Total # of Responses
Introverted Emotions		
1. Feelings of Discomfort		
• Upset	14	70
• Bad	5	44
• Discomfort	2	20
• Lost	1	1
• Nerves be Shot	1	2
• Tired	1	1
• Regret	1	3
2. Harassing/Hurting Feelings		
• Not Understood	4	26
• Mistrust	2	12
• Downtrodden	2	45
• Broken	2	13
• Desperate	2	5
3. Self-Attributional Feelings		
• Guilty	4	18
• Humiliated	2	4
• Ashamed	1	6
• Loss of Self-Esteem	1	2
• Self-Doubt	1	1
Demotivated	2	9
Extroverted Emotions		
• Anger	21	122
• Ambitious	1	4
• Sleep with Peace of Mind	1	6

Note. # of Responses column represents the number of participants from HGLS group who stated the code and Total # of Responses column stands for the number of times the code was mentioned by all the participants

As also mentioned above, “feelings of discomfort” unit consists of feelings like, upset (14 responses), bad (5 responses), and discomfort (2 responses). Statements for sadness are mostly like “I would be upset”, “I would feel sad”. For feeling bad, the answers were like “I would feel bad.” and “Bad”. Finally, for discomfort they reported “I would feel discomfort.”

For “harassing/hurting feelings” unit again the individuals do not gather around a couple of emotions. The mostly responded emotion is being not understood (4 responses), followed by mistrust, downtrodden, broken, and desperate (2 responses for each). The statements were mostly just one word. Examples of multiple-worded answers, with the same order, are as follows, “I would think that they do not

understand me.”, “I would feel that my family does not trust me.”, “I would feel downtrodden”, “I would think that our relationship is problematic and I would feel very broken.”, and “Desperate, and I’m sure my words would stick in my throat.”

In the other theme for emotional reactions, extroverted emotions, anger comes first. Again individuals mostly responded with just one word “angry” and “I would get angry” (In Turkish this sentence corresponds to one word). Examples of longer answers are “Most probably, I would get angry, very very angry.” and “I would get angry because they did not see the reality and did not trust me.”

3.3.2.2 Behavioral responses

When individuals in HGLS group face with an uncompassionate attitude, the most reported responses are “rebellious reactions” (62 responses; see Table 16). Among those reactions, “punishment” is greater in number (27 responses) than “rebellious”. The most occurring reaction that was coded as punishment is keep on watching television (27 responses). This response is followed by revolt at (10 responses) and challenge (6 responses) from rebellious reactions. However, in order to form a logical sequence, “reactions arising from the need to be understood” theme (51 responses), which includes explanation code (27 responses), is needed to be stressed here. This is because some individuals revolt at and challenge their parents while making their explanations and keeping on watching television response is given after making explanations. Therefore, again there are overlaps between the themes and it is considered to be better to handle those themes together.

As a general opinion, individuals in HGLS group mostly made their explanations in a calm way. “I would tell them that I have studied all day and I am at a break at that moment.”, “I would tell them that I have just sit down for a rest.”, and “I would explain myself in a proper way.” are example statements for those calm explanations.

Table 16
Behavioral Responses of High Guilt-Low Shame Group

Thematic Units	# of Responses	Total # of Responses
Rebellious Reactions		
1.Punishment		
• Keep on Watching TV	27	165
• Not Studying	6	24
2.Rebellious		
• Revolt at	11	50
• Challenge	6	25
• Reproach	4	45
• Attacking/Arguing/Defensing	3	33
• You do not have the Right to	3	5
• Threat	1	1
Reactions Arising from the Need to be Understood		
• Making Explanations	27	194
• I am aware of my responsibilities	9	36
• Claiming Their Rights	8	44
• Presenting Facts	6	33
• Emotional Expression	1	4
Avoidance		
1.Avoidance	19	131
2.Devotion		
• Keep on Studying	8	45
• Turn off the TV	3	16
Disregard		
• Disregard	7	41
• Devalue	3	5
Passive		
• Keep Silent	3	24

Note. # of Responses column represents the number of participants from HGLS group who stated the code and Total # of Responses column stands for the number of times the code was mentioned by all the participants

As for the example statements that include explanations and revolting at together, “Since the morning I have been studying. I have watched television for two minutes. Is it a lot?”, “Just two minutes ago I have turned the television on and you came. I have been struggling with my courses since the morning. Let me rest a little!!!”, and “I have been studying since the morning. It is just a break, man alive!” and explanations and challenge together, “I have studied and gave a break now. At the end of the year, we will see the results together.” can be given.

The example statements of revolting at that do not include explanations are “I am not a racehorse.” and “I have the right to watch television. I am not a robot. I cannot study all the time. Let me sometimes spare time for myself. Besides, I do not have to study in front of you.” Moreover, the pure challenge statements mostly are like “We will see at the end of the year.” and “Mind your own business, we will see at the end of the year.”

After revealing their first, mostly verbal, reactions, the behavioral reactions take the stage. Some of the participants keep on watching television (27 responses), which was coded under rebellious reactions/punishment, while others prefer to avoid, either by getting away from their parents (19 responses) or by keeping on studying (8 responses). The ones who reported that they would keep on watching television used statements like “I would keep on watching television.” and “I would keep on resting.” The statements of the participants who reported getting away from their parents are mostly like “I would live the living room and go to my room.” Some of the participants added emotion to their reactions and reported “Without listening their answers, I would go to my room and close the door in an angry way.” Finally, the ones who reported they would keep on study just have written statements like “I would start studying.”

3.3.2.3 Expected reactions from others

As in HSLG group, in HGLS group there were some participants who were considered to deny answering the questions. There were 5 responses reported having no idea and 5 responses reported having no therapist.

3.3.2.3.1 Positive attitudes theme

As the summary is given in Table 17, HGLS individuals mostly expect others to adopt a positive attitude towards them. Among the positive attitudes, the most outstanding approach is show interest (91 responses), followed by support (77 responses).

Table 17
High Guilt-Low Shame Group's Expected Reactions from Others

Thematic Units	# of Responses	Total # of Responses
Positive Attitudes		
1. Showing Interest		
• Caring & Protecting	47	253
• Try to Understand	12	35
• Kind Questioning	11	103
• Spending Time Together	7	36
• Listening	7	22
• Kind Warning	4	45
• Kind Insisting	2	16
2. Support		
• Consolation	31	197
• Comforting	24	148
• Support	20	120
• Assuring	2	3
3. Acceptance		
• To Show an Understanding Approach	18	164
• Normalization	8	45
• Anyone can Experience This	5	27
• Calm/Positive Attitude	5	30
• Take it Normally	3	33
• What Happened Happened	3	18
• Unconditional Positive Regard	3	6
• Destiny	1	7
4. Problem-Focused		
• Generating Solutions	7	48
• Cold-Blooded	6	11
• Guidance	6	14
• Suggestions	4	38
• Lessoning	2	6
• Compensation	2	4
• Cognitive Reappraisal	1	2
• Teaching Techniques	1	4
• Help	1	14
• Take Control	1	12
• Expostulating	1	5
5. Use of Skills/Techniques		
• Analysis of the Event	8	31
• Necessary Response	6	14
• Empathic	4	14
• Questioning	1	2

Table 17 (cont'd)
High Guilt-Low Shame Group's Expected Reactions from Others

Thematic Units	# of Responses	Total # of Responses
Negative Attitudes		
1.Punishment	13	78
2.Warning	4	15
Neither Positive nor Negative		
1.Contrary to Criticism		
• Not to Accuse	3	29
• Not to Judge	2	9
• Not to Sadden	1	1
2.Non-responsive		
• Non-Involvement	5	14

Note. # of Responses column represents the number of participants from HGLS group who stated the code and Total # of Responses column stands for the number of times the code was mentioned by all the participants

Show interest

Among the answers coded under show interest unit, caring and protecting (45 responses) is followed by trying to understand (12 responses) by long shot.

Caring and protecting

As stated above in HSLG group, mostly expectations from the parents are dominant under this unit.

33 participants expected their parents to approach them in a caring and protecting way. Example statements for the first vignette are “I would expect them to ask ‘How are you? Are you studying? How are your courses?’”, “First, I would like them to talk to me and learn how busy my day was, and then would like to watch television together.”, “You got too tired, resting will be good for you.”, “Being asked how I am is sufficient for me.”, and “I would expect them to ask me how my day was or in an attitude that asks after me with questions like ‘did you eat something?’, ‘what’s up?’” and examples for the second vignette are “Life is more important than belongings.”, “As there is nothing to be done, first, I would expect them to ask how I am.”, and “I would expect them to say, ‘don’t worry! Luckily, the thief did not come when you were home and hurt you.’”

13 responses were given for significant others. Statements were like “you are okay, right?”, “I would expect him/her to be interested in my wellbeing and feelings.”, and “He/She would already react how I expect ‘You are okay, right? Nothing happened, right?’”.

Only one participant expected his/her therapist to behave in a caring and protecting way, “[I would expect him/her to ask] how I feel.”

Trying to understand

7 responses given under this unit were expectations from parents. “I would expect them to ask questions oriented to understand the situation.”, “I guess you accomplished your responsibilities and you spare time for yourself.”, and “I would expect him/her to understand the situation and my sadness.” are example statements.

2 participants expected their significant other to try to understand them with those statements: “I would expect him/her to understand the situation and my sadness.” and “I would expect him/her to understand my situation.”

For therapists, 3 participants expect them to try to understand them. “How did you feel when you first get into the house?”, and “I would expect him/her to understand me” are example statements.

Support

Within this unit, consolation (31 responses), comforting (24 responses), and support (20 responses) are the mostly reported responses by HGLS group.

Consolation

Also for consolation, the most reported responses were again for parents (15 responses). Statements are like “I would expect them to console me.”, “To comfort me by telling that it is a recoverable situation.”, and “To tell me that I am not guilty.”

12 responses were given for significant others. “I would expect him/her to be with me, to tell me that I don’t have to obsess about this, and really make me feel that.”, and “A consoling response would be good.” are example statements.

Only 4 participants expected consolation from their therapists. “I would expect him/her to console me.”, “It would be enough if he/she says ‘Ooo! Get better soon! There is no need to ask questions like ‘how did you feel?’”

Comforting

Contrary to other expectations, comforting responses given for parents (7 responses), significant others (9 responses) and therapists (8 responses) were not very different in number.

Examples for parents are “I would expect them to calm me down and comfort me.”, “To comfort me by telling that it is a recoverable situation.”, and “To make me feel comfortable by giving confidence.”

“I would expect him/her to help me to empty my mind.”, “To calm me down”, and “I would expect him/her to comfort me.” are example statements used for significant others.

“I would expect my therapist to talk to me soothingly.”, “I would expect him/her to ask me how I feel and help me to get rid of my guilt.”, “I would expect him/her to make me feel that it is not only my fault.”, and “I would expect him/her to suppress my guilt.” are examples for therapists.

Support

7 participants expected their parents to support them with statements like “I would expect them to ask me how was my day, to be more cheerful, and already being in a hard period, to make me feel that they stand by me.”, “Sharing my troubled moment would be enough.”, and “To support me.”

10 responses were given for significant others: “I would expect him/her to stand by me.”, “I would expect him/her to tell me that he/she would always stand by me.”, “I would expect him/her to tell me that he/she would immediately come up to me.”, and “to support me and lead the way.”

3 participants verbalized that they expect support from their therapists. “I would expect him/her to ask me how I feel and help me to get rid of my guilt.” and “to support me and lead the way” are the example statements.

3.3.2.3.2 Negative attitudes theme

Although it is far behind the positive attitudes theme, it is considered to be better to report punishment under this theme.

Punishment

In HGLS group, there was nobody expecting their therapists to punish them. However, punishment is expected from parents (8 responses) and significant others (5 responses).

“If it is necessary, they can get angry a little bit, I would not get offense.”, “Of course nobody intentionally does such a thing but it is normal for them to get angry.”, and “I would expect them to get angry but not much.” are example statements reported for parents.”

For significant others “Maybe he/she should show his/her anger but while cuddling me and wiping away my tears.”, “I would expect him/her to dump me.”, and “I would welcome his expression of anger.” are examples.

3.3.2.4 Overview of HGLS group

As can be inferred from the explanations given above, the expressions of emotions of HGLS individuals are poor in words, too. When asked, they mostly answer with just one word. Mostly, they do not give any explanation for the reasons of their emotions. When their reports are reviewed, it is clear that the intensity is on feelings

of discomfort, from introverted emotions. Then comes anger, from extroverted emotions. Actually, although they report other emotions, this group is the one that the members used the least various emotions. This attitude enabled a gathering around anger and sadness, and an impression that those individuals are clear about their feelings. It is inferred that those individuals can stay in those emotions. Because while in other groups, mostly, individuals report their feelings just with the name of the emotion, individuals in HGLS group prefer statements like “I would get upset.” and “I would feel upset.” They take an active role here and do not try to make explanations for the reasons or for the results of their feelings. They just stop there.

As for their behavioral responses, those individuals mostly report reacting rebelliously. However, at individual level, the reactions that get the highest response are making explanations, keep on watching television, and avoidance. After making their explanations, they either prefer to punish their parents or avoid them in order not to have an argument.

When their expected reactions from others are asked, individuals report that they expect others to show interest in them and support them. As caring and protecting from showing interest unit is reported more than other reactions, it is deduced that feeling that they are important for others and they are being cared is important for this group. In respect of support, they want to be soothed, hence the frequently reported reactions are consolation and comforting. In addition to positive attitudes, punishment from negative attitudes again gets attention. From this group, nobody expected their therapists to punish them but their parents and significant others.

In conclusion, as a clinician, if you have a client that states his/her emotion in a clear cut way and gives the impression that although he/she is uncomfortable with the emotions, he/she can stay in those emotions; you may think that your client is from HGLS group. As stated above, being cared and protected is the most expected reaction from others. However, specific to the therapists, they mostly want the therapists to comfort them by providing a solution to their guilty feelings.

Therefore, during the therapies when you use techniques other than providing solutions, those individuals may react because in the short run, they expect solutions from the therapist. If you do not give them what they want and keep on what you believe is correct, those individuals may also not give you what you want. You may try to take them a point but they may refuse it and insist on their own point. Therefore, before moving on, if you explain your point of view, way of handling the situations, and how the solutions are generated during the process, you may establish a better rapport.

3.3.3 Individuals in High Guilt-High Shame (HGHS) Group

Throughout this section, the analysis results of the data from high guilt-high shame group are presented. This group is composed of 123 participants of the current study. During the analysis of the data, it was realized that this group used more words while expressing themselves, their thoughts, etc. compared to other groups. This rich content gives the impression that they try to solve the problem.

3.3.3.1 Emotional reactions

As stated above, even while expressing their feelings, only a few participants used just one word. Mostly, they explained their emotions and the reasons or outcomes of their emotions. Moreover, another interesting result is that, HGHS individuals mostly used introverted and extroverted emotions together. Therefore, although they will be handled separately, it can be seen that the statements include both types of emotions.

3.3.3.1.1 Introverted emotions theme

As previous groups, HGHS individuals mostly reported introverted emotions (see Table 18). Under this theme the sorting is like feelings of discomfort (66 responses) and harassing/hurting feelings (56 responses).

Table 18
Emotional Reactions of High Guilt-High Shame Group

Thematic Units	# of Responses	Total # of Responses
Introverted Emotions		
1. Feelings of Discomfort		
• Upset	28	70
• Bad	20	44
• Discomfort	9	20
• Tense	3	3
• Unhappy	2	3
• Anxious	1	2
• Sick of	1	1
• Uneasy	1	1
• Regret	1	3
2. Harassing/Hurting Feelings		
• Downtrodden	27	45
• Not Understood	15	26
• Broken	6	13
• Disappointment	5	6
• Mistrust	2	12
• Desperate	1	5
3. Self-Attributional Feelings		
• Guilty	6	18
• Unworthy	5	6
• Inadequate	3	5
• Ashamed	2	6
• Humiliated	1	4
• Loss of Self-Esteem	1	2
Extroverted Emotions		
• Anger	48	122
• Ambitious	2	4
• Sleep with Peace of Mind	3	6

Note. # of Responses column represents the number of participants from HGHS group who stated the code and Total # of Responses column stands for the number of times the code was mentioned by all the participants

Among discomfort feelings, sadness comes at the first place (28 responses) and feeling bad follows sadness (20 responses). Individuals verbalized their sadness like “I would get upset. Because they did not ask what I had done.”, “They believe that I will not be able to get into the university, again and I would get upset.”, “I would get angry because of their insensitive attitude and speculating according to just what they saw and I would get upset because they had doubt about me.”, “I would feel very upset, get disappointed, if they do not believe me even after I told that I have studied, I would feel more upset.”, and “My family’s such ideas about me would

upset me a lot.” Explanations of the individuals who reported feeling bad are “I would feel very bad and guilty. I would try to understand if he/she is kidding.”, “I would feel bad. However, as I know that I have studied enough, it would not affect me.”, and “I would feel bad. Having your endeavoring regarded as completely unimportant is something sad.”

The prominent emotions of harassing/hurting feelings unit are downtrodden (27 responses) and not understood (15 responses). “I would feel downtrodden because I have endeavored however I have been seen when I was acting contrary to expectations. I would feel angry, downtrodden, and unworthy.”, “I would feel downtrodden and get angry.”, “I would feel tense and downtrodden.”, and “I would get angry and feel downtrodden. I would feel very bad inside. I would get tense a lot.” Are example statements for downtrodden. For not understood code, the examples can be as follows “I would get very upset. I would feel that they do not understand me. My self-confidence about achieving success would be shaken.”, “I would feel downtrodden and that they do not understand me.”, and “I would get bored. Feeling that they do not understand me, I would get angry.”

3.3.3.1.2 Extroverted emotions theme

As in the other groups, anger is the outstanding extroverted emotion also for HGHS group. Furthermore, if the cluster totals are disregarded, anger, alone, is the most reported emotion (48 responses). As stated above, reports of those individuals are rich in content and they reported multiple emotions and within those reports, introverted emotions accompanied anger. Example statements for anger reports are “I would get angry. Combining with the fatigue that occurred due to a second preparation for the exam, having my endeavors being disregarded would annoy me. I would get upset that they do not understand me.”, “I would get very angry. I would think that they do not understand me. Even if I would plan to study, with that anger, I won’t.”, “I would get angry and would get broken because they reacted like that unjustly.”, and

I would feel downtrodden and get angry. I would feel unworthy. To my opinion, I have done my best and deserve resting, but they do not respect that and just looking at that moment, they end up with a conclusion that I have not studied.

3.3.3.2 Behavioral reactions

If anyone approaches to HGHS individuals in an uncompassionate way, the most reported reactions of them are from the ones clustered under “reactions arising from the need to be understood” theme (114 responses; see Table 19). Among those reactions, making explanations is well ahead (87 responses). Within the behavioral reactions, “reactions arising from the need to be understood” theme is followed by avoidance theme (86 responses) and rebellious reactions theme (76 responses). As in the previous groups, while making explanations, some participants in HGHS group also use some of the rebellious reactions. However, compared to the general attitude, these rebellious reactions are not very common in this group. They mostly reported reactions either telling that “I have studied all day and just gave a break.” or making assertive explanations like

I would try to defend myself by explaining what I have done all day. I would say that ‘in such a situation, it is not good for me to study continuously. I also need to rest and I expect you to show understanding to me. Besides, this attitude makes me feel bad.’

Or “I would explain the reality. I would indicate that his/her diction is problematic and how hard this process is. I would not say much more thing.”

Even though not many, there are explanations that include rebellious reactions. Example statements for making explanation and reproach overlap are “I have already studied all the day. Let me rest a little.” and

I would say that ‘the whole day I have studied. I just wanted to rest a little and watch television but you immediately tell things that reduced my motivation. I wish, firstly, you had asked me what I had done all day!

Table 19
Behavioral Responses of High Guilt-High Shame Group

Thematic Units	# of Responses	Total # of Responses
Reactions Arising from the Need to be Understood		
• Making Explanations	87	194
• I am aware of my responsibilities	9	36
• Claiming Their Rights	9	44
• Presenting Facts	6	33
• Emotional Expression	3	4
Avoidance		
1.Avoidance	58	131
2.Devotion		
• Keep on Studying	22	45
• Turn off the TV	6	16
Rebellious Reactions		
1.Rebellious		
• Reproach	18	45
• Revolt at	17	50
• You cannot Get Involved	5	8
• Challenge	3	25
• You do not have the Right to	2	4
2.Punishment		
• Keep on Watching TV	22	165
• Not Studying	9	24
Passive		
• Keep Silent	6	24
• Crying	5	7
Disregard		
• Disregard	6	41
• Shur over	1	9
• Devalue	1	4

Note. # of Responses column represents the number of participants from HGHS group who stated the code and Total # of Responses column stands for the number of times the code was mentioned by all the participants

As for the example statements for the explanation and revolting at overlap, “Mom, I have studied all the day. Do not get into my business, enough!”, “Since the morning I have been studying. Do not talk through my hat!”, and “I have studied and now I am resting. What is the matter!?” can be given.

Excluding making explanations, there are a little pure reproach statements like “Mom/Dad from what joy are you talking about?! Since two years I have devastated

already and you are not supporting me!”, “Moooom, fling this in my teeth.”, “Always come up when I gave a break.”, and “I see you do not trust me. I am so sorry.” and pure revolting at reactions are like “I guess I have this right to spare a little time for myself.” And “Is it rational for you to comment without knowing how much I have studied?!”

After giving their first, and mostly the verbal reactions, HGHS individuals also respond behaviorally. Among those behavioral reactions, HGHS individuals preferred avoidance greater in number than others. They either prefer to just get away from their parents (58 responses) or devote and study (22 responses). “I would go to my room and try to entertain myself with other things.”, “I would give up watching television, go to my room and sleep.”, “In order not to let this situation drag on, I would go to my room, calmly.”, and “I would turn off the television, go to my room, and spend my resting time in another way.” are examples for getting away from parents. During the analysis of the statements that were coded with “devote and study”, it was realized that some of those individuals immediately leave the room for studying. “I would start studying harder.”, “I would go to my room and start studying.”, and “I would lock myself to my room. Till the night I would study. I would lock the door and neither I would go out not get anyone in.” are example statements for starting studying immediately. Besides that, there was a group within those who devote, that they keep on what they were doing for a very short period of time and then go to their room and keep on studying. “I would keep on watching television for a while and then start studying.”, “After resting a while, I would keep on studying.”, and “I would rest 10 more minutes, then go to my room and try to study.” are examples for the letter group.

While some individuals devote, some other HGHS individuals activate rebellious reactions and they keep on watching television (22 responses), which was clustered under punishment unit. “I would keep on watching television till the end of my break.”, “I would maintain my position.”, and “Insistently, I would keep on watching television.” As stated in devotion unit some of those individuals first

prefer to punish their parents by keeping on watching television, and then leave for studying.

3.3.3.3 Expected reactions from others

In each group, there are individuals who deny understanding the questions. As the number of individuals in this group is greater than the previous groups, the number of denying individuals also increased. They reported having no idea how to expect others to respond (9 responses), having no significant other (3 responses), and having no therapist (7 responses).

3.3.3.3.1 Positive attitudes theme

As summarized in Table 20, positive attitudes are again the most expected ones. Within this theme, showing interest (206 responses), support (187 responses), and acceptance (140 responses) are the mostly responded attitudes.

Show interest

Under this unit, caring and protecting is the mostly expected approach (97 responses). As in the other groups, parental responses are dominant in this group, too. Moreover, nobody wanted their therapist approach them in a caring and protecting way.

77 responses were given for parents. Examples from the answers given to the questions of first vignette are “I would expect him/her to ask me ‘how was your day? What did you do?’ and have a conversation with me.”, “What did you do today? You got tired, have a rest. I will prepare something to eat for you. Try not to force yourself a lot. I believe in you.”, “I would expect them to ask and learn what I had done and whether I am tired.”, “Hi, what are you watching? How was your day?”, and “I would expect him/her to sit next to me and ask how my day was.” For the second vignette those participants responded like “I would expect them to get worried for me.”, “You are okay, right?!”, “I would expect them to ask

‘Are you okay? Never mind, it isn’t important.’”, and “It isn’t important. Anyone can experience this. The important point is that you are okay.”

In addition to parental responses, 20 participants expected their significant other to adopt a caring and protecting attitude. “I would expect him/her to say ‘Luckily, you were not at home.’”, “Fortunately, you were not at home. What if something had happened to you!”, “You are okay, never mind the rest.”, and

You could get hurt. It is a great luck that he came when you were not at home. I am very happy that nothing had happened to you. You should not sadden yourself. Such things can happen. I am here for you.

are examples of their statements.

Support

Even though this unit includes less codes, the codes are so striking that it got very much attention from the participants. Consolation is the first comer (79 responses), followed by comforting (55 responses), and support (53 responses).

Consolation

32 of the consolation responses were given for parents. “I would expect them to say that anyone could experience that and I should not feel bad.”, “It wasn’t your fault.”, “Possible, human nature. You are busy nowadays. You might have been caught in an absent state.”, and “I would expect them to calm me down and console me.” are example statements.

33 participants’ responses for significant others were coded as consolation. Statements were like “I do not have one. But if I had, I would expect him/her to be with me and console me.”, “I would expect him/her to console me by saying that ‘anyone can experience this. This isn’t your fault. Don’t sadden yourself. The thief could come when you were at home and could hurt you.’”, and “It is not more important than you. This can happen. Let’s look what we can do now.”

Table 20
High Guilt-High Shame Group's Expected Reactions from Others

Thematic Units	# of Responses	Total # of Responses
Positive Attitudes		
1. Showing Interest		
• Caring & Protecting	97	253
• Kind Questioning	49	103
• Kind Warning	25	45
• Spending Time Together	10	36
• Kind Insisting	10	15
• Try to Understand	8	35
• Listening	6	2
• Exhibit Love	1	2
2. Support		
• Consolation	79	197
• Comforting	55	148
• Support	53	120
3. Acceptance		
• To Show an Understanding Approach	66	164
• Normalization	18	45
• Anyone can Experience This	15	27
• Take it Normally	13	33
• Calm/Positive Attitude	11	30
• Show his/her Trust	10	23
• What Happened Happened	7	18
4. Problem-Focused		
• Suggestions	18	38
• Generating Solutions	16	48
• Take Control	9	12
• Guidance	7	14
• Help	5	14
• Lessoning	3	6
• Objective	3	3
• Teaching Techniques	2	4
• Compensation	2	4
• Cold-Blooded	2	11
• Expostulating	2	5
5. Use of Skills/Techniques		
• Analysis of the Event	12	31
• Necessary Response	2	14
• Head towards Emotions	2	3
• Empathic	1	14
• Give Hope	1	1

Table 20 (cont'd)
High Guilt-High Shame Group's Expected Reactions from Others

Thematic Units	# of Responses	Total # of Responses
6. Emotional Reactions		
• Be Sorry	2	4
• Surprised	1	8
Negative Attitudes		
1. Punishment	25	78
2. Warning	3	15
Neither Positive nor Negative		
1. Contrary to Criticism		
• Not to Accuse	14	29
• Not to Get Angry	11	18
• Slur over	5	8
• Not to Judge	5	9
• Not to Expostulate	1	1
• Not to Laugh	1	1
• Not in the Same Manner	1	1
2. Non-responsive		
• Non-Involvement	4	14
• Non-responsive	3	9

Note. # of Responses column represents the number of participants from HGHS group who stated the code and Total # of Responses column stands for the number of times the code was mentioned by all the participants

Consolation is expected from the therapists by 16 participants. They used such statements “I would expect him/her to say that it is not my fault and such things can happen due to inattention.”, “I would expect him/her to say that this is not something to exaggerate so much.”, “I would expect him/her to tell things that would lessen my sadness and guilt.”, and “I would expect him/her to console me.”

Comforting

Comforting was reported by 16 individuals for their parents. “I would expect him/her to understand my sadness and calm me down.”, “they will get worried but first, they will calm me down.”, “I would expect them to worry for me and calm me down.”, and

I would just want them to calm me down. At the end I did not do this on purpose. Accusing me because of that would be merciless. However, as I will already feel responsible, I would expect them to say that it was not my fault and support me.

17 participants expected their significant others to comfort them. “I would expect him/her to support me, tell things that will comfort me, and help me to stay strong.”, “I would like him/her to try to comfort me.”, “I would expect him/her to make a speech that will calm me down.”, and

Firstly, I would expect him/her to ask how I am and immediately come to me. I would expect his/her support during the process. I do not want him/her to bore me by asking questions. On the contrary, I would expect him/her to get me out of this psychology.

are example statements.

From their therapists, 21 participants expected a comforting approach. They used statements like “I would expect him/her to make me believe that it is not my fault.”, “I would expect him/her to talk in a soothing way and help me while regulating my life.”, “to behave in a non-judgmental and sincere way, and to teach me how to suppress my guilt.”, and “I would expect him/her to tell things that will help me to get rid of my guilt feelings.” As can be realized, guilt is stressed a lot in the expectations from the therapists.

Support

As can be understood from their statements given above, individuals in HGHS group expect others to support them. 15 responses were related to expectations from parents. The statements were like “I would like them to support me without forgetting that it is human nature.”, “I would expect him/her to calm me down and support me.”, and “I would expect them to show understanding and support me.”

As for significant others, 31 participants expect support from them. “I would expect him/her to worry for me and come to me for support.”, “I would expect him/her to support me until I get out of shock.”, and “I would expect him/her to support me without questioning.” are example statements.

7 participants reported that they expect support from their therapists. Examples of their statements are as follows “I would expect him/her to be with me. At the end,

it is fault due to busyness and tiredness.”, “I would expect him/her to support me tell me that this was not my fault.”, and “I would like him/her to support me without forgetting that it is human nature.”

Acceptance

Although it covers multiple codes, “to show an understanding approach” (66 responses) is the prominent one under this unit.

31 individuals expected their parents to show an understanding approach to them. “I would expect them to understand my condition.”, “I would expect them to be understanding and supportive.”, and “I would expect them to show an understanding approach and say that ‘there is nothing to do. What happened happened.’” are example statements.

Significant others were expected to show an understanding approach by 24 participants. They stated their expectations with statements like “I would expect him/her to show understanding.”, “It is important for me to see that he/she calms me down, understands, listens, and offers solutions.”, and “I would expect him/her to understand and without showing any reaction, to tell me what I have to do.”

Only 10 individuals from HGHS group expected their therapist to show an understanding approach. “I would expect him/her to understand that I could not get precautions due to my busyness and to calm me down.”, “He/She should approach me in an understanding way. He/She should not criticize me.”, and “I would expect him/her to understand me.”

3.3.3.3.2 Negative attitudes theme

Although compared to positive attitudes theme, this theme does not take much attention, the number of responses given this theme cannot be disregarded. The most prominent unit of this theme is punishment with 25 responses.

17 of the responses were given for parents. Individuals who expected their parents to punish them reported that “I would expect them to get angry with me.”, “I would expect them to get angry. At the end I am guilty.”,

As I acted unresponsively and the result is bad, I know that my parents will get very angry with me and I am afraid of that. However, as I am aware of the fact that they are right, even I get upset; I would not want and expect them to behave differently.

and “Actually, totally approaching in an understanding way would make me feel guilty. I would expect them to express their anger at least a little, and then do not dwell upon a lot.” The last quote makes sense of these expectations about punishment.

From significant others, 7 participants expected to punish them. Statements are like “I would take it normally if he/she gets angry a little. However, I could not stand him/her to give high reactions.”, “I would expect him/her to get angry, as it is normal. After that I would expect him/her to calm down.”, “I think he/she has the right to get angry.”, and “He/She has the right to get angry and hang up on me.”

Only one participant expected his/her therapist to punish him/her with this statement: “I would expect him/her to tell me that I made a mistake and behaved unresponsively.”

3.3.3.4 Overview of HGHS group

In comparison with other groups, HGHS group express themselves; indicate their thoughts and emotions with a rich content. This finding was interpreted as they effort to get over their problem. However, this intention can also be because of the fact that those individuals find it difficult to stay with their emotions. Therefore, by talking a lot and providing more information, they would like to find an exit.

More specifically, while talking about their emotions, those individuals both state the reasons and causes of their emotions. Wandering from general tendency,

individuals with high guilt-high shame use introverted and extroverted emotions together while expressing their feelings. Nevertheless, the subordinate theme “feelings of discomfort” is the most responded one, including sadness, bad, discomfort, tense, unhappy, anxious, etc. When looked at individual base, anger, sadness, and downtrodden are the emotions that are mentioned the most. Especially, among all the groups, feeling downtrodden is mostly reported by HGHS group.

In respect to behavioral reactions, the sorting of the themes is like, “reactions arising from the need to be understood” being the first one, followed by avoidance and rebellious reactions themes. This sorting changes for each group. At individual level, making explanation and avoidance are the prominent ones. In comparison with other groups, those individuals use reproach or revolting attitudes rarely. Their explanations are mostly like adult explanations, they explain themselves calmly, some of them make assertive explanations. Actually, within all the groups, assertive explanations are present only for this group. This also strengthens the idea that those individuals are very willing to explain themselves and solve the problem. As for avoidance, although some of the participants prefer to avoid immediately after making explanations, some others prefer to keep on watching television for a while and then leaving for studying, as if they are firstly trying to prove their adequacies and not to buckle under their parents, and then with the guilt they felt or in order not to regret at the end of the year, they devote and start studying.

As for those individuals’ expectations from others, showing interest, support, and acceptance are the three prominent subordinate themes under the superordinate theme of positive attitudes. At individual level, caring and protecting, consolation, to show an understanding approach, and comforting are the most mentioned attitudes. As stated above, so much responses given to caring and protecting unit provokes the idea that those individuals need to feel that others care about them and they are important for others. For consolation and comforting, participants want others to calm them down and mostly from their therapists; they expect them to focus on their guilty feelings. This is something unique to this group. The other

groups do not stress any emotions so frequently while stating their expectations. Finally, for positive attitudes, those individuals need others to understand them. Much the same with other groups, some of the individuals in this group expect others to approach them in an angry way. Explanation of one of the participants related to this issue provides an inside that if others do not punish them in any way, they would feel guiltier. Therefore, in order to lessen their guilt, they believe punishment will benefit.

As a conclusion, if you have a client who expresses him-/herself in a detailed way, giving the reasons and results of their emotions, actions, and states being/feeling downtrodden often, your client might be from high guilt-high shame group. When they experience a negative situation, considering their expectations from others, it will be better to approach them empathically. Feeling that others care and understand them is important for those individuals; even in this study they have not stated expecting a caring attitude from their therapists. Specific to therapists, they expect them to comfort and console them by focusing on their guilty feelings. Again as in the HGLS group, those individuals expect solutions for their discomfort. Based on their behavioral responses, if you do not satisfy their need at the very beginning, most probably, they will try to explain you how bad their situation is. If you do not pay attention to their subliminal message and try to take them to your way, for a while they may again react with assertive explanations. However, after a while they may give up and keep in step with you. From an external perspective, this may seem something positive, though, not having a good collaboration and rapport, the therapies may not end up with the expected effectiveness. Therefore, as in the HGLS group, it will be better to first explain your point of view, how you handle the situations, and the way solutions are generated during the process, you may collaborate better with those individuals. Considering that HGHS group is motivated to solve their problems, establishing a good rapport would be for the benefit of the process.

3.3.4 Individuals in Low Guilt-Low Shame (LGLS) Group

In this section, the responses of low guilt-low shame individuals are covered. Including 125 participants, this group is the biggest group in the current study. During the analysis, it was realized that individuals in this group were much more reactive than the other groups and their statements give the impression that the anger levels of this group is very high compared to other groups. As a general view, it is hard to say that those individuals either express themselves with rich content or the contents of their expressions are poor.

3.3.4.1 Emotional reactions

As in the other groups, also in LGLS group, the outstanding emotional theme is introverted emotions theme (88 responses), where 43 responses were coded as extroverted emotions (see Table 21).

Within introverted emotions, sadness (22 responses) and feeling bad (14 responses) are the prominent ones. 9 participants who reported feeling upset, used just one word or one emotion like “sadness” or “I would get very upset.” Rest of the respondents reported sadness with another emotion, namely, anger, broken, downtrodden, etc. those responses were like “I would get angry and upset.”, “I would feel upset and broken.”, and “I would get upset, ashamed, and feel remorse.” Most of the feeling bad reports were also like “I would feel bad.” Or “very bad.” The responses that have some explanations were like “I would feel bad. I would think that my efforts are lost on. That would cause me to feel inadequate and judged.”

As a unique emotion, anger (40 responses) from extroverted emotions is the first comer for LGLS group. “I would get angry.”, “Angry”, “Anger” are the responses for emotional reaction question.

Table 21
Emotional Reactions of Low Guilt-Low Shame Group

Thematic Units	# of Responses	Total # of Responses
Introverted Emotions		
1. Feelings of Discomfort		
• Upset	22	70
• Bad	14	44
• Discomfort	7	20
• Distress	3	3
• Under Pressure	2	2
• Unhappy	1	3
• Unpeaceful	1	1
• Nerves be Shot	1	2
• Regret	1	3
2. Harassing/Hurting Feelings		
• Downtrodden	11	45
• Not Understood	6	26
• Mistrust	4	12
• Disappointment	3	6
• Broken	2	13
3. Self-Attributional Feelings		
• Guilty	4	18
• Ashamed	2	6
• Inadequate	2	5
• Humiliated	1	4
• Lazy/Irresponsible	1	1
Demotivated	2	5
Extroverted Emotions		
• Anger	40	122
• Sleep with Peace of Mind	1	6
• Strong	1	1
• Right	1	1

Note. # of Responses column represents the number of participants from LGLS group who stated the code and Total # of Responses column stands for the number of times the code was mentioned by all the participants

3.3.4.2 Behavioral responses

When the behavioral responses of the individuals were analyzed, it was realized that the most prevalent reactions are rebellious reactions (136 responses; see Table 22). Among this superordinate theme, punishment is prominent (72 responses). Revolt at (20 responses) and challenge (16 responses) are also very common. Rebellious reactions theme is followed by reactions arising from the need to be understood theme (93 responses), and as in the other groups making explanations

(56 responses) is the prominent subordinate theme, followed by “I am aware of my responsibilities” subordinate theme (19 responses). The number of responses given to this theme is the highest for this group. When individuals encounter with a negative attitude, they mostly try to make explanations first. Punishing the responder is mostly the second order reaction. Therefore, as in the other groups, firstly, making explanation theme will be covered including its overlaps with rebellious reactions (although the overlap is not much as in the other groups), and then the second-order reactions will be handled.

While making explanations, LGLS individuals preferred to use a calm tone in general. Their statements were like “I have been studying since the morning.”, “In the morning I went to private teaching institute. In the afternoon, I studied by myself. I got too tired. After resting a little, I will keep on studying.”, and “I have studied and now I need time to rest.” As stated above, I am aware of my responsibilities statements were very common among this group. “Don’t worry, I have studied enough today.”, “I have done the things that should have done.” And “I am aware of my responsibilities.” are example statements.

The overlap between revolt at and making explanations occurred as follows, “I have already studied till the evening. What shall I do more? Shall I study till burst?!”, “I have studied the whole day. Let me rest a little!”, and “Based on what you are talking like that?! Mind your own business.” A few participants challenged their parents after making explanations: “The whole day I have studied. Let’s make this conversation after I get a high grade from the exam.”, and “I gave a break. Okay, let’s see each other at the end of the year.”

Individuals who revolt at their parents mostly used such statements, “I would say aloud ‘How do you know what I have been doing since the morning!’”, “Come oon, I am just resting a little!”, and “Shall I even not watch television?!” their challenging statements were like “Okay, Let’s see, we will see together what will happen.” and “You are right, at the end of the year we will see all together.”

Table 22
Behavioral Responses of Low Guilt-Low Shame Group

Thematic Units	# of Responses	Total # of Responses
Rebellious Reactions		
1.Punishment		
• Keep on Watching TV	69	165
• Not Studying	3	24
2.Rebellious		
• Revolt at	20	50
• Challenge	16	26
• Reproach	14	45
• You cannot Get Involved	6	8
• Gazing	3	3
• Offensive	3	8
• Tune up TV	1	1
• Attitudinize	1	2
Reactions Arising from the Need to be Understood		
• Making Explanations	56	194
• I am aware of my responsibilities	19	36
• Claiming Their Rights	9	44
• Presenting Facts	9	33
Avoidance		
1.Avoidance	31	131
2.Devotion		
• Keep on Studying	14	45
• Turn off the TV	3	16
Passive		
• Keep Silent	13	24
• Crying	1	7
Disregard		
• Disregard	26	41
• Slur over	6	9
• Devalue	1	5

Note. # of Responses column represents the number of participants from LGLS group who stated the code and Total # of Responses column stands for the number of times the code was mentioned by all the participants

As a secondary reaction, those individuals mostly prefer punishment (72 responses) which is clustered under rebellious reactions theme. Within punishment, they mostly prefer to keep on watching television (69 responses). The statements are very similar to each other. “I would keep on watching television.” and “Maybe at most I could shorten the duration of my break.”

Although compared to other themes disregard is not very remarkable, it is better to emphasize it due to its strikingness in this group. Disregard superordinate theme gathered only 33 responses from LGLS individuals, 26 of which belong to disregard itself. When their reactions were asked, individuals responded as “I don’t care.”, “I would disregard.”, “I would laugh and pass, I got used to it☺”, and “I would try to disregard.”

3.3.4.3 Expected reactions from others

As in the other groups, there were some participants who denied the questions. 20 respondents reported having no idea what to expect from others, 8 participants reported having no therapist, and only 1 reported having no significant other.

3.3.4.3.1 Positive attitudes theme

As summarized in Table 23, positive attitudes theme dominated individuals’ “expectations from others” section, again. Within this theme, showing interest (161 responses) is followed by support (151 responses) and acceptance (119 responses).

Show interest

Within this subordinate theme, the chart-topping unit is again caring and protecting (82 responses). As stated before, this unit includes responses given to both first and second vignettes. Although the content is the same, caring and protecting, contexts of the statements differ. Therefore, the responses given to the vignettes will be stated separately.

For the first vignette, participants used statements like “What’s up? What did you do today?”, “I would expect him/her to ask ‘How was your day honey? Did you get tired?’ and I would like us to have a conversation.”, “I would expect him/her to sit next to me and while watching television, I would expect him/her to ask how was my day.”, and “Enjoy the show son! How was your day and your studies?”

Table 23
Low Guilt-Low Shame Group's Expected Reactions from Others

Thematic Units	# of Responses	Total # of Responses
Positive Attitudes		
1. Showing Interest		
• Caring & Protecting	82	253
• Kind Questioning	30	103
• Kind Warning	13	45
• Spending Time Together	12	36
• Try to Understand	10	35
• Listening	7	22
• Kind Insisting	3	15
• Positive Attitude	2	2
• Intimate	1	1
• Exhibit Love	1	2
2. Support		
• Consolation	70	197
• Comforting	42	148
• Support	38	120
• Reassuring	1	3
3. Acceptance		
• To Show an Understanding Approach	54	164
• Normalization	13	45
• Take it Normally	13	27
• Calm/Positive Attitude	13	30
• Show his/her Trust	7	23
• What Happened Happened	7	18
• Anyone can Experience This	5	33
• Destiny	4	7
• Unconditional Positive Regard	3	6
4. Problem-Focused		
• Generating Solutions	19	48
• Suggestions	13	38
• Help	7	14
• Take Control	3	12
• Guidance	3	14
• Cold-Blooded	2	11
• Teaching Techniques	2	6
• Compensation	1	4
• Feedback	1	1
• Expostulating	1	5

Table 23 (cont'd)
Low Guilt-Low Shame Group's Expected Reactions from Others

Thematic Units	# of Responses	Total # of Responses
5. Use of Skills/Techniques		
• Analysis of the Event	9	31
• Empathic	8	14
• Necessary Response	4	14
• Head towards Emotions	1	3
• Questioning	1	2
6. Emotional Reactions		
• Surprised	4	7
• Show Sympathy	2	2
• Be Sorry	2	5
Negative Attitudes		
1. Punishment	28	78
2. Warning	6	15
Neither Positive nor Negative		
1. Contrary to Criticism		
• Not to Accuse	9	29
• Not to Get Angry	8	18
• Slur over	3	8
• Not to Judge	2	9
• Not in the Same Manner	1	2
2. Non-responsive		
• Non-responsive	6	9
• Non-Involvement	5	14

Note. # of Responses column represents the number of participants from LGLS group who stated the code and Total # of Responses column stands for the number of times the code was mentioned by all the participants

The answers of the first vignette were responses that were only expected from parents. However, the answers of the second vignette become branched with parents, significant others and therapists. For the second vignette 20 participants expected their parents to approach them in a caring and protecting way. Example statements are “Luckily, nobody get into home when you were at home.”, “Are you okay?”, and “I would expect him/her to say ‘Don’t be upset. Your health is the most important thing.’” 19 responses were stated for significant others. Statements were like “You are okay. That’s enough for me.”, “Firstly, I would expect him/her to be interested in with my health.”, and “Is it worthier that you?!” Only 2 participants reported expecting a caring and protecting approach from their therapists. One of

the statements is “From now on you should spend more time for resting. You lay on yourself a lot.”

Support

Within the subordinate theme support, the prominent unit is consolation. According to the analysis, 32 participants expected their parents, 27 participants expected their significant others, and 11 participants expected their therapists to console them. “I would expect him/her to console me.”, “Don’t be upset, the important thing is your health.”, and “Don’t worry! Such things happen. You are absent-minded nowadays.” are example statements for parents. Statements given for significant others are as follows “Don’t worry honey! It was not intentional.”, and “I would expect him/her to console me and help me to get over the shock.” Finally, the expectations from therapists were stated like “I know that you feel remorse. If I were in your shoes, I would feel the same way. Don’t accuse yourself so much.” and “I would expect him/her to tell me that such things can happen and in the current situation, I had done my best.”

Acceptance

Acceptance responses mostly comprised of responses that expected others to “show an understanding approach.” 29 of the participants coded under this unit, expected their parents to understand them. “I would expect him/her to show an understanding approach.” and “I would expect him/her to respond by understanding that I had done this because of my busyness.” are example statements. 19 responses mentioned significant others to show understanding. “I would expect him/her to remind me to be more careful but in an understanding approach.” and “I would expect him/her to show an understanding and empathic attitude.” can be examples. 6 participants expected their therapists to approach them in an understanding way and the statements were mostly like “I would expect him/her to approach me with an understanding attitude.”

3.3.4.3.2 Negative attitudes theme

As in all the other groups, expecting punishment from others become pointed. Although the number of responses not much compared to other groups, not mentioning it would leave a blank here. Punishment is something that is mostly expected from parents (23 responses). “Forcefully, I would expect him/her to take me to my desk because I am undisciplined and cannot succeed alone.”, “I would expect them to respond as in the vignette because at least this reaction can be the sign of their interest in me.”, and

I would expect him/her to act as if in the vignette☺ I have experienced the same thing. I know that it is not relevant for everyone but those kinds of words were very influential at my success at the second year. I would not feel out of place. Those were motivating me to study.

4 participants expected their significant other to punish them by expressing their anger to them. Statements were very similar to “I would expect him/her to get angry with me.” Only one participant’s statement for his/her therapist was coded as punishment, which is “I don’t know, but if I attended to a therapist, I would expect him/her to tell me that this was my fault. Because being criticized by a stranger always motivates me.”

3.3.4.4 Overview of LGLS group

Being the biggest group of the study, this group is considered to be more reactive than other groups. From their statements, it is concluded that anger is very dominant in the expressions those individuals, even they do not pronounce it that much. Moreover, contrary to other groups, it is hard to reach a conclusion about the richness of the contents of those individuals.

Considering that this group is the biggest group in the study, the given responses to the emotional reaction question is found to be very low in number. This might be because those individuals are more specific about their expressions or they avoid from emotions. Considering that the number of responses like “I would not care.”

is the highest in this group, avoidance from their emotions supposal gets stronger. Those individuals mostly report sadness and feeling bad from feelings of discomfort and anger from extroverted emotions. Needless to say, anger is the emotion that gets the most response. Individuals with LGLS verbalize their emotions with few words in general.

Analysis of the behavioral responses of LGLS group revealed that, similar to HGLS group, the number of responses coded as rebellious reactions is the highest. In general, they prefer to punish their parents by keeping on watching television. This similarity between the two groups suggested that shame could be the road block of showing rebellious reactions. In spite of their rebelliousness, the explanations of those individuals are generally in a calm tone.

As regards to expected reactions from others, it is needed to stress here that the denial rate of LGLS individuals is higher compared to other groups. Similar to their avoidance from their emotions, those individuals also avoid from thinking what would benefit them. This might be because searching for the answer will reveal what they are in need of and lack of those features. Dealing with the emotions that become apparent can be difficult for them. Considering that they also avoid from their emotions, the high denial rates can be considered consistent.

In a similar way with the other groups, individuals in LGLS group expect others to show a caring and protecting attitude, to console them, and to show an understanding approach. Punishment is also significant for this group. The statement of one of the participants that identify punishment as a sign of interest gives an understanding of wish for being punished.

To sum up, as a clinician, if you encounter with a client that gives an angry impression and does not want to touch his/her emotions, he/she may belong to this group. When they face a negative event, those individuals need to feel that they are important for others (expectation of caring and protecting attitude). However, from therapists, mostly, they expect them to console them by normalizing the situations.

Therefore, when your LGLS client come to you with a negative experience, it would be better to approach him/her compassionately. If not, he/she may not drop out, however, also will not benefit from the therapies because, he/she will punish you by staying in the therapies but not following your lead. For this reason, showing compassion would be a good choice in order to maintain the rapport and therapies.

CHAPTER IV

DISCUSSION

Current study comprised of two parts. The first part, quantitative part, was conducted to examine the relationships between maternal parental attitude, paternal parental attitude, guilt, shame, and self-compassion. Moreover, the possible mediator effects of guilt and shame on parental attitudes and self-compassion relation was also in the scope of the first part. To this end, differentiation of study variables (Mother's perceived parental attitude, father's perceived parental attitude, guilt, shame, and self-compassion) according to the levels of demographic variables (gender, education level, marital status, parental status, and therapy experience) and correlation coefficients between the study variables were analyzed. Afterwards, the paths between parental attitudes, guilt-shame, and self-compassion were examined by multiple mediation analyses.

In the second part, the qualitative part, it was aimed to investigate, in case they face with an uncompassionate attitude how shame-prone and guilt-prone individuals react emotionally and behaviorally and what kind of an attitude they would prefer. For this purpose, the qualitative data was analyzed using Thematic Analysis method.

4.1 Part 1: Differentiation of Study Variables According to the Levels of Demographic Variables

4.1.1 Part 1: Differentiation of Mother's Perceived Parental Attitude According to the Levels of Demographic Variables

It was revealed that mother's perceived parental attitude differs among the levels of marital and parental status of the participants. Accordingly, divorced participants perceived lower maternal acceptance/involvement compared to both single and married participants. Considering that Turkey is still a conservative society, this finding was not surprising. In Turkey, people value to be a family and getting divorced and breaking this corporation is not welcomed. Therefore, findings related to divorced individuals' perception of lower maternal acceptance/involvement makes sense. However, when the literature is reviewed, it was realized that all the studies related to parenting styles were conducted with children and adolescents. Therefore, no other studies supporting or contradicting with this result could be found.

Furthermore, participants who themselves are parents reported perceiving lower maternal acceptance/involvement and higher maternal strict control/supervision compared to participants who do not have children. As mentioned before, in Turkey authoritarian parenting, which is characterized by high strict control/supervision and low acceptance/involvement, is one of the most frequent parenting styles (Sümer & Güngör, 1999). However, the significant difference between the participants who have at least one child and the ones who do not have any child, is believed to have a relation with culture. In Turkey, when their children become parents, individuals mostly see the right to interfere with the life of their children and try to control their approaches to the newborn baby and this process also brings criticisms together. Moreover, due to cultural values and economic constraints, children of working parents are mostly cared by their grandparents, which is a process naturally bringing the interference with it. Therefore, it is also not

surprising that participants with children experience higher strict control/supervision and lower acceptance/involvement. However, as stated above, there is not any study that could be found related to the perceived parenting styles of adults. Therefore, further study is needed to support these findings.

4.1.2 Part 1: Differentiation of Father's Perceived Parental Attitude According to the Levels of Demographic Variables

As a result of the current study, paternal parental attitudes did not differ according to the levels of demographic variables. As stated before, in the literature of parenting, maternal care gets the most attention and paternal care is not mentioned a lot. Contrary to general trend, in their study Sümer and Güngör (1999) included paternal attitudes and revealed that authoritarian and permissive/indulgent parenting styles were the common parenting styles also among Turkish fathers. However, while one of these parenting styles is characterized with high strict control/supervision and low acceptance/involvement, the other one is defined with high acceptance/involvement and low strict control rejection. However, although these parenting styles are at opposite dimensions, any difference between the levels of demographic variables could not be detected in this study. More studies are needed to understand what effects the perception of paternal parenting attitudes.

4.1.3 Part 1: Differentiation of Guilt-Shame According to the Levels of Demographic Variables

The effects of gender on both guilt and shame were found to be significant in the current study. It was revealed that women report experiencing higher guilt and shame compared to men. In the literature related to guilt and shame, there are also studies that have found gender differences and in those studies, similarly, women report higher shame (Akbağ & İmamoğlu, 2010; Darby, et al., 2014; Muris, et al., 2014; Pila, et al., 2016) and guilt (Muris, et al., 2014; Pila, et al., 2016) compared to men. However, Akbağ and İmamoğlu (2010) could not detect any difference between men and women in terms of guilt. Similarly, Dilber (2013) also could not

find a difference between girls and boys both for guilt and shame. Although the results of the current study are mostly consistent with the literature, studies conducted in Turkey revealed different findings. Those result might be due to generation differences, as Dilber conducted the study with adolescents. The changing parenting styles in Turkey and fathers' involvement in the child rearing might have affected those results. In order to state clear arguments, more studies are needed.

4.1.4 Part 1: Differentiation of Self-Compassion According to the Levels of Demographic Variables

Results of the present study revealed that self-compassion levels of the individuals differ according to their therapy experiences. Individuals who had therapy experience reported lower levels of self-compassion compared to those who did not have any therapy experience.

As mentioned above, self-compassion has a positive association with well-being (Bluth, et al., 2016; Neff, et al., 2007; Zessin, et al., 2015), better improvement after a regret experience (Zhang & Chen, 2016), and life satisfaction (Dossing, et al., 2015) and negative association with stress (Bluth, et al., 2016; Finlay-Jones, et al., 2014; Pinto-Gouveia, et al., 2014), anxiety (Bayramoğlu, 2011; Kemppainen, et al., 2013; Muris, et al., 2016), depression (Bayramoğlu, 2011; Muris, et al., 2016; Pinto-Gouveia, et al., 2014), emotion regulation difficulties (Finlay-Jones, et al., 2015), and eating psychopathology (Ferreira, et al., 2014). Furthermore, self-compassion was found to be lower in patients with bipolar disorder compared to control group (Dossing, et al., 2015). Besides, self-compassion has protective effects by being a mediator or moderator (Daye, et al., 2014; Duarte, et al., 2015; Ferreira, et al., 2014; Neff, 2003; Podina, et al., 2015).

Considering those associations of self-compassion, the results seem rational. Individuals who are low in self-compassion are more likely to experience psychopathologies, and relatedly, their chance of applying for a therapy increases.

In this manner, participants who have a therapy experience most probably applied to psychotherapy as a result of low self-compassion.

4.2 Part 1: Inter-Correlations among the Study Variables of the Study

Inter-correlation analyses of the current study revealed that self-compassion was correlated with both mother's and father's perceived acceptance/involvement. Those results are consistent with the literature. Neff and McGehee (2010) reported positive relation between self-compassion and maternal support and Pepping, et al. (2015) concluded that self-compassion and parental warmth have a positive relationship.

On the other hand, a negative correlation was detected between self-compassion and father's perceived strict control/supervision. This finding is also in line with the literature. Pepping, et al. (2015) found a negative relationship between parental rejection/overprotection and self-compassion.

Moreover, in furtherance of the literature (Daye, et al., 2014; Ferreira, et al., 2013; Reilly, et al., 2014), shame correlated negatively with self-compassion. Moreover, shame was found to correlate positively with mother's perceived strict control/supervision. As mentioned above, shame is positively related to insecure attachment styles and negative parental attitudes (Claesson & Sohlberg, 2002; Deniz, 2006; Lopez, et al., 1997; Magai, et al., 1995). Also the correlation between shame and guilt was detected to be positive. As stated before, considering the difficulties in differentiating those emotions, this correlation is not surprising. The identified positive correlations of guilt with mother's and father's perceived acceptance/involvement is also consistent with the previous studies. Choi and Jo (2011) found a positive correlation between guilt and parental warmth.

Finally, as for the correlations of dimensions of both MPPA and FPPA, positive correlations between mother's perceived acceptance/involvement and father's perceived acceptance/involvement and mother's perceived strict control/supervision and father's perceived strict control/supervision were detected.

On the other side, between mother's perceived acceptance/involvement and mother's perceived strict control/supervision, father's perceived acceptance/involvement and father's perceived strict control/supervision, and mother's perceived acceptance/involvement and father's perceived strict control/supervision there are negative correlations. Considering results of Sümer and Güngör (1999) that 62% of the participants rated their parents to be in the same parenting style, these correlations between the dimensions are not surprising. Moreover, again based on Sümer and Güngör (1999), in Turkey the most prominent parenting styles are authoritarian and permissive/indulgent parenting styles. Among them the former is characterized by high strict control/supervision and low acceptance/involvement and the latter is characterized by low strict control/supervision and high acceptance/involvement. Considering those findings, the negative correlations among maternal dimensions and paternal dimensions separately are meaningful.

4.3 Part 1: Mediator Effects of Guilt and Shame in the Relations of Perceived Parental Attitudes and Self-Compassion

4.3.1 Part 1: Mediator Effects of Guilt and Shame in the Relations of MPPA and Self-Compassion

As results of the analyses conducted, maternal strict control/supervision and self-compassion relation was mediated by shame, and maternal acceptance/involvement and self-compassion relation was mediated by guilt.

To begin with, shame turned out to be a mediator in the relationship between mother's perceived strict control/supervision and self-compassion. In other words, individuals who reported higher maternal strict control/supervision, were identified as more shame-prone, which in turn, decreased the self-compassion levels of those individuals. As Gilbert (2006) suggested shame might have been internalized by those individuals by repeatedly receiving negative messages and to some extent being rejected by others. This suggestion is defining the link between maternal strict

control/supervision and shame. Moreover, Gilbert furthers his suggestions and states that with the internalization of shame, individuals start to criticize themselves. This part of his suggestion corresponds to lack of self-compassion in this study. Most probably, in order not to give others the chance to criticize them, they take the role and prefer self-criticism.

Secondly, guilt was found to mediate the relationship between mother's perceived acceptance/involvement and self-compassion. More specifically, individuals who reported higher maternal acceptance/involvement, turned out to be more guilt-prone, and this proneness increased their self-compassion. In the literature, positive relation between guilt and parental warmth (Choi & Jo, 2011) and negative relation between guilt and parental rejection (Stuewig & McCloskey, 2005) were already detected. Consistent with the results of the current study, those study findings give an impression that guilt-proneness is mostly related to positive family atmosphere. Mothers with high acceptance/involvement most probably evaluate their children's faults as an action and do not attribute it to their self. When the effective communication techniques are considered, what they are doing is, also what is being suggested. However, apparently, -unintentionally- they lead to guilt-proneness in their children. When the role of guilt in the relationship between maternal acceptance/involvement and self-compassion is considered, such an interpretation can be made: when individuals encounter with a negative event and criticize themselves, they remember the compassion their parents show them, they realize that they deserve compassion, and not showing it to self in the first place causes guilt and then leads to self-compassion. Guilt causes them to take responsibility in their lives and leads to constructive actions. At that point, the constructive action is practicing self-compassion. In this way, parental acceptance/involvement leads to guilt-proneness, and guilt-proneness increases self-compassion. Taking into account that guilt-proneness, measured in this study, leads to greater self-compassion, it would be unfair to evaluate guilt as a counterproductive emotion.

4.3.2 Part 1: Mediator Effects of Guilt and Shame in the Relations of FPPA and Self-Compassion

According to the results of the current study, it was revealed that guilt also mediates the father's perceived acceptance/involvement and self-compassion relation. That is to say, when individuals' perception related to their fathers' acceptance/involvement increases, their likelihood of becoming guilt-prone also increases, which in turn increases self-compassion levels of those individuals. As stated above for maternal acceptance/involvement, this finding also strengthens the idea that guilt is a productive emotion when it can be regulated properly.

4.4 Part 2: Identifying Group Characteristics

The aim of the second part was to identify the characteristics of individuals according to their guilt and shame levels. Ferguson (2005) stated that it is better to distinguish those groups as they differ in response to the event. When emotional responses are viewed, it was revealed that although the participants were high guilt-shame groups, the reported shame and guilt were very little in number. This also emphasizes the need for different indicators. Accordingly, 4 groups occurred, high shame-low guilt, high guilt-low shame, high guilt-high shame, and low guilt-low shame. In this section, the identified characteristics of each group will be discussed in the light of the literature.

4.4.1 Individuals in High Shame-Low Guilt (HSLG) Group

It was revealed that individuals in HSLG group use very poor content while expressing themselves. Although they had the chance, they preferred not to utilize this opportunity. This finding reminds the avoidance component of shame. When they experienced bad events, they prefer to avoid instead of trying to solve the problem. In this case, they prefer to provide a poor content. Their avoidance most probably is a result of the idea that if they talk and give rich content, others will see how an ugly, bad, undeveloped, etc. self they really have. Findings are also

consistent with the literature. If the individual attributes the “wrong” to the self, then he/she most probably gets ashamed and tries to avoid and conceal (Tangney & Dearing, 2002 as cited in Akbağ & İmamoğlu, 2010; Lewis, 1971 as cited in Giner-Sorolla, et al., 2011; Keltner & Buswell, 1996; Lopez, et al., 1997; Lewis, 1971 as cited in Tangney & Dearing, 2004).

In a negative situation, those individuals mostly reported feeling introverted emotions. Contrary to other groups, in HSLG group, harassing/hurting feelings are the most prominent ones. As the individuals in this group are characterized with pure shame, it is very expected to see the leadership of harassing/hurting feelings in HSLG group. As Tangney and Dearing (2004) stated shame is a hurting feeling and for those individuals, the internalized criticism (Gilbert, 2006) might be hurting them a lot. As a result, their reports related to their feelings are dominated by harassing/hurting feelings. Findings of the study of Lansky (1987 as cited in Tangney & Dearing, 2004) are in the similar line with the results of the current study. Also in Lansky’s research, individuals reported embarrassment, feeling ashamed, and bad. However, in general, alone anger is the mostly reported emotion among individuals with HSLG. As Tangney and Dearing (2004) stated, individuals with high shame approach both self and others in a blaming way, which naturally brings anger together. However, when their behavioral reactions are reviewed, in the sample of the current study, the anger, stated in the literature, could not be detected. In the face of a negative attitude, as a first reaction, they try to explain themselves and claiming their rights. This right claiming part might be interpreted as expression of the anger; however, in this sample, this anger was not evaluated to be unexpected and accompanied by blaming. Following their explanations, those individuals mostly preferred to leave the context. This was also considered to be an avoidance as those individuals avoid from arguing. When the literature findings related to the unexpected anger and shame relation are considered (Tangney & Dearing, 2004), the findings of the current study seem contradictory. Only a few participants reported expressing their anger with actions including revolting at. Rest of the individuals mostly preferred to avoid from an argument by leaving the

context. This contradiction brings the idea that there might be other factors influencing the relationship between anger and shame.

Review of those individuals' expectations from others indicate that HSLG group prefer to be comforted, to feel that others care about them and want to be understood. Those expectations are considered to correspond to the two component of compassion; kindness and common humanity (Neff, 2003; Neff, 2012). Individuals expect others to accept them as they are, do not judge, and understand them. Besides, they want to be comforted, mostly by stressing the common humanity. As stated in the literature, shame was found to be related to anxious adult attachment (Magai, et al., 1995), fearful and preoccupied attachment styles (Lopez, et al., 1997), blaming, ignoring and attacking parental attitudes (Claesson & Sohlberg, 2002), fearful attachment style (Deniz, 2006), parental rejection (Choi & Jo, 2011; Stuewig & McCloskey, 2005). Considering the family environment that shame stems from together with their expectations, individuals with HSLG express their needs with those answers. They need to be approached kindly and to hear that the problem is not them, anyone can experience such events.

In conclusion, as a clinician, you may encounter with those individuals. If your client provides poor content, his/her motivation for the therapy seems low, and does not believe that therapy will work, you may think that most probably your client is from HSLG group. In the face of a negative event, they want to be approached kindly and comforted. Therefore, before everything, a compassionate attitude towards those individuals might work better. Otherwise, based on their reported behavioral reactions, they may avoid, more specifically, may drop out. As a component of a compassionate attitude, using normalization might work for this group as they will feel that their action is a part of common humanity. After establishing a good rapport, other interview techniques can be used, however, even so, it will be better for the therapists to be careful while using some techniques, as those individuals are very inclined to avoid. As Tangney and Dearing (2004) warn, in the case of a distressing event (in therapy using some techniques like

confrontation may cause these moments to occur), in order to get rid of those feelings they may attack to the therapist. Although in the sample of this data such a finding was not encountered, it might be better to keep this component also in mind.

4.4.2 Individuals in High Guilt-Low Shame (HGLS) Group

As in HSLG group, HGLS individuals also state their emotions with poor contents. However, contrary to HSLG group, who state their feelings just with the name of the emotion, HGLS group takes an active role and mostly use expressions like “I would feel angry/sad”. Their active role, which was stressed in the literature (see “1.4.3.1 Individual level” section for a detailed comparison), in the process of expression of their feelings, differs them from HSLG group. As the members of this group did not use various kinds of emotions during their explanations, this result was interpreted as those individuals do not avoid from and clear about their feelings, anger or sadness.

After they get upset or angry, firstly as in all groups, HGLS individuals also try to make explanations. As in guilt, the action is the problematic part, not the self, (Tangney & Dearing, 2002 as cited in Akbağ & İmamoğlu, 2010; Lewis, 1971 as cited in Giner-Sorolla, et al., 2011; Keltner & Buswell, 1996; Lopez, et al., 1997; Lewis, 1971 as cited in Tangney & Dearing, 2004) after making their explanations if those individuals believe that they did not do anything wrong, they keep on what they are doing, they do not need to hide. However, if they do not want to argue, they may also avoid. As Tangney and Dearing (2004) stated, those shame-free guilt-prone individuals are better at regulating their anger and the arguments. Some of the participants from this group were better at this regulation, however, there were some participants who reacted with reproach or revolt. Even so, those statements were not very hurting.

HGLS individuals mostly expect others to show that they care them, to console and comfort them. Similar with HSLG group, HGLS individuals also want others to show compassion to them, considering care corresponds to kindness and

consolation and comfort correspond to common humanity units of compassion (Neff, 2003; Neff, 2012).

To sum up, those clients also may come to you for therapy. You can identify them from their direct way of stating their emotions. Although they are uncomfortable, they do not catastrophize their feelings. They accept them and want help from the therapist. This result also in the line with the literature that guilt directs people to seek for compensation or solution for the wrong doing (Tangney & Dearing, 2002 as cited in Akbağ & İmamoğlu, 2010; Lewis, 1971 as cited in Giner-Sorolla, et al., 2011; Keltner & Buswell, 1996; Lopez, et al., 1997; Lewis, 1971 as cited in Tangney & Dearing, 2004). Although they expect others to show their interest, from their therapist they mostly want to be soothed by providing solutions for their feelings. In general, during the therapies if you do not provide solutions for them and keep on doing what you believe is correct, you may not obtain the expected progress. Based on their behavioral reactions, those individuals most probably will insist on their point that they want solutions. Therefore, it would be better for the therapy process to pay attention to the expectations and your way of handling the situations. In this way, clients can get the message that they are important, you care them, and a better rapport can be established.

4.4.3 Individuals in High Guilt-High Shame (HGHS) Group

According to the analyses of the current study, it was revealed that HGHS individuals are talking with an appreciable rich content. This was interpreted as those individuals try to find a solution for their problems. They find it difficult to regulate their conditions, by talking a lot and providing a rich content, they expect others to help them. Therefore, they try to explain both the causes and the effects of their emotions. Dissimilar to other groups, their rich content brings the usage of introverted and extroverted emotions together. The review of their emotional reports revealed that besides sadness and anger, feeling downtrodden was mostly reported by this group. This high report of downtrodden feeling, gives the

impression that when something wrong is present, those individuals feel ashamed, but with the inclusion of guilt, they try to find an exit, they refuse the idea that “self is the wrong part”, they try to prove that the action can be the wrong thing and this combination makes them feel downtrodden. In the literature, in order to prove the productivity of guilt, individuals try to exclude shame and conduct studies accordingly, and they state that shame is the feeling which makes guilt counterproductive (Orth, et al., 2006; Tangney & Dearing, 2004). According to this point of view, shame seems the dominant emotion and guilt does not have any effect on it. However, according to the results of the current study, it can be concluded that the effects of shame can be diminished by guilt. In HSLG group individuals were not very willing to express themselves; however, in HGHS group, this attitude turned to the opposite way and they started to seek for help. Therefore, the effects of guilt on shame needs to be investigated further.

Those individuals’ behavioral reactions are also in the same line. They try to explain themselves first and then either immediately avoid or stay for a while and then avoid. When their explanations are viewed, it was realized that those individuals do not use rebellious statements as do other groups. Instead, they make assertive explanation. These explanations also give the impression that the combination of high guilt and high shame is not counterproductive. In fact, at the interpersonal level, their communication skills are better. This finding also needs further evidence.

Much the same with the other groups, HGHS group also expects others to approach them in a compassionate way. They expect a kind and comforting attitude that stresses the common humanity. More specifically to the therapists, they expect solutions for their guilty feelings, as in HGLS group. This expectation and effort also can be evaluated that guilt has productive effects on shame. Considering that the individuals in HSLG group were not seeking solutions, guilt’s contribution to this group cannot be denied.

In conclusion, if you encounter with a client who provides detailed information about the reasons and results of their experiences, and frequently states feeling downtrodden, you may think that your client is from HGHS group. Based on their expectations from others, it would be better to approach them in a compassionate way. Accepting their experiences and stressing their links with humanity would work also for those clients. However, as in the HGLS group, answering those clients' questions about the solution of their discomfort would be good for the establishment of a good rapport. If you do not pay attention to their need for the solution, they may try to explain themselves in an assertive way again and again. However, if you close yourself, after a while they may keep in step with you. Although this may seem something positive, without a good collaboration and rapport, the therapies might not work as expected. For keeping their efforts alive, it would be better to handle how the solutions will be generated during the therapy process. As this group seems motivated to solve their problems, establishment of the rapport might be beneficial both for them and the process.

4.4.4 Individuals in Low Guilt-Low Shame (HGHS) Group

Individuals in LGLS group were evaluated as reactive, compared to other groups in the study. The analysis of their statements give the impression that anger is very dominant in these individuals lives. Moreover, from their statements, it was revealed that individuals with LGLS mostly avoid from distressing situations. Similar to HGLS group, the most responded behavior theme is rebellious reactions also for individuals in LGLS. These individuals mostly preferred to punish their parents by keeping on watching television. Considering that in both groups shame is low, actually shame might be the preventing factor against rebellious reactions. Actually, those findings are contradictory with the literature. As stated before, Tangney and Dearing (2004) identified shame as including a harmful anger and this anger is reflected to the behaviors of the individuals because these individuals are not very good at regulating their emotions. When we match this anger with rebellious actions, in the current study, the most rebellious actions were expressed

in LGLS and HGLS groups. The similarity between those groups is their low shame levels and in the absence of shame, individuals report more rebellious reactions. However, the picture in the current study might be explained with the avoidance component of shame. In the absence of shame, individuals do not avoid and stay in the situation to cope, therefore, rebellious reactions occur. This effort for coping can also be explained with the productiveness of guilt. In other words, rebelliousness is a result of those individuals' efforts to cope. Finally, for expectations, similar to other groups, individuals expect others to approach them compassionately.

To sum up, if you face with a client who uses angry expressions and tries to avoid emotions, he/she may be from LGLS group. What they expect from their therapists is to be consoled using normalizations. In other words, they want to be reminded of common humanity. Hence, when a client with LGLS attends to therapy with a negative experience, it is better to display a compassionate attitude. Otherwise, he/she may not drop out but also will not follow your lead. He/she will punish you by staying in the therapy but not benefiting. Therefore, a compassionate attitude will work.

4.4.5 Evaluation of the 2nd Part

The aim of the second part was to differentiate reactions and expectations of individuals according to their guilt and shame levels. As a result of this study, some differences between the groups were detected as stated recently. In general, it was revealed that individuals express their introverted emotions in various ways; however, anger is universal. Though, what causes the difference, even within groups, is still unanswered.

Besides all, one of the conspicuous findings is that all the individuals expect a compassionate attitude from others (the concern here is the therapist). If the therapists approach their clients in a compassionate attitude, most of the expectations of the clients would have been met. As DeGeorge et al. (2013)

revealed, individuals mostly want their therapists to be warm-hearted, be aware of both themselves and others, and emotionally available. A compassionate attitude meets all these criteria with its kindness, mindfulness, and common humanity components (Neff, 2003; Neff, 2012). In the literature, it was stated that clients rate the effectiveness of the therapies higher when their expectations are met in terms of therapists (Sperr, 1980). Moreover, in the similar line, as a result of a meta-analysis, Swift, et al. (2011) reported that lower early dropout rates and greater effectiveness of the therapy are related to the met expectations. On the other hand, there are also studies that could not find any effect of match on therapy effectiveness (Goates-Jones & Hill, 2008). Although it was found that individuals do not care about the statistical effectiveness of the therapy approaches and instead value the process and the relationship (Swift & Callahan, 2010), the effectiveness of the compassion-based therapy approaches are supported in the literature both for shame (Gilbert & Procter, 2006; Johnson & O'Brien, 2013; Kelly, et al., 2014) and guilt (Held & Owens, 2015).

4.5 Strengths and Implications of the Current Study

One of the aims of the current study was to examine the effects of shame and guilt on the relationship between mother's perceived parental attitude and self-compassion, and father's perceived parental attitude and self-compassion. In this manner, this study is a pioneer in highlighting the relationships between maternal parental attitude and self-compassion, and paternal parental attitude and self-compassion through the mediator effects of guilt and shame.

Another contribution of this thesis to the literature is that so far in the literature most attention was given to maternal attitudes but paternal care was not valued that much. Therefore, stressing also the importance of paternal attitudes on self-compassion in Turkish culture, this study is important. Moreover, it was realized that in the literature, parenting attitudes have been studied with children and adolescents mostly; however, no other studies conducted with adults could be detected. The

early life experiences are mostly handle via attachment and the researchers are mostly studying the romantic relationships dimension or its effects on their parenting styles. In this manner, studying received parenting attitudes of adults, this study gains importance.

As for the qualitative part of the study, focusing on the emotional and behavioral reactions of individuals and their expectations from others, and trying to differentiate guilt-prone and shame-prone individuals accordingly, the current study is again a pioneer.

In addition, in the literature, always the negative effects of shame on guilt is paid attention; however, the results of the present study provide evidence that also guilt can have a positive effect on shame. In relation to this, the combination of high guilt and high shame may not be counterproductive and these findings may lead new studies in the field.

All in all, if this study did not include a qualitative part, that much valuable findings would not be able to gathered.

Furthermore, based on these differentiations, this study provides an overview for the clinicians. Keeping those critical points in mind, clinicians can identify their clients' category and approach them accordingly. This kind of an attitude will most probably decrease the dropout rates. Considering the effects of guilt and shame on the relationships between parental attitudes and self-compassion, and self-compassion's enhancing contribution to the well-being, this study also stresses the importance of compassion-based therapy approaches.

Moreover, as parental attitudes were found to have an important effect on self-compassion, parental education programs gather a greater importance. In those programs, the educators may not focus specifically on compassion; however, a parental attitude including high acceptance/involvement may naturally enhance the development of self-compassion. Even so, it would be better to include compassion in those educations with its name.

4.6 Limitations and Suggestions for Future Studies

All in all, this study has some limitations. Although, the sample was mixed, including both university students and older adults, the number of adults were limited. Even so, the data gathered from them gave valuable information related to the relationship between received parenting styles of adults and their family lives, further studies are needed with additional variables for understanding those relationships in depth.

Considering the results related to shame and anger relationship in the literature, and the highly expressed anger in the qualitative part, it would have been better if an anger measure was also included in the study and test its effects on the examined relationships. Furthermore, as the relationship between shame and anger could not be observed in the current study, there might be other factors effecting the relationship between shame and anger. For detecting those relationships new studies are required.

Moreover, no attention was paid for the guilt's pathological side. The used Guilt-Shame Scale was developed in Turkey and, as TOSCA, this measure could also be detecting the productive representation of guilt. Therefore, it would have been better to include one more guilt scale that measures pathological representations of guilt in order to detect also the effects of pathological guilt on parental attitudes and self-compassion relation.

As another suggestion, in the literature some studies could detect a difference between guilt and shame according to gender, as also the current study; however, some studies revealed that guilt and shame do not differ according to gender. Conducting studies related to the effect of gender on guilt and shame, and including new variables that can effect these relations will be valuable. Moreover, considering the result related to the positive effects of guilt on shame, it will be good to conduct new studies focusing on this dimension.

Finally, as the differentiation of four groups was provided, new studies can be conducted to find out if it is possible to differentiate these groups in practice according to the presented features. Moreover, study and control groups might be included and the effectiveness of match between the expectations of the clients and the therapists on therapy progress can be tested.

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APPENDICES

APPENDIX A: INFORMED CONSENT

Değerli Katılımcı,

Bu çalışma, Orta Doğu Teknik Üniversitesi Klinik Psikoloji Doktora Programı öğrencisi Emine İnan tarafından Prof. Dr. Faruk GENÇÖZ'ün danışmanlığında yürütülmektedir. Çalışmanın amacı, bireylerin öz-duyarlıklarına etki eden faktörlerin incelenmesidir. Ölçekleri tamamlamak yaklaşık olarak 20 dakika sürmektedir. Soruların doğru ya da yanlış yanıtı yoktur. Sizden beklenen soruları içtenlikle yanıtlamanızdır. Çalışmanın hiçbir aşamasında sizden kimlik bilgisi istenmemektedir. Vermiş olduğunuz bilgiler gizli tutulacak ve yalnızca bilimsel amaçlar için kullanılacaktır.

Çalışmada kişisel rahatsızlık verecek sorular bulunmamaktadır. Ancak, herhangi bir aşamada rahatsızlık duyduğunuz takdirde hiçbir gerekçe göstermeden çalışmayı yarıda bırakabilirsiniz.

Çalışmayla ilgili ayrıntılı bilgi almak isterseniz Emine İNAN (e-posta: emineinan35@yandex.com) ile iletişim kurabilirsiniz.

Gösterdiğiniz ilgi, ayırdığınız zaman ve katılımınız için teşekkür ederim.

Bu çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman yarıda kesebileceğimi biliyorum. Verdiğim bilgilerin bilimsel amaçlı yayımlarda kullanılmasını kabul ediyorum.

Tarih

İMZA

APPENDIX B: DEMOGRAPHIC INFORMATION FORM

Yaş :

Cinsiyet: Kadın Erkek

Eğitim durumu: İlkokul Mezunu Ortaokul Mezunu Lise Mezunu

MYO Mezunu MYO Öğrencisi Üniversite Mezunu

Üniversite Öğrencisi Yüksek Lisans Mezunu YL Öğrencisi

Doktora Mezunu

Doktora Öğrencisi

Medeni durum: Evli Bekar Boşanmış

Çocuğunuz var mı? Evet Hayır

APPENDIX C: THE MEASURE OF CHILD REARING STYLES

ÇOCUK YETİŞTİRME TUTUMLARI ÖLÇEĞİ

Aşağıda, anneniz ve babanızla olan ilişkileriniz hakkında cümleler verilmiştir. Sizden istenen, **çocukluğunuzu ve genel olarak anne-babanızla ilişkinizi düşünerek** her bir cümlenin **sizin için** ne derece doğru olduğunu ilgili yeri işaretleyerek belirtmenizdir. Bunu anne ve babanız için ayrı ayrı yapmanızı istemekteyiz. Hiçbir maddenin doğru veya yanlış cevabı yoktur. Önemli olan her cümle ile ilgili olarak kendi durumunuzu doğru bir şekilde yansıtmaktır. Anne ve/veya babanızı kaybetmişseniz yetişmenizdeki en çok katkısı olan kişiyi gözönüne alınız.

	A N N E M					B A B A M				
	hiç doğru değil (1)	Doğru değil (2)	kısmen doğru (3)	doğru (4)	çok doğru (5)	hiç doğru değil (1)	doğru değil (2)	kısmen doğru (3)	doğru (4)	çok doğru (5)
1. Benimle sık sık rahatlatıcı bir şekilde konuşurdu										
2. Her davranışımı sıkı sıkıya kontrol etmek isterdi										

16. Arkadaşlarımla geç saate kadar dışarıda kalmama izin vermezdi										
17. Onun düşüncelerine ters gelen bir şey yaptığımda suçlamazdı										
18. Boş zamanlarımı nasıl değerlendireceğime karıştırdı										
19. Bir sorunum olduğunda bunu hemen anlardı										
20. Hangi saatte hangi arkadaşımı buluşacağını bilmek isterdi										
21. Hiçbir zaman benim ne hissettiğimle veya ne düşündüğümle gerçekten ilgilenmedi (T)										
22. Arkadaşlarımla dışarı çıkmama nadiren izin verirdi										

Geliştiren: Nebi Sümer, e-posta: nsumer@metu.edu.tr Sümer, N., & Güngör, D. (1999). Çocuk yetiştirme stillerinin bağlanma stilleri, benlik

değerlendirmeleri ve yakın ilişkiler üzerindeki etkisi. *Türk Psikoloji Dergisi*, 14 (44), 35-58.

APPENDIX D: GUILT-SHAME SCALE

Bu ölçeğin amacı bazı duyguların hangi durumlarda ne derece yoğun olarak yaşandığını belirlemektir. Aşağıda bazı olaylar verilmiştir. Bu olaylar sizin başınızdaki geçmiş olsaydı, ne kadar rahatsızlık duyardınız. Lütfen her durumu dikkatle okuyup öyle bir durumda ne kadar rahatsızlık duyacağınızı aşağıdaki ölçekten yararlanarak maddelerin yanındaki sayıların üzerine (X) işareti koyarak belirleyiniz.

1. Hiç rahatsızlık duymazdım
2. Biraz rahatsızlık duyardım
3. Oldukça rahatsızlık duyardım
4. Epey rahatsızlık duyardım
5. Çok rahatsızlık duyardım

Sizi ne kadar rahatsız eder?

Hiç

Çok

	1	2	3	4	5
1. Bir tartışma sırasında büyük bir hararetle savunduğunuz bir fikrin yanlış olduğunu öğrenmek.	1	2	3	4	5
2. Evinizin çok dağınık olduğu bir sırada beklenmeyen bazı misafirlerin gelmesi.	1	2	3	4	5
3. Birinin size verdiği bir sırrı istemeyerek başkalarına açıklamak.	1	2	3	4	5
4. Karşı cinsten birinin kalabalık bir yerde herkesin dikkatini çekecek şekilde size açıkça ilgi göstermesi.	1	2	3	4	5
5. Giysinizin, vücudunuzda kapalı tuttuğunuz bir yeri açığa çıkaracak şekilde buruşması ya da kıvrılması.	1	2	3	4	5

6. Bir aşk ilişkisi içinde sadece kendi isteklerinizi elde etmeye çalıştığınızı ve karşı tarafı sömürdüğünüzü fark etmeniz.	1	2	3	4	5
7. Sorumlusu siz olduğunuz halde bir kusur ya da bir yanlış için bir başkasının suçlanmasına seyirci kalmak.	1	2	3	4	5
8. Uzman olmanız gereken bir konuda, bir konuşma yaptıktan sonra dinleyicilerin sizin söylediğinizin yanlış olduğunu göstermesi.	1	2	3	4	5
9. Çok işlek bir iş merkezinin bulunduğu bir köşede herkesin size bakmasına sebep olacak bir olay yaşamak.	1	2	3	4	5
10. Lüks bir restoranda çatal bıçak kullanmanız gereken yerde elle yemek yediğinizin fark edilmesi.	1	2	3	4	5
11. Başkalarını aldatarak ve onları sömürerek büyük kazanç sağlamak.	1	2	3	4	5
12. İşçilerinizin sağlığına zarar vereceğini bildiğiniz halde, bir yönetici olarak çalışma koşullarında bir değişiklik yapmamak	1	2	3	4	5
13. Sözlü bir sınav sırasında kekeleyişiniz ve heyecandan şaşırmanızda, hocanın sizin bu halinizi kötü bir sınav örneği olarak bütün sınıfa göstermesi.	1	2	3	4	5
14. Tanıdığınız birinin sıkıntıda olduğunu bildiğiniz ve yardım edebileceğiniz halde yardım etmemek.	1	2	3	4	5
15. Bir partide yeni tanıştığınız insanlara açık saçık bir fıkra anlattığınızda birçoğunun bundan rahatsız olması.	1	2	3	4	5
16. Akılsızca, bencilce ya da gereksizce büyük bir harcama yaptıktan sonra ebeveyninizin mali bir sıkıntı içinde olduğunu öğrenmek.	1	2	3	4	5
17. Arkadaşınızdan bir şeyler çaldığınız halde arkadaşınızın hırsızlık yapanın siz olduğunuzu hiçbir zaman anlamaması.	1	2	3	4	5

18. Bir davete ya da toplantıya rahat gündelik giysilerle gidip herkesin resmi giyindiğini görmek.	1	2	3	4	5
19. Bir yemek davetinde bir tabak dolusu yiyeceği yere düşürmek.	1	2	3	4	5
20. Herkesten sakladığınız ve hoş olmayan bir davranışın açığa çıkarılması.	1	2	3	4	5
21. Bir kişiye hak etmediği halde zarar vermek.	1	2	3	4	5
22. Alış-veriş sırasında paranızın üstünü fazla verdikleri halde sesinizi çıkarmamak.	1	2	3	4	5
23. Ailenizin sizden beklediklerini yerine getirememek.	1	2	3	4	5
24. Çeşitli bahaneler bularak yapmanız gereken işlerden kaçmak.	1	2	3	4	5

Kaynak: Sahin, N.H., & Sahin, N. (1992). *Adolescent Guilt, Shame and Depression in Relation to Sociotropy and Autonomy, Paper presented at the World Congress of Cognitive Therapy, June 17-23, Toronto, Canada*

Suçluluk: 3, 6, 7, 11, 12, 14, 16, 17, 21, 22, 23, 24

Utanç: 1, 2, 4, 5, 8, 9, 10, 13, 15, 18, 19, 20

APPENDIX E: SELF-COMPASSION SCALE

Aşağıdaki cümleler, zor durumlar karşısında kendinize genel olarak nasıl davrandığınızla ilgilidir. Belirtilen durumda ne kadar sıklıkla hareket ettiğinizi daire

⓪ *içine alarak belirtiniz.*

	1 Hemen hemen hiçbir zaman	2 Nadiren	3 Ara sıra	4 Çoğu zaman	5 Hemen hemen her zaman
1. Kendimi kötü hissettiğimde, kötü olan her şeye takılma eğilimim vardır.	1	2	3	4	5
2. İşler benim için kötü gittiğinde zorlukların yaşamın bir parçası olduğunu ve herkesin bu zorlukları yaşadığını görebilirim.	1	2	3	4	5
3. Yetersizliklerimi düşünmek kendimi daha yalnız ve dünyadan kopuk hissetmeme neden olur.	1	2	3	4	5
4. Duygusal olarak acı yaşadığım durumlarda kendime sevgiyle yaklaşmaya çalışırım.	1	2	3	4	5
5. Benim için önemli bir şeyde başarısız olduğumda, yetersizlik hisleriyle tükenirim.	1	2	3	4	5
6. Kötü hissettiğimde, dünyada benim gibi kötü hisseden pek çok kişi olduğunu kendi kendime hatırlatırım.	1	2	3	4	5
7. Zor zamanlar geçirdiğimde kendime daha katı (acımasız) olma eğilimindeyim.	1	2	3	4	5
8. Herhangi bir şey beni üzdüğünde hislerimi dengede tutmaya çalışırım.	1	2	3	4	5
9. Kendimi bir şekilde yetersiz hissettiğimde kendi kendime birçok insanın aynı şekilde kendi hakkında yetersizlik duyguları yaşadığını hatırlatmaya çalışırım.	1	2	3	4	5
10. Kişiliğimin sevmediğim yanlarına karşı hoşgörüsüz ve sabırsızım.	1	2	3	4	5

11. Çok sıkıntılıysam, kendime ihtiyacım olan ilgi ve şefkati gösteririm	1	2	3	4	5
12. Kendimi kötü hissettiğimde diğer insanların çoğunun benden mutlu olduğunu düşünme eğilimindeyim.	1	2	3	4	5
13. Acı veren bir şey olduğunda, durumu dengeli bir bakış açısıyla görmeye çalışırım.	1	2	3	4	5
14. Başarısızlıklarımı insan olmanın bir parçası olarak görmeye çalışırım.	1	2	3	4	5
15. Sevmediğim yanlarımı gördüğümde kendi kendimi üzerim.	1	2	3	4	5
16. Benim için önemli bir şeyde başarısız olduğumda, işleri belli bir bakış açısı içerisinde tutmaya çalışırım.	1	2	3	4	5
17. Ben mücadele halindeyken diğer herkesin işlerinin benimkinden kolay gittiğini hissetme eğilimim vardır.	1	2	3	4	5
18. Acı çektiğim zamanlarda, kendime karşı iyiyimdir.	1	2	3	4	5
19. Bir şey beni üzdüğünde, duygusal olarak bunu abartırım.	1	2	3	4	5
20. Acı çektiğim durumlarda kendime karşı bir parça daha soğukkanlı olabilirim.	1	2	3	4	5
21. Kendi kusur ve yetersizliklerime karşı hoşgörölüyümdür.	1	2	3	4	5
22. Acı veren bir şey olduğunda, olayı büyütme eğilimim vardır.	1	2	3	4	5
23. Benim için önemli bir şeyde başarısız olduğumda, başarısızlığın yalnız benim başıma geldiği duygusunu hissetme eğiliminde olurum.	1	2	3	4	5
24. Kişiliğimin sevmediğim yönlerine karşı anlayışlı ve sabırlı olmaya çalışırım.	1	2	3	4	5

Deniz, M. E., Kesici, Ş., & Sümer, A. S. (2008). The Validity and Reliability of the Turkish Version of the self-compassion scale. *SOCIAL BEHAVIOR AND PERSONALITY*, 36(9), 151-1160.

APPENDIX F: OPEN-ENDED QUESTIONS

1. Liseden geçen yıl mezun oldunuz ve bu yıl üniversite sınavına hazırlanıyorsunuz. Sabahtan dershaneniz vardı. Öğleden sonra da evde kendiniz çalıştınız. Akşam biraz dinlenmek için televizyon karşısına uzandığınızda anne/babanız geldi ve;

-Ooo keyif mi yapıyorsun kızım/oğlum?! Yap yap, sene sonunda görürüm ben seni! dedi.

Bu sözler karşısında;

- a) Ne hissederdiniz?
- b) Ne söylediniz?
- c) Ne yaptınız?
- d) Aynı senaryoda eve gelen ebeveynin nasıl tepki vermesini isterdiniz?

2. Yaşadığınız evi paylaştığınız kişi (ailenizle birlikte kalıyorsanız anne, baba ya da eşiniz, ev arkadaşlarınızla kalıyorsanız ev arkadaşınız gibi) evden çıkarken pencereleri kapatmanızı, kapıyı da güzelce kilitlemenizi, bu aralar yaşadığınız mahallede hırsızlık olaylarının çok olduğunu söyledi. Siz de peki dediniz; ancak işte/okulda çok yoğun bir döneminiz ve toplantıdan toplantıya/sınavdan sınava girmekten rapor/ödev yetiştirmekten oldukça dalgın ve unutkanısınız. Uyarılmış olmanıza rağmen evden çıkarken camı açık unuttunuz ve eve geldiğinizde evin dağıtılmış, çekmecelerin boşaltılmış olduğunu gördünüz ve hırsız girdiğini anladınız.

a) Bu olayı ilk kiminle paylaşmak isterdiniz?

- a) Annenizle
- b) Babanızla
- c)Sevgiliniz/Eşinizle
- d)Arkadaşınızla
- e)Polisle
- f) Terapistimle

b) Neden?

c) Bu olayı anlattığınızda ebeveynlerinizin ne tepki vermesini isterdiniz?

d) Bu olayı anlattığınızda sevgilinizin/eşinizin ne tepki vermesini isterdiniz?

e) Bu olayı anlattığınızda polisin ne tepki vermesini isterdiniz?

f) Bu olayı anlattığınızda terapistinizin ne tepki vermesini isterdiniz?

APPENDIX G: DEBRIEFING FORM

Değerli Katılımcı,

Zaman ayırıp ölçekleri doldurduğunuz için teşekkür ederim.

Çalışmada ebeveynlerinin çocuk yetiştirme stillerinin kişinin kendisine karşı duyduğu şefkate olan etkisinde utanç ve suçluluğun rolü incelenmektedir. Ayrıca sorulan açık uçlu sorularla utanç ve suçluluk düzeyleri arasında farklılık olan bireylerin, olaya karşı verdikleri tepkilerin ve ebeveynden beklentilerinin farklılaşp farklılaşmadığı tespit edilmeye çalışılmıştır. İlk öykünün sorularına verilen yanıtlardan elde edilen sonuçları, terapistlerin danışanlarında hangi duygunun baskın olduğunu tespit etmelerinde kullanabilecekleri düşünülmektedir. İkinci öykünün sorularına verilen yanıtlardan çıkan sonuçlardan ise terapistlerin utanç ve suçluluk duygusunun yoğunluğuna göre danışanlarına karşı yaklaşımlarını belirlemede faydalanabilecekleri düşünülmektedir. Klinik psikoloji alanına hem teorik hem pratik anlamda katkı sağlayacak olan bu çalışmaya destek verdiğiniz için teşekkür ederim.

Yanıtladığınız sorular sizde baş edemeyeceğiniz bir sıkıntı ya da duygu durumu değişikliğine neden olursa ODTÜ Psikoloji Bölümü AYNA Klinik Psikoloji Destek Ünitesi'ne (tel: 0312 210 67 13 – 0530 906 11 21) başvurabilirsiniz. Ankara dışından çalışmaya katılıyorsanız ve çalışma sizde sıkıntı yarattıysa bulunduğunuz şehirde başvurabileceğiniz bir kurum bulma konusunda yardımcı olmaya çalışırım.

Kurum bulma konusunda yardımcı olmamı isterseniz ya da çalışma sonuçlarıyla ilgili bilgi almak isterseniz emineinan35@yandex.com adresinden bana ulaşabilirsiniz.

APPENDIX H: CURRICULUM VITAE

Personal Information:

Name Surname: Emine (Kır) İnan

Date and Place of Birth: 06.01.1988/Heidelberg-Germany

Marital Status: Married

E-mail Address: emineinan35@yandex.com

Educational Background:

2010–2016 Ph.D. after Bachelor's Degree, Middle East Technical University (METU), Institute of Social Sciences, Clinical Psychology Ph.D. Program

2005–2010 B.S., Middle East Technical University (METU), Department of Psychology

Foreign Languages

Advanced English, Elementary German

Degrees and Honors:

Middle East Technical University, Department of Psychology, High Honor Student, 2007, Spring; 2009, Fall; 2010, Spring

Middle East Technical University, Department of Psychology, Honor Student, 2006, Fall; 2008, Spring; 2008 Fall

The Scientific and Technological Research Council of Turkey, BİDEB 2211, Graduate Scholarship Program, 2010–2015

Internships and Work Experience:

01/2013–present: Yıldırım Beyazıt University, Research Assistant

09/2014-01/2015: Middle East Technical University, Ayna Clinical Psychology Unit, Supervisor

09/2013-01/2014: Middle East Technical University, Ayna Clinical Psychology Unit, Supervisor

09/2011–12/2013: Middle East Technical University, Ayna Clinical Psychology Unit, Clinical Psychologist

02/2011–06/2011: Ankara Numune Education and Research Hospital I. Psychiatry Clinic, Intern Clinical Psychologist

06/2011-08/2011: Gazi University Child Protection Center, Intern Clinical Psychologist

02/2010-06/2010: Ankara Association of Schizophrenia Patients and Their Caregivers, Field Practice

10/2009-01/2010: Ankara Atatürk Child Welfare Dorm, Field Practice

07/2009–09/2009: Gazi University Medical School Psychiatry Department, Intern Psychologist

Publications:

İnan, E. (2015). Narsistik kişilik örgütlenmesinin bağlanma kuramı çerçevesinde ele alınması: Vaka örneği. *AYNA Klinik Psikoloji Dergisi*, 2(1), 1-12.

Conference Presentations:

Süsen, Y. & İnan, E. (2015, June). *Spousal Support as a Moderator of the Effects of Perceived Body Image on Marital and Sexual Satisfaction of Postpartum Women in Turkey*, Paper presented at the meeting of XIV. European Congress of Psychology (p. 1089), Milano.

Kaya, P. & Kır (İnan), E. (2009, June). *Müzikte Uzmanlığın Yanıltılmış Bellek Geliştirmeye Olan Etkisi*, Sözlü Bildiri, XIV. Ulusal Psikoloji Öğrencileri Kongresi, İstanbul.

Seminars and Workshops:

Bekaroğlu, E. & İnan, E. (2015). *Etkileşim Grupları, Öğeleri ve Uygulaması*, Yıldırım Beyazıt Üniversitesi Psikoloji Kongresi: Deneyim Oluşturma ve Aktarımı III, Ankara.

İnan, E. (2015). *Aile İçi İletişim*. Keçiören Anadolu İmam Hatip Lisesi Seminerler Serisi, Ankara.

İnan, E. (2013). *Psikoterapi Yöntemleri*, Sözlü Sunum, Yıldırım Beyazıt Üniversitesi, Psikoloji Bölümü, Psikoloji Buluşmaları-I, Ankara.

Attended Workshops and Trainings:

05/2013 *Expressionistic Art Therapy Workshop*, Suzy Amado, Middle East Technical University, Ankara

01/2013 *Qualitative Data Analysis and MAXQDA Workshop*, Elif Kuş Saillard, Middle East Technical University, Ankara

07/2012 *Intervention to Crisis*, Çiğdem Soykan & Atilla Soykan, Middle East Technical University, Ankara

01/2010 *Education of Thematic Apperception Test*, Azmi Varan, Olgu Psychological Counseling, Ankara

Teaching Experience (Teaching Assistance):

2015/Fall *PSİ 317 Interpersonal Relations*, Yıldırım Beyazıt University, Ankara

APPENDIX I: TURKISH SUMMARY

1. BÖLÜM

GİRİŞ

1.1 Genel Giriş

Öz-duyarlılık, kısaca kişinin kendine yönelttiği şefkat olarak tanımlanabilir (Neff, 2012). Doğu kültürlerinde şefkatin hem sosyal ilişkilerin oluşumunu desteklediğine hem de zihinlerimizin ve bedenlerimizin iyileşmesine katkı sağladığına inanılır (Gilbert, 2005). Batı literatüründe ayrı bir kavram olarak yerini alana kadar şefkat, klinik uygulamalarda empati, koşulsuz kabul gibi farklı kavramların içinde yer almaktaydı (Gillarth, Shaver, & Mikulincer, 2005). Şimdilerde bilinen ve önem verilen bir kavram olduğundan, şefkatin kendine ait bir literatürü mevcut ve araştırmacılar bu kavramın kökenlerini, yaşamımıza etkilerini ve olası klinik uygulamalarını araştırarak şefkati daha iyi anlamaya çalışmaktadırlar. Ebeveyn tutumları ve utancın öz-duyarlılığın gelişiminde etkili oldukları bulunmuştur.

Bu nedenle, bu çalışmada, ebeveyn tutumları ve utanç ve suçluluğun öz-duyarlılık üzerindeki etkisi araştırılacaktır. Bu bölümde öncelikle bu kavramlarla ve aralarındaki ilişkilerle ilgili literatür sunulacaktır. Ayrıca, utancın öz-duyarlılığın gelişimindeki rolü düşünüldüğünde utancın terapötik ortama da etkilerinin olabileceği düşünülmüştür. Bu nedenle, utanca yatkın olan bireylerle suçluluğa yatkın olan bireylerin terapötik beklentileri de bu çalışma kapsamında yer almaktadır. Bu bölümde, terapötik beklentilere ilişkin literatüre de yer verilecektir.

1.2 Öz-Duyarlılık

Batı literatüründe öz-duyarlılığın öncülerinden olan Neff öz-duyarlılığı 3 kavram çerçevesinde ele almıştır; öz-nezaket, ortak insaniyet algısı ve farkındalık. Öz-nezaket, kişinin kendine karşı nazik ve anlayışlı davranması anlamına gelmektedir. Ortak insaniyet algısı ise davranışlarımızı diğer insanlardan soyutlamak yerine aslında diğer insanlarla bağlantılı olduğumuz ve bu deneyimleri büyük insanlık deneyiminin bir parçası olarak kabul etmemiz anlamına gelmektedir. Son olarak, kendi acı verici deneyimlerimizden ne disosiye olarak ne de aşırı özdeşleşerek ama dengeli bir farkındalık düzeyinde tutmak da öz-duyarlılığın farkındalık boyutuna denk gelmektedir (Neff, 2003; 2012).

Literatürde öz-duyarlılığın psikolojik iyi olma, yaşam doyumu ve psikopatolojilerle olan ilişkilerini inceleyen çalışmalar yer almaktadır. Psikolojik iyi olma hali (Bluth, ve ark., 2016; Zessin ve ark., 2015), yaşam doyumu (Dossing ve ark., 2015) ve mutluluk ve olumlu duygulanım (Neff ve ark., 2007) ile olumlu yönde ilişkili bulunmuştur. Diğer taraftan kaygı (Bayramoğlu, 2011; Kemppainen ve ark., 2013; Muris, ve ark., 2016), depresyon (Bayramoğlu, 2011; Muris ve ark., 2016; Pinto-Gouveia ve ark., 2014) ve stress (Finlay-Jones ve ark., 2015; Pinto-Gouveia ve ark., 2014) ile negatif yönde ilişkili bulunmuştur.

Genel kanının aksine, öz-duyarlılık kişiyi bencil yapmak yerine başkalarına karşı daha şefkatli davranmaya iter (Neff, 2003). Ancak Bierhoff (2005) bazı durumlarda şefkatin (ve öz-duyarlılığın) gelişmeyebileceğini ifade etmiştir. Literatürde öz-duyarlılığa etkisi olduğu düşünülen bazı kavramlarla ilgili çalışmalar yapılmıştır. Bunlardan biri de cinsiyettir (Neff, 2003). Bazı çalışmalar erkeklerin kadınlara göre daha fazla öz-duyarlılık gösterdiğini bulmuş olsa da (Souza & Hutz, 2016; Yarnell ve ark., 2015) bazı çalışmalar cinsiyetin öz-duyarlılık üzerine herhangi bir etkisi olduğunu bulamamışlardır (Neff & Pommier, 2013; Yılmaz, 2009).

Öz-duyarlılığın gelişimi ile ilgili olarak düşük öz-duyarlılığın kişilerin gördükleri düşük yakınlık ve kötüye kullanım öykülerinden kaynaklanıyor olabileceği

belirtilmiştir (Bowlby, 1980, Gilbert, 2007 akt. Gilbert ve ark., 2011). Ayrıca, öz-eleştiri de öz-duyarlılığın gelişiminde bir engel olabilir (Gilbert & Procter, 2006). Bütün bu etmenler çocuk yetiştirme stilleriyle ilişkilidir. Bu nedenle, literatür ışığında, bu çalışma kapsamında ebeveyn tutumları öz-duyarlılığın bir belirleyicisi olarak seçilmiştir. Bir sonraki bölümde Ebeveynlik stilleri ve bağlanma ve bunların öz-duyarlılıkla olan ilişkisine dair literatür sunulacaktır.

1.3 Ebeveynlik Stilleri/Bağlanma

Şefkatli ebeveynlerin çocuklarının iyi oluşlarıyla ilgilendiklerinden onlara daha nazik ve sevgi dolu bir tutumla yaklaştıkları öne sürülmüştür (Neff, 2003). Alınan ebeveynlik stillerinin ve bağlanmanın çocukların öz-duyarlılığının gelişmesinde etkili oldukları öne sürülmüştür. Bunlarda ebeveynlik stilleri ilk olarak Baumrind (1972 akt. Sümer & Güngör, 1999) tarafından ortaya konulmuş daha sonra Maccoby ve Martin tarafından geliştirilmiş ve son halini Steinberg ve arkadaşlarının çalışmalarıyla almıştır (Sümer & Güngör, 1999). Steinberg ve arkadaşları (1991, 1994 akt. Sümer & Güngör, 1999) daha önceden önerilen iki boyutlu modelin boyutlarını sıkı denetim/kontrol ve kabul/ilgi olarak yeniden adlandırmışlardır. Buna göre dört ebeveynlik stili ortaya çıkmaktadır. Orta dereceli, çok yüksek olmayan sıkı denetim/kontrol ve yüksek kabul/ilgi açıklayıcı otoriter ebeveynlik stiline yol açmaktadır. Bu ailelerde kuralların neden var olduğu açıktır, kurallar sorgulanabilir ve gerekli görüldüğünde değiştirilebilirler. Yüksek sıkı denetim/kontrol ve düşük kabul/ilginin birleşiminde ortaya çıkan ebeveynlik stiline otoriter ebeveynlik adı verilir. Bu ebeveynlerin kuralları sorgulanamaz; çocuklarının karşı çıkmadan kurallara uymalarını beklerler. Bu ebeveynler çocuklarına yakınlık göstermezler ve çocuklarının ihtiyaçlarıyla ilgilenmezler. Düşük sıkı denetim/kontrol ve yüksek kabul/ilgi gösteren ebeveynlerin stilleri izin verici/şımartan olarak adlandırılmaktadır. Bu ebeveynler çocuklarını fazla kontrol etmezler, cezalandırmazlar; ancak gösterdikleri kabul ve sevgi sınırsızdır. Son olarak, düşük sıkı denetim/kontrol ve düşük kabul/ilgi ile karakterize olan stile izin verici/ihmalkâr adı verilir. Bu tarz ebeveynler çocuklarına ne yakınlık gösterir ne

de kontrol ederler, ihtiyaçlarıyla da ilgilenmezler, yakınlık kurmaktan da uzak dururlar (Sümer & Güngör, 1999).

Ebeveynlik stilleri ve öz-duyarlılık literatürü ile devam etmeden önce bağlanmaya da değinmenin yararlı olacağı düşünülmektedir. Bağlanma Kuramını ilk olarak kendi gözlemlerinden yola çıkarak Bowlby (1969) önermiş ve deneysel çalışmalarıyla Ainsworth (1969 akt. Bennett, 2006) geliştirmiştir. Bowlby (1969)'ye göre bebekler tehlikeli ya da stres yaratan bir durumla karşılaştıklarında korunmak için bir bakım verenin yakınlığını aralar ve bu arayıştan bağlanma gelişir. Bakım verme ve bakım alma sürecinde ebeveynler ve bebekler karşılıklı olarak birbirlerinin işaretlerine, gönderdikleri ipuçlarına dikkat ederler. Bebeklerin işaretleri ihtiyaçları hakkında bilgi verirken, ebeveynlerin işaretleri de onların duygusal ve sosyal durumlarıyla ilgili bilgi verir. Bu karşılıklı ilişki bebek ve bakım veren arasındaki bağlanmayı oluşturur (Wicks-Nelson & Israel, 2006). Verilen bakımın ne kadar tutarlı ve hassas olduğu bağlanmanın kalitesini (Bennett, 2006) ve kişilerin hem kendilerine hem de başkalarına dair algılarını etkileyen içsel çalışma modellerini (Cortina, 2003 akt. Bennett, 2006; Sherman, Rice, & Cassidy, 2015) belirlemektedir.

Literatürde ebeveynlik stilleri ve bağlanma arasındaki ilişkiyi inceleyen çalışmalar yer almaktadır. Örneğin, Zeinali ve arkadaşları (2011) açıklayıcı otoriter ve izin verici ebeveynlik stilleri ile güvenli bağlanma arasında, ve otoriter ve ihmalkar ebeveynlik stilleriyle güvensiz bağlanma arasında ilişki bulmuşlardır. Benzer şekilde, Karavasilis ve arkadaşları (2003) da açıklayıcı otoriter ebeveynlik stili ile güvenli bağlanma arasında ve ihmalkar ebeveynlik stili ile kaçınan bağlanma arasında pozitif ilişki bulmuşlardır. Türkiye'de yaptıkları çalışmalarında Sümer ve Güngör (1999) anneden algılanan sıkı denetim/kontrol ile güvenli bağlanma arasında negatif, korkulu ve saplantılı bağlanma ile pozitif bir ilişki bulmuşlardır. Ancak babadan algılanan sıkı denetim/kontrolün bağlanma stilleriyle herhangi bir ilişkisi olmadığı görülmüştür. Kabul/ilgi boyutunda ise hem anneden hem babadan algılanan kabul/ilginin güvenli bağlanmayla pozitif yönde ilişkili olduğu

görülmüştür. Son olarak, Sümer ve Güngör Türkiye’de en çok var olan ebeveynlik stillerinin otoriter ve izin verici/şımartan ebeveynlik stilleri olduğunu bulmuşlardır. Yine Türkiye’de yapılan bir başka çalışmada ise Yılmaz (200) kızların algıladıkları ebeveyn stiline daha çok açıklayıcı otoriter olduğunu, erkeklerin algıladığı stiline ise otoriter stil olduğunu göstermiştir.

Literatürde ebeveynlik stilleri ya yalnızca annenin verdiği bakım üzerinden (Frontini ve ark., 2016; Molina & Musich, 2016; Wang & Fletcher, 2016) incelenmiş ya da genel bir ebeveynlik incelemesi (Masud ve ark., 2016; Sabagh ve ark., 2016) yapılmıştır. Ancak Sümer ve Güngör (1999) Türkiye’de annenin ve babanın çocuk bakımındaki farklı rollerini göz önünde bulundurarak anne ve babanın ebeveynlik stillerinin ayrı ayrı çalışılması gerektiğini önermişlerdir.

1.3.1 Ebeveynlik Stilleri/Bağlanma ve Öz-Duyarlılık

Daha önce de belirtildiği gibi ebeveynlik stilleri/bağlanma ve öz-duyarlılık arasında bir ilişki olması beklendiği literatürde öne sürülmüştür. Yaptıkları çalışmada Neff ve McGehee (2010) anneden algılanan desteğin öz-duyarlılığın artmasına, anneden algılanan eleştirinin ise daha düşük öz-duyarlılığa neden olduğunu bulmuşlardır. Bu bulgular, kişilerin hatalara karşı nasıl tepki vereceklerini ebeveynlerinden öğrendikleri şekilde yorumlanmıştır. Bu bulgularla benzer şekilde, Pepping ve arkadaşları (2015) da ebeveyn yakınlığının öz-duyarlılıkla pozitif, ebeveyn reddinin ise negatif yönde ilişkili olduğunu bulmuşlardır. Türkiye’de yapılan bir çalışmada açıklayıcı otoriter ebeveynlik stili çocukların öz-duyarlılık gelişimini arttırırken, otoriter ebeveynlik stili öz-duyarlılık gelişimini olumsuz yönde etkilemektedir (Yılmaz, 2009).

Bağlanma ile ilgili çalışmalara bakıldığında, güvenli bağlanma öz-duyarlılık gelişimine katkı sağlarken korkulu ve saplantılı bağlanmanın düşük öz-duyarlılığa yol açtığı görülmüştür (Neff & McGehee, 2010). Aynı doğrultuda, bağlanma kaygısının (Wei ve ark., 2011) ve güvensiz bağlanma stillerinin (Kim, 2014) düşük öz-duyarlılıkla ilişkili olduğu görülmüştür.

Öz-duyarlılığın bir değişken olarak yer aldığı çalışmalar literatürde yer alsa da öz-duyarlılığın gelişimine neden olan ya da katkı sağlayan faktörlere yönelik çok fazla çalışma yapılmamıştır. Bu kavramın gelişimiyle ilgili olarak ebeveynlik stilleri/bağlanma literatürü mevcut ancak ne yazık ki detaylı değildir. Örneğin babanın verdiği bakımın öz-duyarlılığa etkisi hiç çalışılmamıştır. Ayrıca ebeveynlik stilleri/bağlanma ve öz-duyarlılık arasındaki ilişkiyi daha iyi anlamak için farklı aracı değişkenlerle yeni çalışmalara ihtiyaç duyulmaktadır. Bu nedenle, bu çalışmada, hem anneden hem babadan algılanan ebeveyn tutumlarının öz-duyarlılık üzerindeki etkisi araştırılacaktır. Ayrıca, suçluluk ve utançın bu ilişkideki olası aracı rolleri de çalışılacaktır. Bir sonraki bölümde utanç ve suçluluk ile yapılmış olan çalışmalar sunulacaktır.

1.4 Suçluluk ve Utanç

Suçluluk ve utanç hem bireysel hem kişilerarası düzeyde işlevselliği yüksek olan iki duygudur (Tangney & Dearing, 2004). Bireylerin sosyal olarak beklenen şekilde davranmasını sağlarlar (Tangney & Tracy 2012 akt. Muris & Meesters, 2013). İkiyi birlikte değerlendirildiklerinde diğer duygularla aralarında belirgin sınırlar olmasına rağmen ikisini birbirinden ayırmak kolay olmamaktadır. Bu nedenle, bu bölümde bu iki duygunun gelişiminden başlayarak işlevleri, ayrıştırılması ve yapılan çalışmalarla ilgili literatür sunulacaktır.

1.4.1 Suçluluk ve Utançın Gelişimi

Literatürde utanç ve suçluluk gibi benliğe dönük duyguların gelişimi için öncelikle karmaşık bilişsel gelişimin gerekli olduğu belirtilmektedir. Gerekli görülen 3 bilişsel beceri, öz-farkındalık ve sabit kendilik temsili, sosyal normlar ve değerler konusunda farkındalık ve son olarak zihin kuramı gelişimidir. Bu şekilde çocuklar başkalarının kendilerinden ne beklediklerini tespit edebilir ve kendilerini onların gözlerinden değerlendirebilirler (Lewis, 2000 akt. Muris & Meesters, 2013). Gerekli olan bu becerilere ek olarak, ileri düzey bir bilişsel gelişimle çocuklar

normları, değerleri ve değerlendirmeleri içselleştirirler (Kon, 1979 akt. Makogona & Enikolopov, 2013; Muris & Meesters, 2013).

1.4.2 Suçluluk ve Utancın Ayrıştırılması

1.4.2.1 Bireysel düzey

Birçok araştırmacı, birlikte anılan suçluluk ve utancı ayırtmak için çalışmalar yürütmektedirler. Çabaları genel olarak 3 noktada toplanmaktadır. İlki bu duygulara neden olan olaylar, ikincisi, başkalarının varlığı, üçüncüsü de kişinin olay sonrası kendine mi davranışa mı atıf yaptığıdır (Tangney ve ark., 2007). Belirtilen faktörlerin ayırt edici etkisini test etmek için çeşitli çalışmalar yapılmış ve yaşanan olayın özelliklerinin hissedilen duyguda herhangi bir farklılık yaratmadığı görülmüştür (Tangney, 1992). Her iki duyguda da seyirci önemli olduğundan diğerlerinin varlığının da hangi duygunun hissedileceğine etki etmediği görülmüştür. Utançta kişiler kendilerinin diğerlerinin gözünden değerlendirirken, suçlulukta kendi davranışlarının diğerleri üzerindeki etkisiyle ilgilenmektedirler (Tangney & Dearing, 2004; Tangney ve ark., 2007). Ancak, sonuçta verilen tepkiler farklılaştığı için Ferguson (2005) bu iki duygunun ayrıştırılması gerektiğini belirtmiştir.

Suçluluk ve utanç literatürüne bakıldığında bu iki duyguyu ayırtmak için kullanılan en yaygın özelliklerden birinin yaşanan olay sonrası yapılan atıflar olduğu görülmüştür. Bu bağlamda, utanç benliğe yönelmekte ve genel, sabit ve benliğin olumsuz değerlendirmelerine odaklanmaktadır. Davranış olarak da utanan bireyler kaçınma ve gizlenmeyi tercih etmektedirler. Suçlulukta ise atıf benlik yerine, yanlış yapılan kontrol edilebilir davranışa yapılmaktadır. Davranış olarak da bu bireyler daha çok özür dileme ve hatayı düzeltme eğiliminde olurlar. Başka bir deyişle, utanç zarar verici bir duyguysen, suçluluk daha verim arttırıcı bir duygu olarak değerlendirilir. Utanç durumunda bireyler değersiz ve güçsüz hissederler ve utancın suçluluğa göre daha acı verici bir duygu olduğu düşünülmektedir. Buna karşılık suçlulukta ise, bireyler gergin, vicdan azabı ve pişman hissederler (Tangney

& Dearing, 2002 akt. Akbağ & İmamoğlu, 2010; Lewis, 1971 akt. Giner-Sorolla, Piazza, & Espinosa, 2011; Keltner & Buswell, 1996; Lopez ve ark., 1997; Lewis, 1971 akt. Tangney & Dearing, 2004).

1.4.2.2 Kişilerarası düzey

Kişilerarası ilişkilerde utanç uyumsuz örüntülerle ilişkili görülürken suçluluk daha uyumlu örüntülerle ilişkili olarak değerlendirilmektedir (Abe, 2004). Utancın daha yaralayıcı bir duygu olduğu ifade edilmektedir. Çünkü utanca yatkın olan kişilerin hem kendilerine hem de başkalarına suçlayıcı bir tarzda yaklaştıkları ve yansıttıkları öfke ve düşmanlığın yaralayıcı olduğu belirtilmektedir. Geri çekilmeye neden olmaksızın, utanç bireylerin başkalarına karşı öfke duymalarına neden olur. Ayrıca utanca yatkın olan bireyler empati becerilerinden de yoksundurlar. Diğer taraftan suçluluk utanç kadar yaralayıcı görülmemektedir. Suçluluğa yatkın bireylerin empati becerileri utanca yatkın olanlardan daha iyi olarak değerlendirilmektedir. Ayrıca kişilerarası düzeyde herhangi bir sorumlulukları varsa bunu kabul ederler. Öfkeye utanca yatkın olan bireyler kadar yatkın değildirler. Tabii ki bu suçluluğa yatkın kişilerin sinirlenmediği anlamına gelmemektedir. Öfkelendiklerinde öfkelerini daha uygun şekillerde ifade etmektedirler. Ayrıca, utançtan ayrıştırılmış suçluluğa yatkın olan bireylerin öfke ve anlaşmazlıklarla daha olumlu şekilde baş edebildikleri görülmüştür (Tangney & Dearing, 2004).

Tangney ve Dearing (2004) utanca yatkın bireyler konusunda terapistleri uyarmaktadırlar. Terapiler sırasında utanca neden olan bir olay yaşandığında utancın neden olduğu rahatsızlık hissinden kurtulmak için bu kişiler öfkeli tepki verebilirler. Terapisti yaşanan durum için ve kendisini umursamamakla suçlayıp tartışma başlatabilir ve terapistin yeterliliklerini sorgulayabilirler. Bu şekilde beklenmedik öfke çıkıyorsa ve danışan terapiyi bırakıyorsa bu kişinin utanca yatkın bir birey olduğunun düşünülebileceğini belirtmektedirler.

1.4.3 Suçluluk ve Utanç ile İlgili Çalışmalar

Suçluluk ve utancın değişken olarak yer aldığı pek çok çalışma yapılmıştır. Tangney ve Dearing (2004) de uyumsuz suçluluğun utançla kaynaşmış suçluluk olduğunu öne sürmüşlerdir. Başka bir değişle utançla birleştiği zaman suçluluk kendini yargılamayı ve ruminasyonu doğurmaktadır. Araştırmacılar yaptıkları çalışmanın sonucunda utançtan arındırılmış suçluluğun diğer utanç ve suçluluk duygu durumlarına kıyasla psikolojik iyi oluş olumlu katkısı olduğunu bulmuşlardır. Aynı doğrultuda, utanç depresyonla ilişkili bulunurken suçluluğun bir ilişkisi belirlenmemiştir (Orth ve ark., 2006).

Utanç üzerine çalışan araştırmacılardan biri olan Gilbert (2006) utancın koşullanma veya sürekli olarak diğerleri tarafından istismara uğramaya ya da reddedilmeye maruz kalma ile içe atılabileceğini öne sürmüştür. İçe atılmış utanç kendi kendine ilişki kurma deneyimi olarak tanımlanmaktadır. Diğer bir değişle benliğin iki bölümü vardır: biri eleştiren diğeri de eleştirileri alıp duygusal olarak cevap veren taraf (Gilbert, 2000b akt. Gilbert, 2006). Gilbert'ın literatüre yaptığı bu katkı kendi kendine ilişki kurma deneyiminin ebeveyn tutumlarıyla ilişkili olan öz-duyarlılık eksikliğiyle ilişkili olabileceği yönünde bir düşüncüyü akla getirmiştir.

1.4.3.1 Suçluluk, utanç ve çalışma değişkenleri ile ilgili çalışmalar

Literatürde suçluluk ve utançla ilgili birçok çalışma yapılmış ve her biri farklı koşullar altında farklı değişkenlerle gerçekleştirilmiştir. Her birinin sonucu olarak demografik değişkenlerle ilgili bilgiler sunulmuştur. Buna göre literatürde kadınların erkeklere göre daha fazla utanç ve suçluluk rapor ettiği belirtilmiştir (Muris ve ark., 2014; Pila ve ark., 2016). Ancak Türkiye'de yapılan çalışmalardan birinde yine kadınların erkeklerden daha fazla utanç duyduğu bulunmuş olsa da suçluluk bakımından kadınlar ve erkekler arasında bir fark bulunamamıştır (Akbağ & İmamoğlu, 2010). Aynı şekilde yine Türkiye'de yapılan bir çalışmada ergenlerde hem utanç hem de suçluluk üzerinde cinsiyetin herhangi bir etkisi olmadığı bulunmuştur (Dilber, 2013).

Araştırmacılar utanç, suçluluk ve bağlanma stilleri arasındaki ilişkileri de çalışmışlar ve utanç ile kaygılı yetişkin bağlanması (Magai ve ark., 1995), korkulu ve saplantılı bağlanma stilleri (Lopez ve ark., 1997), suçlayan, yok sayan ve saldırgan ebeveyn tutumları (Claesson & Sohlberg, 2002) ve korkulu bağlanma arasında pozitif yönde bir ilişki bulmuşlardır. Ayrıca ebeveyn reddiyle utanç ve suçluluk arasında pozitif, ebeveyn yakınlığıyla da suçluluk arasında pozitif bir ilişki saptanmıştır (Choi & Jo, 2011). Benzer şekilde başka bir çalışmada da ebeveyn reddi ile utanca yatkınlık arasında pozitif ilişki bulunurken tam tersi yönde suçlulukla negatif yönde bir ilişki bulunmuştur (Stuewig & McCloskey, 2005).

Literatürde öz-duyarlılık ve utanç ilişkisini araştıran çalışmalar da yapılmıştır. Buna göre, öz-duyarlılık, bedenden duyulan utanç (Daye ve ark., 2014), bir karakter özelliği olarak utanç (Reilly ve ark., 2014) ve genel olarak utanç (Ferreira ve ark., 2013) arasında negatif yönde ilişki olduğu bulunmuştur. Ancak suçluluk ve öz-duyarlılık arasındaki ilişkiyi inceleyen bir çalışmaya rastlanmamıştır.

Ayrıca literatürde şefkat odaklı terapilerin hem utanç (Gilbert & Procter, 2006; Johnson & O'Brien, 2013; Kelly ve ark., 2014) hem suçluluk (Held & Owens, 2015) üzerinde olumlu etkileri olduğunu gösteren çalışmalar yer almaktadır.

1.5 Terapistlerden Beklentiler

Literatürde danışanların terapistlerinden ne beklediklerine dair çalışmalar çok yapılmasa sınırlı sayıdaki çalışma beklentiler hakkında bilgi vermektedir. 1980 yılında Greenberg ve Zeldow'un yaptıkları çalışmaya göre kadınlar terapistlerinde daha maskülen özellikler ararken, erkeklerin daha feminen özellikler aradığı görülmüştür. Greenberg ve Zeldow'un çalışmasını yineleyen DeGeorge ve arkadaşları (2013) kadınlar ve erkeklerin beklentileri arasında seksenlerdeki kadar belirgin bir fark olmadığı sonucuna varmışlardır. Çalışmalarının sonucuna göre bütün danışanların cana yakın, devamlı, hem kendilerinin hem de diğerlerinin farkında olan ve duygusal olarak müsait terapistleri tercih ettikleri görülmüştür. Bu özelliklerin aynı zamanda iyi bir ilişki kurulabilmesi için gerekli özellikler olduğu

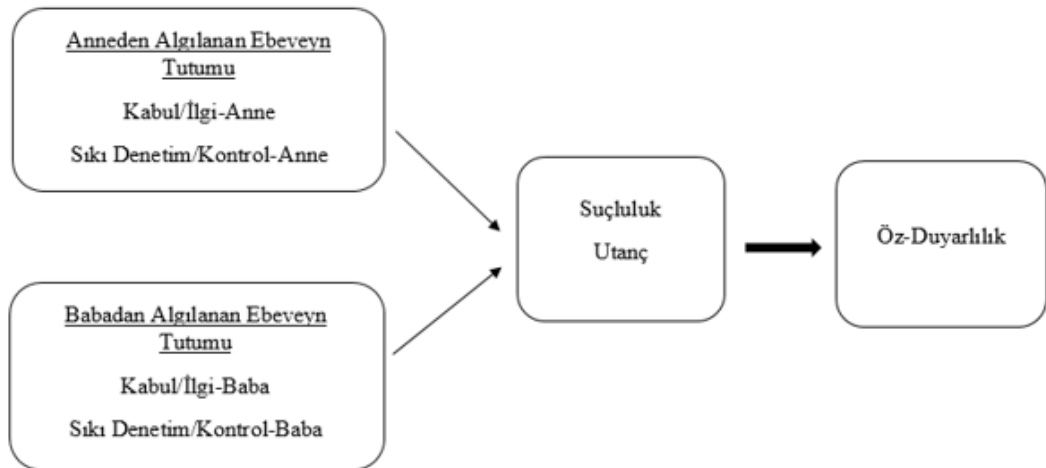
belirtilmiştir (Bordin, 1979 akt. DeGeorge, 2013). Terapist ve danışanları eşleştirirken bu beklentiler dikkate alınmanın iyi bir ilişki kurulma olasılığını arttırabileceği belirtilmiştir.

Hartlage ve Sperr (1980)'in yaptıkları çalışmaya göre de danışanlar terapistlerinden beklentileri karşılandığı takdirde terapilerin etkililiğini daha yüksek olarak değerlendirdikleri sonucuna varmışlardır. Ayrıca yapılan bir meta-analiz sonucu da terapiyi erken bırakma oranlarının daha düşük olması ve daha iyi gelişme gösterilmesinde danışanların beklentilerine göre terapistlerle eşleştirilmelerinin etkisi olduğu bulunmuştur (Swift ve ark., 2011).

1.6 Çalışma

1.6.1 Nicel Bölüm

Verilen literatür ışığında bu çalışmanın nicel bölümünün amacı, anneden algılanan ebeveyn tutumları, babadan algılanan ebeveyn tutumları, utanç ve suçluluğun birbirleriyle olan ilişkilerini ve öz-duyarlılık üzerindeki olası etkilerini incelemektir.



Figür 1 Çalışmanın Modeli

1.6.1.1 Araştırma soruları ve hipotezler

1. Çalışma değişkenleri (Anneden algılanan ebeveyn tutumları, babadan algılanan ebeveyn tutumları, utanç,, suçluluk ve öz-duyarlılık) arasında anlamlı ilişkiler var mı?

2. Utanç ve suçluluk ebeveyn tutumları (sıkı denetim/kontrol ve kabul/ilgi) ve öz-duyarlılık arasındaki ilişkiye aracılık ediyor mu?

2.a. Utanç ve suçluluğun anneden algılanan sıkı denetim/kontrol ve öz-duyarlılık arasındaki ilişkiye aracılık edeceği hipotez edilmiştir.

2.b. Utanç ve suçluluğun anneden algılanan kabul/ilgi ve öz-duyarlılık arasındaki ilişkiye aracılık edeceği hipotez edilmiştir.

2.c. Utanç ve suçluluğun babadan algılanan kabul/ilgi ve öz-duyarlılık arasındaki ilişkiye aracılık edeceği hipotez edilmiştir.

2.d. Utanç ve suçluluğun babadan algılanan sıkı denetim/kontrol ve öz-duyarlılık arasındaki ilişkiye aracılık edeceği hipotez edilmiştir.

1.6.2 Nitel Bölüm

Kendi klinik uygulamaları sırasında araştırmacı danışanlarına karşı şefkatli bir tutumla yaklaşmaya ve onların da kendilerine şefkatli yaklaşmasını sağlamaya çalışmıştır. Bu tutumdan bazı danışanlar yarar sağlarken bazı danışanlar için kendilerine yöneltecekleri şefkat (öz-duyarlılık) süreci karmaşıklaştırmıştır. Kişisel deneyimlerine, ilgisine dayanarak ve literatürden de destek alarak araştırmacı danışanlardaki bu farkın utanç ve suçluluk düzeylerinden kaynaklanıyor olabileceğini hipotez etmiştir. Bunun üzerine terapilerde danışanların ebeveynleriyle olan ilişkilerine ve olası utanç-suçluluklarına odaklanmaya başlamıştır. Ebeveynleriyle olan ilişkileri hakkında bilgi edinmek nispeten kolay olsa da utanç-suçluluk yatkınlıkları hakkında bilgi edinmenin o kadar da kolay olmadığını fark etmiştir. Literatürde utanç ve suçluluğu ayırmak için belli noktalara

değinilmiş; ancak uygulamada bunlar çok işlevsel bulunmamıştır. Yaşadığı bu zorluktan yola çıkarak araştırmacı, utanca ve/veya suçluluğa yatkın bireylerin olumsuz bir tutumla karşılaştıklarında duygusal ve davranışsal olarak nasıl tepki verdiklerini ve karşı taraftan nasıl bir tepki beklediklerini araştırmak istemiştir. Bu bağlamda, bireylerin utanç ve suçluluk seviyelerine göre tepkilerinin ve beklentilerinin çalışılması açısından bu çalışma bir ilk olacaktır. Ayrıca, nitel bir çalışma olması da bu çalışmaya ayrı bir önem yüklemektedir.

1.6.2.1 Araştırma soruları

1. Farklı utanç/suçluluk seviyelerinden bireyler, olumsuz bir tutumla karşılaştıklarında duygusal olarak nasıl tepki vermektedirler?
2. Farklı utanç/suçluluk seviyelerinden bireyler, olumsuz bir tutumla karşılaştıklarında ne tarz davranışsal tepkiler vermektedirler?
3. Farklı utanç/suçluluk seviyelerinden bireyler, olumsuz bir olay yaşadıklarında ebeveynlerinin/eşlerinin/terapistlerinin kendilerine nasıl bir tutumla yaklaşmasını beklemektedirler?

2. BÖLÜM

YÖNTEM

2.1 Katılımcılar

Bu çalışmanın örneklemini 214 (%61.5)'ü kadın, 134 (%38.5)'ü erkek toplam 348 katılımcı oluşturmaktadır. Katılımcıların yaşları 19 ile 60 arasında değişmektedir

($X = 23.28$; $S = 6.24$). Veriler “Qualtrics: Online Survey Software & Insight Platform” ve “Sona Systems: Cloud-based Participant Management Software” programları aracılığıyla internet üzerinden toplanmıştır.

2.2 Ölçüm Araçları

2.2.1 Demografik Bilgi Formu

Bu formda yaş, cinsiyet, eğitim durumu, medeni durumu, ebeveynlik durumu ve terapi deneyimi soruları yer almıştır.

2.2.2 Çocuk Yetiştirme Stilleri Ölçeği

Bu ölçek, anne ve babaların çocuk yetiştirme stillerini ayrı ayrı ölçebilmek için Sümer ve Güngör (1999) tarafından Maccoby ve Martin’in (1983, akt. Sümer & Güngör,1999) modeli ve Steinberg ve arkadaşlarının (1991, akt. Sümer & Güngör, 1999) çalışmalarından yola çıkarak geliştirilmiştir. Ölçek beşli Likert tipi ölçektir. Ölçek toplamda 22 maddeden oluşmaktadır. Bunlardan 11’i sıkı denetim/kontrol boyutunu (örn; Arkadaşlarımla ilişkilerime çok karıştırdı), 11’i ise Kabul ilgi boyutunu (örn; Sevgi ve yakınlığına her zaman güvenmişimdir.) ölçmektedir. Ölçeğin geliştirildiği çalışmada hem anneden hem babadan algılanan kabul/ilgi boyutlarının güvenilirliği .94, anneden algılanan sıkı denetim/kontrol boyutunun güvenilirliği .80, babadan algılanan sıkı denetim /kontrolün güvenilirliği ise .70 bulunmuştur. Bu çalışmada ise anneden algılanan kabul/ilgi .92, anneden algılanan sıkı denetim/kontrol .87, babadan algılanan kabul/ilgi .92 ve babadan algılanan sıkı denetim/kontrol .90 güvenilirliğe sahip bulunmuştur.

2.2.3 Suçluluk Utanç Ölçeği (SUTÖ)

Bu ölçek, bireylerin suçluluk ve utanç seviyelerini ölçebilmek için Şahin ve Şahin (1992) tarafından geliştirilmiştir. SUTÖ toplam 24 maddelik beşli Likert tipi bir ölçektir. 12 madde suçluluğu (örn; Ailenizin sizden beklediklerini yerine getirememek), 12 madde de utancı (örn; Bir yemek davetinde bir tabak dolusu

yiyeceği yere düşürmek.). ilk çalışmada elde edilen güvenilirlik katsayıları utanç için .80 ve suçluluk için .81 olarak bulunmuştur. Bu çalışmada ise güvenilirlik değerleri utanç için 82, suçluluk için ise .82.

2.2.4 Öz-Anlayış Ölçeği

Kişilerin öz-duyarlılık seviyelerini ölçmek için Neff (2003) tarafından geliştirilen bu ölçek, Türkçeye Deniz, Kesici, ve Sümer (2008) tarafından uyarlanmıştır. Orijinali 6 faktör, 26 madde, beşli Likert tipi olan ölçeğin Türkçesi tek faktör ve 24 maddeden (örn.; Çok sıkıntılıysam, kendime ihtiyacım olan ilgi ve şefkati gösteririm.) oluşmaktadır. Ölçeğin orijinalinin güvenilirliği .92, Türkçe formun güvenilirliği .89 ve bu çalışmada elde edilen güvenilirlik .88'dir.

2.2.5 Açık Uçlu Sorular

Utancı ve/veya suçluluğu yüksek olan bireylerin olumsuz bir durumla karşılaştıklarında tepkilerinin farklılaşp farklılaşmadığını tespit edebilmek için katılımcılara kısa bir öykü sunulmuş ve bunu takiben 4 açık uçlu soru sorulmuştur. Öykü şu şekildedir; “Liseden geçen yıl mezun oldunuz ve bu yıl üniversite sınavına hazırlanıyorsunuz. Sabahtan dershaneniz vardı. Öğleden sonra da evde kendiniz çalıştınız. Akşam biraz dinlenmek için televizyon karşısına uzandığınızda anne/babanız geldi ve ‘Ooo keyif mi yapıyorsun kızım/oğlum?! Yap yap, sene sonunda görürüm ben seni!’ dedi.” (Kaya, 2004). Sonrasındaki sorular ise şöyledir; “Bu sözler karşısında; ‘Ne hissederdiniz?’, ‘Ne söylediniz?’, ‘Ne yapardınız?’ ve ‘Aynı senaryoda eve gelen ebeveynin nasıl tepki vermesini isterdiniz?’” İlk üç sorunun amacı, utancı ve/veya suçluluğu yüksek olan bireylerin duygusal, sözel ve davranışsal tepkilerinin ayrıştırılıp ayrıştırılamayacağını test etmektir. Son soruyla ise bireylerin ebeveynlerinden beklentilerini öğrenmek içindir. Ancak, aslında, bireylerin olası terapistlerinden beklentilerini tespit etmek amaçlanmıştır.

Bu bağlantıları daha da güçlendirmek için yeni bir kısa öykü ve ilgili sorular sunulmuştur. İkinci öykü şu şekildedir; “Yaşadığımız evi paylaştığımız kişi (ailenizle birlikte kalıyorsanız anne, baba ya da eşiniz, ev arkadaşlarınızla kalıyorsanız ev

arkadaşınız gibi) evden çıkarken pencereleri kapatmanızı, kapıyı da güzelce kilitlemenizi, bu aralar yaşadığınız mahallede hırsızlık olaylarının çok olduğunu söyledi. Siz de peki dediniz; ancak işte/okulda çok yoğun bir döneminiz ve toplantıdan toplantıya/sınavdan sınava girmekten rapor/ödev yetiştirmekten oldukça dalgın ve unutkanınız. Uyarılmış olmanıza rağmen evden çıkarken camı açık unuttunuz ve eve geldiğinizde evin dağıtılmış, çekmecelerin boşaltılmış olduğunu gördünüz ve hırsız girdiğini anladınız.” Sorular ise şöyledir; “‘Bu olayı anlattığınızda ebeveynlerinizin ne tepki vermesini isterdiniz?’, ‘Bu olayı anlattığınızda sevgilinizin/eşinizin ne tepki vermesini isterdiniz?’, ‘Bu olayı anlattığınızda polisin ne tepki vermesini isterdiniz?’ ve ‘Bu olayı anlattığınızda terapistinizin ne tepki vermesini isterdiniz?’”

2.3 Yöntem

Orta Doğu Teknik Üniversitesi Uygulamalı Etik Araştırma Merkezi’nden etik onay alındıktan sonra ölçekler “Qualtrics: Online Survey Software & Insight Platform” sistemine yüklenmiş ve çalışmanın bağlantısı sosyal medya üzerinden yayılmıştır. Katılımcılar bağlantıyı açtıklarında ilk olarak bilgilendirilmiş onam formu ile karşılaştılar. Bilgilendirilmiş onam formunu takiben sırasıyla ölçekler ve kısa öyküler ve açık uçlu sorular sunulmuştur. Ölçüm araçlarını doldurmak yaklaşık 20 dakika almaktadır. Uygulamanın sonunda çalışmanın detayları ve araştırmacının iletişim bilgilerini içeren bir bilgilendirme yer almıştır. Veriler 2015 Aralık ve 2016 Şubat aralığında toplanmıştır. Analizlere geçildiğinde ilk olarak ön analizler yapılmıştır. Sonrasında varsayımları test etmek için çoklu aracı değişken analizi yapılmıştır. Son olarak nitel verinin analizi için tematik analiz kullanılmıştır.

3. BÖLÜM

SONUÇ VE TARTIŞMA

3.1 Çalışma 1: Çalışma Değişkenlerinin Demografik Değişkenlerin Seviyelerine Göre Farklılaşması

3.1.1 Çalışma 1: Anneden Algılanan Ebeveyn Tutumlarının Demografik Değişkenlerin Seviyelerine Göre Farklılaşması

Yapılan analizler sonucunda anneden algılanan ebeveyn tutumlarının medeni durum ve ebeveyn olup olmamaya göre farklılık gösterdiği bulunmuştur. Buna göre, boşanmış bireyler, evli ve bekâr olanlara göre annelerinden anlamlı düzeyde daha düşük kabul/ilgi algılamaktadırlar. Türkiye'nin tüm değişimlere rağmen hala muhafazakâr bir ülke olduğu düşünüldüğünde bu sonuç çok da şaşırtıcı bulunmamıştır. Türkiye'de insanlar aile olmaya değer vermekte ve boşanıp bu birliği bozmak hoş karşılanmamaktadır. Bu nedenle, boşanmış bireylerin annelerinden daha düşük kabul/ilgi algılamaları mantıklı gelmektedir. Ancak literatür tarandığında fark edilmiştir ki ebeveyn tutumlarıyla ilgili çalışmalar hep çocuklar ve ergenlerle yapılmıştır. Bu nedenle, bu sonuçları destekleyen ya da tersini gösteren herhangi bir çalışma bulunamamıştır.

Ayrıca, kendileri ebeveyn olan katılımcılar çocuğu olmayan katılımcılara göre annelerinden daha düşük düzeyde kabul/ilgi ve daha yüksek düzeyde sıkı denetim/kontrol algılamaktadırlar. Daha önce de belirtildiği gibi Türkiye'de en sık karşılaşılan ebeveynlik stillerinden biri yüksek sıkı denetim/kontrol ve düşük Kabul/ilgi ile karakterize olan otoriter ebeveyn stilidir (Sümer & Güngör, 1999).

Ancak kendileri ebeveyn olan ve olmayan katılımcılar arasında anlamlı bir fark bulunmasının kültürden kaynaklandığı düşünülmektedir. Türkiye’de çocukları ebeveyn olduğunda bireyler genelde çocuklarının yaşamlarına karışmaya hakları olduğunu düşünürler ve yeni doğan bebeğe karşı çocuklarının tutumlarını kontrol etmeye çalışırlar. Bu tutum, eleştirileri de beraberinde getirir. Ayrıca, kültürel değerler ve ekonomik sıkıntılardan dolayı, çalışan ebeveynlerin çocuklarına genelde anneanne, babaanne ve dedeler bakmaktadırlar. Bu da hayatlarına dâhil olmayı beraberinde getiren bir süreçtir. Bu nedenle, ebeveyn olan katılımcıların düşük kabul/ilgi ve yüksek sıkı denetim/kontrol algılamaları da şaşırtıcı değildir. Ancak, daha önce de belirtildiği gibi yetişkinlerin algıladıkları ebeveynlik stilleriyle ilgili çalışma bulunmamıştır. Bu yüzden, bu bulguların desteklenmesi için yeni çalışmalara ihtiyaç duyulmaktadır.

3.1.2 Çalışma 1: Babadan Algılanan Ebeveyn Tutumlarının Demografik Değişkenlerin Seviyelerine Göre Farklaşması

Bu çalışmanın bulgularına göre babadan algılanan ebeveyn tutumu demografik değişkenlerin seviyelerine göre farklılık göstermemektedir. Daha önce de belirtildiği gibi, ebeveynlik literatürü daha çok annenin ebeveyn tutumlarına odaklanmakta ve babanın ebeveyn tutumuna yeteri kadar ilgi gösterilmemektedir. Genel yönelimin tersine, Sümer ve Güngör (1999) babanın ebeveynlik stilini de çalışmalarına dahil etmişler ve Türkiye’de otoriter ve izin verici/şımartan ebeveynlik stillerinin annelerde olduğu gibi babalarda da en yaygın ebeveynlik stilleri olduğu bulunmuştur. Bu ebeveyn stillerinden biri yüksek kabul/ilgi ve düşük sıkı denetim/kontrol ile karakterizeyken, diğeri yüksek sıkı denetim/kontrol ve düşük kabul/ilgi ile tanımlanmaktadır. Ancak bu ebeveynlik stilleri iki farklı uçta olmalarına karşın demografik değişkenlerin seviyeleri arasında bir farklılık görülmemiştir. Babadan algılanan ebeveyn tutumunu etkileyen faktörlerin anlaşılabilmesi için daha fazla çalışma yapılması gerekmektedir.

3.1.3 Çalışma 1: Utanç ve Suçluluğun Demografik Değişkenlerin Seviyelerine Göre Farklılaşması

Bu çalışmada cinsiyetin hem utanç hem suçluluk üzerinde anlamlı etkisi olduğu bulunmuştur. Kadınların utanç ve suçluluk raporlarının erkeklerden daha fazla olduğu tespit edilmiştir. Utanç ve suçluluk literatüründe cinsiyetin etkisini çalışıp utancın (Akbağ & İmamoğlu, 2010; Darby, et al., 2014; Muris, et al., 2014; Pila, et al., 2016) ve suçluluğun (Muris, et al., 2014; Pila, et al., 2016) erkeklere kıyasla kadınlarda daha yüksek olduğu görülmüştür. Ancak Türkiye’de yapılan çalışmalarla bu çalışmanın sonuçları tutarlı değildir (Akbağ & İmamoğlu, 2010; Dilber, 2013). Dilber çalışmasını ergenlerle yaptığından, sonuçlar kuşak farklılıklarından kaynaklanmış olabilir. Türkiye’de değişen ebeveynlik stilleri ve babaların çocuk bakımına dâhil olması sonuçları etkilemiş olabilir. Daha net ifadeler kullanabilmek için daha fazla çalışma yapılması gerekmektedir.

3.1.4 Çalışma 1: Öz-duyarlılığın Demografik Değişkenlerin Seviyelerine Göre Farklılaşması

Çalışmadan elde edilen bulgulara göre, öz-duyarlılık kişinin terapi deneyimine göre farklılık göstermektedir. Diğer bir deyişle, terapi deneyimi olan bireylerin öz-duyarlılıklarının terapi deneyimi olmayanların öz-duyarlılıklarından düşük olduğu bulunmuştur. Daha önceden de söz edildiği gibi öz-duyarlılığın iyi oluşla (Bluth, et al., 2016; Neff, et al., 2007; Zessin, et al., 2015) ve hayat doyumuyla (Dossing, et al., 2015) olumlu yönde, stres (Bluth, et al., 2016; Finlay-Jones, et al., 2014; Pinto-Gouveia, et al., 2014), kaygı (Bayramoğlu, 2011; Kemppainen, et al., 2013; Muris, et al., 2016), depresyon (Bayramoğlu, 2011; Muris, et al., 2016; Pinto-Gouveia, et al., 2014), ve yeme psikopatolojileriyle (Ferreira, et al., 2014) negative yönde ilişkili olduğu bulunmuştur. Öz-duyarlılığın bu ilişkileri düşünüldüğünde sonuçlar anlamlı gelmektedir. Öz-duyarlılığı düşük olan bireylerin bir psikopatolojiye sahip olma olasılıkları artmakta buna bağlı olarak da terapiye başvurma olasılıkları artmaktadır.

3.2 Suçluluk ve Utancın Algılanan Ebeveyn Tutumları ve Öz-Duyarlılık İlişkisindeki Aracı Rolü

3.2.1 Suçluluk ve Utancın Anneden Algılanan Ebeveyn Tutumları ve Öz-Duyarlılık Arasındaki İlişkideki Aracı Rolü

Yapılan analizler sonucunda elde edilen verilere göre anneden algılanan sıkı denetim/kontrol ve öz-duyarlılık ilişkisinde utanç, anneden algılanan kabul/ilgi ve öz-duyarlılık arasındaki ilişkide suçluluk aracı değişken olmuştur.

İlk olarak, anneden algılanan sıkı denetim/kontrol değerleri yüksek olan bireylerin utanca daha yatkın oldukları, buna bağlı olarak öz-duyarlılık seviyelerinin de düşük olduğu görülmüştür. Gilbert (2006)'ın da belirttiği gibi sürekli olumsuz mesajlar alıp diğerleri tarafından reddedilmek bireylerin utancı içe-atılmış neden olabilir. Bu öneri, adeta algılanan sıkı denetim/kontrol ve utanç ilişkisini açıklamaktadır. Önerisini geliştiren Gilbert, içe-atılmış utancın kişilerin kendi kendilerini eleştirmelerine neden olabileceğini dile getirmiştir. Önerisinin bu kısmı da öz-duyarlılığın yetersizliğine denk gelmektedir.

İkinci olarak, anneden yüksek kabul/ilgi algılayan bireylerin suçluluğa daha yatkın oldukları, bununla ilişkili olarak da öz-duyarlılık seviyelerinin daha yüksek olduğu bulunmuştur. Literatürde suçluluğun ebeveynlerden algılanan yakınlıkla olumlu (Choi & Jo, 2011), ebeveyn reddiyle olumsuz bir ilişkisi olduğu görülmüştür. Bu çalışmanın da bulgularıyla uyumlu olarak literatürdeki bu bulgular suçluluğun daha çok olumlu aile ortamıyla ilişkili olduğunu düşündürmüştür. Yüksek kabul ilgi gösteren anneler büyük olasılıkla çocuklarının hatalarını onların davranışlarına verip benliklerine atıfta bulunmamaktadırlar. Ancak görünen o ki, istemeyerek çocuklarının suçluluğa yatkın olmasına neden olmaktadır. Ebeveynlerinden yüksek kabul/ilgi gören çocuklar ihtiyaçları olan şefkati de elde etmektedirler. Bu ilişkideki suçluluğun öz-duyarlılığı artırıcı etkisi düşünüldüğünde şöyle bir yorum yapılabilir: bireyler olumsuz bir durumla karşılaşp kendilerine yüklendiklerinde, ebeveynlerinin kendilerine gösterdikleri şefkatten yola çıkarak aslında bunu hak

ettikleri halde kendilerine vermediklerini fark edip suçluluk duymaktadırlar. Bu suçluluk onları harekete geçirmekte ve kendilerine karşı daha fazla şefkat göstermelerine yol açmaktadır. Bu şekilde ebeveyn kabul/ilgisinin suçluluğu, suçluluğun da öz-duyarlılığı arttırdığı düşünülmektedir.

3.2.2 Suçluluk ve Utancın Babadan Algılanan Ebeveyn Tutumları ve Öz-Duyarlılık Arasındaki İlişkideki Aracı Rolü

Bu çalışmanın sonucunda elde edilen bulgulara göre, bireylerin babadan algıladıkları kabul/ilgi arttıkça bu bireylerin suçluluğa yatkın olma olasılıkları da artmakta, bu da bireylerin öz-duyarlılıklarını arttırmaktadır. Bu bulgu, yukarıda anneden algılanan kabul/ilgi için belirtildiği gibi, uygun şekilde regüle edildiğinde, suçluluğun verimli bir duygu olduğuna dair görüşleri güçlendirmektedir.

3.3 Nitel Bölüm: Grup Özelliklerini Tanımlama

İkinci çalışmanın amacı, bireylerin utanç ve suçluluk düzeylerine göre özelliklerini belirlemektir. Ferguson (2005) olaylara verdikleri tepkiler farklılaştığı için utanç ve suçluluğu birbirinden ayırmanın iyi olacağını belirtmiştir. Gruplar yüksek utanç ve suçluluk grupları olmalarına rağmen, ne hissettikleri sorulduğunda utanç ve suçluluk çok az belirtilmiştir. Bu da bu grupları ayırt edebilmek için farklı bulgulara ihtiyaç duyulduğunu göstermektedir. Bu bölümde yüksek utanç-düşük suçluluk, yüksek suçluluk-düşük utanç, yüksek utanç-yüksek suçluluk ve düşük utanç-düşük suçluluk gruplarının saptanan özellikleri tartışılacaktır.

3.3.1 Yüksek Utanç-Düşük Suçluluk (YUDS) Grubundaki Bireyler

YUDS grubundaki bireylerin yanıtlarının çok fakir olduğu görülmüştür. Bu bulgu, utancın neden olduğu, literatürde de üzerinde durulan, kaçınma davranışını akla getirmektedir (Tangney & Dearing, 2002 akt. Akbağ & İmamoğlu, 2010; Lewis, 1971 akt. Giner-Sorolla ve ark., 2011; Keltner & Buswell, 1996; Lopez ve ark., 1997; Lewis, 1971 akt. Tangney & Dearing, 2004). Büyük olasılıkla zengin içerik vermekten kaçınmalarının nedeni, daha çok bilgi verdiklerinde karşılarındaki

kişinin, kendilerinin ne kadar kötü, gelişmemiş ve çirkin bir benliğe sahip olduklarını anlamalarından korkmalarıdır.

Olumsuz bir durumla karşılaştıklarında bu gruptaki bireyler daha çok can sıkıcı/yaralayıcı duygular hissettiklerini rapor etmişlerdir. Tangney ve Dearing (2004)'in de belirttiği gibi utanç yaralayıcı bir duygudur ve bu bireyler için içe-atılmış eleştiri (Gilbert, 2006) fazlasıyla yaralayıcı olabilir. Bu nedenle de duygularıyla ilgili tepkileri daha çok can sıkıcı/yaralayıcı duygulardan oluşmaktadır. Ancak bireysel düzeyde bakıldığında, öfke ilk sırada yer almaktadır. Literatürde, yüksek utanç duyan bireylerin hem kendilerine hem başkalarına suçlayıcı bir tarzda yaklaştıkları, bunun da öfkeyi beraberinde getirdiği belirtilmiştir (Tangney & Dearing, 2004). Ancak bu çalışmada davranışsal tepkilerine bakıldığında, YUDS grubunda literatürde belirtilen öfkeye rastlanmamıştır. Bu bireyler, olumsuz bir tutumla karşılaştıklarında ilk tepki olarak açıklama yapmayı, sonrasında da ortamdaki uzaklaşmayı tercih etmektedirler. Bu uzaklaşma da olası bir tartışmadan kaçınma şeklinde yorumlanmıştır. Literatürde belirtilen öfke ve utanç ilişkisi bu çalışmada görülemediğinden bu bulgular utanç ve öfke ilişkisini etkileyen farklı değişkenlerin olabileceği düşüncesini akla getirmiştir.

YUDS grubundaki bireylerin diğerlerinden beklentileri incelendiğinde ağırlıklı olarak diğerleri tarafından rahatlatılmayı, diğerlerinin kendilerini önemsediklerini fark ettirmelerini ve anlaşılmayı bekledikleri görülmüştür. Bu beklentilerin şefkatin iki bileşenine karşılık geldiği düşünülmüştür; nezaket ve ortak insaniyet (Neff, 2003; Neff, 2012). Bireyler diğerlerinin kendilerini oldukları gibi kabul etmelerini, yargılamamalarını ve anlamalarını beklemektedirler. Bunun yanında, ortak insaniyete vurgu yapılarak rahatlatılmayı istemektedirler. Yani, kendilerine nezaketle yaklaşılmasına ve problemin kendileri olmadığını ve bunun herkesin başına gelebilecek bir durum olduğunu duymaya ihtiyaçları vardır.

Sonuç olarak, klinisyen olarak bu kişilerle karşılaşabiliriz. Eğer ki danışanınız fakir bir içerikle konuşuyorsa, terapiye dair motivasyonu düşük görünüyorsa ve terapinin işe yarayacağını düşünmüyorsa bu danışanınızın YUDS grubundan olduğunu düşünebilirsiniz. Olumsuz bir olay yaşadıklarında, karşılarındakinden nazik ve rahatlatıcı bir tutum beklemektedirler. Bu nedenle, her şeyden önce şefkatli bir tutum bu kişilerde işe yarayabilir. Aksi takdirde kaçınabilirler, diğer bir deyişle terapiyi bırakabilirler. İyi bir terapötik ilişki kurulduktan sonra diğer teknikler kullanılabilir; ancak yine de, bu grup kaçınmaya çok yatkın olduğundan dikkatli olmakta fayda var. Mevcut çalışmada bu ilişki gözlemlenmemiş olsa da Tangney ve Dearing (2004)'in uyarısını akılda bulundurmakta fayda var. YUDS grubu rahatsızlık veren bir olay yaşadıklarında (terapide bu durum örneğin yüzleştirme sonucunda ortaya çıkabilir), bu olayın hissettirdiği rahatsız edici duygulardan kurtulmak için terapistle saldıracı olabilirler.

3.3.2 Yüksek Suçluluk-Düşük Utanç (YSDU) Grubundaki Bireyler

YUDS grubundakiler gibi YSDU grubundaki bireyler de fakir bir içerik kullanmışlardır. Ancak, hissettikleri duyguların yalnızca ismini ifade eden YUDS grubunun aksine, YSDU grubu aktif bir rol üstlenip “Sinirlendim/Kötü hissedirdim.” gibi ifadeler kullanmışlardır ve aktif rol üstlenmeleri duygularından kaçınmadıkları şeklinde yorumlanmıştır. Duygularını ifade ederken üstlendikleri aktif rolleri onları YUDS grubundan ayırmaktadır.

Üzüldüklerinde ya da sinirlendiklerinde diğer grupların hepsinde olduğu gibi ilk tepki olarak YSDU grubundaki bireyler de açıklama yapmaktadırlar. Suçlulukta problem olan benlik değil de davranış olduğundan (Tangney & Dearing, 2002 akt. Akbağ & İmamoğlu, 2010; Lewis, 1971 akt. Giner-Sorolla, et al., 2011; Keltner & Buswell, 1996; Lopez, ve ark., 1997; Lewis, 1971 akt. Tangney & Dearing, 2004) açıklamalarını yaptıktan sonra bu bireyler yanlış bir şey yaptıklarını düşünmüyorsa saklanma ihtiyacı duymazlar ve öncesinde ne yapıyorlarsa onu yapmaya devam ederler.

YSDU grubu, çoğunlukla diğerlerinin kendileriyle ilgilendiklerini belli etmelerini, teselli etmelerini ve rahatlatmalarını beklemektedirler. İlgi beklentisi nezaketle, teselli ve rahatlama da ortak insanîyetle ilişkilendirildiğinde (Neff, 2003; Neff, 2012) YUDS grubunda olduğu gibi YSDU grubu da diğerlerinin kendilerine şefkat göstermesini beklemektedir.

Özetlemek gerekirse, terapiye gelen bu grubu duygularını doğrudan ifade etmelerinden tanıyabilirsiniz. Rahatsız olsalar bile duygularını felaketleştirmemektedirler. Onları kabul edip terapistten yardım istemektedirler. Bu bulgu da yine literatürle uyum göstermektedir. Şöyle ki, suçluluğun bireyleri hatanın telafisine ve çözüm arayışına ittiği belirtilmiştir (Tangney & Dearing, 2002 akt. Akbağ & İmamoğlu, 2010; Lewis, 1971 akt. Giner-Sorolla, ve ark., 2011; Keltner & Buswell, 1996; Lopez, ve ark., 1997; Lewis, 1971 akt. Tangney & Dearing, 2004). Başkalarından ilgi görmeyi bekleseler de terapistlerinin çoğunlukla duygularına çözüm bularak kendilerini rahatlatmalarını beklemektedirler. Genel olarak, terapiler sırasında YSDU grubuna çözüm sunmaz ve doğru olduğuna inandığınız şeyi yapmaya devam ederseniz beklenen gelişmeyi elde edemeyebilirsiniz. YSDU grubundaki kişiler büyük olasılıkla çözüm üretmeniz konusunda ısrarcı olacaklardır. Bu nedenle, danışanların beklentilerine ve sizin olayları ele alış şeklinize odaklanmak terapi süreci açısından faydalı olabilir. Bu şekilde danışanlar önemli olduklarına ve sizin onlara ilgi gösterdiğinizize dair mesajı alabilir, böylece daha iyi bir terapötik ilişki geliştirebilirsiniz.

3.3.3 Yüksek Suçluluk-Yüksek Utanç (YSYU) Grubundaki Bireyler

Yapılan analizler sonucunda bu grubun fark edilir düzeyde zengin bir içerik sunduğu görülmüştür. Bu gözlem, bireylerin problemlerine bir çözüm bulma çabası olarak yorumlanmıştır. Durumlarını regüle etmek kendilerine zor gelmekte, çok fazla konuşup zengin içerik sağlayarak başkalarının kendilerine yardım etmesini beklemektedirler. Bu nedenle, yaşadıkları olayların hem nedenlerini hem sonuçlarını anlatmaktadırlar. Üzüntü ve öfkenin yanında YSYU grubundaki

bireylerin sıklıkla haksızlığa uğramış hissettikleri görülmüştür. Hatalı bir durum ortaya çıktığında bu bireyler utanmakta; ancak suçluluğun devreye girmesiyle bir çözüm bulmaya çalışmaktadırlar. Hatalı olanın benlikleri olduğu düşüncesini reddederek davranışın hatalı olabileceğini kanıtlamaya çalışmaktadırlar. Utanç ve suçluluğun bu birleşiminin YSYU grubunda haksızlığa uğramış hissetmelerine neden olduğu düşünülmektedir. Alanda yapılan çalışmaların çoğunda suçluluğun verim artırıcı bir duygu olduğunu kanıtlamak için araştırmacılar utancı dışlayarak çalışmalar yürütmektedirler. Bu araştırmacılar, utancın suçluluğu zarar verici bir duygu haline getirdiğine inanmaktadırlar (Orth, ve ark., 2006; Tangney & Dearing, 2004). Bu bakış açısına göre utanç baskın olan duygu ve suçluluğun onun üzerinde herhangi bir etkisi olamaz gibi görünmektedir. Ancak bu çalışmanın sonuçlarına göre utancın etkileri suçluluğun araya girmesiyle azaltılabilir. YUDS grubunda bireyler kendilerini ifade etmek konusunda çok istekli değildiler; ancak YSYU grubunda bu durumun tam tersine döndüğü ve bireylerin yardım arayışına girdikleri görülmüştür. Bu nedenle, suçluluğun utanç üzerindeki olası etkisi için daha fazla çalışmaya ihtiyaç duyulmaktadır.

Davranışsal tepkileri incelendiğinde bu bireylerin önce açıklama yapıp sonra ya hemen ya da bir süre ortamda kalıp sonrasında ortamı terk ettikleri görülmüştür. YSYU grubunun ifadeleri incelendiğinde ifadelerinin güvengenlik çerçevesinde olduğu görülmüştür. Bu durum yine utanç ve suçluluk birleşiminin zarar verici olmadığına dair bir izlenim vermektedir. Hatta kişilerarası ilişkilerde iletişim becerilerinin daha iyi olduğu düşünülmektedir. Bu bulgunun da daha fazla kanıt ihtiyacı vardır.

Diğer gruplarda olduğu gibi, YSYU grubu da diğerlerinin kendilerine şefkatli yaklaşmasını beklemektedirler. Ortak insaniyete vurgu yapamaz ve rahatlatıcı bir tutum beklemektedirler. Özellikle terapistlerden, YSDU grubunda olduğu gibi suçluluk duygularına çözüm beklemektedirler. Bu beklenti ve çabalar yine suçluluğun utanç üzerinde yapıcı etkileri olduğu şeklinde yorumlanabilir. YUDS

grubundaki bireylerin çözüm aramadıkları göz önüne alındığında, suçluluğun bu gruba katkısı inkâr edilemez.

Sonuç olarak, deneyimlerini nedenleri ve sonuçlarıyla anlatıp zengin içerik sağlayan ve sıklıkla haksızlığa uğradığını söyleyen bir danışanla karşılaştığımızda bu bireyin YSYU grubundan olduğunu düşünebilirsiniz. Diğer gruplara olduğu gibi bu gruba da şefkatli yaklaşmak iyi olacaktır. Bireylerin deneyimlerini kabul edip onların insanlıkla bağlantısını kurmak bu danışanlar için de işlevsel olacaktır. Ancak, YSDU grubunda olduğu gibi danışanların sorunlarının çözümüyle ilgili sorularını yanıtlamak iyi bir terapötik ilişkinin kurulmasında faydalı olacaktır. Eğer onların çözüm ihtiyaçlarını göz ardı ederseniz kendilerini güvengen bir biçimde tekrar tekrar anlatmaya çalışacaklardır. Ancak kendinizi kapatırsanız bir süre sonra size ayak uyduracaklardır. Bu durum olumlu gibi görünse de iyi bir işbirliği ve terapötik ilişki olmadan terapilerden beklenen sonuç elde edilemeyebilir. Bu danışanların çabalarını canlı tutmak için çözümlerin terapi süreci içinde nasıl ortaya çıkacağının ele alınması işlevsel olacaktır. Bu grup problemlerini çözmek konusunda istekli görüldüğünden iyi bir terapötik ilişkinin kurulması hem onlar hem de terapi süreci açısından faydalı olacaktır.

3.3.4 Düşük Suçluluk-Düşük Utanç (DSDU) Grubundaki Bireyler

Diğer gruplarla karşılaştırıldığında, DSDU grubundaki bireylerin tepkisel olduğu izlenimi edinilmiştir. İfadeleri incelendiğinde öfkenin bu bireylerin yaşamında yaygın olduğu izlenimi edinilmiştir. Ayrıca, DSDU grubunun rahatsızlık verici durumlardan çoğunlukla kaçındıkları görülmüştür. YSDU grubuyla benzer olarak DSDU grubunda da en çok ortaya çıkan davranışsal tema asi tepkiler teması olmuştur. Bu bireyler çoğunlukla televizyon izlemeye devam ederek ebeveynlerini cezalandırmayı tercih etmişlerdir. Her iki grupta da utancın düşük olduğu düşünüldüğünde, utancın asi tepkilere karşı engelleyici bir faktör olduğu izlenimi edinilmiştir. Aslında bu bulgular var olan literatürle uyum göstermemektedir. Daha önce de belirtildiği gibi Tangney ve Dearing (2004) utancın zarar verici bir öfkeyi

barındırdığını ve bu öfkenin davranışlarına yansıdığını çünkü bu bireylerin duygularını düzenlemede pekiyi olmadıklarını ifade etmişlerdir. Söz edilen öfke ve asi tepkiler eşleştirildiğinde, bu çalışmada asi tepkiler en çok DSDU ve YSDU grupları tarafından rapor edilmiştir. Bu iki grup arasındaki ortak nokta ikisinde de utancın düşük olmasıdır ve utancın olmadığı durumda bireyler daha çok asi tepkiler vermektedirler. Bu çalışmadaki tablo, utancın kaçınma boyutuyla açıklanabilir. Utancın olmadığı durumda, bireyler kaçınmayıp baş etmek için ortamda kalmaktadırlar. Bu da asi tepkileri doğurmaktadır. Baş etmek için gösterilen bu çaba suçluluğun verim artırıcı özelliğiyle de açıklanabilir. Diğer bir deyişle, asilik bireylerin baş etme çabaları sonucu ortaya çıkar. Son olarak, diğer gruplarda olduğu gibi, bu gruptaki bireyler de kendilerine şefkatle yaklaşılmasını beklemektedirler.

Özetle, öfkeli ifadeler kullanan ve duygularından kaçınmaya çalışan bir danışanla karşılaştığınızda onun DSDU grubundan olduğunu düşünebilirsiniz. Terapistlerinden normalleştirme kullanarak kendilerini teselli etmelerini beklemektedirler. Diğer bir deyişle ortak insanîyetin kendilerine hatırlatılmasını beklemektedirler. Dolayısıyla, DSDU grubundan bir danışan olumsuz bir deneyimle terapiye başvurduğu zaman kendisine şefkatli bir tutum göstermek iyi olacaktır. Aksi takdirde, terapileri bırakmayabilir ancak sizin yönlendirmelerinize de ayak uydurmayabilir. Sizi terapide kalıp fayda sağlamayarak cezalandırabilir. Bu nedenle, şefkatli bir tutum işe yarayacaktır.

3.3.5 Nitel Bölümün Değerlendirmesi

İkinci bölümün amacı, utanç ve suçluluk düzeylerine göre bireylerin tepkilerini ve diğerlerinden beklentilerini ayırt edebilmektir. Yukarıda da belirtildiği gibi, bu çalışmanın sonucunda bazı ayırt edici özellikler belirlenebilmiştir. Genel olarak, bireyler içe dönük duygularını çok çeşitli şekillerde ifade ederken, öfkenin evrensel olduğu görülmüştür.

Bunların yanında, göze çarpan bir bulgu da tüm gruplarda öne çıkan beklentinin şefkatli bir tutum olmasıdır. Eğer terapistler danışanlarına şefkatli bir tutumla

yaklaşırlarsa danışanların beklentilerinin çoğu karşılanmış olacaktır. DeGeorge ve arkadaşlarının (2013) yaptığı çalışmaya göre danışanlar terapistlerinin daha çok cana yakın, hem kendinin hem diğerlerinin farkında olan ve duygusal olarak müsait bireyler olmasını beklemektedirler. Nezaket, farkındalık ve ortak insaniyet boyutlarıyla şefkatli bir tutum tüm bu beklentileri karşılamaktadır (Neff, 2003; Neff, 2012). Literatürde, danışanların terapist bakımından beklentileri karşılandığında terapinin etkililiğini daha yüksek olarak değerlendirdikleri görülmüştür (Sperr, 1980). Benzer şekilde, bir meta-analiz sonucuna göre, düşük terapiyi erken bırakma oranları ve yüksek terapi etkililiğinin beklentilerin karşılanmasıyla ilişkili olduğu bulunmuştur (Swift ve ark., 2011). Danışanlar terapilerin etkililiğine dair istatistiksel verileri önemsemeyip daha çok sürece ve ilişkiye değer verseler de (Swift & Callahan, 2010), şefkat odaklı terapi yaklaşımlarının hem utanç (Gilbert & Procter, 2006; Johnson & O'Brien, 2013; Kelly, ve ark., 2014) hem suçluluk (Held & Owens, 2015) için etkili olduğu yapılan çalışmalarda gösterilmiştir.

3.4 Çalışmanın Güçlü Yönleri ve Çıkarımları

Bu çalışma, anneden ve babadan algılanan ebeveyn tutumları ile öz-duyarlılık arasındaki ilişkiyi utanç ve suçluluğun aracı rolleri üzerinden açıklamaya çalışması açısından bu çalışma bir ilktir.

Bu çalışmanın literatüre bir başka katkısı da şimdiye kadar daha çok annenin ebeveynlik tutumlarına odaklanılmış ancak babanın ebeveynlik tutumları göz ardı edilmiştir. Bu nedenle, Türk kültüründe öz-duyarlılığın gelişmesinde babanın ebeveynlik tutumlarının önemini göstermesi açısından da bu çalışma önem kazanmaktadır. Ayrıca, literatürde algılanan ebeveyn tutumlarının daha çok çocuklar ve ergenlerle çalışıldığı fark edilmiş; ancak yetişkinlerle yürütülmüş herhangi bir çalışmaya rastlanmamıştır. Erken dönem yaşantıları daha çok bağlanma üzerinden ele alınmış ve daha çok romantik ilişkilere ya da kişilerin kendi

ebeveynlik stillerine olan yansıması ele alınmıştır. Bu bağlamda, yetişkinlerin algıladıkları ebeveyn tutumlarını ele alması bakımından da bu çalışma önemlidir.

Nitel bölüme gelindiğinde, bireylerin duygusal ve davranışsal tepkilerine ve diğerlerinden beklentilerine odaklanıp, utanca ve suçluluğa yatkın olan kişileri ayırt etmeye çalışması açısından bu çalışma yine bir ilktir.

Sonuçta, eğer bu çalışmanın nitel bir kısmı olmasaydı bu kadar değerli bilgi elde edilemeyecekti.

Ayrıca, bu ayrıştırmalardan yola çıkarak bu çalışma, klinisyenlere utanç ve suçluluk grupları hakkında genel bir değerlendirme sunmaktadır. Kritik noktaları akılda tutarak klinisyenler danışanlarının gruplarını belirleyebilir ve buna göre yaklaşabilirler. Bu tarz bir yaklaşım büyük olasılıkla terapiyi erken bırakma oranlarını düşürecektir. Utanç ve suçluluğun ebeveyn tutumları ve öz-duyarlılık üzerindeki etkileri ve öz-duyarlılığın iyi oluş üzerindeki etkisi düşünüldüğünde bu çalışma şefkat odaklı terapi yaklaşımlarının önemini de vurgulamaktadır.

Bunlara ek olarak, ebeveyn tutumlarının öz-duyarlılık üzerindeki önemli etkileri göz önüne alındığında ebeveyn eğitim programları da önem kazanıyor. Bu programlarda eğiticiler özellikle öz-duyarlılık üzerine odaklanmayabilirler ancak yüksek/kabul ilgiyi içeren bir ebeveynlik tutumu doğal olarak öz-duyarlılığın gelişimine katkı sağlayacaktır. Buna rağmen, öz-duyarlılığın kendi ismiyle bu eğitimlerde yer alması daha iyi olabilir.

3.5 Çalışmanın Sınırlılıkları ve Gelecek Çalışmalar için Öneriler

Tüm çalışma değerlendirildiğinde bu çalışmanın da bazı sınırlılıkları vardır. Örneklem hem üniversite öğrencilerini hem de daha yaşlı yetişkinleri içermesine rağmen yetişkinlerin sayısı oldukça sınırlıydı. Buna rağmen onlardan elde edilen veriler, yetişkinlerin algıladıkları ebeveynlik stillerinin aile yaşantılarına etkisi bakımından değerli bilgiler sunmuştur. Bu ilişkileri daha derinlemesine anlamak için daha fazla çalışmaya ihtiyaç duyulmaktadır.

Literatürde belirtilen utanç ve öfke arasındaki ilişki ve nitel bölümde yüksek oranda ifade edilen öfke göz önüne alındığında bir öfke ölçeğinin çalışmaya dahil edilip öfkenin de test edilen ilişkiler üzerindeki etkisine bakmak iyi olabilirdi. Buna ek olarak, literatürde belirtilen utanç ve öfke ilişkisi bu çalışmada gözlemlenemediğinden belki de utanç ve öfke ilişkisini etkileyen farklı faktörler vardır. Bu ilişkileri belirleyebilmek için yeni çalışmalar yapılması gerekmektedir.

Diğer bir öneri de, literatürde bazı çalışmalar cinsiyetin utanç ve suçluluk üzerinde ayırıcı bir etkisi olduğunu belirtirken bazı çalışmalar herhangi bir fark bulamamışlardır. Cinsiyetin utanç ve suçluluk üzerindeki etkisini bu ilişkiyi etkileyebilecek yeni değişkenleri de dahil ederek yeni çalışmalar yapmanın yararlı olacağı düşünülmektedir. Ayrıca, suçluluğun utanç üzerindeki olumlu etkileri de göz önüne alındığında bu ilişkiye odaklanan yeni çalışmalar yapılması da yararlı olacaktır.

Son olarak, dört grubun birbirinden nasıl farklılaştığına dair ipuçları verilmiştir. Yapılacak yeni çalışmalarda verilen ipuçlarından yararlanarak uygulamada bu gruplar ayrıştırılabilir mi diye diye bakılabilir. Buna ek olarak, çalışmaya eklenecek kontrol grubuyla da terapistlere dair beklentilerle terapist özelliklerinin uyup uymamasının terapi sürecine etkisi incelenebilir.

APPENDIX J: TEZ FOTOKOPİSİ İZİN FORMU

ENSTİTÜ

Fen Bilimleri Enstitüsü	<input type="checkbox"/>
Sosyal Bilimler Enstitüsü	<input checked="" type="checkbox"/>
Uygulamalı Matematik Enstitüsü	<input type="checkbox"/>
Enformatik Enstitüsü	<input type="checkbox"/>
Deniz Bilimleri Enstitüsü	<input type="checkbox"/>

YAZARIN

Soyadı : İnan

Adı : Emine

Bölümü : Psikoloji

TEZİN ADI (İngilizce) : The Relations Between Parental Attitudes, Guilt, Shame, and Self-Compassion and Differentiation of Guilt-Prone and Shame-Prone Individuals in terms of Their Responses and Expectations: A Mixed Study

TEZİN TÜRÜ : Yüksek Lisans Doktora

1. Tezimin tamamından kaynak gösterilmek şartıyla fotokopi alınabilir.
2. Tezimin içindekiler sayfası, özet, indeks sayfalarından ve/veya bir bölümünden kaynak gösterilmek şartıyla fotokopi alınabilir.
3. Tezimden bir bir (1) yıl süreyle fotokopi alınmaz.

TEZİN KÜTÜPHANEYE TESLİM TARİHİ: