

THE ROLE OF CHILDHOOD TRAUMAS AND MINDFULNESS IN PREDICTING
EMOTION REGULATION

Gözde HACIBEKTAŞOĞLU



Graduate School of Educational Sciences

Master's Program In Guidance And Psychological Counseling

Yeditepe University

2023

THE ROLE OF CHILDHOOD TRAUMAS AND MINDFULNESS IN PREDICTING
EMOTION REGULATION

Gözde HACIBEKTAŞOĞLU

Graduate School of Educational Sciences

Master's Program In Guidance And Psychological Counseling

Yeditepe University

2023



YEDİTEPE UNIVERSITY
GRADUATE SCHOOL OF EDUCATIONAL SCIENCES DIRECTORATE

THESIS SUBMISSION and APPROVAL FORM

TITLE: The role of childhood traumas and mindfulness in predicting emotion regulation

APPROVAL:

Assit.Prof.Dr. Burcu AYKAÇ

(Advisor)

(Signature)

Assit.Prof. Dr. Serdar K r k

(Member)

(Signature)

Assist. Prof. Dr. D nya Baz

(Member)

(Signature)

SUBMITTED BY : G zde Hacıbektaşoğlu

DATE OF THESIS DEFENSE : 17.02.2023

DATE OF THESIS APPROVAL : 17.02.2023

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

Name, Last Name: Gözde Hacıbektaşoğlu

Signature:

ACKNOWLEDGMENTS

First of all, I would like to thank dear Dr. Burcu Aykaç as my instructor for supporting me spiritually, giving valuable information, encouraging, motivating and for everything that she learned to me to be a good researcher. Also, I would like to thank very much again for her guidance in this challenging and exciting process.

Additionally, I am appreciated to Assist. Prof. Dr. Serdar Körük and Assist. Prof. Dr. Dünya Baz to take part in my thesis and I would like to thank for their valuable contribution so much.

I would like to thank my father Ahmet Hacıbektaşoğlu, who was my biggest supporter when I started my thesis, and my dear family, who always supported me throughout my education life and gave me moral and motivation.

Gözde Hacıbektaşoğlu

ABSTRACT

The main aim of this study is to examine the role of childhood traumas and mindfulness in the prediction of emotion regulation. This study also aims to examine whether the difficulty in emotion regulation differs according to demographic variables (gender, marital status, socio-economic level, family and friend relations, psychological discomfort). In this study, the correlational design one of the quantitative research methods, was used. The sample of the research was selected by online sampling method and a total of 364 people, 272 women and 92 men, who were university students, participated in the research. Most of the participants are women (74.3%), single (68.9%), and individuals with medium socio -economic level (56.8). Research data were collected with the Socio-demographic Information Form, the Difficulty in Emotion Regulation Scale, the Childhood Trauma Scale, and the Mindfulness Scale. The obtained data were analyzed with the SPSS program. Independent Samples t-Test, One-Way Analysis of Variance, and Multiple Linear Regression analysis were used to test the hypotheses. According to the results of the regression analysis for the prediction of emotion regulation difficulties; childhood traumas ($\beta = 0,19$, $P = ,01$) significantly and positively predict the level of emotional dysregulation of university students. Mindfulness levels ($\beta = - ,704$, $P = ,00$) significantly and negatively predict the level of difficulty in emotion regulation of university students. In addition, the childhood traumas subscale of sexual abuse feeling arrangement your difficulty significant aspect positive direction predicted detection has been ($\beta = ,154$, $p < ,05$). In addition to this, significant relationships were also reached in the stages of examining the relationship between emotional dysregulation and demographic variables. No significant difference was found between the sociodemographic variables such as gender, education level, socio-economic level variables, and emotional regulation difficulties of the participants. However, it is seen that there is a significant difference between awareness and goals, which are the subscales of the emotion regulation difficulties scale, and gender. It has been determined that emotional dysregulation differs when individuals with psychological disorders are examined in terms of family relationships and friend relationships. In addition, when individuals with psychological disorders are examined in terms of family relations in the subscales of emotion regulation difficulties, such as impulse, goal, and strategy; it was concluded that there were differences in the impulse, goal, awareness, clarity, and strategy subscales, and when friend relation was examined, it was found to differ in the impulse, goal, clarity, and strategy subscales. The results were discussed within the scope of the literature and suggestions were presented.

Keywords: Difficulty in Emotion Regulation, Childhood Trauma, Mindfulness

ÖZET

Bu çalışmanın amacı duygu düzenlenmenin yordanmasında çocukluk çağı travmalarının ve bilinçli farkındalığın rolünü incelemektir. Bununla birlikte duygu düzenleme güçlüğü'nün demografik değişkenlere göre(cinsiyet, medeni durum, sosyo ekonomik düzey, aile ve arkadaş ilişkileri, psikolojik rahatsızlık) farklılaşıp farklılaşmadığı incelemektir. Bu çalışmada nicel araştırma yöntemlerinden ilişkisel tarama modeli kullanılmıştır. Araştırmanın örneklemini çevrimiçi tabanlı veri toplama yöntemiyle toplanmıştır ve araştırmaya üniversite öğrencisi olan 272'si kadın 92'si erkek olan toplam 364 kişi katılmıştır. Katılımcıların çoğu kadın (%74,3), bekar (%68,9) ve sosyo-ekonomik düzeyi orta (56,8) olan bireylerden oluşmaktadır. Araştırma verileri Sosyo-demografik Bilgi Formu, Duygu Düzenleme Güçlüğü Ölçeği, Çocukluk Çağı Travmaları Ölçeği ve Bilinçli Farkındalık Ölçeği ile toplanmıştır. Elde edilen veriler SPSS programı ile analiz edilmiştir. Hipotezleri test etmek için Bağımsız Örneklem t-Testi, Tek Yönlü Varyans Analizi ve Basit Doğrusal Regresyon analizi kullanılmıştır. Duygu düzenleme güçlüğü'nün yordanmasına yönelik yapılan regresyon analiz sonuçlarına göre; çocukluk çağı travmaları ($\beta = 0,19$, $P=,01$) üniversite öğrencilerinin duygu düzenleme güçlüğü düzeylerini anlamlı ve pozitif yönde yordamaktadır. Bilinçli farkındalık düzeyleri ise ($\beta = -,704$, $P=,00$) üniversite öğrencilerinin duygu düzenleme güçlüğü düzeylerini anlamlı ve negatif yönde yordamaktadır. Ek olarak çocukluk çağı travmaları alt ölçeği olan cinsel istismarın duygu düzenleme güçlüğü'nü anlamlı olarak pozitif yönde yordadığı tespit edilmiştir ($\beta =,154$, $p < .05$). Bunun yanında duygu düzenleme güçlüğü'nün demografik değişkenler ile ilişkilerinin incelenmesi aşamalarında da anlamlı ilişkilere ulaşılmıştır. Sosyodemografik değişkenlerden cinsiyet, eğitim düzeyi, sosyo- ekonomik seviye değişkenleri katılımcıların duygu düzenleme güçlükleri ile arasında anlamlı bir farklılık bulunamamıştır. Ancak duygu düzenleme güçlüğü ölçeğinin alt ölçekleri olan farkındalık ile hedef ile cinsiyet arasında anlamlı bir fark olduğu görülmektedir. Duygu düzenleme güçlüğü'nün psikolojik rahatsızlığı olan bireyler, aile ilişkileri ve arkadaş ilişkileri bakımından incelendiğinde farklılık gösterdiği tespit edilmiştir. Bunun yanında psikolojik rahatsızlığı olan bireylerin duygu düzenleme güçlüğü alt ölçeklerinden dürtü, hedef ve strateji alt ölçeklerinde, aile ilişkileri bakımından incelendiğinde dürtü, hedef, farkındalık, açıklık ve strateji alt ölçeklerinde, arkadaş ilişkileri bakımından incelendiğinde ise dürtü, hedef, açıklık ve strateji alt ölçeklerinde farklılık gösterdiği sonucuna ulaşılmıştır. Elde edilen sonuçlar literatür kapsamında tartışılmış ve öneriler sunulmuştur.

Anahtar Sözcükler: Duygu Düzenleme Güçlüğü, Çocukluk Çağı Travmaları, Bilinçli Farkındalık

TABLE OF CONTENTS

ACKNOWLEDGMENTS	III
ABSTRACT.....	IV
ÖZET	V
ABBREVIATION LIST	XII
CHAPTER I	1
INTRODUCTION.....	1
1.1. Problem Statement	1
1.2. Purpose of the Research.....	5
1.3. The Importance of the Research	6
1.4. Research Question	7
1.5. Sub-Questions	7
1.6. Assumptions.....	7
1.7. Limitations	7
1.8. Concepts in the Literature.....	7
CHAPTER II.....	9
LITERATURE REVIEW	9
2.1. Emotion Regulation Difficulties	9
2.1.1. Definition of Emotion.....	9
2.1.2. Emotion Regulation.....	9
2.1.3. Emotion Regulation Strategies	11
2.1.4. Emotion Regulation and Psychopathology.....	14
2.1.5. Emotion Regulation Difficulty	15
2.2. Childhood Trauma.....	17
2.2.1. Trauma.....	17

2.2.2.	Childhood Trauma.....	18
2.2.3.	Childhood Abuse.....	19
2.2.4.	Physical Abuse.....	20
2.2.5.	Emotional Abuse	21
2.2.6.	Sexual Abuse	23
2.2.7.	Childhood Negligence	24
2.2.8.	Physical Neglect.....	24
2.2.9.	Emotional Neglect.....	25
2.2.10.	Childhood Traumas and Psychopathology	26
2.2.11.	Childhood Traumas and Emotion Regulation	27
2.3.	Mindfulness.....	27
2.3.1.	The Origin of Mindfulness	29
2.3.2.	Skills of Mindfulness.....	30
2.3.3.	Mindfulness and Psychopathology	31
2.3.4.	Emotion Regulation and Mindfulness	32
2.3.5.	Mindfulness and Childhood Traumas	32
2.4.	Previous Research	33
2.4.1.	Researches Conducted Abroad	33
2.4.2.	Domestic Researches.....	36
CHAPTER III.....		40
METHOD		40
3.1.	Research Model.....	40
3.2.	Study Group.....	40
3.3.	Data Collection Tools.....	43
3.3.1.	Sociodemographic Information Form	44
3.3.2.	Emotion Regulation Difficulty Scale (DERS).....	44
3.3.3.	Childhood Traumas Scale (CTQ).....	45

3.3.4. Mindfulness Scale	46
3.4. Data Collection Process	47
3.5. Data Analysis	48
CHAPTER IV	49
RESULTS	49
4.1. T-Test Findings Related to Gender	50
4.2. T-Test Findings Related to Psychological Disturbance	52
4.3. ANOVA Findings Related to Education Level of Participants	53
4.4. ANOVA Findings Related to Social Economic Status of Participant	56
4.5. ANOVA Findings Related to Family Relationships of Participant	59
4.6. ANOVA Findings Related to Friend Relationships of Participant	63
4.7. Regression Findings Related to Scales	67
CHAPTER V	69
DISCUSSION AND CONCLUSION	69
5.1. Evaluation of the Findings on the Relationships between Emotion Regulation Difficulties and Demographic Variables	69
5.2. Conclusion	75
5.3. Limitations of the Study	76
CHAPTER VI	77
SUGGESTIONS	77
6.1. Suggestions Related to the Academic Studies	77
6.2. Suggestions Related to the Practice	77
REFERENCES	79
APPENDICES	104
Appendix 1: Personal Information Form	104
Appendix 2: Difficulties in Emotion Regulation Scale	106
Appendix 3: Childhood Trauma Questionnaire	109

Appendix 4: Mindful Attention Awareness Scale (MAAS)	111
--	-----



LIST OF TABLES

Table 1: Demographics.....	42
Table 2: Internal Consistency Coefficients For DERS Sub-Dimensions	45
Table 3: Consistency Coefficients For CTQ Sub- Dimensions	46
Table 4: Internal Consistency Coefficients For MAAS	47
Table 5: Descriptive Statistics For The Dependent And Independent Variables Of The Study	49
Table 6: T-Test Findings Related To Gender	51
Table 7: T-Test Findings Related To Psychological Disturbance	52
Table 8: Descriptive Statistics For Emotion Regulation Difficulties And One-Way Analysis Of Variance (Anova) Of Emotion Regulation Difficulties By Education Level	53
Table 9: Anova Findings Related To Education Level	54
Table 10: Descriptive Statistics For Emotion Regulation Difficulties And One-Way Analysis Of Variance (Anova) Of Emotion Regulation Difficulties By Socio-Economic Status ...	56
Table 11: Anova Findings Related To Socio-Economic Status.....	58
Table 12: Descriptive Statistics For Emotion Regulation Difficulties And One-Way Analysis Of Variance (Anova) Of Emotion Regulation Difficulties By Family Relationships	59
Table 13: Anova Findings Related To Family Relationships ERROR! BOOKMARK NOT DEFINED.	
Table 14: Descriptive Statistics For Emotion Regulation Difficulties And One-Way Analysis Of Variance (Anova) Of Emotion Regulation Difficulties By Friendship Relationships .	63
Table 15: Anova Findings Related To Friendship Relationships	64
Table 16: The Results Of Regressions Analysis Regarding The Predictions Of University Students' Mindfulness And Childhood Trauma Levels On Emotion Regulation Difficulty	67
Table 17: Multiple Regression Analysis Results Regarding The Prediction Of Sub-Dimensions Of The Childhood Trauma Levels In Emotion Regulation Difficulty	68

List Of Figure

Figure 1: Emotion Regulation Difficulties Sub-Dimensions.....	16
Figure 2: Childhood Trauma.....	19
Figure 3: Variables That Affect Emotion Regulation	40



ABBREVIATION LIST

DERS: Difficulties in Emotion Regulation Scale

CTQ: Childhood Trauma Questionnaire

MAAS: Mindful Attention Awareness Scale

PTSD: Posttraumatic Stress Disorder



CHAPTER I

INTRODUCTION

This study aims to investigate the impact of childhood traumas and mindfulness in the prediction of emotion regulation, and to examine whether emotion regulation difficulties differ according to various demographic variables (gender, marital status, perceived socio-economic level, family and friend relationships, psychological discomfort). Since no study examines childhood traumas and mindfulness variables together on individuals' emotion regulation difficulties, the research will contribute to the literature in this context. It is thought that this study can contribute to the content of tools, techniques, and intervention methods to be created on emotion regulation. In this section, the problem situation of the research, purpose of the research, hypotheses of the research, importance of the research, assumptions, and limitations are given.

1.1. Problem Statement

Emotions have an important place in our lives to experience and express our emotional processes and to make sense of our relationships with others (Lang, Bradley & Cuthbert, 1990). The ability to adjust emotions in ways appropriate to the situation may be considered a prerequisite for maintaining function in daily life. (Gross & Thompson, 2007). The emotions experienced by the person vary according to the environment. For this reason, it is very important for a person to have emotion regulation strategies and to use them effectively. "Emotional regulation is defined as controlling, monitoring, evaluating, and ultimately modifying an individual's emotional response to achieve a goal." (Thompson, 1994). Emotion regulation is an important factor in defining our emotions, making sense of them, determining how we express them and determining our effects on emotions. Eisenberg and Spinrad (2004) characterize emotional control as a synthesis of internal mechanisms and behavioral control displayed. Emotion regulation functions encompass all emotion regulation strategies and are applied. Whether or if these tactics are successful are attention, information, or body-focused (Koole, 2010). However, individuals may also have difficulty in emotion regulation, fail, and exhibit unwanted emotions despite all efforts (Koole, 2010). Difficulty in emotion regulation is defined as the inability of individuals to fulfill these skills, as well as the inability to control behaviors while experiencing negative emotions, to move away from the goal, and to have difficulties in developing emotion control mechanisms (Gratz & Roemer, 2014). Many

psychopathologies are based on difficulty in emotion regulation and significantly impair psychosocial function (Gross & Munoz, 1995).

It is seen that emotion regulation is related to and explained by many variables in the literature. When we look at the literature, it has been found that emotion regulation, eating disorders (Dingemans et al. 2017; Gianini et al., 2013), bipolar disorder (Yenilmez et al., 2021; Townsend & Altshuler, 2012), depression (Ay & Kılınçel, 2021; Compare et al., 2014) and post-traumatic stress disorder (Hussain, & Bhushan, 2011; Andrewes & Jenkins, 2019).

Childhood traumatic experiences are a universal problem that has serious effects on the physiological and psychological well-being and development of victims. Recent research has shown that abused children are more difficult to regulate emotionally than non-abuse children. (Demirkapi, 2013). It has been determined that especially abused children exhibit feelings that are not appropriate for the situation, their empathy and emotional self-awareness decrease, and emotional instability or negativity is more (Shipman et al., 2007). Child abuse and neglect are all actions and neglects that parents and adults do to take care of their children, that are not accepted by society, that are seen as harmful by professionals, and that affect children. (Tıraşçı & Gören, 2017). It has been seen from the research framework that childhood trauma experiences play an important role in emotion regulation difficulties. (Alpay et al., 2017, Shipman et al., 2007, Karagöz, 2010). "It has been stated that due to childhood traumas, children have difficulty in regulating their emotions in the long term and cannot experience emotions appropriate to the situation, their empathy and emotional self-awareness decrease, and they exhibit more emotional instability." (Shipman et al., 2007). Psychological abuse or neglect experienced by the individual as a child can lead to difficulties in self-harm, substance use, and emotional regulation (Karagöz, 2010). The fact that the studies were non-clinical sample groups caused the limitations of the studies and it was stated that there was a need for further studies with both clinical and non-clinical samples to fill the gap in this area. (Demirkapi, 2013)

The literature has shown that childhood traumas are examined with various variables such as psychological resilience and depression (Aydın, 2018), bipolar disorder (Erten et al., 2015), feelings of guilt and shame (Kourt, 2011), and psychological well-being (Akyıl, 2019). In addition, there are studies in which childhood traumas are discussed together with emotion regulation difficulties (Demirkapi, 2013; Dereboy et al., 2018; Tüccaroğlu, 2021;). It was also seen that trauma significantly predicted emotion regulation skills (Dereboy et al., 2018), and it is thought that new studies on these issues will provide a better understanding of the concepts.

Mindfulness can be seen as an awareness that is developed by paying attention in a

certain way and is done in a way that is as unresponsive, non-judgmental, and open-minded as possible (Kabat -Zinn, 2003). One of the most basic definitions of mindfulness is the state of consciously noticing what is happening right now (Brown & Ryan, 2003). People with a high level of mindfulness can easily focus on events and situations and easily realize their own mental and emotional abilities. They can direct emotions, control the state of mind and emotions, and concentrate on the moment according to the situation at the moment. In the studies conducted by Teper, Segal, and Inzlicht, emotional control and management were discussed, and it was emphasized that the ability to regulate one's emotional state and manage emotions in a healthy way is closely related to the mindfulness process (Teper et al., 2013). The high level of consciousness of people shows that their ability to regulate their emotions is also high. Since people who effectively manage their emotions have a high level of understanding, recognition, and feeling of their emotions, these people are able to raise positive emotions and diminish negative ones (Astin , 1997; Goodall, et al., 2012; Hartman, 2010; Teper et al., 2013).

In studies conducted abroad, it has been observed that there is a relationship between mindfulness and well-being (Shapiro et al. 2008), the effect of mindfulness on the borderline (Wupperman et al., 2009), and its relationship with depression (Williams, 2008). In Turkey, even though the number of studies on mindfulness has increased in recent years, it is seen that there are not enough studies yet. Therefore, research in this area needs to be strengthened. Looking at the literature, the relationship between mindfulness and psychological well-being (Deniz et al., 2017), depression and perceived stress levels (Arslan, 2018), attachment styles and emotion regulation (Karabacak et al., 2017), life satisfaction (Şahin, 2019) and academic success (Güldal, 2019) has been studied.

However, the existence of a relationship between emotion regulation and mindfulness reveals the importance of mindfulness-based practices, especially for individuals who have difficulty in regulating emotions (Demir & Gündogan, 2018). Mindfulness is defined as the presence of the person at the moment, and it is thought that there is a relationship between emotion regulation difficulties and it would be useful to examine the studies with other variables (Karabacak & Demir, 2017).

In the study, which examines the relationship between emotion regulation and mindfulness, it is important to work with individuals between the ages of 15-18 and to test them with different samples and data collection tools, taking into account the differences in data collection tools, to confirm the findings (Kismetoglu, 2019). Similar to this, in a study conducted with secondary school students to examine the emotion regulation and mindfulness levels of their children, it was advocated that it be validated with different sample groups

(Toprak & Bacak, 2008, p:306-317) It is thought that it would be beneficial to disseminate studies based on the measurement of awareness as a daily skill in non-clinical samples in individuals of various ages and education levels (Ülev, 2014). In this context, the non-clinical nature of this study will also contribute to the literature.

However, when we look at the literature on childhood traumas, it has been observed that there are many studies, but childhood traumas, which are thought to be related to these two variables, have not been adequately examined in the literature (Goodall et al., 2012; Karabacak & Demir, 2016). In the foreign literature, it has been argued that childhood traumas are associated with mindfulness interventions and that the young population should be considered (Ortiz and Sibinga , 2017). According to the World Health Organization, childhood abuse is reported as an important problem as a result of researches. It is reported as an important problem (WHO, 2006) and it is known that millions of children are exposed to or witness physiological, sexual, or romantic abuse every year. Although there are many studies on childhood traumas in the literature, there are not enough studies examining emotion regulation difficulties and mindfulness. In addition, it is thought that examining emotion regulation with different demographic variables will contribute to the literature.

When we look at the literature, it has been seen that there are studies that examine emotion regulation and mindfulness variables together (Karabacak & Demir, 2017, Özdemir, 2020, Yorulmaz, 2021). It has also been observed that there are studies in which emotion regulation and childhood traumas are examined together (Alpay et al., 2017, Bozacı et al., 2022, Dereboy et al., 2018,). In addition, there is a study in the literature in which three variables are examined together. However, it is seen that the study works with individuals over the age of 18 and examines the relationship between the samples. In this study, university students were selected as the sample and it is aimed to examine their predictive power. Looking at the research, it is represented by the comparative study of people who have and have not received a psychiatric diagnosis, and who organized the research by adding various demographic information, providing a more heterogeneous distribution, and providing a more accurate analysis of the data (Çelik, 2020). In this context, it is expected that this study will contribute to the literature on the examination and interpretation of various demographic variables. It has been noted that there is a close connection between awareness and emotion control, and that it frequently manifests in behaviors that are consistent with the description of the notion. The interpretation of this relationship with various variables is very important both in terms of the psychological processes studied and in terms of clarifying the relationship between mindfulness and emotion regulation (Çelik, 2020).

When we look at the literature, it is seen that emotion regulation is examined with different variables such as self-compassion (Ünal, 2021), social anxiety (Aydın, 2018), exam anxiety (Narlı, 2019) and resilience (Bozacı, 2022). In the study, in which three variables were examined together, it was aimed to examine the family and friend relations in addition to the education status, marital status, age and gender variables of the people in this study. In the study examining mindfulness and emotion regulation difficulties together, adolescents were studied to understand the role of mindfulness in emotion regulation difficulties, and it is thought that in addition to the demographic questions asked in the research, the questions asked in this study to understand family and friend relationships will contribute to the study (Sünbül, 2016, Yorulmaz, 2021). For this reason, it is thought that examining family and friend relationships in this study will measure the effect on the individual's understanding of his behavior with his environment and on the emotion regulation difficulty experienced. In addition, it is thought that different participants of the study and different demographic variables will contribute to the literature in the study in which childhood traumas and mindfulness are examined together.

When we look at the literature, it is seen that the relationships between the variables are generally examined in studies examining the variables of difficulty in emotion regulation, mindfulness, and childhood traumas (Çelik, 2020; Gündüz, 2016; Rukiye & Kılınçel, 2021). In Turkey, it is seen that the predictive power of the variables of emotion regulation and mindfulness is examined (Saka, 2021; Yorulmaz, 2021), but these studies are not enough. It has been observed that there are not enough studies abroad in which the three variables are examined together, while the difficulty in emotion regulation and mindfulness variables are examined in pairs (Suh et al., 2020), while the studies examining the predictive power are limited (Cloitre et al., 2015; Séguin, & MacDonald, 2018). In this direction, this study aims to examine the predictive power of emotion regulation in the role of childhood traumas and mindfulness, and examine the details of this structure in itself by focusing on the relationships of all variables with various demographic variables, and it is aimed to contribute to the literature.

1.2.Purpose of the Research

The main aim of this study is to examine the role of childhood traumas and mindfulness in the prediction of emotion regulation. This study's secondary goal is to determine whether the difficulty in emotion regulation varies according to different demographic variables (gender, marital status, socio-economic level, family and friend relations, psychological disease.

1.3. The Importance of the Research

"Emotion regulation aims to ensure that the person adopts negative emotions along with positive emotions, instead of completely eliminating the emotions that cause them to feel negative or that they do not want to experience." (Gratz & Tull, 2010). Individuals may face situations such as stressful events in childhood or not fulfilling some of their wishes and needs and may have a traumatic effect in line with the reactions given to the events due to these experiences. Factors such as the family structure in which negative life experiences occur, the duration of exposure of the child to the event, and the severity of the event can be added as the cause of these traumatic effects and can turn these experiences into a traumatic process. Childhood traumas caused by abuse and neglect negatively affect the emotional, physical, cognitive, and social development of the child and cause behavioral problems (Carr et al. 2013). The effects of childhood traumas on adulthood, relationship disorders, emotional regulation difficulties (Larkin & Park, 2012), self-harming behavior (Ford & Gómez, 2015), low self-esteem (Yöyen, 2015), academic achievement (Kayhan, 2017) cause similar problems.

"Mindfulness is expressed as the ability of an individual to participate willingly in the event, time and experience he or she lives in. (Coffey & Hartman, 2008).' It is thought that mindfulness affects or is related to metacognition, emotion regulation and attention regulation mechanisms, as well as its effect on people's physical and mental health (Çatak & Ögel, 2010). When we look at the literature, it is seen that there are no childhood traumas and conscious awareness in studies that predict emotion regulation difficulties. For this reason, it is thought that the ability of individuals to regulate their emotions may be related to the traumas and awareness levels experienced in childhood, and this study aims to analyze the emotion regulation skills of individuals with other variables and find their effects on them. In addition, unlike other studies on emotion regulation difficulties, it is thought that examining family and friend relationships in this study will contribute to the literature. The findings of this study's analyses are anticipated to add to the body of literature. Childhood traumas and mindfulness are important for the emotion regulation skills of individuals. However, the research will contribute to the literature in this context because there is no study found in sufficient number to study these three variables together.

1.4. Research Question

Do childhood traumas and mindfulness predict emotion regulation difficulty?

1.5. Sub-Questions

- Does mindfulness levels significantly predict difficulty in emotion regulation?
- Does childhood trauma significantly predict difficulty in emotion regulation?
- Does the emotion regulation difficulty of university students differ according to demographic variables (gender, marital status, perceived socio-economic level, family and friend relations, psychological discomfort)?

1.6. Assumptions

In this study, the following assumptions were made.

- It is assumed that the students who participated in the research answered sincerely and correctly the "Mindfulness Scale" the "Emotion Regulation Scale" and the Childhood Trauma Scale to be used in the research.
- It is true that the scales used in the study actually measure the intended structures.
- It is assumed that the research sample reflects the universe appropriately.

1.7. Limitations

- The research is limited to students studying at a university in Istanbul.
- Since the research was conducted in an online environment, similar studies with different sample groups based on the classical pencil-and-paper method will increase the power and generalizability of the study findings.
- The fact that there are more female participants than male participants is another drawback of the study.

1.8. Concepts in the Literature

Emotion: Emotions are bio-psycho-social reactions to events (Matsudo & Hwang, 2013).

Emotion Regulation: In order to control the positive and negative emotions that people experience and express, emotional regulation is defined as a set of physiological, behavioral,

and cognitive processes (Gross, 1998).

Emotion Regulation Difficulty: Difficulty in using an emotion regulation strategy, which makes it difficult for the person to adapt to situations and environment, is explained as emotion regulation difficulty (Gratz & Roemer, 2004).

Childhood Traumas: These are behaviors that impair the physical, psychological, mental and social development of children under the age of 18 (Demirkapi, 2013).

Neglect: The situations where the needs of children such as nutrition, care, supervision, and education are not met are considered as child neglect (Zeytinoglu, 1990).

Physical Neglect: Physical neglect is the deprivation of a kid of resources that are available to them in their social environment due to a pattern of harm to the child's development (Aral, 2001).

Emotional neglect: It is the lack of love, closeness, and attention to the child (Aral, 2001).

Physical Abuse: Characterized as hitting a child with a belt or strap, intentionally inflicting physical injury on a child in some other means, scorching, slapping, punching, shoving, kicking, shaking, strangling, poisoning, or tossing (Ekinici, 2010, cited in Yöyen , 2006)

Emotional Abuse: A normalized and harmful relationship between a child and a guardian is defined as shouting, teasing, nicknames, humiliation, rejection, intimidation, holding the child in one place for hours, lack of attention, and lack of love and care (Şenkal & Işıklı, 2013: pp. 261-67).

Sexual Abuse: It is the state of being used by adults to meet their sexual desires and needs in children or adolescents who have not completed their sexual development through coercion, intimidation, or deception (Aktepe, 2009).

Mindfulness: Mindfulness is a psychological process that avoids judgment and pays conscious attention to the experience that is occurring at the moment (Baer, 2003)

CHAPTER II

LITERATURE REVIEW

2.1.Emotion Regulation Difficulties

2.1.1. Definition of Emotion

The Turkish Language Association defines emotion as "the impression created by a certain object, event or individual in the inner world of the person" (Türk Dil Kurumu, 2006). "Emotions are biopsychological and social responses to events" (Matsuda et.al, 2013). Emotions refer to mental and brain-related physiological states associated with a variety of emotions, thoughts, and behaviors, even if they are complex. Emotions are manifested through psychological and social factors, including the physiological responses of the central and autonomic nervous systems, as well as certain mental processes necessary for activities such as responsiveness and regulation. "Because it has a social meaning, it has a social structure. Emotions are a range of subjective experiences that are frequently linked to mood, personality, and disposition.." (Sanei , 2013).

Emotions were defined as " temporary excitement caused by acute experiences such as sudden problems, fear, surprise, and joy " (Larousse Dictionary, 1990) or "mental emotions or affections (i.e., pain, desire, hope, etc.) that differ from the cognition or expression of will " (Oxford English Dictionary, 1987).

In the early 20th century, Ekman, Frisen, and Ellsworth (1972) found evidence for the existence of six basic emotions, consistent with their work. These emotions are anger, happiness, fear, sadness, surprise, and disgust. Other theorists such as Robert Plutchik and Nico Frisida have argued that such classification is not possible with facial expressions alone and that more global behavior, including other limbs, precedes it (Ledoux, 2001).

2.1.2. Emotion Regulation

The structure of emotional regulation was first introduced in the development literature as part of a framework that supports the processes or dynamics that affect all emotions and supports the differences between individual emotions (i.e., emotional regulation). The goal is not to eliminate "maladapted" emotions and not to "adapt ", but to influence the dynamics of each emotion to generate an adaptive response to the environment. (Aldao, 2013).

Gratz and Roemer, it is defined as the general ability to identify, express, experience, and manage emotions to shape and meet possible demands in daily life (Gratz & Roemer , 2004).

Emotional regulation is an attempt to influence what emotions an individual has, when and how they are felt and articulated. Such efforts may also be made consciously or unconsciously, in a comparatively automatically or under control. Additionally, it has been proposed that emotional regulation may entail the up-and-down control of a variety of factors. (not empirically proven) of negative or positive emotions (Parrott, 1993). Seen in this way, emotional regulation is one of several forms of influence regulation, aspects of interaction between the environment (good or bad) encoded by individuals (Gross et al., 2007).

Gross and Thompson (2007) mention three basic features of emotion regulation in their work. The first is given as the individual's ability to adjust these emotions, either positively or negatively. Second, they noted that emotional regulation is conscious at first, but not conscious at a later stage. The last feature identified is that the form of emotion regulation used cannot make good and bad assumptions beforehand (Gross & Thompson, 2007).

Internal and external processes that monitor, assess, and make changes to emotional goals— particularly their intensity and temporal characteristics— combine to make up emotional regulation (Thompson, 1994). Emotional regulation can be controlled or automated, or individuals can engage in emotion regulation consciously or unconsciously. Emotional regulation, which includes internal and external processes, includes negative emotional regulation as well as positive emotions. While studies on adults focus on the emotional regulation of internal processes, it is reported that from a developmental perspective (the caregiver's regulation of one's emotions, such as soothing an infant's restlessness), it focuses on external processes Gross & Thompson , 2007).

- *Internal process*: Personal self-regulation of emotions. Adult emotion regulation is primarily explained by internal processes (Gross & Thompson, 2007).

- *External process*: Adjusting emotions with the help of the environment. An example of this is the appeasement of an attachment by a caregiver involved in attachment theory. Emotion regulation strategies emerge in the early stages and the development process plays an active role in emotion regulation strategies (Duy & Yıldız, 2014). Interacting with the connected person is important for the skills you will gain later. Negative emotions experienced can be eliminated by the caregiver, so that they can understand emotions and provide problem-solving

skills. The baby's recognition of gestures and mimics in communication also facilitates emotional understanding (Izard et al., 2011).

Emotional regulation redirects the emotions you experience in a different direction. People try to control or completely eliminate the natural reactions they experience in this process. However, considering that emotional coordination cannot be fully conscious, it should be noted that the purpose of eliminating emotional reactions is not always the case (Koole, 2009).

There are many different approaches to emotional regulation. Gross and Munoz suggested that emotional regulation can be used either to regulate something by emotions or to refer to phenomena associated with emotional regulation (Gross & Munoz, 1995)

According to Freud (1993), mastering the skills necessary for successful emotional regulation is a profound developmental outcome. However, in adulthood, emotional regulation is not only a matter of want and desire but also a necessary condition for daily functioning.

According to Aldao et al., the purpose of emotion regulation is not to eliminate "incompatible" emotions and replace them with "harmonious" emotions, but to affect the dynamics of each emotion and produce responses that are compatible with the environment (Aldao et al., 2010).

According to Cole et al., the main purpose of regulating emotions is to change emotional reactions (Bridges, Denham, & Ganiban, 2004; Cole et al., 1994). As a result of the literature review, emotion regulation can be defined as the level of understanding and accepting one's emotions and, as a result, behaving appropriately, conveying their emotions well or badly, and reaching appropriate emotion regulation strategies at the same time

2.1.3. Emotion Regulation Strategies

Strategies used to deal with the emotions experienced by the individual are related to the idea that they can control the current situation (Folkman & Lazarus, 1980). In situations that can be controlled, people utilize problem-focused coping techniques; in situations that cannot be controlled, they use emotion-focused coping techniques. Experienced fears are thought to have a significant impact on the way we deal with emotions (Cloitre et al., 1992). Some theories of emotion regulation place an emphasis on reducing emotional arousal while also controlling emotional experience and expression, particularly expressive control of negative emotions.

Gross (2002) created a process model that details how emotions are regulated at each stage of the emotion generating process in order to give a conceptual framework for the study of emotional regulation. According to this model, emotion begins with the evaluation of an internal or external cue. Process model; The emotion regulation process begins when a person encounters a behavioral, physiological, or empirical trigger that activates their emotions. According to this model, emotional responses can be adjusted before or after they occur. Strategies used before the reaction takes place have been found to be more effective because they require less effort. The process model suggests that there are two broad categories into which emotion regulation techniques can be classified (Yurtsever, 2004);

1) Antecedent-focused (History-oriented strategy),

2) Response-focused (Result)

"The strategy focused on antecedent; They are strategies that are implemented before the emotional response is fully elicited and the behavioral or physiological response is modified. Response-focused strategies, on the other hand, are seen when emotions are acting up and possible behavioral and physiological responses have emerged. Antecedent-focused strategies are activated before emotions are fully manifested" (Gross & Thompson, 2007). It involves changing our behavior before we react emotionally to the event. Response-focused strategies, on the other hand, are developed after emotional reactions occur and involve changing these reactions (Gross, 2001).

James Gross's model, of emotional coordination is about identifying one's emotions and knowing when, where, and how the emotions that determine them are experienced. There are five strategies associated with this foundation. These are situational selection, situation modification, attentional deployment, cognitive change, and response modulation (Gross, 1998)

Situation Selection: Taking actions that make the person more or less likely to be in a situation that causes desirable or undesirable emotions (Gross, 1998). In order to control one's emotions, it refers to approaching or avoiding specific individuals, places, or things. It is a strategy that influences the conditions to which a person is exposed, thereby shaping the emotional course of action from the earliest possible time. Situation selection involves taking actions that make us less likely to evoke the emotions we want (or be in a situation that arouses emotions) (Fischer & Manstead, 2008).

Situation Modification; Changing emotionally effective situations is a direct and positive effort by humans. Situation modification refers to taking steps that directly touch a situation in order to change how it affects one's emotions (Gross, 2015). For example, if your friend at dinner asks if you are ready for the exam, you can make it clear that you prefer to talk about something else. When we want to regulate the negative emotion, it is explained as changing the condition by not thinking about it.

Attentional Deployment: A person's distraction from the current situation or focusing on the non-emotional side of the situation. It refers to drawing attention to a particular situation in order to influence one's feelings. Attention spans are one of the first emotional regulatory processes to occur during development. It refers to attracting attention in certain situations to influence one's emotions. Attention spans are one of the first emotional regulatory processes to occur during development (Gross, 2014).

Cognitive Change: Cognitive change refers to changing how one views a situation to change how it affects one's emotions (Gross, 2014). It is defined as an attempt to change one's thinking about the situation to adjust one's emotions. It includes efforts to reduce negative emotional experiences by changing the meaning one gives to a situation and the way one interprets it (Yorulmaz, 2021). "Cognitive change can also be used to change the emotion itself, such as reinforcing emotional responses or transforming anger into compassion. This is beneficial for those who harm them. The personal significance of a situation is that it greatly influences the disposition of the experimental, behavioral, and physiological responses generated in that particular situation.

Response Modulation: The person tries to directly change his reaction to the situation. In particular, attempts to regulate the physiological and empirical aspects of current conditions and emotions are common. It refers to the relatively direct effects of physiological, experimental, or behavioral responses. For example, exercise and relaxation can be used to reduce the physiological and empirical aspects of negative emotions. One of the most well-studied forms of response modulation is "expressive suppression," which refers to ongoing attempts to reduce expressive behavior " (Gross, 2002).

2.1.4. Emotion Regulation and Psychopathology

“Emotional dysfunction is the hallmark of many forms of psychopathology. Attempts to correct negative emotions by over-reducing negative emotions, suppressing or avoiding dysfunctional strategies, or overdoing them with rumination can also be a precursor to psychopathology” (Aldao, Nolen-Hoeksema & Schweizer, 2010). Individual emotion control techniques may operate as risk factors for psychopathology or as protective factors against psychopathology, according to some theories. Difficulty in coping with negative emotions, using reappraisal, accepting, or problem-solving strategies called adaptive emotion regulation strategies may play a role in the development of psychopathology. There is a link between emotion regulation trait mapping (positive reframing and acceptance) and incongruity (reflection, suppression, withdrawal, denial) strategies in predicting psychopathological symptoms (Aldao & Nolen-Hoeksema, 2012). Impairment of the ability to regulate emotions has been found to be associated with various psychopathologies (i.e., mood disorders, anxiety disorders, and foreign substance consumption). Research shows that there are three strategies for regulating emotions in psychopathology. These are reevaluation, problem-solving, and acceptance. Repression (including the suppression of expression and cognition), avoidance (including the avoidance of experience and conduct), and rumination have all been repeatedly mentioned as risk factors for psychopathology. In psychopathology, theories that determine emotion regulation and deficits are limited to four items; depression, anxiety, eating disorders, and substance-related disorders.

"Adaptive emotional regulation strategies (such as acceptance, problem-solving, and reappraisal) are less related with psychopathology than maladaptive strategies," (eg, avoidance, self-criticism, concealment of expression, suppression of experience, fear, gloom)" (Aldao & Nolen-Hoeksema, 2012).

It is mentioned in many disorders such as mood disorder, post-traumatic stress disorder, attention deficit and hyperactivity disorder, especially in emotion regulation disorders such as depression and bipolar disorder (Thompson & Goodman, 2010).

Depression and Emotion Regulation: Considering the relationship between depression and emotion regulation, depressed individuals have difficulty in regulating their emotions, accepting negative emotions, and regulating their emotional functions (Berking et al., 2012).

Anxiety Disorders and Emotion Regulation: It has been observed that individuals react negatively to the emotions they experience and it becomes more difficult to calm down after experiencing negative emotions, and this causes anxiety disorders (Berking et al., 2012).

Substance Use Disorders and Emotion Regulation: The most prominent feature of alcohol and drug use is that substance abuse is commonly regarded as an attempt to control or prevent bad emotions (Berking et al., 2012).

Eating Disorders and Emotion Regulation: This implies that they represent unsuccessful attempts to control or stifle negative emotions (Berking et al., 2012).

Somatoform Disorders and Emotion Regulation: Studies have shown that individuals with eating disorders have insufficient ability to cope with negative mood and have difficulty regulating their emotions (Fairburn et al., 2003). Individuals who cannot identify, name, and express their emotions are more likely to have difficulty adjusting their emotions using cognitive resources, and therefore are more likely to misreflect their emotional body sensations (Berking et al., 2012).

On the other hand, in post-traumatic stress disorder, the severity of symptoms is linked to people's failure to comprehend and accept emotions, to identify goal-directed action when upset, and to use emotion control mechanisms (Tull et al., 2007).

2.1.5. Emotion Regulation Difficulty

Gratz and Roemer (2004) to define the difficulty of regulating emotions. Difficulty in emotion regulation makes it difficult for individuals to cope with problematic situations and prevents individuals from using functional coping methods (Gratz et al., 2006).

It has been reported that the most important difference between the difficulty of emotion regulation and the concept of emotion regulation is emotion ability, and it has been stated that people with low emotional abilities are more likely to have difficulty in adjusting their emotions (Saarni, 1997). It has been stated that the difficulty in regulating emotions is a combination of the inability to regulate the individual's emotional reactions, hypersensitivity to emotional stimuli, and long, strong reactions.

Some conceptualizations of emotional regulation emphasize the management of emotional experience and expression (particularly expressive regulation of negative emotions) and the lowering of emotional arousal. In the studies on the concept of emotional regulation, Gratz and Roemer (2004) emphasized four important features in explaining the concept. These are as follows;

1. Having mindfulness of emotions,
2. Being able to recognize, understand and accept emotions,
3. Being able to show purposeful impulse control behaviors when negative emotions are felt, and,
4. Easily accessible to emotion regulation strategies.

The presence of emotion regulation skills in these four items indicates functional and healthy emotion regulation, but emotion regulation difficulty occurs in the absence of one or more skills (Gratz & Roemer, 2004).

Emotion Regulation Difficulty consists of six sub-dimensions, and these six dimensions were developed to emphasize the importance of differentiation between awareness and understanding of emotional responses and the ability to act in desirable ways and avoid acting in undesirable techniques for coping with bad feelings (Gratz & Roemer, 2004)

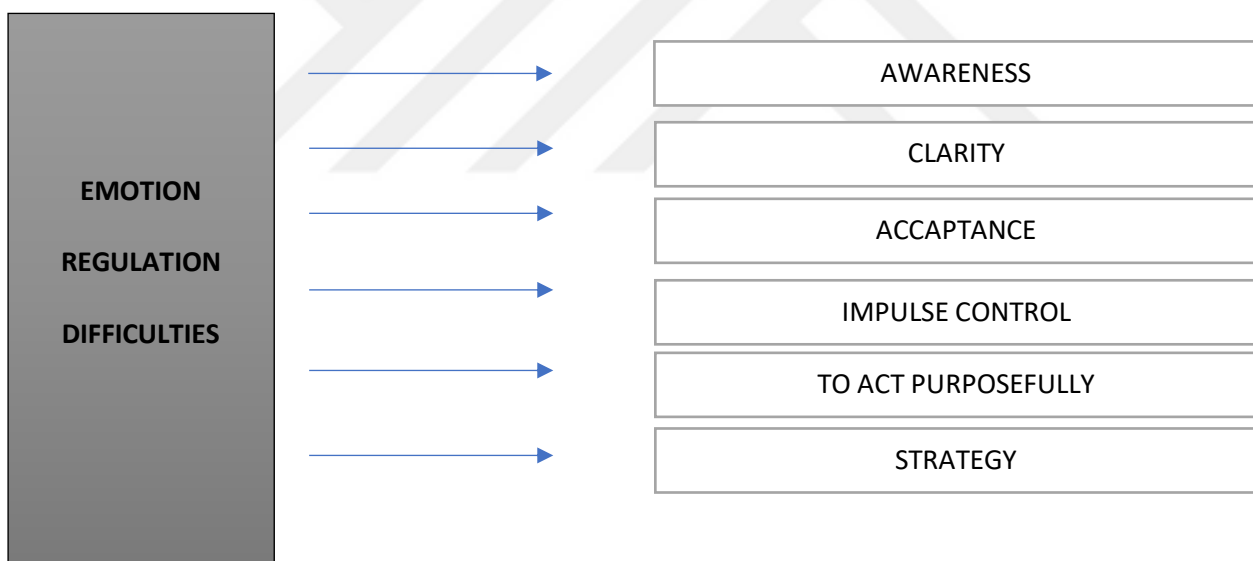


Figure 1: Emotion Regulation difficulties sub-dimensions

"*Awareness*; lack of awareness of emotional responses, *clarity*; lack of intelligibility of emotional responses, *acceptance*; inability to accept emotional responses, *impulse control*; difficulty in controlling impulses whenever negative feelings arise, *strategy*; inability to reach compatible emotion regulation strategies, *to act purposefully*; It is stated as the inability to act purposefully while experiencing negative emotions." (Gratz & Roemer, 2004). They viewed the lack of one or more of these skills as a sign that they had trouble regulating their emotions.

Briefly, when describing the difficulty of emotion regulation;

- They cannot be aware of their feelings
- They have difficulty in understanding their feelings.
- The emotions experienced are not accepted.
- Emotion regulation strategies suitable for the current situation cannot be used.
- Despite negative emotions, impulses cannot be controlled.
- While experiencing negative emotions, goal-oriented behaviors cannot be realized (Gratz & Roemer, 2004).

Another definition of emotion regulation difficulty stated by Linehan (1993) is that emotional dysregulation results from a combination of an individual's inability to regulate their emotional responses, hypersensitivity to perceived emotional stimuli, and long-lasting strong responses (Linehan, 1993, cited by Ayan, 2019). From another point of view, emotion regulation is interpreted as the rearrangement of the emotions experienced by the individual by increasing or decreasing the emotions according to the purpose of the situation in which the individual is discovered (Bridges et al., 2004).

2.2. Childhood Trauma

2.2.1. Trauma

Trauma, as a word, means an experience that leaves important and effective signs of injury on the living thing in terms of body and soul. When we look at the origin of the subject of "trauma", it means "injury" in Greek and "physical and mental wounds caused by blows" in medicine. In a psychological sense, trauma is a person's difficult experience that injures a person's mental and physical assets in various ways and involves a threat to their behavioral integrity. Except in the 19th-century psychoanalytic literature, the term "trauma" was not used to mean physical trauma (Herman, 2001, p:5 cited in Özen, 2017).

For an event to be considered traumatic, the person must experience or witness a sudden and unexpected event, threaten the integrity of the person, and respond with horror, extreme fear, and helplessness in the face of events (Özen, 2017).

2.2.2. Childhood Trauma

According to the United Nations Convention on the Rights of the Child, "According to national laws, except for the majority of the ages, those under the age of 18 are accepted children and are defined as an individual with various rights and existing in the society (Güçlü, 2016). Traumatic childhood experiences are generally long-term psychological or psychological experiences in the literature. It has been defined as a painful or emotionally stressful experience for a child with physical consequences (NIMH, bt). Childhood traumas include sexual, physical, and emotional abuse and neglect, as well as loss of a parent, separation from a parent, and divorce, It can be defined as migration, witnessing violence, accidents, and natural disasters." (Herman, 2011 cited in Çelik et al, 2018). It is thought that if these childhood experiences are not processed, serious, permanent, and/or long-term effects can be seen, as well as life-long developmental disabilities (Bilchik & Nash, 2008; Perry, 2001; Perry, 2006).

There are many opinions about childhood traumas in the literature (Yenidunya, 2017). Terr (1983) traumatizes on this subject; He defined it as a response to a stressor, not as a trigger of an event, not as an internal or psychological consequence of an external event. According to the World Health Organization (WHO); Any action or neglect by the mother, father, caregiver, or other adults responsible for the child's care and upbringing that interferes with the child's development process falls for the purposes of this phenomenon's definition (WHO, 2016; Tıraşcı&Gören, 2007). According to the DSM-IV, trauma "may occur when a person encounters, sees, or is confronted with an incident or events that entail real or threatened death, major harm, or is faced with a threat to one's physical integrity" (APA, 1994).

Accidents, severe illness or injury, sorrow, and natural disasters are just a few of the many ways that children can experience trauma. Second-hand information about temporary situations can also have a traumatic effect on a child's emotional health (Nelson & Wampler, 2000). Any culture, social class, ethnic group, or financial level can exhibit these traumas. (Bostancı et al., 2006).

Childhood traumatic experiences are basically divided into two titles as neglect and abuse; It is divided into five subgroups as physical, sexual, or psychological abuse and physical or psychological neglect. In the child's life, such situations can cause many things, such as symptoms of post-traumatic stress, difficulty in emotion regulation, loss of safe place and orientation, detecting danger, and performing necessary behavior (NCTSN, 2003).

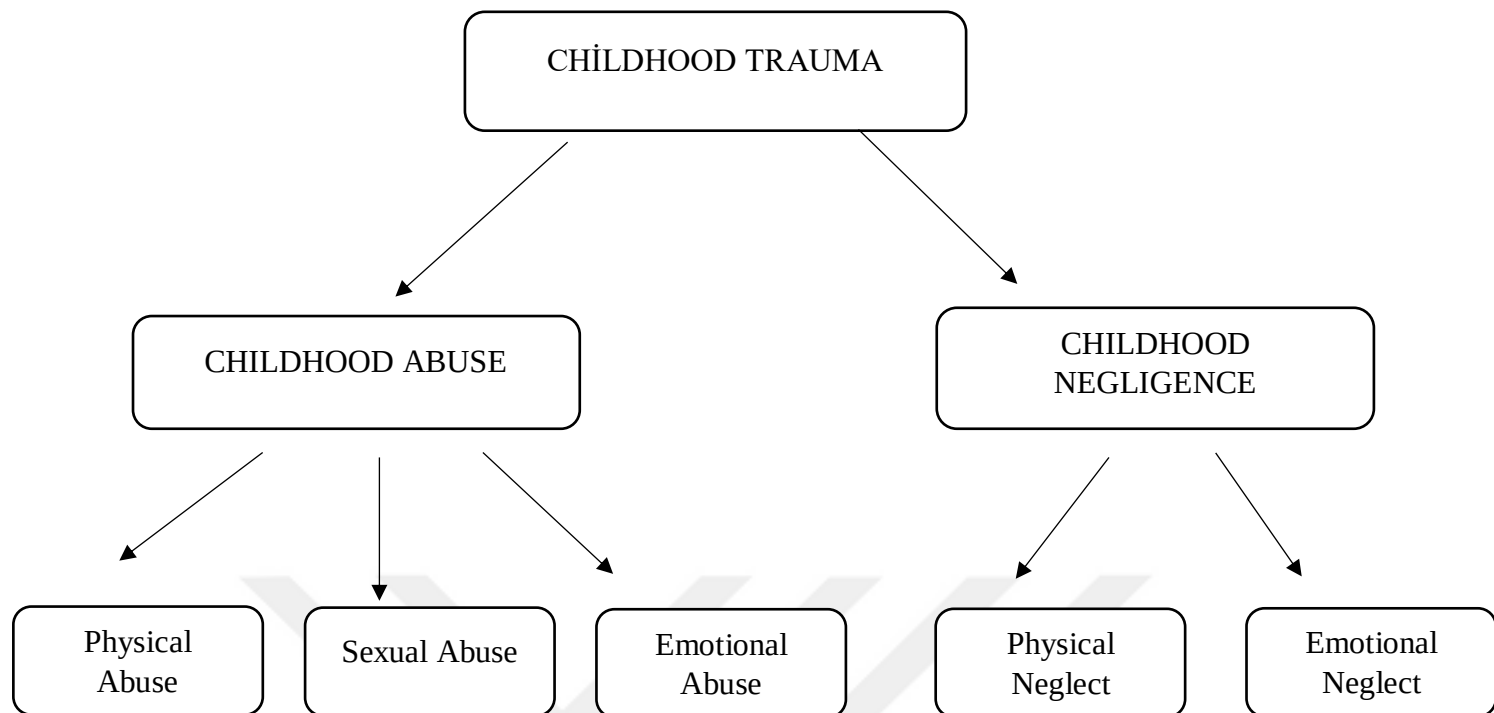


Figure 2: Childhood Trauma

2.2.3. Childhood Abuse

One of the clinical and empirical interests of traumatology is related to childhood abuse (Finkelhor, Hotaling, Lewis, & Smith, 1989, 1990; Herman, 1992 cited in Nelson & Wampler, 2000). The World Health Organization has defined child abuse as any form of physical and/or emotional abuse that harms the victim or could hurt them the health, survival, and development of children , or dignity in context and associated it with a relationship of responsibility, trust or power. (World Health Organization, 2020). Child abuse is an important unrecognized problem that impairs the condition of children's and adolescents' health and well-being. The results are often immediate, affecting the years of formation and long-lasting, following throughout their lives.

Those who experience sexual abuse in childhood may be more risky individuals in terms of sexual abuse in adulthood (İbiloğlu , et al. 2018). Studies have repeatedly shown that child abuse has very negative consequences, both in childhood and later in life. These results include physical damage to six different parts of the body, various organ disorders (heart, liver, etc.), obesity, cancer, sexual disorders, addiction, cognitive decline, developmental delay or

regression, suicide attempts, depression, anxiety, dissociation, personality disorder, and personality disorder. It includes topics such as eating disorders. The long-term consequences of child sexual abuse in adulthood can take the form of post-traumatic stress disorder, cognitive bias, mental illness, decreased self-esteem, and avoidance. Starzyk and Marshall (2003), on the other hand, claim that the root of all problematic behaviors, especially delinquency, is experienced in childhood.

Childhood abuse is examined in 3 groups as emotional, physical, and sexual abuse (Kessler, et al., 2010). Below are the subtypes of childhood abuse;

- 1) Physical Abuse (Bodily Exploitation of the Child),
- 2) Sexual Abuse (Sexual Exploitation of a Child),
- 3) Emotional Abuse (Spare the Child),

There are mainly three, but according to some studies, the concept of verbal abuse has also been mentioned. In types of abuse, verbal aggression is handled as a form of emotional abuse (Glaser, 2002). Verbal attacks are a form of communication used to cause emotional distress to a child. Criticism, insults and humiliation, swearing, distrust, negative expectations, teasing, shouting, or insulting children can cause psychological injuries and negatively affect psychological processes (Topçu, 2009 cited in Çelik, 2020).

2.2.4. Physical Abuse

Physical abuse is defined as an act that causes or may cause physical harm to the child through the caregiver (Krug et al., 2002). Kelly (1983) defined Physical Abuse as an adult criminal act that does not unintentionally harm children (as cited in Malinosky Rummell & Hansen, 1993). In short, it can be explained as "not harming the child by accident". Some researchers have defined physical abuse as the physical fear of caregivers for 48 hours and deliberate violent behavior in children under the age of 18 (Cappelleri, Eckenrode & Powers, 1993; Oral et al., 2001).

Non-accidental injuries, namely physical abuse, occur when parents want to punish their children or when parents lose control. For example, the most common type of abuse is tattooing (Kara & Ark, 2004). Physical abuse is also tapping, pushing, shaking, or burning with hands or tools, in a way that leaves a mark on the child's body or is violent to avoid obedience,

punishment, or anger (Hancı, 2002; p: 263-284 & Topbaş, 2004, p:76-80). Corporal punishment, such as throwing pepper in the mouth of a child, shaking a child, pulling on their ears and hair, using light force, or hitting a part of the child's body with a finger, is considered moderate physical abuse. Corporal punishment, such as hitting, burning, or strangling a child with the hands or feet, is considered serious physical abuse (Runyan, 2002).

Physical abuse is often associated with psychological abuse, and children in this situation experience both punishment and negative self-awareness. Many physically abused parents find excuses for their accusatory and critical attitudes. He thinks his children deserve these punishments. These attitudes can increase the child's negative self-awareness and lead to situations such as guilt, shame, and responsibility for abuse Briere, 1992 cited in Yenidunya, 2017). Studies by Malinosky Rummell and Hansen (1993) also show that people who have been physically abused in the past have a more violent tendency than others. These acts of violence; child abuse, spousal abuse, romantic spousal abuse, and criminal activity.

As with all kinds of abuse, physical abuse can have physical, psychological, and social consequences for children, as well as serious consequences such as death and disability. The effects of physical abuse on kids over a short period of time; bedwetting, (Kulaksızoğlu, 2004 cited by Pelendecioğlu & Bulut, 2009), developmental disabilities, sleep disorders, eating disorders (Gershoff, 2002), learning disability, language delay, difficulty in establishing close relationships with school failure, and relationship anger (Yıldız, 2007).

2.2.5. Emotional Abuse

Emotional abuse is the psychological and emotional abuse of a child by their parents or guardians. It is wrongful behavior, also defined as verbal or psychological abuse. Emotional or psychological abuse can lead to cognitive, behavioral, and mental disorders in children (Flores & Machuca, 2011). Galbarino defined emotional abuse in 1978 as "behaviors that involve an attitude that does not accept or punish the child's development of self-esteem and interpersonal skills". Psychological abuse is the exposure of a child or adolescent to verbal threats, teasing, or derogatory comments that affect their mental or emotional health (Zoroğlu et.al., 2001). There are two characteristics that set emotional abuse apart from other types of abuse. One is the absence of concrete findings, as in instances of sexual and physical abuse. Second, it can occur by itself or frequently in conjunction with other forms of abuse (Polat, 2021).

Acts that harm a child's emotional growth are considered psychological abuse. Humiliating the child, using humiliating language, not taking care of, and ignoring the child are behaviors considered as psychological abuse (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). Erkman (1991) stated that psychological violence is predominantly perpetrated by adults around children or adolescents. He stated that they can be seen as follows (Erkman, 1991 as cited in Yenidunya, 2017).

Refusal; it takes place in the form of not accepting the child as a separate individual, not fulfilling his wants and needs, and disapproving of what he has done (Polat, 2019: 279).

Humiliation: To not value the child, to humiliate and embarrass the child in public (Polat, 2019: 279).

Leave alone, ignore, separate; Punishment by leaving the child alone (Polat, 2019: 279).

Intimidate, weariness, threat; It occurs in the form of intimidation of the child, pressure on him, intimidation that he will be beaten, and constant accusation (Polat, 2019: 279).

Incitement to crime; It can be defined as allowing the child's non-social behaviors and directing them to such behaviors (Polat, 2019: 280).

Emotionally not meeting their needs; The fact that the mother and father do not show warmth and love can be defined as not having physical contact (Polat, 2019:280).

Emotional abuse includes verbal abuse that causes a pause in mental development and behaviors that undermine the child's identity and elicit dysfunctional behaviors, including exaggerated commands. Emotional abuse and trauma gather all other forms of abuse under one roof. Children exposed to such behaviors may experience situations such as family absence, tension, addictive personality development, feelings of worthlessness, and inappropriate and aggressive behavior. In addition, psychological abuse can impact a child's physical and mental development (Topbas, 2004).

Children who experience this type of behavior of adults may develop situations such as being away from the family, being nervous, developing a dependent personality, developing worthless emotions, and engaging in maladaptive and aggressive behavior (Polat, 2021). As a result of emotional abuse, children have habit disorders (finger sucking, trembling), neurological problems (difficulty in sleeping, stiffness while playing), behavior problems (complaints, passivity, aggression, etc.), excessive adaptation problems in the elderly and young and developmental delays may occur (Daignault & Herbert, 2009).

2.2.6. Sexual Abuse

Sexual abuse is defined as adults using children or adolescents who have not completed their sexual development to meet their sexual desires and needs through force, intimidation, or deception (Aktepe, 2009: pp. 95-119) According to the DSM-5, sexual exploitation of children involves parents, guardians or other persons responsible for a child's sexual activity to obtain sexual gratification. The sexual abuse of a child or adolescent living in the family by a blood relative is defined as incest (İbiloğlu, et al., 2018).

Child sexual abuse is defined as a universal problem both physically, emotionally, socially, and legally. The World Health Organization (WHO) defines child abuse as mistreatment that endangers a child's reputation, life, health, or development in any way. Examples of these behaviors include sexual intercourse or attempts to engage in sexual intercourse, exhibitionism, sexual contact, or watching a sexually explicit movie (Putnam, 2003). In addition, all kinds of relationships such as sexual intercourse, stroking the genital area, exhibitionism, oral contact, and use in pornographic films can be evaluated in the abuse group (Polat, 2019).

Experiencing sexual trauma as a child is a lifelong negative experience that can negatively impact the victim's mental health and leave an indelible mark on the child's life (Moore, 2005 cited in Karakartal, 2020). There are many studies showing that child sexual abuse leads to different negative outcomes. First of all, there are publications stating that these children often play sexual games with their friends (Aral & Gürsoy, 2001; Navalta et al., 2010), changes in the child's self-perception, deterioration in the affective process (Davis & Petretic - Jackson, 2000) and that these people can become abusive. It is said to exist (Çelik & Hocaoglu, 2018). In addition, the abuse of sexually abused children has various dynamics such as traumatic sexuality, betrayal, helplessness, and stigma (İbiloğlu et al., 2018). Depression, anxiety, phobia, anger, and hostility often have serious negative consequences and include clinical depression, behavioral disorders, sexually explicit behaviors, self-harm (such as suicide attempts), anxiety, withdrawal, low self-esteem, personality disorders, substance abuse, various sexual disorders, all of which can be long-term (Beitchman et al., 1992; Browne & Finkelhor, 1986; Molnar et al., 2001; Putnam , 2003).

2.2.7. Childhood Negligence

According to the World Health Organization, neglect is broadly defined as the failure of parents to meet the needs of various disciplines (health, education, emotional development, nutrition, shelter, etc.) for child development (Krug et al., 2002). Neglect is a situation in which the child's basic physical and/or psychological needs are not met and may lead to serious deterioration of the child's health or development. It can be defined as the inability of parents and caregivers to provide adequate food, shelter, and clothing, to protect children from physical harm, and to receive adequate medical care and treatment. It may also involve neglecting or failing to respond to a child's basic emotional needs (Tanner & Turney, 2003).

Childhood neglect can lead to physiological and psychological consequences such as low social skills, irritability, suppressed personality, and insufficient development (inability to gain weight, inability to grow in height, weak and thin hair) (Polat, 2019). Neglect can also result in growth retardation and psychosocial adjustment difficulties in children (Polat, 2021). Neglect causes apathy, passivity, lack of enthusiasm, and flexibility in infants and children, making it difficult to regulate emotions (Pollak et al., 2000). Children who are ignored in early childhood show delays in the cognitive domain, especially in expressive and receptive language and problem-solving skills (Dubowitz et al. 2002). Tyler, Allison, and Winsler (2006) showed that neglect can lead to behavioral problems such as low self-esteem, low academic performance, and maladjustment/psychopathology. The five categories of neglect identified by Gaudin (1993) include physical neglect, insufficient supervision, emotional neglect, educational neglect, and medical neglect (Tyler, Allison & Winsler, 2006).

2.2.8. Physical Neglect

Physical neglect, in its simplest form, is defined as the inability to meet a child's physical needs (Stoltenborgh et al., 2013). It is the death of a child or young person under the age of 18 as a result of poor nutrition, clothing, cleanliness, or care (Kaplan, Pelcovitz & Labruna, 1999). It is also defined as the inability to eat according to the child's development, poor cleaning of clothes, poor physical condition, and inadequate measures against possible accidents inside and outside the home (Acehan et al., 2013). Needs including neglect of the child have been reported as diet, dressing, personal care, surveillance, supervision, responding to medical needs, not preventing abuse, not preventing criminal activity, and abandonment (Hilyard & Wolfe, 2002; Stoltenborgh, 2013).

Neglect has been shown to have a lifelong developmental negative impact. Delays in physical, cognitive, emotional, psychological, social, and behavioral development have been noted in people with health problems (DePanfilis, 2006). It is well recognized that those who experience childhood physical, mental, or sexual abuse or neglect run the risk of having a wide range of mental diseases in adolescence and adulthood (Alpay et al., 2017). The development of the child's social, cognitive, emotional, and behavioral skills can be negatively and permanently impacted by physical neglect. Compared to children who have experienced physical abuse, children who have experienced neglect exhibit more severe social disengagement, scholastic impairments, and adjustment issues (Bifulco et al., 2002).

2.2.9. Emotional Neglect

Emotional neglect is defined as the caregiver's inability to provide sufficient emotional closeness and support to the child (Aust, Hartwig, Heuser, & Bajbouj, 2012). Due to the lack of obvious signs of harm and the frequent delay, emotional neglect and exposure to domestic violence are forms of abuse that are challenging to characterize (Hildyard and Wolfe, 2002). Failure to connect emotionally, according to Crittenden (1999), is the essence of emotional neglect (Wark et al., 2003).

Neglected children have severely impaired physical and emotional development and may have difficulty engaging in social communication. Behaviorally, chronically neglected children may show a lot of affection, even to strangers, indiscriminately, or be socially unresponsive even in familiar settings (Sadock BJ & Sadock VA., 2004, cited in Çelik & Hocaoglu, 2018). Psychological abuse and neglect can be evaluated together, and these children's mental and physical problems such as eating disorders, aggression, and violence, inability to respond to stressful situations and tendency to alcohol consumption, and long-term drug use. It can be stated that the risk of disease is increased (Hart & et. al., 2002, cited in Dinleyici & Dağlı, 2016).

In a nutshell, emotional neglect is the inability to meet a child's emotional needs, such as failing to provide them enough care and love, allowing them to see domestic violence, or knowingly enabling their maladaptive behavior. (Stoltenborgh et al., 2013) and this situation can have negative consequences behaviorally, psychologically and physiologically in the child's current and future life.

2.2.10. Childhood Traumas and Psychopathology

It is emphasized that adults who are exposed to childhood traumas often have a high probability of having psychiatric illnesses such as depression, anxiety disorders, alcohol consumption disorders, and personality disorders (Çelik et al., 2018). It has been reported that child abuse is connected to with suicide, self-harm, anxiety symptoms, depression, and similar psychopathological conditions in people diagnosed with mental disorders (Mullen et al., 1996; Polat, 2019).

Childhood Traumas and Depression:

It has been observed that individuals exposed to maltreatment in childhood may show symptoms of depression in adulthood (Alpay et al., 2017). Studies on the etiology of depression have also found that childhood trauma is associated with depression in adulthood (Kendler et al., 2006; 2014). The prevention of chronic depressive illnesses can therefore be greatly aided by early identification of childhood maltreatment and proper intervention (Chapman et al., 2004).

Childhood Traumas and Anxiety Disorders:

It is seen that childhood abuse may cause psychopathological risks such as anxiety and mood disorders in the future (Örsel et al., 2010). Studies have shown that childhood traumas are clearly associated with anxiety (Yüksel, 2012; Van der Vegt et al., 2009).

Childhood Traumas and Obsessive Compulsive Disorder

It has been determined that there are traumatic experiences in the past life histories of OCD patients and their relationship with obsessive and compulsive types. Researchers question the existence of past traumatic experiences such as emotional abuse, neglect, physical abuse, and sexual abuse in people with OCD (Korkmaz, 2020).

Childhood Traumas and Alcohol Dependent

It has been shown that childhood traumas, such as despair and anxiety, are connected to alcoholism (Afif et al., 2006). It has been observed that those who experienced emotional abuse during childhood use alcohol as a stress reliever. Physical abuse was found to be significantly more prevalent in alcoholics than in non-alcoholics (Chasan, 2010).

2.2.11. Childhood Traumas and Emotion Regulation

When we look at the literature, it is seen that there are studies on childhood traumas and emotion regulation difficulties (Alpay et al., 2017; Dereboy et al., 2018; Öztürk, 2019). One of the negative consequences of childhood trauma is difficulty regulating emotions (Shipman et al., 2007, Wolfe et al., 2001). Childhood trauma experiences make it difficult to give appropriate emotional reactions in interpersonal relationships and cause interpersonal problems (Wolfe et al. 2001). According to research, abused children have more difficulties with emotional regulation than non-abused children (Shipman et al., 2007, Wolfe et al., 2001). It has been reported that abused children have difficulties in displaying empathy and emotional self-awareness, and also exhibit emotional instability and negativity (Shipman et al. 2007). However, research has shown that abused children are at risk of internalizing and expressing behavioral problems due to their lack of emotional regulation (Shipman et al., 2014).

2.3. Mindfulness

Mindfulness has been defined as “the ability to be aware of things that need to be seen or known, and to pay attention to things that need to be grasped. (Türk Dil Kurumu, 2011). Mindfulness refers to the ability to consciously participate in the current experience (Coffey & Hartman, 2008). It is defined as accepting and affirming the present without being affected by past or future experiences or emotions (Bishop et al., 2006). “In other words, it is a behavioral technique that involves the deliberate self-regulation of attention by staying in the moment and experiencing the present, without thinking about past and future thoughts, thereby triggering a non-evaluative, purely mindfulness-based metacognitive state” (Gaylord, et al., 2009, p. 2). Mindfulness, as described by Baer (2003), is the process of objectively observing the flow of internal and external stimuli.

According to Germer, mindfulness has descriptive features related to lived experience. Germer, Siegel, and Fulton (2014) discussed these descriptive features under eight headings. These headings are as follows:

Non-conceptual: Being aware of thoughts without interpretations without going through the mental process during mindfulness.

Main focused: Mindfulness focuses on the present without letting potential past or future experiences influence it.

Non-judgmental: Mindfulness does not come naturally if we wish our prior lives to be different from what they were. Expectations are incompatible with mindfulness' nature.

Purposefulness: The purpose of mindfulness is always to draw attention to something. Turning your attention to the present moment will maintain conscious mindfulness over time.

Participant observation: The focus of directed attention on the mind and body in the present moment, accompanied by instructions and with intent.

Non-verbal: It is the result of mindfulness, which enables the individual to see the events, situations, people, and emotions experienced with a developed consciousness that can occur spontaneously.

Being based on discovery: It means that the conscious perception of the individual is of a nature that can be increased and developed throughout life, without specifying a starting or ending point.

Not being liberating: It aims to remove the burden of past experiences, to worry about possible future experiences, and to experience present moments.

In the literature, mindfulness has been covered in a wide variety of ways (Quaglia et al., 2015.) Generally, two features are seen in the definition of mindfulness in the literature. In the beginning, mindfulness provides awareness and focus to the experience of the present moment. Current anxiety symptoms can manifest in a variety of ways, such as physical symptoms, emotional reactions, mental imagery, mental language, and perceptual experiences. (for example, noise). Scientists define this monitoring function of mindfulness as "attention" or "clear recognition of any emerging experience" (Bodhi, 2011; Brown et al., 2007; Quaglia et al., 2015). Second, numerous contemporary interpretations of mindfulness opine that it's critical to keep an open mind or accept one's experience. This open and acceptable attitude entails participating in the experience with a curious, independent, sensitive orientation.

In summary, we can say that conscious mindfulness has two basic elements. One of them is to direct attention and the other is to integrate curiosity, acceptance, and transparency in harmony with the moment of experience. If a person's attention is focused on past experiences and possible future experiences, the stressors that may arise from past experiences and possible future experiences, the person's anxiety, depressive symptoms, etc. life may cause adverse effects. Understanding the significance of the present moment is thus one of the core components of mindfulness (Kabat-Zinn, 2003).

2.3.1. The Origin of Mindfulness

The concept of mindfulness has its origins in Buddhism and meditation practices. Basically, it is an application that questions how we see the universe and our place in the universe, and who we are. This practice, called mindfulness meditation, always focuses on the breath and body sensations, the emotions, or the flow of the mind or thoughts. All of these internal processes are acknowledged without criticism or acceptance. (Kabat-Zinn, 2005). The concepts of mindfulness and Buddhism are based on similar assumptions. These assumptions are as follows (Grossman, 2010: 89):

1. Generally, people do not realize their instant experience and operate in “auto-pilot” mode.
2. A strong foundation for delusion and self-deception is a lack of awareness of one's own spiritual substance and process.
3. It is possible for people to learn how to keep a highly distinct awareness of fleeting, spiritual, and nonjudgmental material.
4. This talent must be regularly practiced in order to grow gradually and consistently.
5. The immediate perception of the experience instead of the unconscious response, the clearer the experience and the realization of positive and mindful participation carry a richer and more lively attitude towards life.
6. Persistent and non-judgmental observations of mental content lead to increasingly accurate perceptions.
7. A proper understanding of a person's mental response to internal and external stimuli allows more information to be obtained, which increases active behavior in the environment and provides more control. Mindfulness has been used as a treatment under a western psychotherapeutic approach for about 30 years (Hayes et al., 1999, Kabat-Zinn 1982, Linehan 1993, Segal et al., 2002). Mindfulness-based therapy is a therapeutic approach that uses a variety of techniques and exercises to increase the client's awareness. Some of these approaches include intense meditation practice (Kabat Zinn 1982, Segal et al. 2002). He defined consciousness as the process in which the flow of internal and external stimuli is observed without judgment. Mindfulness-based therapies are considered in the context of cognitive-behavioral therapy. (Hayes, 2004). Mindfulness-based therapy, the third-wave therapy, is not about changing this event, but about understanding and changing its function. Therefore, mindfulness also

uses methods such as acceptance and cognitive defusion. (Teasdale, Segal, & Williams, 2018).

2.3.2. Skills of Mindfulness

The main point of consciousness is defined as not changing the unpleasant experience, but focusing and paying attention to that moment (Kabat-Zinn 2003). Mindfulness is simple to understand but takes a lot of work to build your muscles and make it part of our attitude to put it into practice (Ameli, 2016; cited in Aktepe & Tolan, 2020). In this context, according to Kabat-Zinn (1990), certain attitudes should be cultivated to lay the groundwork for mindfulness techniques.

Non-judgment: It is sometimes biased and judgmental to comment on the situations we encounter in our lives or the experiences we have had. Kabat-Zinn (1990) asserts that when left to its own devices, the mind has a propensity to judge the circumstances it encounters as good or bad in the context of one's environment, family, and prior experiences. The purpose of the judgmental attitude is to view one's life objectively and from the outside, to observe his/her thoughts, actions, and feelings, and to become aware of mechanical reactions.

Patience: Patience means fully accepting the present moment and accepting that it will take time for all experiences to happen. This ability gives us the key to accepting and understanding the present moment.

Beginner mind: The beginner mind is one of the most important attitudes about mindfulness skills. Each of our memories may seem similar, but there are important differences between them. With this talent, a person can more easily see fresh prospects and other life options.

Trust: Trust is a crucial part of mindfulness practice. According to Kabat-Zinn (1990), this concept is about revealing ourselves and increasing our sensitivity to it. It has features such as trust in consciousness, approaching consciousness, taking responsibility in decision-making and behavior, and increasing individual self-confidence.

Not to be ambitious: Human beings always try to achieve something suitable for their purpose. "In mindfulness, on the other hand, without any purpose, only the person is asked to hear his/her own body by drawing attention to his/her state of being." (Kabat-Zinn 1990). Dealing with the past and the future indirectly affects the present, and wasted efforts are replaced by ambition, so there is no attempt at change and care is taken to stay in the present.

Acceptance: The definition of acceptance is the willingness to perceive oneself in all of reality (Kabat-Zinn, 1990). It is stated that it is better for the individual to accept his thoughts, feelings and experiences than to continue the change effort that negatively affects his/her function and increases his/her discomfort.

Allowing (letting go): Another ability that supports the accepting ability is letting go. With this concept, the importance of not limiting the mind to a certain opinion, desire, or emotion and trying to understand and see the world as it exists is emphasized (Kabat-Zinn, 1990).

2.3.3. Mindfulness and Psychopathology

Looking more closely at how mindfulness affects psychopathology finds significant implications for prevalent psychological issues including depression and anxiety (Al- Ghalib & Salim, 2018; Lomas et al. 2017). Research shows that mindfulness practices play an important role in improving psychological variables such as anxiety, stress, and symptoms of depression.

The Relationship Between Depression and Mindfulness

Mindfulness techniques may be helpful in the treatment of a variety of psychopathologies because they improve individual well-being and lessen the negative impact of stressors. In this context, the impact of mindfulness on persistent depression is first researched. A person's functioning is significantly affected by persistent and chronic depression, but the individual's response to treatment may not be adequate (Thase et al. 2017).

The Relationship Between Eating Disorders and Mindfulness

It has been discovered that mindfulness-based therapy help patients with bulimia nervosa and anorexia nervosa achieve long-lasting and successful results while maintaining a healthy and balanced diet (Hepworth, 2010). It has been concluded that mindful decreasing attitudes towards food increase eating behavior and mood changes (Giannopoulou et al., 2020).

The Relationship Between Borderline Personality Disorder and Mindfulness

Researchers hypothesized that mindfulness is the root cause of their sensitivity in people with borderline personality disorder, and discovered that people with borderline personality disorder also have less aware sensory characteristics than those without (Baer et al. 2004). In addition, borderline personality disorder symptoms and suicidal ideation have been found to decrease as attention rises (Shorey, 2016). Given this information, it is believed that a

mindfulness-based approach can play an important role in the management of borderline personality disorder.

The Relationship between Schizophrenia and Mindfulness

The effectiveness of the mindfulness-based treatment for schizophrenia has also been looked at in the pertinent literature with regard to the connection between mindfulness and schizophrenia. Instead than explicitly repressing one's thoughts and beliefs, mindfulness-based therapies for schizophrenia patients concentrate on how they react to the psychotic experience (Dannahy et al. 2011).

2.3.4. Emotion Regulation and Mindfulness

Mindfulness and emotional regulation are often referred to together in the literature. Goldin and Gross (2010: 84) discovered that mindfulness can be seen as the ability to regulate emotions. Emotional regulation is one of the processes that conscious perception is said to influence. According to Gross (2002), emotional regulation is the process of feeling and projecting emotions as well as the attempt to control emotions (Koole, 2009).

The relationship between mindfulness and emotion regulation is a powerful one when it comes to the psychological health, stress management, coping and resilience strategies of diverse populations. Studies have discovered a link between mindfulness and emotion regulation, based on the effects of mindfulness on these processes, the putative mediating effects of emotional regulation between mindfulness and certain psychological processes.

Additionally, mindfulness exercises help people accept their feelings, both good and bad, and do so with less judgment (Kabat-Zinn 1990, Jimenez et al., 2010). However, it is underlined that it is successful in helping people perceive their feelings more clearly and in regaining their emotional balance (Hayes & Feldman 2004).

2.3.5. Mindfulness and Childhood Traumas

There are studies that examine childhood traumas and sexual abuse with mindfulness and are thought to be related (Brotto, Seal, & Rellini, 2012). A study by Bayraktar (2018) stated that physical and sexual abuse in childhood has a significant impact on post-traumatic stress disorder and individual awareness (Bayraktar, 2018 as cited in Çelik, 2020). Studies have

shown that childhood neglect and abuse experiences disrupt the mentioned psychological processes. These are actions associated with awareness, such as paying attention to the present moment and being conscious of and internalizing one's feelings, thoughts, and other events, both internal and external. (Cesur et al., 2018). In light of the study's findings, it was discovered that childhood trauma and mindfulness both function as mediators. Based on the research, it is thought that the intervention programs to be applied while trying to understand the connection of mindfulness with childhood traumas will contribute to future studies.

2.4. Previous Research

2.4.1. Researches Conducted Abroad

In order to better understand the link between mindfulness and psychological well-being, Ryan and Brown (2003) conducted research with 313 university students.. This is a one-factor model that emerged from the exploratory analysis of the study. A negative correlation between participants' awareness levels and emotional dysregulation, anxiety and depression levels, and levels of life satisfaction, self-esteem, optimism, self-actualization, autonomy, and skill was discovered as a consequence of the study.

In 2009, Palmer and Rodger conducted a descriptive study with 135 college students to examine the connections between mindfulness, perceived stress, and coping mechanisms. In the research, a MANOVA analysis model was applied in which awareness, perceived stress, and coping styles were independent variables. According to the study, logical coping was positively correlated with individuals' mindfulness levels, but emotional and avoidant coping as well as perceived stress were adversely correlated.

A study by Frewen, et al., (2008) examined the link between automatic thought and mindfulness in 64 university students. The Anova analysis approach was employed in the study. According to studies, participants' awareness levels and levels of automatic thought are inversely correlated.

A study on the socialization of children's emotion regulation in mother-child pairings with and without physical abuse was carried out by Shipman et al. in 2007. 40 individuals between the ages of 6 and 12 make up the study's sample. For the emotion socialization tests, repeated measures ANOVAs or mixed model solutions were employed. The findings of this study are a significant advancement over earlier research that looked at the socialization of

emotions and how they adapted to the emergence of emotional dysregulation (i.e., negativity and hesitation) in both abused and non-abused families.

Singh and Singh (2013) investigated the relationship between emotional regulation, academic motivation, and grades in high school graduates. To test the hypothesis, 100 12th grade students with a mean age of 16-15 were randomly selected. The proposed hypotheses were tested using correlation and regression analysis. The results showed that difficulty adjusting emotions was negatively associated with academic motivation and performance.

Attachment, emotional control, sadness, and generalized anxiety disorder were all examined by Marganska et al. (2013) in 284 individuals. The regression equations in the study were created using maximum likelihood estimation and structural equation modeling (SEM). The study's findings revealed that ambivalent attachment was positively related to emotional disorganization as well as to the signs of sadness and general anxiety.

A study was conducted in 2014 by Watson, et.al., on the impact of childhood traumas on bipolar disorder. The study aims was to examine the prevalence of childhood trauma and its impact on clinical course in people with bipolar disorder compared with a healthy control group. The sample of the study consists of 60 adult patients and 50 control groups. In the study, t-test analytical approach was applied. The study's findings suggest that emotional neglect as a teenager is strongly linked to bipolar disorder.

In 2003, Wark et al. conducted a study to show the connection between current psychological distress, the functioning of a family of origin, and the effects of retrospective child neglect. The study's participants were 69 female undergraduate students and 22 male students. The study employed the MANCOVA analysis approach. The study's findings suggested that those who had experienced emotional neglect as children—either by a major male or primary female caregiver—would exhibit higher levels of current psychological distress than those who had not.

Wolfe et al. (2001) conducted a study to analyze the impact of child maltreatment on adjustment problems and risk of dating violence in adolescence. The sample of the study consists of 462 adolescent individuals. To compare the abused and non-abused kids in the study, logistic regression was employed as the analysis approach. According to the study's findings, maltreatment is a significant risk factor for teenage non-adherence and manifests differently in males and female adolescents.

Christina et al . (2012) conducted a study examining the relationship between emotion regulation and mindfulness. 96 undergraduate students participated in the research and the correlational design was used in the research. According to the study's findings, a person's self-reported levels of mindfulness are related to a higher level of differentiation between their various emotional experiences, which is a sign of efficient emotion regulation.

Gregoire and Gouveio (2013) studied 573 adults to find out how mindfulness and emotion control are related. The study used confirmatory factor analysis (CFA). According to the study, there is a link between difficulty regulating one's emotions and mindfulness.

Ehring and Quack (2010) investigated the impact of trauma type and the severity of PTSD symptoms on the inability of trauma survivors to regulate their emotions. First off, it's been asserted that emotional regulation issues are a component of complicated early-onset chronic interpersonal trauma and are less prevalent after late-onset or single-event trauma. Second, it has been suggested that PTSD in general is associated with difficulties in emotion regulation. The sample of the study (616) consists of individuals who have survived trauma. Experimental research model was used in the research and Manova and Anova analysis methods were used. According to the hypotheses, all variables measuring difficulty with emotion regulation had a significant relationship with the severity of PTSD symptoms.

Hopfinger, et al., (2016) examined the mediation of emotion regulation in the impact of childhood trauma on depression. The sample of the research is adult individuals consisting of 2500 people. Bootstrapping-assisted mediation analyzes showed that deficits in general emotion regulation mediated the association of childhood trauma with both depression severity and lifetime persistence of depression. Additional exploratory analyses revealed that specific emotional control techniques significantly moderate the link between childhood trauma and other factors.

Gruhn and Compas (2020) conducted a meta-analytical review of the impact of childhood abuse on coping and emotion regulation. The study seeks to provide a quantitative investigation of the effects of early maltreatment on coping and emotion regulation processes in infancy and adolescence (5-18 years). The research method was specified as meta-analysis. The study's findings demonstrate that abuse is often linked to poor emotion regulation, as well as increased emotional avoidance, suppression, and expression in response to stress.

Peterson conducted a study on mindfulness strategies and childhood trauma in 2017. The stated purpose of the study is to promote the use of mindfulness techniques as a way to

help young people cope with the negative effects of exposure to trauma. The sample of the research is a group of 37 students including the fourth and fifth grades in a primary school. The research is an experimental study and consists of pre-test and post-test. The study's conclusion included a review of the literature to support the efficacy of mindfulness strategies as an intervention for children who have experienced trauma. The study was designed to demonstrate the connections between the effects of childhood trauma on the developing brain and how it affects children at school.

When other research conducted abroad were examined, it was seen observed that the relationship between childhood trauma with stress (Bruce et al., 1998), schizophrenia (Sar et al., 2009), obsessive-compulsive (Carol, 2018), and borderline personality disorder (Herman, 1989) was also examined. When we look at the variable of mindfulness, it is seen that the relationship with emotion regulation is mostly examined (Roemer et al., 2015; Lutz et al., 2014; Desrosiers et al., 2013). In addition, it has been observed that the relationship of mindfulness with variables such as depression (Segal, 2018) and well-being (Carruthers, 2011) has been examined. Finally, it was observed that emotion regulation was also examined with variables such as post-traumatic stress disorder (Tull et al., 2007), social anxiety (Helbig-Lang et al., 2015), and depression (Joormann, 2016).

2.4.2. Domestic Researches

Ülev (2014) looked researched how university students' levels of mindfulness and approaches to stress management (such as self-confidence, optimism, seeking out social support, self-blame, and submission) correlated with their symptoms of depression, anxiety, and stress. 427 Hacettepe University students made up the sample for the study. The correlation study revealed a substantial inverse association between mindfulness and the self-blame and submissive coping strategies for depression, anxiety, stress, and passive stress.

Ayan (2019) examined how early maladaptive schemas and psychological well-being are related, especially the mediating roles of cognitive distortions and emotion regulation problems. The analysis method used in the research is an independent t-test and one-way analysis of variance (ANOVA). A total of 328 people, 274 women and 54 men, with an average age of 23, participated in the research. According to the study's findings, the ability to control one's emotions is inversely related to psychological well-being.

Doruer (2019) examined the forgiving nature and resilience of adults who experienced childhood trauma. The sample of the study consisted of male and female volunteers living in Istanbul, aged between 22 and 65, who had been traumatized as children. One-way analysis of variance was the analysis technique employed in the study (ANOVA). According to research, among all other characteristics, self-tolerance has the most positive impact on an individual's psychological resilience. It is the most crucial component in understanding psychological resilience. The degree of childhood trauma experienced by the individual is another important factor that negatively affects mental endurance.

Gündüz (2016) conducted a research on the relationship between mindfulness and emotion regulation in adults. The sample of the research consists of an adult study group of 286 people from various professional groups, mailing groups, and professional forums over social media. In this study, correlational design was used. As a result of the study, a significant and negative relationship was found between the level of awareness and the general difficulty sub-dimension of emotional regulation, openness, acceptance, strategy, drives, and goals. It was determined that the mindfulness level of the participants differed significantly according to the other sub-variables.

Demir and Gündoğan (2018), This investigation was done to determine whether mindfulness-based cognitive therapy programs could help university students who had trouble regulating their emotions. In this work, a pretest-posttest paradigm is used in a quasi-experimental design. Ten students from Istanbul's psychology department's second and third years who were participating in the study were. The study's findings revealed that the therapy program significantly decreased the degree of emotion management issues among university students.

Cesur, Sayraç, and Korkmaz (2018) examined the mediating role of mindfulness between childhood traumas and trait anxiety. The sample of the study consisted of 556 participants with a mean age of 22, and regression analysis was used in the study. The study's findings revealed that there is a link between childhood traumas and the symptoms of trait anxiety that can be mediated by mindfulness.

Özdemir investigated the mediating roles of mindfulness, psychological flexibility, experiential avoidance, and cognitive flexibility in the relationship between childhood trauma and somatization in 2021. 380 people between the ages of 18-76 participated in the study. The analysis method of the research was a multi-mediation analysis. As a result of the study, it was

observed that mindfulness and psychological flexibility mediated the relationship between trauma and somatization in children, but there was no mediating role between cognitive flexibility and empirical avoidance.

In 2008, Dereboy et al . examined the relationship between childhood trauma, difficulty in emotion regulation, identity confusion, and psychopathology. The study's sample size is 635 university students. The study employed multiple regression analysis methodsThe study found that children's traumas have an impact on both their ability to regulate their emotions and the development of their sense of identity. It was concluded that trauma is also associated with long-term self-harm and strengthening family parenting skills and increasing social awareness about the issue are beneficial in preventive studies.

Uluer (2021) examined the relationship between childhood trauma experience, difficulty in emotion regulation, and self-compassion with emotional eating behavior. In the research, comparison-type correlational screening design was used. The study group consists of 270 participants aged 18-40 who live in Istanbul's Kadıköy district and were chosen using the online sampling method. According to the results of the study, it was concluded that the participants had low emotional nutrition levels, moderate difficulty in regulating their emotions and self-understanding, and the participants' childhood traumatic experience level exceeded the cut-off point.

In 2020, Çelik investigated whether there is a link between childhood trauma, emotion regulation skills, and mindfulness. The study's sample size is 461 people aged 18 and up, with 315 women and 146 men. Analysis of the data was carried out using correlation analysis. As a result of the study, as the individual's negative traumatic experiences related to childhood increase, their emotion regulation difficulties increase and their attention decreases. Accordingly, it was concluded that the use of mindfulness techniques and emotion regulation studies may be important in psychotherapeutic interventions related to childhood traumas.

There are many research in the country that examine mindfulness, emotional regulation, and childhood traumas with other variables. It has been seen that mindfulness is most frequently examined in relation to psychological well-being (Çelikler, 2017) and its relationship with stress and depression (Arslan, 2018; Demir, 2018). In addition, it has been seen in the literature that mindfulness and emotion regulation are examined together, as well as their relationship with anxiety. When the emotion regulation difficulty is examined, it is seen that its relationship with social anxiety (Aydın, 2018) and interpersonal relationship (Sarıbal, 2017) are examined.

There are many studies on emotion regulation difficulties and childhood trauma. (Dereboy et al., 2018; Alpay et al., 2017; Demirkapı, 2014). Finally, when childhood trauma is examined in the literature, its relationship with self-esteem (Yöyen, 2016), the connection between traumas between resilience and forgiveness (Doğruer, 2019), as well as the relationship between youth's loneliness styles (Yenidunya, 2017) and many similar studies have been found.



CHAPTER III

METHOD

In this part of the study, the research model, the universe and sample of the research, the data collection tools used in the research, and the analysis of the data are explained.

3.1. Research Model

In this study, the correlational design one of the quantitative research methods, was used. The screening model is a research model that defines old or current conditions as they are, used to realize individual learning and develop desired behaviors. The correlational research approach tries to determine the existence of a relationship between two or more variables (Karasar, 2013). In this study, it was deemed appropriate to use a predictive correlational screening model to determine the predictive power of emotion regulation with the determined variables. In predictive correlation studies, it is the prediction of another variable based on one variable by examining the relationship of the variables (Buyukozturk et al., 2020).

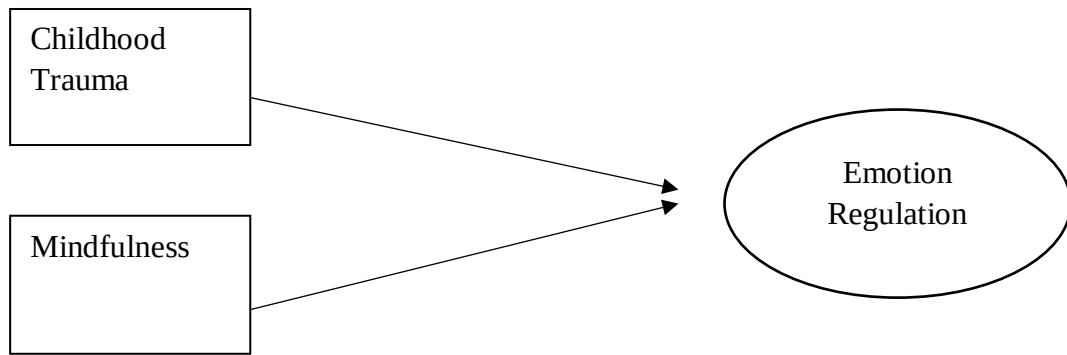


Figure 3: variables that affect emotion regulation

3.2. Study Group

In a research process, after determining the research method suitable for the research problem, the stage of determining the research universe and selecting the sample from this universe comes. The population is the large group of all entities from which the data needed to answer the questions is obtained. The sample, on the other hand, is a limited piece selected from

the population studied to collect information about its characteristics (Büyüköztürk. et al., 2020). The universe of this research consists of university students studying in Istanbul. The sample of the study consists of 364 people between the ages of 18-52. The universities where the data are collected are shown in Table 1. The participants who formed the universe of the study were reached through various professional organizations and groups, mail groups, professional platforms, and forums via social media, and the data of 354 participants from 423 people were found valid. Online sampling method was used as the sampling method. Due to the advantages it offers in the analysis phase and the efficiency with which data is collected, online surveys are a potent alternative to methods of data collection by phone and mail. (Fricker, 2002)



Table 1: Demographics

Participant Information		The number of participants %	
Gender	Female	261	73,7
	Male	93	26,3
University name	Yeditepe University	107	30,1
	Maltepe University	50	14,1
	İstanbul University	17	4,8
	İstanbul University Cerrahpaşa	39	11,0
	Piri Reis University	9	2,5
	Marmara University	39	11,0
	Aydın University	2	0,6
	Türk Alman University	3	0,8
	Gedik University	3	0,8
	Okan University	6	1,7
	Üsküdar University	5	1,4
	Arel University	6	1,7
	Doğuş University	6	1,7
	Beykent University	5	1,4
	İstanbul Medeniyet University	1	0,3
	İstanbul Teknik University	5	1,4
	İstanbul Gelişim University	10	2,8
	Yıldız Teknik University	3	0,8
	Medipol University	8	2,3
	Esenyurt University	1	0,3
	Nişantaşı University	1	0,3
	İstanbul Bilgi University	4	1,1
	Boğaziçi University	2	0,6
	Fenerbahçe University	1	0,3
	Rumeli University	1	0,3
	Yeniyüzyıl University	1	0,3

		Sağlık Bilimleri University	4	1,1
		İstanbul Ticaret University	11	3,1
		İstinye University	1	0,3
		MEF University	1	0,3
		Galatasaray University	1	0,3
		Özyeğin University	1	0,3
Education Level		1.Grade	102	28,8
		2. Grade	69	19,5
		3. Grade	87	24,6
		4. Grade	80	22,6
		Other	16	4,5
Marital Status		Romantic Relationship	106	29,9
		Single	243	68,6
		Divorced	1	0,3
		Married	4	1,1
Social Status	Economic	Low	9	2,5
		Middle	203	57,3
		Sub-Mid	39	11,0
		Upper-Intermediate	96	27,1
		High	7	2,0

3.3.Data Collection Tools

The scales used in the study;

In the study, the Sociodemographic Information Form was used to obtain demographic information of the participants, the Mindfulness Scale to obtain information about the mindfulness levels of the participants, the Emotion Regulation Difficulty Scale to obtain information about their emotion regulation skills and difficulties, and the Childhood Trauma Scale to examine their negative childhood experiences.

3.3.1. Sociodemographic Information Form

The Sociodemographic Information form prepared by the researcher consists of 10 questions. It was applied to reach the participants' information such as gender, age, marital status, university, department, class level, perceived socio-economic level, family and friend relations, and psychological discomfort. The socio-demographic form is included in Annex 1.

3.3.2. Emotion Regulation Difficulty Scale (DERS)

DERS was developed by Gratz and Roemer (2004) to identify difficulties in emotion regulation skills. The scale consists of 36 items. It includes six subscales in total: Awareness, Clarity, Non-Acceptance, Impulse, Goals, and Strategic.

All items are evaluated on a 5-point Likert scale (1=none, 5=always). No scale cut-off points were determined, but higher values indicate greater emotional difficulty in emotion regulation. The internal reliability coefficient of Cronbach's alpha coefficient on the full scale is 0.93. It varies between 0.80 and 0.89 for the subscales. The reliability of the test and retest was calculated as 0.88 (n = 21). The validity and reliability study of the Turkish adaptation of the scale was carried out by Rugancı and Gençöz (2010). The internal consistency factor of the scale was determined as Cronbach's $\alpha = 0.94$. The internal consistency factor for the 27th sub-dimension of difficulty in emotion regulation was found to be between Cronbach's $\alpha=0.90-0.75$. The reliability of the scale test and retest was 0.83.

It was removed from the Turkish version in the adaptation study (Item 10) conducted by Rugancı and Gençöz (2010). Since the coefficient decreased when 10 items were added, they were not included in the analysis. Further analysis was performed on the remaining 35 items. Therefore, except for the 10th item, the Turkish version of the original scale with construct validity equivalent to the construct validity was created. The Emotion Regulation Difficulty scale is in Appendix 2.

As a result of the reliability analyses conducted within the scope of this study, the Cronbach Alpha internal consistency coefficient for the emotion regulation difficulty scale was found to be 0.92.

Table 2: Internal Consistency Coefficients for DERS sub-dimensions

Sub-dimensions	Cronbach's Alfa reliability co-efficient
Clarity	0.37
Awareness	0.75
Impulse	0.86
Non- Acceptance	0.84
Goals	0.87
Strategies	0.87
Total	0.92

3.3.3. Childhood Traumas Scale (CTQ)

The Childhood Traumas Scale (Bernstein et al., 1994) is a self-report scale developed to provide a reliable and valid assessment of various traumatic experiences in childhood.' More specifically, including physical, emotional, and sexual abuse and physical and emotional neglect. Evaluates relevant aspects of the child-rearing environment, as well as experiences of abuse and neglect in childhood (Bernstein, Fink, Handelsman & Foote, 1994). It is made up of 70 items that are organized into four categories: physical and emotional abuse, emotional neglect, sexual abuse, and physical neglect. Responses were measured on a 5-point Likert-type scale, ranked 1 = "never true" and 5 = "very often true". The CTQ, Cronbach alpha number was 0.95. The expanded version of the Turkish version of the scale "Childhood Trauma Questionnaire (CTQ-33)" was published by Şar, Necef, Mutluer, Fatih and Türk-Kurtça in 2020. This version of the scale is 5-point likert type and consists of 33 item. In the validity and reliability study of the scale, the Cronbach-alpha score was found to be .87. The Gutmann halving coefficient was found to be .69. (Shar et al., 2020). Cronbach Alpha internal consistency coefficient for the childhood traumas scale was found to be 0.82. the Childhood traumas scale is included in Appendix 3.

For the calculation method of the scale, the answers given to the positive statements should be reversed (No 1,2, 4,5,7,10,13,19,26,28, 31). The sum of the scores of each subsection gives the CTQ score. The total score is between 25-125 for the 28-item first version of the scale, and between 25-150 for the expanded (6-part) version. Emotional abuse (3,8,14,18,25), physical abuse (9,11,12, 15,17), physical neglect (1,4,6,2,26), emotional

neglect (No 5,7,13,19,28), sexual abuse (20,21,23,24,27), and overprotection-control (29,33)section scores are obtained by summing up the relevant items. For denial (minimizing) cores, the answer given to one of the three items (10, 16, 22) (10) must first be reversed. If the highest score (5 points) is selected for each item, the denial score is obtained by adding the 1 point given. The total denial score can be between 0-3.

Table 3: Consistency Coefficients for CTQ Sub- dimensions

Sub-dimensions	Cronbach's Alpha reliability co-efficient
Emotional Abuse	0.84
Physical Abuse	0.79
Sexual Abuse	0.90
Emotional Neglect	0.88
Physical Neglect	0.83
Overprotection-Overcontrol	0.65
Total	0.82

3.3.4. Mindfulness Scale

The scale developed by Brown and Ryan (2003) is a scale that aims to measure individual differences in the ability to be aware of instant experiences and how attentive they are to these experiences. MAAS is a single-factor scale with a single total score. The scale, which consists of fifteen items in total, yields a single total score. High scores on the scale indicate a high level of mindfulness. According to the factor analysis of the construct validity of the scale, it was concluded that the scale showed a single-factor structure. (Brown and Ryan, 2003). The Turkish adaptation of the scale was carried out by Özgüven, Arslan, Kesici, and Deniz (2011). MAAS is a 6-point Likert-type scale (almost always, often, sometimes, rarely, quite rarely, almost never). Mindfulness scale is included in Appendix 4.

The internal consistency coefficient (coefficient alpha) of the scale is .82. The test-retest reliability of the MAAS was performed with an interval of four weeks, and a correlation of .81 was found between the two applications. As a result of the reliability analyses conducted within the scope of this study, the Cronbach Alpha internal consistency coefficient for the mindfulness scale was found to be 0.85.

Table 4: Internal Consistency Coefficients for MAAS

Scale	Cronbach's Alfa reliability co-efficient
MAAS	0.85

There is no reverse scoring in the scale. Higher total scores mean that mindfulness is high.

3.4. Data Collection Process

To apply the data collection tools developed within the scope of the study, approval from the Yeditepe University Ethics Committee is required. For this purpose, first of all, the necessary documents for the ethics committee application were prepared and the application was made. Ethics committee approval was obtained as a result of the application. The Ethics Committee Approval Certificate is included in Annex 5. After determining the sample to be applied, the "Google Form" was created. The sample of the study was selected by online sampling method.

The application form was first forwarded to professional pages, university groups (psychology students, thesis writing groups etc.) and student unions that were accessed through social media, and applied by the researcher by distributing face-to-face online links. At the university, support was requested from the professors and the link was shared with the students, and it took about 15 minutes to fill out the form. It was requested that the link be shared with more people and groups in order to reach other people. Before filling out the research forms and scales, verbal information about the research was given to the participants. The targeted number was reached between April and June of the 2020 Academic Fall semester.

3.5.Data Analysis

The data obtained from the scales were analyzed in SPSS 20.00 (Statistics Package Program for Social Sciences). Percentage and frequency analysis from descriptive statistics were used in the analysis of the demographic data of the participants of the study. For inferential statistical analyses, an independent group t-test was used for pairwise comparisons, and one-way analysis of variance (ANOVA) was used for comparisons of three or more groups.

“Regression analysis is a statistical analysis method that uses a mathematical model called a regression model to characterize and predict relationships between two or more variables that have a causal relationship.” (Vural, 2017). In the study to examine the role of childhood traumas and mindfulness in the prediction of emotion regulation, the predictive power was made by multiple regression analysis, a type of regression analysis. It refers to the regression model in which there is one dependent variable and more than one independent variable in multiple regression analysis (Özcan, Ayvaz, 2015)

While analyzing demographic variables, one-way variance and t-test analysis was used for difference analysis. T-test is an analysis method used to compare two means (Sayım, 2021). The ANOVA analysis method was used to compare more than one variable. One-way ANOVA is used when there are more than two groups in the study (Ross and Willson, 2017). One-way analysis of variance (one-way ANOVA test) is used to determine whether there is a statistically significant difference between the means of independent groups.

CHAPTER IV

RESULTS

This section describes the analysis and results of the data. The results of descriptive statistics for variables, regression analysis, independent samples t-tests, and one-way analysis of variance (ANOVA) performed on study data are shown. A main research question and sub-research questions designed according to the main aims of the research were answered.

In the descriptive statistics data, the averages, standard deviations, minimum and maximum values, skewness, and kurtosis values of the total scale and subscales are included.

Table 5: Descriptive statistics for the dependent and independent variables of the study

Sub-Scales	n	Min	Max	$\bar{x}$	SD	Skewness	Kurtosis
DERS	354	46	142	85.19	19.74	0.3	-0.3
Clarity	354	7.0	22.0	13.57	2.52	0.4	-0.06
Awareness	354	5.0	22.0	12.05	3.58	0.3	-0.1
Impulse	354	6.0	30.0	13.43	4.93	0.7	0.2
Non-Acceptance	354	6.0	30.0	11.85	4.86	1.1	1.0
Goals	354	5.0	25.0	15.68	4.71	0.0	-0.7
Strategies	354	8.0	38.0	18.58	6.54	0.6	-0.2
CTQ	354	43	104	59.66	12.24	1.1	1.1
Emotional Abuse	354	5.0	24.0	8.18	3.82	1.5	2.5
Physical Abuse	354	5.0	21.0	5.96	2.19	3.2	12.4
Sexual Abuse	354	5.0	25.0	6.18	2.93	3.3	13.7
Emotional Neglect	354	5.0	25.0	18.38	4.94	-0.4	-0.5
Physical Neglect	354	5.0	22.0	7.08	2.98	1.8	3.8
MAAS	354	22	90	57.85	11.85	-0.1	-0.1

The skewness and kurtosis values and normality of the study variables were examined before the analysis. According to George and Mallery (2010), parametric tests can be used in studies where skewness and kurtosis scores are between +2.0 and -2.0. The skewness and kurtosis scores of the Emotion Regulation Difficulty scale were 0.3 and the kurtosis score was -0.3. The skewness score of the Childhood Traumas Scale is 1.1 and the kurtosis score is 1.1. Finally, the skewness and kurtosis values of the Mindfulness Scale are -0.1 and 0.1, respectively. Parametric tests were used in this study as the scores of these tests ranged from +2.0 to -2.0.

According to the findings obtained from the descriptive analyzes for all scales, the participants' Emotion Regulatory Difficulty Scale mean score was 85.1 and the standard deviation was 19.74. The minimum and maximum scores from this scale are 46 and 142 points. Its subscales are Clarity, Awareness, Impulse, Non-Acceptance, Goals, Strategy and mean, standard deviation, minimum and maximum scores, kurtosis, and skewness values are given in Table 5. Childhood Traumas Scale mean score is 59.66, the standard deviation is 12.24. The minimum score on this scale is 43, and the maximum score is 104. Emotional Abuse, Physical Abuse, Sexual Abuse, Emotional Neglect, and physical Neglect are subscales and their descriptive statistics are given in Table 5. Finally, when the Mindfulness of 11.85. The scale's minimum and maximum scores are 22 and 90, respectively.

4.1. T-Test Findings Related to Gender

In this section, an independent sample t-test was used to see if there was a statistically significant difference in the participants' difficulty with emotion regulation based on their gender. The sub-question for this section is "Does the difficulty of emotion regulation of university students differ according to gender?" and the findings related to this sub-question are presented in Table 6.

Table 6: T-Test Findings Related to Gender

T-test								
Variables	Sub-scales	Gender	N	Mean	SD	t	P	d
DERS		Female	261	85.23	20.50	.063	.949	
		Male	93	85.08	17.54			
	Clarity	Female	261	13.67	2.50	1.175	.241	
		Male	93	13.31	2.58			
	Awareness	Female	261	11.76	3.56	-2.573	.010	-.03
		Male	93	12.87	3.53			
	Impulse	Female	261	13.48	5.15	.359	.720	
		Male	93	13.29	4.27			
	Non-Acceptance	Female	261	11.74	4.73	-.748	.455	
		Male	93	12.18	5.21			
	Goals	Female	261	16.04	4.71	2.392	.017	.02
		Male	93	14.68	4.61			
	Strategies	Female	261	18.52	6.63	-.270	.788	
		Male	93	18.74	6.31			

As seen in Table 6, there is no significant difference between the participants' difficulty in emotion regulation and their gender ($t=0.06$ $p>.05$). Considering the subscales, clarity ($t=1.17$ $p>.05$), impulse ($t=0.35$ $p>.05$), non-acceptance ($t= -.74$ $p>.05$), and strategy ($t= -.27$ $p>.05$) and gender. However, there is a significant difference between awareness ($t= -2.57$ $p<.05$) and goals ($t=2.39$ $p<.05$) and gender. Women have higher scores than men according to the total scores of the emotional dysregulation scale. Women have higher scores than men according to the total scores of the emotion regulation disorder scale. In addition, according to the obtained cohen d values, the effect of the gender variable on awareness ($d = -.03$), and goals ($d = .02$), score averages, which are the subscales of emotional regulation disorder was found to be small.

4.2.T-Test Findings Related to Psychological Disturbance

In this section, an independent sample t-test analysis was performed to predict whether emotion regulation difficulties differed significantly according to psychological disturbance. The findings are presented in Table 7. The related sub-research question is “Does the difficulty of emotion regulation of university students differ according to psychological disorders?”

Table 7: T-Test Findings Related to Psychological Disturbance

T-test								
Variables	Sub-scales	Psychological Disturbance	N	Mean	SD	t	P	d
DERS		Yes	37	95.89	21.32	3.537	.000	0.58
		No	317	83.94	19.20			
	Clarity	Yes	37	14.40	3.19	1.708	.095	
		No	317	13.47	2.42			
	Awareness	Yes	37	12.18	3.98	.238	.812	
		No	317	12.04	3.54			
	Impulse	Yes	37	15.91	5.96	2.731	.009	0.51
		No	317	13.14	4.72			
	Non-Acceptance	Yes	37	12.83	5.93	1.295	.196	
		No	317	11.74	4.72			
	Goals	Yes	37	17.56	5.49	2.584	.010	0.41
		No	317	15.46	4.57			
	Strategies	Yes	37	22.97	6.60	4.424	.000	0.75
		No	317	18.07	6.35			

According to the statistical findings, there is a significant difference between difficulty in emotion regulation and psychological disturbance. ($t=3.53$ $p<.05$). Individuals with psychological disturbance have higher emotion regulation difficulties than individuals without. Considering the subscales, there is no significant difference between clarity ($t=1.70$ $p>.05$),

awareness ($t=0.23$ $p>.05$), and non-acceptance ($t=1.29$ $p>.05$) and psychological disturbance. However, there is a significant difference between impulse ($t=2.73$ $p<.05$), goals ($t=2.58$ $p<.05$) and strategy ($t=4.42$ $p>.05$), and psychological disturbance. In addition, according to the Cohen- d values obtained, the effect of the psychological disorder variable on the emotion regulation disorder score was found to be moderate. ($d = 0,58$)

4.3.ANOVA Findings Related to Education Level of Participants

ANOVA was conducted to test whether the levels of difficulty in emotion regulation differ according to the education level of the participants. The relevant sub-question in this section is “Do the levels of emotion regulation difficulties of university students differ according to education level?” Descriptive statistics results are shown in Table 8. The results of the ANOVA analysis are shown in Table 9.

Table 8: Descriptive statistics for emotion regulation difficulties and one-way analysis of variance (ANOVA) of emotion regulation difficulties by education level

Descriptive

Sub-Scale	Groups	N	$\bar{x}$	SD	Min	Max
DERS	1	102	86.04	18.74	50.00	126.00
	2	69	84.50	20.06	49.00	136.00
	3	87	85.90	20.23	47.00	134.00
	4	80	82.96	19.62	46.00	135.00
	Others	16	90.06	23.47	62.00	142.00
Clarity	1	102	13.85	2.50	9.00	22.00
	2	69	13.33	2.43	8.00	19.00
	3	87	13.47	2.78	7.00	20.00
	4	80	13.38	2.14	9.00	19.00
	Others	16	14.37	3.28	11.00	21.00

Awareness	1	102	12.00	3.57	6.00	22.00
	2	69	11.50	3.42	5.00	21.00
	3	87	12.26	3.45	5.00	20.00
	4	80	12.03	3.66	5.00	20.00
	Others	16	13.75	4.40	7.00	21.00
Impulse	1	102	13.53	5.01	6.00	29.00
	2	69	13.84	5.15	6.00	30.00
	3	87	13.74	4.87	6.00	26.00
	4	80	12.66	4.84	6.00	27.00
	Others	16	13.18	4.32	6.00	21.00
Non-Acceptance	1	102	11.70	4.54	6.00	28.00
	2	69	11.98	5.01	6.00	26.00
	3	87	12.00	5.04	6.00	30.00
	4	80	11.68	4.81	6.00	27.00
	Others	16	12.37	5.96	7.00	28.00
Goals	1	102	16.30	4.85	5.00	25.00
	2	69	15.40	4.91	5.00	25.00
	3	87	15.35	4.57	6.00	25.00
	4	80	15.37	4.60	6.00	25.00
	Others	16	16.31	4.39	9.00	24.00
Strategies	1	102	18.64	5.80	9.00	33.00
	2	69	18.43	6.54	8.00	33.00
	3	87	19.06	7.13	8.00	38.00
	4	80	17.81	6.49	8.00	35.00
	Others	16	20.06	8.05	11.00	34.00

Table 9: ANOVA Findings Related to Education Level

Sub-Scale		Sum of Squares	df	Mean Square	F	Sig.
DERS	Between groups	929.06	4	232.26	.593	.668
	Within Groups	136759.09	349	391.86		
	Total	137688.15	353			
Clarity	Between groups	25,89	4	6.47	1.013	.401
	Within Groups	2230.54	349	6.39		
	Total	2256.44	353			
Awareness	Between groups	70.81	4	17.70	1.385	.239
	Within Groups	4462.05	349	12.78		
	Total	4532.87	353			
Impulse	Between groups	69.65	4	17.41	.713	.583
	Within Groups	8521.35	349	24.41		
	Total	8591.00	353			
Non-Acceptance	Between groups	11.83	4	2.96	.124	.974
	Within Groups	8343.09	349	23.90		
	Total	8354.93	353			
Goals	Between groups	67.83	4	16.95	.760	.552
	Within Groups	7788.3	349	22.31		

	Total	7856.195	353			
	Between groups	104.99	4	26.24	.611	.655
Strategies	Within Groups	15002.96	349	42.98		
	Total	15107.95	353			

As shown in Table 9, ANOVA results show that there is no significant difference in the levels of emotional difficulties based on the participants' educational level ($F=0.593$, $p>.05$). The sub-dimensions of the emotion dysregulation scale do not differ significantly by participant education level ($p >.05$).

4.4. ANOVA Findings Related to Social Economic Status of Participant

ANOVA analysis method was used to see whether the difficulty levels in emotion regulation differ according to the socioeconomic status of the participants. The relevant sub-question in this section is “Do the levels of emotion regulation difficulties of university students differ according to their socio-economic status?” Descriptive statistics results are shown in Table 10. The results of the ANOVA analysis are shown in Table 11.

Table 10: Descriptive statistics for emotion regulation difficulties and one-way analysis of variance (ANOVA) of emotion regulation difficulties by socio-economic status

Descriptive

Sub-Scales	Groups	N	$\bar{x}$	SD	Min	Max
DERS	Lower	9	70.66	18,28	53.00	104.00
	Lower-Middle	39	86.7	18,59	54.00	122.00
	Middle	203	85.19	19,29	49.00	142.00
	Mid-Upper	96	86.29	21,36	46.00	128.00
	Upper	7	84.14	14,28	61.00	101.00

Clarity	Lower	9	13.66	3.57	9.00	20.00
	Lower-Middle	39	13.89	2.42	1,00	19.00
	Middle	203	13.60	2.42	7.00	21.00
	Mid-Upper	96	13.48	2.66	9.00	22.00
	Upper	7	12.14	2.79	9.00	17.00
Awareness	Lower	9	11.77	4.02	7.00	19.00
	Lower-Middle	39	13.17	4.12	7.00	22.00
	Middle	203	11.92	3.43	5.00	21.00
	Mid-Upper	96	11.98	3.49	5.00	20.00
	Upper	7	11.00	5.00	6.00	20.00
Impulse	Lower	9	11.11	2.80	7.00	16.00
	Lower-Middle	39	13.28	4.37	7.00	25.00
	Middle	203	13.28	4.73	6.00	27.00
	Mid-Upper	96	14.04	5.67	6.00	30.00
	Upper	7	13.28	4.49	7.00	18.00
Non-Acceptance	Lower	9	9.44	4.24	6.00	19.00
	Lower-Middle	39	11.79	4.60	6.00	27.00
	Middle	203	11.92	4.99	6.00	30.00
	Mid-Upper	96	11.79	4.62	6.00	26.00
	Upper	7	14.28	6.15	7.00	22.00
Goals	Lower	9	11.33	4.76	6.00	19.00
	Lower-Middle	39	15.30	4.95	5.00	25.00
	Middle	203	15.69	4.36	5.00	25.00
	Mid-Upper	96	16.25	5.15	6.00	25.00
	Upper	7	15.42	4.99	11.00	24.00

Strategies	Lower	9	13.33	3.57	9.00	21.00
	Lower-Middle	39	18.61	665	9.00	35.00
	Middle	203	18.76	646	8.00	37.00
	Mid-Upper	96	18.72	6.90	8.00	38.00
	Upper	7	18.00	3.78	13.00	24.00

Table 11: ANOVA Findings Related to Socio-Economic Status

		Sum of Squares	df	Mean Square	F	Sig.
DERS	Between groups	2053,19	4	513.29	1.321	.262
	Within Groups	135634,96	349	388.63		
	Total	137688,15	353			
Clarity	Between groups	19,32	4	4.83	.754	.556
	Within Groups	2237,11	349	6.41		
	Total	2256,44	353			
Awareness	Between groups	61,84	4	15.46	1.207	.308
	Within Groups	4471,02	349	12.81		
	Total	4532,87	353			
Impulse	Between groups	89,52	4	22.38	.919	.453
	Within Groups	8501,47	349	24.36		
	Total	8591,00	353			
Non-Acceptance	Between groups	95,20	4	23.80	1.006	.405
	Within Groups	8259,73	349	23.66		
	Total	8354,93	353			
Goals	Between groups	207,10	4	51.77	2.362	.053
	Within Groups	7649,08	349	21.91		
	Total	7856,19	353			
	Between groups	259,11	4	64.78	1.523	.195

Strategies	Within Groups	14848,83	349	42.54
	Total	15107,95	353	

According to Table 11's ANOVA results, there is no significant difference between the participants' socioeconomic position and the levels of difficulty in emotion regulation ($F=1.32$, $p>.05$). The sub-dimensions of the difficulty in emotion regulation scale do not differ significantly according to the socio-economic status of the participants ($p>.05$).

4.5.ANOVA Findings Related to Family Relationships of Participant

ANOVA was conducted to test whether the levels of difficulty in emotion regulation differed according to the family relationships of the participants. The relevant sub-question in this section is “Do the levels of emotion regulation difficulties of university students differ according to their family relationships?”. Descriptive statistics results are shown in Table 12. The results of the ANOVA analysis are shown in Table 13.

Table 12: Descriptive statistics for emotion regulation difficulties and one-way analysis of variance (ANOVA) of emotion regulation difficulties by family relationships

Descriptive

	Groups	N	$\bar{x}$	SD	Min	Max
DERS	Good	217	82.31	18.51	46.00	136.00
	Middle	119	89.71	20.31	53.00	142.00
	Bad	18	90.05	24.61	56.00	133.00
Clarity	Good	217	13.29	2.32	8.00	22.00
	Middle	119	13.94	2.73	7.00	21.00
	Bad	18	14.57	3.05	10.00	20.00
Awareness	Good	217	11.61	3.48	5.00	21.00
	Middle	119	12.63	3.50	6.00	21.00
	Bad	18	13.50	4.46	7.00	22.00

Impulse	Good	217	12.67	4.63	6.00	26.00
	Middle	119	14.63	5.21	6.00	30.00
	Bad	18	14.72	4.89	7.00	26.00.
Non-Acceptance	Good	217	11.72	4.57	6.00	27.00
	Middle	119	12.11	5.26	6.00	28.00
	Bad	18	11.77	5.67	6.00	30.00
Goals	Good	217	15.38	4.55	5.00	25.00
	Middle	119	16.39	4.77	6.00	25.00
	Bad	18	14.61	5.88	5.00	24.00
Strategies	Good	217	17.61	6.09	8.00	38.00
	Middle	119	19.99	6.85	9.00	35.00
	Bad	18	20.94	7.68	10.00	33.00

Table 13: ANOVA Findings Related to Family Relationships

		Sum of Squares	df	Mean Square	F	Sig.	η^2
DERS	Between groups	4651.86	2	2325.93	6.137	.002	.03
	Within Groups	133036.29	351	379.02			
	Total	137688.15	353				
Clarity	Between Groups	47.82	2	23.91	3.800	.023	.02
	Within Groups	2208.61	351	6.29			
	Total	2256.44	353				
Awareness	Between Groups	119.65	2	59.82	4.758	.009	.02
	Within Groups	4413.21	351	12.57			
	Total	4532.87	353				

Impulse	Between Groups	325.89	2	162.94	6.920	.001	.03
	Within Groups	8265.11	351	23.54			
	Total	8591.00	353				
Non-Acceptance	Between Groups	12.06	2	6.03	.254		.776
	Within Groups	8342.87	351	23.76			
	Total	8354.93	353				
Goals	Between Groups	99.99	2	49.99	2.263		.106
	Within Groups	7756.19	351	22.09			
	Total	7856.19	353				
Strategies	Between Groups	538.76	2	269.38	6.490	.002	.03
	Within Groups	14569.18	351	41.50			
	Total	15107.95	353				

As shown in Table 13, the ANOVA findings show a significant difference in the level of emotion dysregulation according to the family relationships of the participants. ($F=6.13$ $p<.05$). Except for non-acceptance ($F=.254$, $P>.05$), which is one of the sub-dimensions of the emotion regulation difficulty scale, all other sub-dimensions differ significantly according to the family relationships of the participants.

According to the Levene homogeneity test of variance ($p=0.10$, $p>0.05$), the distribution of variances is homogeneous. As can be seen in Table 13, there is a significant difference between the total scores of family relationships and difficulty in emotion regulation. Post-hoc analysis of these data was carried out with the Hochberg's test. When there is a great difference between sample sizes, Hochberg's GT2 test, which is a Post hoc test type, should be used. (Field, 2009). According to the Hochberg's test results, good and moderate family attitudes differ significantly from each other.

The Hochberg test was used to determine the difference between emotional regulation difficulties and family relationships. According to the results of Hochberg's test, university students with good family relations ($X=82.3$, $N= 217$, $SD=18.5$); It was determined that it was lower than university students with moderate family relations ($X=89.7$, $N= 119$, $SD= 20.3$) and bad family relations ($X=90.5$, $N=18$ $SD=24.6$).

Emotion regulation difficulties of university students; When the clarity subscale is examined, it is seen that the distribution is not homogeneous as a result of the Levene

homogeneity variance test ($p=0.03$, $p<0.05$). It was emphasized that if the distribution of variances is not homogeneous, it would be beneficial to use the Games Howell procedure. (Field, 2009). According to the Games-Howell test results, it was determined that university students with good family relations ($X=13.2$ $N= 217$, $SD=2.32$) were lower than university students with moderate family relations ($X=13.9$, $N= 119$, $SD= 2.73$) and bad family relations ($X=14.5$, $N=18$ $SD=3.05$).

When the impulse subscale is examined, it is seen that the variance is homogeneous as a result of the homogeneity test of variance ($p=0.54$, $p>0.05$). Hochberg's test was used to determine the direction of the significant difference obtained. According to the Games-Howell test results, it was determined that university students with good family relations ($X=12,6$ $N= 217$, $SD=4,63$) were lower than university students with moderate family relations ($X=14,6$, $N= 119$, $SD= 5,21$) and bad family relations ($X=14,7$, $N=18$ $SD=4,89$).

Looking at the goal subscale, it is seen that the variance is homogeneous as a result of the homogeneity test of variance ($p=0.13$, $p>0.05$). Hochberg's test was used to determine the direction of the significant difference obtained. According to the Hochberg's test results, it was determined that university students with bad family relations ($X=14,6$, $N=18$ $SD=5,88$) were lower than university students with good family relations ($X=15,3$ $N= 217$, $SD=4,55$) and moderate family relations ($X=16,3$, $N= 119$, $SD= 4,77$).

In the strategy subscale, on the other hand, as a result of the Levene homogeneity variance test ($p=0.04$, $p<0.05$), it is seen that the distribution is not homogeneous. Because the distribution of variances was not homogeneous, the Games-Howell test was applied. It was determined that university students with good family relations ($X=17,6$ $N= 217$, $SD=6,09$) were lower than university students with moderate family relations ($X=19,9$, $N= 119$, $SD= 6,85$) and bad family relations ($X=20,9$, $N=18$ $SD=7,68$).

Finally, when the awareness subscale is examined, it is seen that the variance is homogeneous as a result of the homogeneity variance test ($p=0.25$, $p>0.05$). Hochberg's test was used to determine the direction of the significant difference obtained. According to the results of Hochberg's test, it was determined that university students with good family relations ($X=11,6$ $N= 217$, $SD=3,48$) were lower than university students with moderate family relations ($X=12,6$, $N= 119$, $SD= 3,50$) and bad family relations ($X=13,5$, $N=18$ $SD=4,46$).

In addition, the eta square (η^2) value was checked to determine the effect size. Small (.01), medium (.06), and high (.14) effect sizes were interpreted as the eta squared value (Green

and Salkind, 2008). In addition, according to the obtained eta square values, the effect of the family relations variable on the mean score of difficulty in emotion regulation ($\eta^2 = .03$) was found to be small.

4.6. ANOVA Findings Related to Friend Relationships of Participant

Descriptive

ANOVA was conducted to test whether the participants' levels of difficulty in emotion regulation differ according to their friend relationships. The relevant sub-question in this section is “Do the levels of emotion regulation difficulties of university students differ according to their friendships?” Descriptive statistics results are shown in Table 14. The results of the ANOVA analysis are shown in Table 15.

Table 14: Descriptive statistics for emotion regulation difficulties and one-way analysis of variance (ANOVA) of emotion regulation difficulties by friendship relationships

Descriptive

	Groups	N	$\bar{x}$	SD	Min	Max
DERS	Good	256	83.28	19.27	46.00	134.00
	Middle	87	88.50	19.66	53.00	142.00
	Bad	11	103.45	20.28	59.00	133.00
Clarity	Good	256	13.37	2.49	7.00	22.00
	Middle	87	13.87	2.46	9.00	19.00
	Bad	11	16.00	2.48	12.00	20.00
Awareness	Good	256	11.81	3.61	5.00	22.00
	Middle	87	12.56	3.28	6.00	21.00
	Bad	11	13.63	4.56	7.00	20.00
Impulse	Good	256	13.01	4.92	6.00	30.00
	Middle	87	14.13	4.55	7.00	27.00
	Bad	11	17.72	5.74	9.00	26.00
	Good	256	11.70	4.76	6.00	28.00

Non-Acceptance	Middle	87	12.21	5.31	6.00	30.00
	Bad	11	12.63	3.32	6.00	19.00
Goals	Good	256	15.39	4.76	5.00	25.00
	Middle	87	16.19	4.35	7.00	25.00
	Bad	11	18.54	5.42	9.00	25.00
Strategies	Good	256	17.99	6.36	8.00	38.00
	Middle	87	19.51	6.48	8.00	35.00
	Bad	11	24.90	7.47	12.00	35.00

Table 15: ANOVA Findings Related to *friendship relationships*

		Sum of Squares	df	Mean Square	F	Sig.	η^2
DERS	Between groups	5551.07	2	2775.53	7.373	.001	.04
	Within Groups	132137.08	351	376.45			
	Total	137688.15	353				
Clarity	Between Groups	83.08	2	41.54	6.709	.001	.03
	Within Groups	2173.35	351	6.19			
	Total	2256.44	353				
Awareness	Between Groups	64.55	2	32.27	2.535	.081	
	Within Groups	4468.31	351	12.73			
	Total	4532.87	353				
Impulse	Between Groups	291.51	2	145.75	6.164	.002	.04
	Within Groups	8299.49	351	23.64			
	Total	8591.00	353				
Non-Acceptance	Between Groups	24.10	2	12.05	.508	.602	
	Within Groups	8330.83	351	23.73			

	Total	8354.93	353				
Goals	Between	134.85	2	67.42	3.065	.048	.01
	Groups						
	Within Groups	7721.34	351	21.99			
	Total	7856.19	353				
Strategies	Between	604.32	2	302.16	7.313	.001	.04
	Groups						
	Within Groups	14503.62	351	41.32			
	Total	15107.95	353				

As shown in Table 15, the ANOVA findings show a significant difference in the level of emotion regulation difficulties according to the friend relationships of the participants. (F=7.37 $p<.05$). Clarity (F=6,70, $P<.05$), impulse (F=6,16, $P<.05$), goals (F=3,06 $P<.05$) and strategy, (F=7,31, $P<.05$) which are sub-dimensions of the emotion regulation difficulty scale, differ according to friend relations. However, Awareness (F=2,53 $P>.05$), and non-concepted (F=0,50, $P>.05$) subscales do not differ according to friend relations.

According to the Levene homogeneity test of variance ($p=0.98$, $p>0.05$), the distribution of variances is homogeneous. As seen in Table 15, there is a significant difference between the total scores of friend relations and difficulty in emotion regulation. Post-hoc analysis of these data was carried out with the Hochberg's test, as there was a great difference between sample sizes. (Field, 2009). According to the Hochberg's test results, good, middle and bad friend attitudes differ significantly from each other.

Hochberg's test was used to determine the differences in the level of emotion regulation difficulties of university students according to their friend relations. According to the Hochberg's test results, university students with good friendship relations ($X=83.2$, $N= 256$, $SD=19.2$); It was determined that it was lower than university students with moderate friend relations ($X=88.5$, $N= 87$, $SD= 19.6$) and bad friend relations ($X=103.4$, $N=11$ $SD=20.2$)

Emotion regulation difficulties of university students; Looking at the impulse subscale, the Levene homogeneity test of variance ($p=0.43$, $p>.05$) shows that the distribution is homogeneous. Hochberg-s test was used to determine the direction of the significant difference obtained. According to the results of Hochberg's test, it was determined that university students with good friendship relations ($X=13.0$, $N= 256$, $SD=4.92$) were lower than those with medium

friendships ($X=14.1$, $N= 87$, $SD= 4.55$) and university students with bad friendships ($X=17.7$ $N=11$ $SD=5.74$).

Emotion regulation difficulties of university students; Looking at the goals subscale, the Levene homogeneity test of variance ($p=0.53$, $p>.0.05$) shows that the distribution is homogeneous. The Hochberg-s test was used to determine the direction of the significant difference obtained. According to the results of Hochberg's test, university students with good friendship relations ($X=15.3$, $N= 256$, $SD=4.76$); It was determined that it was lower than university students with moderate friendship relations ($X=16.1$, $N= 87$, $SD= 4.35$) and bad friendship relations ($X=18.5$, $N=11$ $SD=5.42$).

Emotion regulation difficulties of university students; Looking at the strategy subscale, the Levene homogeneity test of variance ($p=0.69$, $p>.0.05$) shows that the distribution is homogeneous. The Hochberg-s test was used to determine the direction of the significant difference obtained. According to the Hochberg's test results, university students with good friendship relations ($X=17.9$, $N= 256$, $SD=6.36$) had moderate friendship relations ($X=19.5$, $N= 87$, $SD= 6.48$) and It was determined that it was lower than university students with bad friendship relations ($X=24.9$, $N=11$, $SD=7.47$).

Emotion regulation difficulties of university students; When the clarity subscale is examined, the result of the Levene homogeneity test of variance ($p=0.85$, $p>.0.05$) shows that the distribution is homogeneous. The Hochberg-s test was used to determine the direction of the significant difference obtained. According to the Hochberg's test results, university students with good friendship relations ($X=13.3$, $N= 256$, $SD=2.49$) had moderate friendship relations ($X=13.8$, $N= 87$, $SD= 2.46$) and It was determined that it was lower than university students with bad relationships ($X=16.0$, $N=11$, $SD=2.48$).

In addition, according to the obtained eta square values, the effect of the friend relations variable on the mean score of difficulty in emotion regulation ($\eta^2 =.04$) was found to be moderate.

4.7. Regression Findings Related to Scales

Table 16: The Results of Regressions Analysis Regarding the Predictions of University Students' Mindfulness and Childhood Trauma Levels on Emotion Regulation Difficulty

Variables	B	SE	(β)	t	p	VIF
DERS	114.26	8.04	-	14.19	.00	
CCT	0.195	0.81	.121	2.409	.01	1.153
MAAS	-.704	0.84	-.423	-8.407	.00	1.153

N= 354, R= .480; $R^2=.231$, F=52,58, P< 0,05

Before starting the Multiple Regression analysis, the assumptions were checked and it was determined that the prerequisites were met. Before the analysis of the research questions, one-way and multi-way outliers and normality assumptions of the data were examined. The normality of the scale scores was evaluated by examining the skewness-kurtosis coefficients and the histogram graphs of the distribution of the data. It was observed that the coefficients obtained did not deviate excessively from the normality of the distribution. It was determined that the VIF values were (2.5) and in this case, there was no problem in the multiple regression connection. (Pan and Jackson, 2008). The Durbin-Watson coefficient was used to examine the independence of errors between variables. The coefficient score obtained as a result of the analysis was found (0.467). Durbin Watson value is in the range of 0-4. If it is close to 0, it is stated that there is a positive autocorrelation, and if it is close to 4, it is a negative autocorrelation.

Since the level of significance was $p<.05$ according to the results of the analysis, the regression model established is significant. According to the results of the multiple regression analysis for the prediction of the relationship; childhood traumas (B= 0.19, P=.01) significantly and positively predict the level of emotion regulation difficulties of university students. Mindfulness levels (B= -.704, P=.00) significantly and negatively predict the emotion regulation difficulty levels of university students. These values show that 23.1% of the emotion regulation difficulty variable (variance) is explained 23,1%12 ($R= .480$; $R^2=.231$, $P < 0.05$).

Table 17: Multiple Regression Analysis Results Regarding the Prediction of Sub-Dimensions of the Childhood Trauma Levels in Emotion Regulation Difficulty

Variable	B	SE	β	t	p
Emotional Abuse	3.64	2.060	.141	1.76	.078
Physical Abuse	3.71	2.771	.083	1.34	.181
Sexual Abuse	5.189	1.785	.154	2.907	.004
Emotional Neglect	-2.336	1.555	.117	-1.502	.134
Physical Neglect	-1.677	2.136	-.051	-.785	.433
Overprotection-Overcontrol	-.725	1.299	-.035	-.558	.577
N= 354, R= ,314; R ² =,099, F=6,33, P< 0,05					

According to the results of multiple regression analysis, it was found that childhood traumas explained 09.9% of the variance in emotion regulation difficulties. (R= .314; R²=.099, F=6.33, P< 0.05). It was found that the sexual abuse subscale (β =,154, p < .05) significantly predicted difficulty in emotion regulation.

CHAPTER V

DISCUSSION AND CONCLUSION

In this study, the role of childhood traumas and mindfulness in predicting emotion regulation among university students was examined. The research sample consists of a total of 364 university students, of which 272 are female and 92 are male. The data were collected via the internet. Most of the women (74.3%), single (68.9%), and middle socio-economic level (56.8) individuals participated in the study. In this part of the study, findings are discussed in line with the data obtained from the analyzes made in accordance with the research questions whose answers are sought to achieve the main purpose of the research.

Significant relationships were reached in the stages of the research examining the relationship between emotional dysregulation and demographic variables. Psychological discomfort has been found to affect relationships with friends and family. When we look at the subscales of emotional dysregulation, it is seen that some subscales also affect gender and education level.

5.1.Evaluation of the Findings on the Relationships between Emotion Regulation Difficulties and Demographic Variables

The independent groups t-test revealed no significant relationship between the gender variable and difficulty in emotion regulation. Looking at the subscales; There was no significant difference between gender and clarity, impulse, non-acceptance, and strategy. However, there is a significant difference between the awareness and goals subscales and gender. Women have higher scores than men ($X = 85.08$) compared to the total scores of the difficulty in emotion regulation scale ($X = 85.23$). In other words, women have higher emotional regulation difficulties than men. Similar to this study, there are studies that did not find a difference between gender and difficulty in emotion regulation (Bilim, 2012; Gündüz, 2016; Tüccaroğlu, 2021, Şahin & Şahan, 2020). The results of the study showed that males had greater difficulties than women in the subfields of clarity and non-acceptance, particularly in emotion regulation. When Bilim (2012) assessed it in terms of the gender variable, no difference was discovered between difficulty in emotion regulation. Gündüz (2016) found that there was no significant effect on the participants' emotional dysregulation scores according to their gender. It was found that the dimensions of emotion regulation difficulties were not significantly affected by the gender variable. Looking at the literature, it is seen that there are studies that find a

difference between gender and emotion regulation (Gündüz, 2016; Atalay, 2018; Ergin, 2022). According to Ergin's study (2022), among the participants, it was seen that the emotional regulation difficulties scores of men were statistically significantly higher than women. On the other hand, in another study, a difference was found between dysregulation of emotion and gender, but it was seen that girls had higher dysregulation of emotion than boys. (Kısmetoğlu, 2019) When we look at the studies conducted abroad, it is seen that there are studies that find a difference (Middendorp, Geenen, Sorbi, Van Doornen, & Bijlsma, 2005; Nolen-Hoeksema & Aldao, 2010). A study by Nolen-Hoeksema and Aldao (2010) stated that women use more emotion regulation strategies than men. As can be seen, some of the studies found a difference, some did not, while some studies found it in favor of women, and some studies found results in favor of men. The reason for these differences can be explained by the number of samples determined.

In the research sample, difficulty in emotion regulation differs in terms of individuals with psychological disorders. The mean of individuals with psychological disorders ($X=95.89$) has higher emotion regulation difficulties than individuals without ($X=94$). While there is a difference in the subscales of impulse, goal and strategy in individuals with psychological disorders in the sample, there is no difference in the subscales of non-acceptance, awareness and openness. When we look at the literature on emotional dysregulation and psychological discomfort, it is seen that this research is consistent with the literature, and there is a difference between psychological discomfort and emotion regulation difficulty in studies. (Gündüz, 2016; Yumuşak, 2019; Hıdır, 2022; Ergin, 2022). Hıdır (2022) found that the scores of the students with difficulty in emotion regulation and not having a psychiatric diagnosis were significantly lower than the scores of the students with a psychiatric diagnosis. He stated that the total score of emotional regulation difficulties didn't differ statistically significantly based on psychiatric diagnosis status. Gündüz (2016) found that psychological illness had a significant effect on the participants' emotional dysregulation sub-dimensions, clarity impulse, strategy, and goals, and it was determined that those who had a psychological disease in all dimensions had higher levels of difficulty than those who did not. Similar to this study, no difference was observed in the awareness subscale. In a study conducted abroad, the relationship between emotional dysregulation and mental illnesses is known, and it is stated that people with psychological disorders have difficulty in regulating the intensity, duration, frequency, and type of their emotions (Gross & Jazaieri, 2014). It has been discovered that difficulty regulating emotions has a significant impact on mental health (Gross 1998, p. 286). Furthermore, it has been

discovered that difficulty with emotion regulation is linked to a variety of psychological disorders such as depression (Gross, 1995), post-traumatic stress disorder (Cloitre, 1998), and self-harming behavior (Gratz & Gunderson, 2006). As a result of this information, it was seen that the difference between psychological discomfort and difficulty in emotion regulation was consistent with the literature.

In the study found no link between the difficulty of emotion regulation and the participants' educational level. ($F=0.593$, $p>.05$). When the sub-dimensions of the emotion regulation difficulty scale are examined, there is no significant difference according to the education level of the participants. Looking at the literature, no difference was found between education level and difficulty in emotion regulation, which supports this study (Hıdır, 2022; Karataş, 2019; Çelik, 2020). Hıdır (2022) found a significant difference between difficulty in emotion regulation and grade levels. The results showed that there is a difference between the preparatory students and the 2nd, 3rd and final year students. Çelik (2020), while examining the difference between education level and difficulty in emotion regulation, it was examined by dividing the education level as under university and above, and no significant differences were found between the groups in terms of education. Although few studies found a difference, unlike this study, it has been observed in the literature that there is a difference between the subscales of difficulty in emotion regulation, not accepting awareness, and strategy subscales and grade level (Topal, 2019). Another study found that participants' levels of difficulty in the sub-dimensions of emotion control, clarity, non-acceptance, and impulsivity were strongly influenced by their educational attainment (Gündüz, 2016). When the research carried out abroad were evaluated, it was discovered that, by using a different sample, there was a substantial correlation between grade level and the difficulties in emotion control (Norouzi et al., 2017). In addition to this research, in a different study conducted abroad, a difference was found between education level and difficulty in organizing hearing (Pugach et al. 2019). As can be seen, some of the studies have found a difference, while others have not found a difference. It can be said that the reason for this variability is due to the sample type and cultural structure.

When the socio-economic level of the participants, another variable of this study, and the difficulty of emotion regulation are examined, it is seen that there is no significant difference. ($F=1.32$, $p>.05$) The sub-dimensions of the difficulty in emotion regulation scale do not differ significantly based on the participants' socio-economic status. ($p>.05$). When we look at the variable of difficulty in emotion regulation and the variable of socio-economic level in the literature, it is seen that it is similar to this study. Studies have also shown that there is

generally no difference between the two variables (Aydın, 2018; Karataş, 2019; Ünal, 2021;). Aydın (2018) stated in his study that there was no significant difference in the levels of awareness, clarity, non-acceptance, strategy, impulse, purpose, anxiety, and avoidance according to the perceived income level variable. Karataş (2019), on the other hand, did not find a difference between the two variables and stated that individuals with different income levels had similar levels of emotion regulation difficulties. In the literature, it was found that there were studies that did not find a difference, as well as studies that found a difference, and that those with low income differed from those with high income (Gündüz, 2016; Gülmez, 2019; Usta, 2021; Çelik, 2022). The total score of the difficulty in emotion regulation scale and the sub-dimensions of awareness, clarity, non-acceptance impulse, goals, and strategies differ significantly according to the socioeconomic status variable (Çelik, 2022). According to Usta (2021), individuals with low income have stated that they have more difficulty in emotion regulation. Gülmez (2019), on the other hand, stated that those with poor financial status have higher emotional regulation difficulties than those with good financial status. Considering the studies conducted abroad, it has been stated that individuals with low-income levels have difficulty in regulating their emotions (Kauhanen et al. 1993). Emotion regulation processes have been reported as another variable that predicts internalized symptoms in the face of childhood poverty and related problems (Raver, Rov, Pressler, Ursache, & Charles McCoy, 2017). It is thought that the reason why this study is different from other studies may be due to the limited sample size of the study and its middle income.

When other variables are examined in the research sample, difficulty in emotion regulation differs according to family relationships. It was determined that university students with good family relationships ($X=82.3$) have lower levels of emotional dysregulation than university students with moderate ($X=89.7$) and poor family relationships ($X=90.5$). All other sub-dimensions of the emotion regulation difficulty scale, with the exception of non-acceptance ($F=0.77$, $P>.05$), significantly vary depending on the participants' family relationships. When the literature on emotion regulation difficulties and family relationships was examined, no study was found that directly examined the relationship between the two variables. Although this study has not been replicated in Turkey, it has been examined with the following variables; Emotion regulation difficulties and family violence history (Hıdır, 2022), violence from family (Tüccaroğlu, 2021), living with the family (Yumuşak, 2019) and the behavioral characteristics of the participants' parents (Uluer, 2021) were examined. While Tüccaroğlu (2021) did not find a difference with the variable of family history of violence, Hıdır (2022), discovered that the

number of students with a history of domestic violence was much lower than the number of pupils without one, if the person is exposed to domestic violence, this indicates difficulty in regulating emotions. It was found that it did not differ according to the status of living with the family (Yumuşak, 2019). There is no study abroad that looks at the relationship between family relationships and emotion regulation.

When the status of friend relations, which is another variable in the research sample, is examined, it is seen that there is a difference between difficulty in emotion regulation. It has been determined that university students with good friendship relations ($X=83.2$) are lower than university students with medium ($X=88.5$) or bad ($X=103.4$) friendships. While there is a difference in the subscales of impulse, goal, clarity and strategy, there is no difference in the subscales of non-acceptance and awareness. When the literature on emotional dysregulation and friendship relations was reviewed, no study was found that addressed this issue. However, in a study, when the peer relationship of children with an anxiety disorder was evaluated, a difference was found and it was stated that this affected emotion regulation difficulties (Özyurt et al., 2017). In a study conducted abroad, it was emphasized that difficulty in emotion regulation negatively affects peer and dating relationships (Temple et al., 2016).

According to the results of multiple regression analysis for the predictive power examined in this study; childhood traumas ($B=0.19$, $P=.01$) significantly and positively predict the emotion regulation difficulty levels of university students. Mindfulness levels ($B= -.704$, $P=.00$) significantly and negatively predict the emotion regulation difficulty levels of university students. Considering the literature in light of this study, the number of studies examining the three variables together is very few. When the link between three variables was studied, it was discovered that the outcome was consistent with this study (Çelik, 2020). A significant positive correlation was found between childhood trauma levels and emotion regulation difficulties, and a negative significant relationship was found between mindfulness levels and emotion regulation difficulties. In other words, it has been observed that as childhood traumas increase, more difficulties are experienced in emotion regulation, and emotion regulation difficulties decrease as mindfulness levels increase. Considering the effect of childhood trauma on emotion regulation difficulties in the literature, it was seen that it predicted it significantly, consistent with this study (Ünal, 2021). In another study, a correlation analysis was made between the participants' mindfulness and their difficulty level in emotion regulation, and it was found that they were negatively and highly correlated. It was observed that the difficulties experienced in emotion regulation decreased as the level of mindfulness increased. (Gündüz,2016) In studies

conducted abroad, it has been observed that there are studies finding that mindfulness reduces the effect of difficulty in emotion regulation (Arch & Craske, 2006:1856; Hill & Updegraff, 2012: 87). Unlike this study, regression analysis was performed to find the predictive power of emotion regulation difficulties and mindfulness in the literature, but it was found that mindfulness did not have a predictive effect (Yorulmaz, 2021).

In addition, in this study, it was found that sexual abuse, which is a subscale of childhood traumas, significantly predicted difficulty in emotion regulation. Our study showed that sexual and emotional abuse predicted difficulty in emotion regulation, similar to the related literature (Bilim, 2012). When the literature is examined, it has been observed that there is a difference in all subscales in all studies, unlike this study. For example, in a similar study, significant relationships were found between emotional abuse, emotional neglect and sexual abuse, which are the sub-dimensions of childhood traumas, and all sub-dimensions of emotional regulation difficulties (Bozacı, 2018). In another study, it was determined that there was a significant difference in all subscales (Ünal, 2021). Looking at the foreign literature from the students sexually, physically, and emotionally abused women, not exposed to women by emotional difficulty in editing came to the conclusion that they lived (Burns et al., 2010, Shipmann et al., 2000). It was discovered that exposure to traumatic life experiences had a detrimental impact on the capacity to control emotions in a study looking at the predictive effects of emotion regulation mechanisms between childhood trauma and self-harm in children and adolescents (Peh et al., 2017).

As a result of the analyses, childhood traumas predicted the emotional dysregulation levels of university students in a meaningful and positive way. On the other hand, the level of mindfulness predicts the difficulty of emotion regulation of university students in a significant and negative way. In short, it is stated that individuals exposed to childhood trauma have difficulty in emotion regulation, individuals with high conscious awareness, people who can stay in the moment and experience their emotions consciously have less emotion regulation difficulties. It is observed that these findings are generally a common view in the literature.

5.2.Conclusion

The results obtained in the research are discussed below.

1. There is no significant difference between the sociodemographic variables, the gender variable, and the emotional regulation difficulties of the participants. The difficulties in emotion regulation scale revealed that women scored overall higher than males.
2. Psychological distress and problems with emotional regulation were shown to differ significantly. Individuals with psychological disorders have higher emotion regulation difficulties than individuals without.
3. It was determined that the education levels of the participants did not show a significant difference with the levels of emotion regulation difficulties. According to the education level variable, the emotion regulation difficulty of the preparatory university students was found to be significantly higher than the emotion regulation difficulty of the senior students.
4. The result of the research reveals that there is no significant difference between the difficulty in emotion regulation and the socio-economic level variable. It was found that university students with middle-upper socio-economic status had significantly higher emotional dysregulation than those with low socio-economic status.
5. It is seen that there is a difference between family relations status, which is another variable, and difficulty in emotion regulation in the research sample. The level of emotion regulation difficulties of university students with good family relations; It has been determined that it is lower than university students with medium family relations and bad family relations.
6. The last variable examined in the research sample is the status of friend relations and difficulty in emotion regulation. There is a significant difference between the total scores of friend relations and difficulty in emotion regulation. University students with good friendship relations; It has been determined that students with moderate and bad friendships have lower emotional regulation difficulties compared to university students.
7. Childhood traumas significantly and positively predict the level of emotion regulation difficulties of university students.
8. The level of mindfulness significantly and negatively predicts the emotion regulation difficulty levels of university students.

9. It was determined that sexual abuse, which is a sub-dimension of childhood traumas, predicted difficulty in emotion regulation in a positive way.

5.3.Limitations of the Study

One of the limitations of the current research is related to the sample. Considering the sample of the study, the small number of samples and the unequal distribution of male and female participants made it difficult to generalize the research findings. The generalizability of the research findings is also impacted by the fact that the sample was limited to university students. Another limitation of this study is that study data were collected only from normal populations and were not tested on clinical samples. This information should be considered in future studies. In addition, since the sample consists of university students studying in Istanbul, the validity of the study will increase if higher numbers of data are collected in other provinces.

Another limitation of this study is that the research data was obtained from the internet through an online questionnaire. This means that it is not possible to determine whether respondents answered the questionnaire independently under appropriate conditions.

Another limitation of the study is that the measurement tools used in the research are based on self-report scales. The scales that are thought to create a bad perception in society may also give answers showing that they have fewer problems. Since the childhood traumas scale is a retrospective scale, the possibility of older participants not being able to give truthful answers about their own lives should be taken into consideration.

CHAPTER VI

SUGGESTIONS

6.1.Suggestions Related to the Academic Studies

Suggestions for those who will do research in this field in the future can be listed as follows;

1. In this study, it is thought that organizing studies to be carried out by adding different demographic information and different variables, providing a more heterogeneous distribution, and providing a better analysis of the data will contribute to the literature.
2. Re-studying the studied variables with different measurement tools can also be a source of inspiration for future research.
3. In future research, the same issue can be evaluated in different and wider age groups. The findings of studies conducted at different educational levels are also needed.
4. Due to the small number of studies in this area and the fact that our study was conducted in a non-clinical sample group, there is a need to conduct studies combining clinical and non-clinical samples.
5. According to the findings of our study, there is a negative and significant relationship between difficulty in emotion regulation and the level of mindfulness and a significant positive relationship between childhood traumas. Based on this result, giving more importance to trauma studies, especially in individuals with emotion regulation difficulties, is an important step in terms of increasing awareness levels of individuals with emotion regulation difficulties.
6. It would be beneficial to carry out more comprehensive studies in different fields to deal with the factor of difficulty in emotion regulation in more detail.

6.2.Suggestions Related to the Practice

7. It is very important to protect children from trauma and to develop social awareness about it to protect them from future emotional dysregulation and related mental disorders.

8. The findings of the study demonstrate the value of incorporating a rehabilitation component into the treatment of trauma survivors to improve resilience and emotion regulation skills.
9. Preventive interventions and measures can be taken in line with the results of the current study on the formation of emotion regulation difficulties.
10. Caregiver support for childhood traumas can be further strengthened with treatment methods such as cognitive behavioral therapy that aim to strengthen the parent-child relationship and include the parents in the treatment.
11. Interventions such as psychological first aid, which may be available in schools, can provide an opportunity to identify children at risk of maltreatment early and prevent the development of emotional dysregulation problems.



REFERENCES

- Acehan S, Bilen A, Ay MO, Gülen M, Avcı A, İçme F. Çocuk istismarı ve ihmalinin değerlendirilmesi. *Arşiv Kaynak Tarama Dergisi*, 2013, 22(4):591-614
- Adele M. Hayes, Greg Feldman (2004). Clarifying the Construct of Mindfulness in the Context of Emotion Regulation and the Process of Change in Therapy, 11(3), 255–262. <https://doi.org/10.1093/clipsy.bph080>
- Afifi, T. O., Brownridge, D. A., Cox, B. J., & Sareen, J. (2006). Physical punishment, childhood abuse and psychiatric disorders. *Child Abuse & Neglect*, 30(10), 1093–1103. DOI: 10.1016/j.chiabu.2006.04.006
- Aktepe, İ., & Tolan, Ö. (2020). Bilinçli farkındalık: güncel bir gözden geçirme. *Psikiyatri Güncel Yaklaşımlar*, 12(4), 534-561.
- Akyıl, A. (2019). Çocukluk çağı travmaları, bilişsel duygu düzenleme ve psikolojik iyi oluş arasındaki ilişkinin incelenmesi: Diyarbakır ve Mardin örneği. (Master's thesis, Fatih Sultan Mehmet Vakıf Üniversitesi, Lisansüstü Eğitim Enstitüsü).
- Aldao, A. (2013). The Future of Emotion Regulation Research: Capturing Context. *Perspectives on Psychological Science*, 8(2), 155–172. DOI: 10.1177/1745691612459518
- Aldao, A., & Nolen-Hoeksema, S. (2012). When are adaptive strategies most predictive of psychopathology? *Journal of Abnormal Psychology*, 121(1), 276–281. DOI: 10.1037/a0023598
- Aldao, A., Nolen-Hoeksema, S., & Schweizer, S. (2010). Emotion-regulation strategies across psychopathology: A meta-analytic review. *Clinical Psychology Review*, 30(2), 217–237. DOI: 10.1016/j.cpr.2009.11.004
- Alpay, E. H., Aydın, A., & Bellur, Z. (2017). Çocukluk çağı travmalarının depresyon ve travma sonrası stres belirtileri ile ilişkisinde duygu düzenleme güçlüklerinin aracı rolü. *Klinik Psikiyatri Dergisi*, 20(3), 218-226. DOI:10.5505/kpd.2017.98852
- American Psychiatric Association (APA) (1994). Diagnostic and statistical manual of mental disorders (4th ed.) (DSM-IV), Washington DC: American Psychiatric Association. <https://doi.org/10.1176/ajp.152.8.1228>

Andrewes, D. G., & Jenkins, L. M. (2019). The role of the amygdala and the ventromedial prefrontal cortex in emotional regulation: implications for post-traumatic stress disorder. *Neuropsychology review*, 29(2), 220-243. DOI:10.1007/s11065-019-09398-4

Antonia Bifulco 1, Patricia M Moran, Rebecca Baines, Amanda Bunn, Katherine Stanford, (2002). Exploring psychological abuse in childhood: II. Association with other abuse and adult clinical depression. Vol. 66, No. 3. DOI: 10.1521/bumc.66.3.241.23366

Aral G. (2001). Çocuk Hakları Çerçevesinde Çocuk İhmal Ve Istismarı. *Milli Eğitim Dergisi*, 151: 36-39

Aral, N., Gürsoy, F., & Köksal, A. (2001). Okulöncesi eğitimde oyun. YA-PA.

Arch, J. J. ve Craske, M. G. (2006). Mechanisms Of Mindfulness: Emotion Regulation Following A Focused Breathing İnduction. *Behaviour Research and Therapy*, 44(12):1849-1858. DOI: 10.1016/j.brat.2005.12.007

Arslan, I. (2018). Bilinçli farkındalık, depresyon düzeyleri ve algılanan stres arasındaki ilişki. *Birey ve Toplum Sosyal Bilimler Dergisi*, 8(2), 73-86. <https://doi.org/10.20493/birtop.477445>.

Astin, J. (1997). Stress reduction through mindfulness meditation. *Psychotherapy Psychosomatic*, 66, 97-106. doi: 10.1159/000289116.

Aust, S., Härtwig, E. A., Heuser, I., & Bajbouj, M. (2013). The role of early emotional neglect in alexithymia. *Psychological trauma: theory, research, practice, and policy*, 5(3), 225. <https://doi.org/10.1037/a0027314>

Ayan, B. E. (2019). Erken dönem uyumsuz şemalar ile psikolojik iyi oluş arasındaki ilişkide bilişsel çarpıtmalar ve duygu düzenleme güçlüğü'nün aracı rolü. (Master's thesis, Sosyal Bilimler Enstitüsü).

Aydın Sünbül, Z. (2016). The relationship between mindfulness and resilience among adolescents: mediating role of self-compassion and difficulties in emotion regulation. <https://doi.org/10.1016/j.paid.2018.12.009>

Aydın, M. (2018). Üniversite öğrencilerinde duygu düzenleme güçlüğü ve sosyal kaygı arasındaki ilişkinin araştırılması. (Master's thesis, Sosyal Bilimler Enstitüsü). <https://doi.org/10.35379/cusosbil.766746>

Baer, R. A. (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical psychology: Science and practice*, 10(2), 125. <https://doi.org/10.1093/clipsy.bpg015>

Bayram Topal, Ç. (2019). Üniversite Öğrencilerinde Duygu Düzenleme Güçlüğü ile Yeme Bağımlılığı Arasındaki İlişki. [Yayınlanmamış Yüksek Lisans Tezi]. Haliç Üniversitesi Sosyal Bilimler Enstitüsü.

Beitchman, J. H., Zucker, K. J., Hood, J. E., DaCosta, G. A., Akman, D., & Cassavia, E. (1992). A review of the long-term effects of child sexual abuse. *Child abuse & neglect*, 16(1), 101-118. DOI: 10.1016/0145-2134(92)90011-f

Berking, Matthias; Wupperman, Peggilee (2012). Emotion regulation and mental health. *Current Opinion in Psychiatry*, 25(2), 128–134. DOI: 10.1097/YCO.0b013e3283503669

Bernstein, D. (1994). Fink I, handelsman I, Foote J, lovejoy M, Wenzel K, et al. Initial reliability and validity of a new retrospective measure of child abuse and neglect, 1132-6. DOI: 10.1176/ajp.151.8.1132

Bilchik, S., & Nash, M. (2008). Child welfare and juvenile justice: Two sides of the same coin. *Juvenile and Family Justice Today*, 17(4), 18.

Bilim, G. (2012). Çocukluk çağı örselenme yaşantıları: Duygu düzenleme, kişilerarası tarz ve genel psikolojik sağlık açısından bir inceleme.(Yüksek lisans tezi, Ankara Üniversitesi, Sosyal Bilimler Enstitüsü).

Bishop, S. R., Lau, M., Shapiro, S., Carlson, L., Anderson, N. D., Carmody, J., Devins, G. (2006). Mindfulness: A Proposed Operational Definition. *Clinical Psychology: Science and Practice*, 11(3), 230–241. <https://doi.org/10.1093/clipsy.bph077>

Bodhi, Bhikkhu (2011). What does mindfulness really mean? A canonical perspective. *Contemporary Buddhism*, 12(1), 19–39. <https://doi.org/10.1080/14639947.2011.564813>

Bostancı, N., Albayrak, B., Bakoğlu, İ., & Çoban, Ş. (2006). Üniversite öğrencilerinde çocukluk çağı travmalarının depresif belirtileri üzerine etkisi. *Yeni Sempozyum Dergisi*, 44(2), 100-106.

Bozacı, U. (2022). Yetişkinlerde kişilerarası sorunların yordayıcıları olarak çocukluk çağı travmaları, duygu düzenleme güçlüğü ve psikolojik sağlamlık.

Bridges, L. J., Denham, S. A., & Ganiban, J. M. (2004). Definitional Issues in Emotion Regulation Research. *Child Development*, 75(2), 340–345. <https://doi.org/10.1111/j.1467-8624.2004.00675.x>

Brotto, L. A., Seal, B. N., & Rellini, A. (2012). Pilot Study of a Brief Cognitive Behavioral Versus Mindfulness-Based Intervention for Women With Sexual Distress and a History of Childhood Sexual Abuse. *Journal of Sex & Marital Therapy*, 38(1), 1–27. doi: 10.1080/0092623X.2011.569636.

Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: mindfulness and its role in psychological well-being. *Journal of personality and social psychology*. DOI: 10.1037/0022-3514.84.4.822

Brown, K. W., Ryan, R. M., ve Creswell, J. D. (2007). Mindfulness: Theoretical foundations and evidence for its salutary effects. *Psychological inquiry*, 18(4), 211-237. <https://doi.org/10.1080/10478400701598298>

Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. *Psychological bulletin*, 99(1), 66. <https://doi.org/10.1037/0033-2909.99.1.66>

Browner, B. D., Levine, A. M., Jupiter, J. B., & Trafton, P. G. (1998). Skeletal trauma-fractures, dislocations, ligamentous injuries. In *Skeletal trauma-fractures, dislocations, ligamentous injuries*.

Burns, E.E., Jackson, J.L. & Harding, H.G. (2010). Child maltreatment, emotion regulation, and posttraumatic stress: the impact of emotional abuse. *Journal of Aggression, Maltreatment & Trauma*, 19: 8, 801-819. <https://doi.org/10.1080/10926771.2010.522947>

Burpee, L. C., ve Langer, E. J. (2005). Mindfulness and marital satisfaction. *Journal of Adult Development*, 12(1), 43-51. <https://doi.org/10.1007/s10804-005-1281-6>

Büyüköztürk, Ş., Çakmak, E. K., Akgün, K. Ş., & Karadeniz, Ş. (2020). Bilimsel araştırma yöntemleri. Ankara: Pegem Akademi Yayıncılık. Enstitüsü Dergisi, 18(2), 192-193.

Cappelleri, J. C., Eckenrode, J., & Powers, J. L. (1993). The epidemiology of child abuse: findings from the Second National Incidence and Prevalence Study of Child Abuse and Neglect. *American Journal of Public Health*, 83(11), 1622-1624. doi: 10.2105/ajph.83.11.1622

Carr CP, Martins CM, Stingel AM, Lemgruber VB, Juruena MF. The role of early life stress in adult psychiatric disorders: a systematic review according to childhood trauma subtypes. *J NervMentDis*. 2013;201:1007-20. doi: 10.1097/NMD.0000000000000049.

Carruthers, C., & Hood, C. D. (2011). Mindfulness and wellbeing. *Therapeutic Recreation Journal*, 3, 171-189.

Cesur, G., Sayraç, N., & Korkmaz, E. (2018). Çocukluk Çağı Örselenme Yaşantıları ve Sürekli Kaygı Arasındaki İlişkide Bilinçli Farkındalığın Rolü. *Türk Psikoloji Dergisi*, 33(81), 97-112.

Chapman, D. P., Whitfield, C. L., Felitti, V. J., Dube, S. R., Edwards, V. J., & Anda, R. F. (2004). Adverse childhood experiences and the risk of depressive disorders in adulthood. *Journal of Affective Disorders*, 82(2), 217–225. <https://doi.org/10.1016/j.jad.2003.12.013>

Chasan, N. (2010). Alkol Bağımlılığı İle Çocukluk Çağı Travmaları İlişkisi. Maltepe Üniversitesi Sosyal Bilimler Enstitüsü, Yüksek Lisans Tezi.

Cloitre, M., Heimberg, R. G., Liebowitz, M. R., & Gitow, A. (1992). Perceptions of control in panic disorder and social phobia. *Cognitive therapy and research*, 16(5), 569-577. <https://doi.org/10.1007/BF01175142>

Cloitre, M., Miranda, R., Stovall-McClough, K. C., & Han, H. (2005). Beyond PTSD: Emotion regulation and interpersonal problems as predictors of functional impairment in survivors of childhood abuse. *Behavior therapy*, 36(2), 119-124. [https://doi.org/10.1016/S0005-7894\(05\)80060-7](https://doi.org/10.1016/S0005-7894(05)80060-7)

Coffey, K. A., & Hartman, M. (2008). Mechanisms of action in the inverse relationship between mindfulness and psychological distress. *Complementary health practice review*, 13(2), 79-91. <https://doi.org/10.1177/1533210108316307>

Cole, P. M., Michel, M. K., & Teti, L. O. (1994). The Development of Emotion Regulation and Dysregulation: A Clinical Perspective. *Monographs of the Society for Research in Child Development*, 59(2/3), 73.

Compare, A., Zarbo, C., Shonin, E., Van Gordon, W., & Marconi, C. (2014). Emotional regulation and depression: A potential mediator between heart and mind. *Cardiovascular psychiatry and neurology*, 2014. DOI: 10.1155/2014/324374

Çelik, F. G. H., & Hocaoglu, Ç. (2018). Çocukluk çağı travmaları: bir gözden geçirme. *Sakarya Tıp Dergisi*, 8(4), 695-711 . DOI: 10.31832/smj.454535

Çelik, S. N. (2020). Çocukluk çağı travmaları, duygu düzenleme becerileri ve bilinçli farkındalık arasındaki ilişkilerin incelenmesi (Master's thesis, Işık Üniversitesi).

Çelikler, A. N. (2017). Bir grup genç yetişkinde bilinçli farkındalık düzeyi ile başa çıkma tutumları ve psikolojik iyi oluş arasındaki ilişkinin incelenmesi (Master's thesis, Sosyal Bilimler Enstitüsü).

Dagnault, I. V., & Hébert, M. (2009). Profiles of school adaptation: Social, behavioral and academic functioning in sexually abused girls. *Child Abuse & Neglect*, 33(2), 102–115. DOI: 10.1016/j.chiabu.2008.06.001

Danya Glaser. (2002). Emotional abuse and neglect (psychological maltreatment): a conceptual framework. June;26(6-7):697-714. DOI: 10.1016/s0145-2134(02)00342-3

Davis, J. L., & Petretic-Jackson, P. A. (2000). The impact of child sexual abuse on adult interpersonal functioning: A review and synthesis of the empirical literature. *Aggression and Violent Behavior*, 5(3), 291–328. [https://doi.org/10.1016/S1359-1789\(99\)00010-5](https://doi.org/10.1016/S1359-1789(99)00010-5)

Demir, V., & Gündoğan, N. A. (2018). Bilinçli farkındalık temelli bilişsel terapi programının üniversite öğrencilerinin duygu düzenleme güçlüklerini azaltmadaki etkisi. *Ege Eğitim Dergisi*, 19(1), 46-66. <https://doi.org/10.12984/egeefd.332844>

Demirkapı, E.Ş. (2013). Çocukluk Çağı Travmalarının Duygu Düzenleme ve Kimlik Gelişimine Etkisi ve Bunların Psikopatolojiler İle İlişkisi. (Yayınlanmamış Yüksek Lisans Tezi: Adnan Menderes Üniversitesi, Aydın)

Deniz, M. E., Erus, S. M., & Büyükcebeci, A. (2017). Bilinçli farkındalık ile psikolojik iyi oluş ilişkisinde duygusal zekanın aracılık rolü. *Türk Psikolojik Danışma ve Rehberlik Dergisi*, 7(47), 17-31.

DePanfilis , D. (2006). Child neglect: A guide for prevention, assessment, and intervention. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, Office on Child Abuse and Neglect.

Dereboy, Ç., Şahin Demirkapi, E., Şakiroğlu, M., & Şafak Öztürk, C. (2018). Çocukluk Çağı Travmalarının, Kimlik Gelişimi, Duygu Düzenleme Güçlüğü ve Psikopatoloji ile İlişkisi. *Türk Psikiyatri Dergisi*, 29(4). <https://doi.org/10.5080/u20463>

Desrosiers, A., Vine, V., Klemanski, D. H., & Nolen-Hoeksema, S. (2013). Mindfulness and emotion regulation in depression and anxiety: common and distinct mechanisms of action. *Depression and anxiety*, 30(7), 654-661. DOI: 10.1002/da.22124

Dictionary, O. E. (1989). Oxford english dictionary. *Simpson, Ja & Weiner, Esc*, 3.

Dingemans, A., Danner, U., & Parks, M. (2017). Emotion regulation in binge eating disorder: A review. *Nutrients*, 9(11), 1274. DOI: 10.3390/nu9111274

Dinleyici, M., & Dağlı, F. (2016). Duygusal İhmal, İstismar Ve Çocuk Hekiminin Rolü/Emotional Abuse, Neglect And The Role Of Pediatrician. *Osmangazi Tıp Dergisi*, 38(2), 18-27.

Doğruer, N. Çocukluk Çağı Travma Yaşantılarına Sahip Yetişkinlerde Psikolojik Dayanıklılık Ve Affetme.

Dubowitz H, Papas MA, Black MM, Starr RH. Child neglect: Outcomes in high-risk urban preschoolers. *Pediatrics* 2002;109:1100-1107. doi: 10.1542/peds.109.6.1100.

Dünya Sağlık Örgütü (2002). Dünya Sağlık Raporu: Risklerin Azaltılması, Sağlıklı Yaşamın Geliştirilmesi. http://www.ttb.org.tr/halk_sagligi/BELGELER/Dunya_Saglik_Raporu_2002. 16.11.2019

Ehring, T., & Quack, D. (2010). Emotion regulation difficulties in trauma survivors: The role of trauma type and PTSD symptom severity. *Behavior therapy*, 41(4), 587-598. DOI: 10.1016/j.beth.2010.04.004

Eisenberg, N. ve Spinrad, T. L. (2004). Emotion-related regulation: Sharpening the definition. *Child development*, 75(2), 334-339. DOI: 10.1111/j.1467-8624.2004.00674.x

Ekinci, S. (2010). Fiziksel çocuk istismarı, *Katkı Pediatri Dergisi*, 32 (5), 625- 631.

Ergin, E. (2022). Yetişkinlerde çocukluk çağı travmalarının duygu düzenleme gücü ile bilişsel çarpıtmalar arasındaki ilişkisi [Master's thesis, Maltepe Üniversitesi, Lisansüstü Eğitim Enstitüsü].

Erten, E., Uney, A. F. K., & Fıstıkcı, N. (2015). Bipolar bozukluk ve çocukluk çağı travması. *Psikiyatride Güncel Yaklaşımlar*, 7(2), 157-165. doi:10.5455/cap.20140719110459

Evans, D. R., Eisenlohr-Moul, T. A., Button, D. F., Baer, R. A., & Segerstrom, S. C. (2014). Self-regulatory deficits associated with unpracticed mindfulness strategies for coping with acute pain. *Journal of Applied Social Psychology*, 44(1), 23-30. DOI: 10.1111/jasp.12196

Fairburn, C. G., & Harrison, P. J. (2003). Eating disorders. *The Lancet*, 361(9355), 407–416. DOI: 10.1016/S0140-6736(03)12378-1

Field, A. (2009). *Discovering Statistics Using SPSS*. London:SAGE.

Finkelhor, D., Hotaling, G. T., Lewis, I. A., & Smith, C. (1989). Sexual abuse and its relationship to later sexual satisfaction, marital status, religion, and attitudes. *Journal of interpersonal violence*, 4(4), 379-399. <https://doi.org/10.1177/088626089004004001>

Fischer, A. H., & Manstead, A. S. (2008). Social functions of emotion. *Handbook of emotions*, 3, 456-468.

Folkman, S., & Lazarus, R. S. (1980). An analysis of coping in a middle-aged community sample. *Journal of health and social behavior*, 219-239. <https://doi.org/10.2307/2136617>

Ford, J. D., & Gómez, J. M. (2015). Self-Injury and Suicidality: The Impact of Trauma and Dissociation. *Journal of Trauma & Dissociation*, 16(3), 225–231. DOI: 10.1080/15299732.2015.989648

Frewen, P. A., Evans, E. M., Maraj, N., Dozois, D. J. A., & Partridge, K. (2008). Letting go: Mindfulness and negative automatic thinking. *Cognitive Therapy and Research*, 32(6), 758–774. <https://doi.org/10.1007/s10608-007-9142-1>

Fricker, R. D. ve Schonlau, M. (2002). Advantages and disadvantages of internet research surveys: Evidence from the Literature. *Field Methods*, 14(4), 347-367

Garland, E., Gaylord, S., & Park, J. (2009). The role of mindfulness in positive reappraisal. *Explore*, 5(1), 37-44. DOI: 10.1016/j.explore.2008.10.001

George, D. and Mallery, P. (2010) *SPSS for Windows Step by Step: A Simple Guide and Reference 17.0 Update*. 10th Edition, Pearson, Boston.

Germer, C. K. (2013). *Mindfulness: What is it? What does it matter?*

Gershoff, E. T. (2002). Corporal punishment by parents and associated child behaviors and experiences: a meta-analytic and theoretical review. *Psychological bulletin*, 128(4), 539. <https://doi.org/10.1037/0033-2909.128.4.539>

Gianini, L. M., White, M. A., & Masheb, R. M. (2013). Eating pathology, emotion regulation, and emotional overeating in obese adults with binge eating disorder. *Eating behaviors*, 14(3), 309-313. DOI: 10.1016/j.eatbeh.2013.05.008

Giannopoulou, ; Kotopoulea-Nikolaidi, ; Daskou, ; Martyn, ; Patel, (2020). Mindfulness in Eating Is Inversely Related to Binge Eating and Mood Disturbances in University Students in Health-Related Disciplines. *Nutrients*, 12(2), 396–. <https://doi.org/10.3390/nu12020396>

Goldin, Philippe R.; Gross, James J. (2010). Effects of mindfulness-based stress reduction (MBSR) on emotion regulation in social anxiety disorder. *Emotion*, 10(1), 83–91. DOI: 10.1037/a0018441

Goodall, K., Trejnowska, A., & Darling, S. (2012). The relationship between dispositional mindfulness, attachment security and emotion regulation. *Personality and Individual Differences*, 52(5), 622–626. <https://doi.org/10.1016/j.paid.2011.12.008>

Gratz, K. L., & Roemer, L. (2004). Multidimensional Assessment of Emotion Regulation and Dysregulation: Development, Factor Structure, and Initial Validation of the Difficulties in Emotion Regulation Scale. *Journal of Psychopathology and Behavioral Assessment*, 26(1), 41–54. <https://doi.org/10.1023/B:JOBA.0000007455.08539.94>

Gratz, K. L., Rosenthal, M. Z., Tull, M. T., Lejuez, C. W., & Gunderson, J. G. (2006). An experimental investigation of emotion dysregulation in borderline personality disorder. *Journal of Abnormal Psychology*, 115(4), 850–855. <https://doi.org/10.1037/0021-843X.115.4.850>

Green, S. B. ve Salkind, N. J. (2008). Using SPSS for Windows and Macintosh: Analyzing and understanding data. Upper Saddle River: Pearson, Prentice Hall.

Gregório, S., & Pinto-Gouveia, J. (2013). Mindful attention and awareness: Relationships with psychopathology and emotion regulation. *The Spanish journal of psychology*, 16. DOI:10.1017/sjp.2013.79

Gross JJ, Thompson RA. Emotion regulation: Conceptual foundations: Handbook of Emotion Regulation. Edited by Gross JJ. *Guilford Publications*, 2007;pp.3-24. 1

- Gross, J. J. & Ross A. Thompson. (2007). Emotion regulation: Conceptual foundations
- Gross, J. J. (1998). The emerging field of emotion regulation: An integrative review. *Review of General Psychology*, 2(3), 271–299. <https://doi.org/10.1037/1089-2680.2.3.271>
- Gross, J. J. (2001). Emotion Regulation in Adulthood: Timing Is Everything. *Current Directions in Psychological Science*, 10(6), 214–219. <https://doi.org/10.1111/1467-8721.00152>
- Gross, J. J. (2002). Emotion regulation: Affective, cognitive, and social consequences. *Psychophysiology*, 39(3), 281–291. DOI: 10.1017/s0048577201393198
- Gross, J. J. (2014). Emotion regulation: conceptual and empirical foundations.
- Gross, J. J. (2015). Emotion Regulation: Current Status and Future Prospects. *Psychological Inquiry*, 26(1), 1–26. <https://doi.org/10.1080/1047840X.2014.940781>
- Gross, J. J., & Muñoz, R. F. (1995). Emotion regulation and mental health. *Clinical psychology: Science and practice*, 2(2), 151-164. <https://doi.org/10.1111/j.1468-2850.1995.tb00036.x>
- Gross, J. J.; Jazaieri, H. (2014). Emotion, Emotion Regulation, and Psychopathology: An Affective Science Perspective. *Clinical Psychological Science*, 2(4), 387–401. <https://doi.org/10.1177/2167702614536164>
- Grossman, P. (2010). Mindfulness for Psychologists: Paying Kind Attention to the Perceptible. *Mindfulness*, 1(2), 87–97. DOI:10.1007/s12671-010-0012-7
- Gruhn, Meredith A.; Compas, Bruce E. (2020). Effects of maltreatment on coping and emotion regulation in childhood and adolescence: A meta-analytic review. *Child Abuse & Neglect*, 103, 104446. DOI: 10.1016/j.chiabu.2020.104446
- Güçlü, S. (2016). Çocukluk Ve Çocukluğun Sosyolojisi Bağlamında Çocuk Hakları. *Sosyoloji Dergisi*, (10zel), 1-22.
- Güldal, Ş. (2019). Bilinçli farkındalık temelli ergenlere yönelik psikoeğitim programının karakter güçleri, bilinçli farkındalık ve akademik başarı gelişimine etkisinin incelenmesi. (Doctoral dissertation, Marmara Üniversitesi).
- Gülmez, B. (2019). Duygu düzenleme güçlüğü, ruh sağlığı ve bedensel belirti bozuklukları ilişkisinde öz-şefkatin aracı etkisi (Yayımlanmamış yüksek lisans tezi). İstanbul Arel Üniversitesi.

Gündüz, H. (2016). Yetişkinlerde bilinçli farkındalık (mindfulness) ve duygu düzenleme arasındaki ilişki. (Doctoral dissertation, Yüksek Lisans Tezi. İstanbul: Nişantaşı Üniversitesi).

Güneri Yöyen, E. (2016). Çocukluk çağı travması ve benlik saygısı.

Hancı, İ. H. (2002). Adli tıp ve adli bilimler.(1. baskı) Seçkin Yayıncılık: Ankara. 263-284.

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). Acceptance and commitment therapy (p. 6). New York: Guilford press.

Helbig-Lang, S., Rusch, S., & Lincoln, T. M. (2015). Emotion regulation difficulties in social anxiety disorder and their specific contributions to anxious responding. *Journal of clinical psychology*, 71(3), 241-249. DOI: 10.1002/jclp.22135

Hepworth, Natasha S. (2010). A Mindful Eating Group as an Adjunct to Individual Treatment for Eating Disorders: A Pilot Study. *Eating Disorders*, 19(1), 6–16. DOI: 10.1080/10640266.2011.533601

Herman, J. L., Perry, J. C., & Van der Kolk, B. A. (1989). Childhood trauma in borderline personality disorder. *The American journal of psychiatry*. <https://doi.org/10.1176/ajp.146.4.490>

Hıdır, S. (2022). Üniversite öğrencilerinde, mizaç ve karakter özellikleri, sosyal destek ve duygu düzenleme güçlüğü ilişkisinin bazı değişkenlere göre incelenmesi.

Hildyard, K. L., & Wolfe, D. A. (2002). Child neglect: Developmental issues and outcomes. *Child Abuse & Neglect*, 26(6-7), 679–695. [https://doi.org/10.1016/S0145-2134\(02\)00341-1](https://doi.org/10.1016/S0145-2134(02)00341-1)

Hill, C. L. M. ve Updegraff, J. A. (2012). Mindfulness And Its Relationship To Emotional Regulation. *Emotion*, 12(1): 81-90. DOI: 10.1037/a0026355

Hopfinger, L., Berking, M., Bockting, C. L., & Ebert, D. D. (2016). Emotion regulation mediates the effect of childhood trauma on depression. *Journal of affective disorders*, 198, 189-197. DOI: 10.1016/j.jad.2016.03.050

Hussain, D., & Bhushan, B. (2011). Posttraumatic stress and growth among Tibetan refugees: The mediating role of cognitive-emotional regulation strategies. *Journal of Clinical Psychology*, 67(7), 720-735. . doi: 10.1002/jclp.20801.

Izard, C. E., Woodburn, E. M., Finlon, K. J., Krauthamer-Ewing, E. S., Grossman, S. R., & Seidenfeld, A. (2011). Emotion Knowledge, Emotion Utilization, and Emotion Regulation. *Emotion Review*, 3(1), 44–52. knowledge, emotion utilization, and emotion regulation. *Emotion Review*, 3(1), 44–52. <https://doi.org/10.1177/1754073910380972>

İbiloğlu, A. O., Atlı, A., Oto, R., & Özkan, M. (2018). Çocukluk çağı cinsel istismar ve enstest olgularına çok yönlü bakış. *Psikiyatride Guncel Yaklasimler*, 10(1), 84-98. <https://doi.org/10.18863/pgy.336520>

İlkay, K. (2021). Aile İşlevselliğini Yordamada Özel Gereksinim Türü İle Duygu Düzenleme Güçlüğü'nün Etkileşimli Rolünün İncelenmesi.

J. J., & Muñoz, R. F. (1995). Emotion regulation and mental health. *Clinical psychology: Science and practice*, 2(2), 151-164. <https://doi.org/10.1111/j.1468-2850.1995.tb00036.x>

Jimenez, S. S., Niles, B. L., & Park, C. L. (2010). A mindfulness model of affect regulation and depressive symptoms: Positive emotions, mood regulation expectancies, and self-acceptance as regulatory mechanisms. *Personality and individual differences*, 49(6), 645-650. <https://doi.org/10.1016/j.paid.2010.05.041>

John D. Teasdale; Zindel V. Segal; J. Mark G. Williams (2003). Mindfulness Training and Problem Formulation. , 10(2), 157–160. <https://doi.org/10.1093/clipsy.bpg017>

Jon Kabat-Zinn (2003). Mindfulness-Based Interventions in Context: Past, Present, and Future. , 10(2), 144–156. <https://doi.org/10.1093/clipsy.bpg016>

Joormann, J., & Stanton, C. H. (2016). Examining emotion regulation in depression: A review and future directions. *Behaviour research and therapy*, 86, 35-49. DOI: 10.1016/j.brat.2016.07.007

Kabat-Zin, J. (1990). Full Catastrophe Living: Usingthe Wisdom of Your Body and Mind to Face Stress, Pain and Illness.

Kabat-Zinn, J. (1982). An outpatient program in behavioral medicine for chronic pain patients based on the practice of mindfulness meditation: Theoretical considerations and preliminary results. *General Hospital Psychiatry*, 4(1), 33–47. doi: 10.1016/0163-8343(82)90026-3. doi: 10.1016/0163-8343(82)90026-3.

Kabat-Zinn, J. (2005). *Coming to our senses: Healing ourselves and the world through mindfulness*. Hachette UK.

Kara, B., Biçer, Ü., & Gökarp, A. S. (2004). Çocuk istismarı. *Çocuk Sağlığı ve Hastalıkları Dergisi*, 47(2), 140-51.

Karabacak, A., & Demir, M. (2017). Özerklik, bağlanma stilleri, bilinçli farkındalık ve duygu düzenleme arasındaki ilişkilerin incelenmesi. *Bayburt Eğitim Fakültesi Dergisi*, 12(23), 271-291.

Karagöz B. (2010). Alkol Veya Madde Bağımlısı Bir Grupta Kendini Yaralama Davranışının İncelenmesi: Çocukluk Dönemi İstismarı ve İhmali İle Duygu Düzenleme Güçlüğü Faktörleri. (Yüksek Lisans Tezi, Ankara: Hacettepe Üniversitesi Sosyal Bilimler Enstitüsü, Klinik Psikoloji Bilim Dalı).

Karakartal, D. (2020). Cinsel İstismarın Önlenmesinde Cinsel Eğitimin Önemi. *Uluslararası Beşeri Bilimler ve Eğitim Dergisi*, 6(13), 145-156.

Karasar, N., (2013). Bilimsel araştırma yöntemi. Ankara: Nobel yayıncılık

Karataş, Z. (2019). Romantik ilişki doyumu ile duygu düzenleme güçlüğü ve kişiler arası tarz arasındaki ilişkinin incelenmesi. (Maltepe Üniversitesi, Sosyal Bilimler Enstitüsü).

Katz, E. (2014). *Mindfulness and Psychotherapy*, edited by C. K. Germer, R. D. Siegel, and P. R. Fulton. *Smith College Studies in Social Work*, 84(1), 132–136. DOI:10.1080/00377317.2014.861286

Kauhanen, J., Kaplan, G. A., Julkunen, J., Wilson, T. W., & Salonen, J. T. (1993). Social factors in alexithymia. *Comprehensive Psychiatry*, 34(5), 330–335. [https://doi.org/10.1016/0010-440X\(93\)90019-Z](https://doi.org/10.1016/0010-440X(93)90019-Z)

Kayhan, H. (2017). Ergenlikte saldırganlık ve duygu düzenleme güçlükleri arasındaki ilişkinin incelenmesi. (Master's thesis, Maltepe Üniversitesi, Sosyal Bilimler Enstitüsü).

Kendler, K. S., Gardner, C. O., & Prescott, C. A. (2002). Toward a Comprehensive Developmental Model for Major Depression in Women. *American Journal of Psychiatry*, 159(7), 1133–1145. DOI: 10.1176/appi.ajp.159.7.1133

Kessler, K., & Rutherford, H. (2010). The two forms of visuo-spatial perspective taking are differently embodied and subserve different spatial prepositions. *Frontiers in psychology*, 1, 213. <https://doi.org/10.3389/fpsyg.2010.00213>

Kılınçel, O., & Ay, R. (2021). Internalized stigma in physicians with mental illness. *Journal of Clinical Psychiatry*, 24(4), 459-466. DOI:10.5505/kpd.2021.48642

Kısmetoğlu, G. (2019). 15-18 Yaş arası ergenlerde duygu düzenleme ve bilinçli farkındalık becerilerinin kaygı düzeyleri ile ilişkisinin incelenmesi. [Master's thesis, İstanbul Gelişim Üniversitesi Sosyal Bilimler Enstitüsü].

Koole, Sander L. (2009). The psychology of emotion regulation: An integrative review. ,23(1), 4–41. <https://doi.org/10.1080/02699930802619031>

Korkmaz, S. (2020). Obsesif Kompulsif Bozuklukta Travmatik Yaşantılar. *Dicle Tıp Dergisi*, 47(4), 903-910. <https://doi.org/10.5798/dicletip.850486>

Kourt, R. (2011). 18-24 yaş arası üniversite öğrencilerinde çocukluk çağı travmalarının dissosiyatif yaşantılar ve suçluluk-utanç duyguları ile ilişkisinin incelenmesi (Master's thesis, Maltepe Üniversitesi, Sosyal Bilimler Enstitüsü).

Krug, E. G., Mercy, J. A., Dahlberg, L. L., & Zwi, A. B. (2002). The world report on violence and health. *The lancet*, 360(9339), 1083-1088. DOI: 10.1016/S0140-6736(02)11133-0

Larkin, H., ve Park, J. (2012). Adverse childhood experiences (ACEs), service use, and service helpfulness among people experiencing homelessness. *Families in society*, 93(2), 85-93. DOI:10.1606/1044-3894.4192

Larousse, Edinburgh, 1990. Larousse Biographical Dictionary.

Laura Dannahy; Mark Hayward; Clara Strauss; Wendy Turton; Emma Harding; Paul Chadwick (2011). Group person-based cognitive therapy for distressing voices: Pilot data from nine groups. , 42(1), 0–116. DOI: 10.1016/j.jbtep.2010.07.006

LeDoux, J. (1998). The emotional brain: The mysterious underpinnings of emotional life. Simon and Schuster.

Linehan, M. M. (1993). Cognitive-behavioral treatment of borderline personality disorder. Guilford Press. <https://doi.org/10.1080/1359432X.2017.1308924>

Lomas, Tim; Medina, Juan Carlos; Ivztan, Itai; Rupperecht, Silke; Hart, Rona; Eiroa-Orosa, Francisco José (2017). The impact of mindfulness on well-being and performance in the workplace: an inclusive systematic review of the empirical literature. *European Journal of Work and Organizational Psychology*, (), 1–22. <https://doi.org/10.1080/1359432X.2017.1308924>

Lutz, J., Herwig, U., Opialla, S., Hittmeyer, A., Jäncke, L., Rufer, M., & Brühl, A. B. (2014). Mindfulness and emotion regulation—an fMRI study. *Social cognitive and affective neuroscience*, 9(6), 776–785. doi: 10.1093/scan/nst043

Malinosky-Rummell, R., & Hansen, D. J. (1993). Long-term consequences of childhood physical abuse. *Psychological bulletin*, 114(1), 68. <https://doi.org/10.1037/0033-2909.114.1.68>

Marganska, A., Gallagher, M., ve Miranda, R. (2013). Adult attachment, emotion dysregulation, and symptoms of depression and generalized anxiety disorder. *American Journal of Orthopsychiatry*, 83(1), 131–141. DOI: 10.1111/ajop.12001

Marije Stoltenborgh 1, Marian J Bakermans-Kranenburg, Marinus H van Ijzendoorn. (2013). The neglect of child neglect: a meta-analytic review of the prevalence of neglect. *Soc-Psychiatry Psychiatr Epidemiol*. Mar;48(3):345–55. doi: 10.1007/s00127-012-0549-y

Mathews, C. A., Kaur, N., & Stein, M. B. (2008). Childhood trauma and obsessive-compulsive symptoms. *Depression and anxiety*, 25(9), 742–751. <https://doi.org/10.1002/da.20316>

Matsuda, Y. T., Fujimura, T., Katahira, K., Okada, M., Ueno, K., Cheng, K., & Okanoya, K. (2013). The implicit processing of categorical and dimensional strategies: an fMRI study of facial emotion perception. *Frontiers in human neuroscience*, 7, 551. <https://doi.org/10.3389/fnhum.2013.00551>

Michal, Matthias; Beutel, Manfred E.; Jordan, Jochen; Zimmermann, Michael; Wolters, Susanne; Heidenreich, Thomas (2007). Depersonalization, Mindfulness, and Childhood Trauma. *The Journal of Nervous and Mental Disease*, 195(8), 693–696. doi: 10.2105/ajph.91.5.753

Molnar, B. E., Buka, S. L., & Kessler, R. C. (2001). Child sexual abuse and subsequent psychopathology: results from the National Comorbidity Survey. *American journal of public health*, 91(5), 753. doi: 10.2105/ajph.91.5.753

Mullen, P. E., Martin, J. L., Anderson, J. C., Romans, S. E., & Herbison, G. P. (1996). The long-term impact of the physical, emotional, and sexual abuse of children: A community study. *Child Abuse & Neglect*, 20(1), 7–21. doi: 10.1016/0145-2134(95)00112-3.

Narlı, M. (2019). Duyu düzenleme güçlüğü ile sınav kaygısı arasındaki ilişkide mükemmeliyetçilik ve obsesif kompulsif belirtilerin aracı rolü. (Master's thesis, Başkent Üniversitesi Sosyal Bilimleri Enstitüsü).

National Institutes of Health. (2002). National Institute of Mental Health-NIMH.

Navalta, C. P., Polcari, A., Webster, D. M., Boghossian, A., & Teicher, M. H. (2006). Effects of childhood sexual abuse on neuropsychological and cognitive function in college women. *Journal of Neuropsychiatry and Clinical Neurosciences*, 18, 45–53. doi: 10.1176/jnp.18.1.45.

Nelson, B. S., & Wampler, K. S. (2000). Systemic effects of trauma in clinic couples: An exploratory study of secondary trauma resulting from childhood abuse. *Journal of Marital and Family Therapy*, 26(2), 171-184. doi: 10.1111/j.1752-0606.2000.tb00287.x.

Norouzi, M., Zargar, F., & Norouzi, F. (2017). Effectiveness of acceptance and commitment therapy on interpersonal problems and difficulties in emotion regulation among university students. *Iranian journal of psychiatry and behavioral sciences*, 11(3). DOI: 10.5812/ijpbs.8005

Oral, N., & Özgüner, Z. T. (2001). Terörist saldırılarının ardından travma sonrası stres belirtilerinde iyileşme. *Türk Psikoloji Bülteni*, 22, 64-73.

Ortiz, R., & Sibinga, E. (2017). The Role of Mindfulness in Reducing the Adverse Effects of Childhood Stress and Trauma. *Children*, 4(3), 16. doi: 10.3390/children4030016

Örsel, S., Karadağ, H., Kahıloğulları, A. K., & Aktaş, E. A. (2011). Psikiyatri hastalarında çocukluk çağı travmalarının sıklığı ve psikopatoloji ile ilişkisi. *Anatolian Journal of Psychiatry/Anadolu Psikiyatri Dergisi*, 12(2).

Özcan, C., & Ayvaz, B. (2015). Çoklu Regresyon Yöntemi İle Tedarik Zinciri Performansı Ve Uygulama Derecesinin İşletme Karlılığı Üzerindeki Etkisinin İncelenmesi/An Analyses For The Effect Of Supply Chain Performance And Utilization Degree On The Firm Profitability Using Multivariate Regression. *Istanbul Ticaret Üniversitesi Fen Bilimleri Dergisi*, 14(28), 1.

Özdemir, İ. (2021). Çocukluk Travmaları Ve Somatizasyon Arasındaki İlişkide; Bilinçli Farkındalık, Psikolojik Esneklik, Deneyimsel Kaçınma Ve Bilişsel Esnekliğin Aracılık Roller. (İzmir Ekonomi Üniversitesi. Yüksek Lisans Tezi). <https://doi.org/10.17755/esosder.859555>

Özen, Y. (2017). Psikolojik travmanın insanlık kadar eski tarihi. *The Journal of Social Science*, 3(5), 362-375.

Öztürk, M. (2019). Üniversite öğrencilerinde travmatik yaşam olayları ile alkol/madde kullanımı arasındaki ilişkide duygu düzenleme güçlüğü ve dürtüselliğin aracı rolünün incelenmesi.

Öztürk, Y., Özyurt, G., Tufan, A. E., & Pekcanlar, A. A. (2018). Dikkat eksikliği ve hiperaktivite bozukluğunda duygu düzenleme güçlükleri ve tedavisi. *Psikiyatride Güncel Yaklaşımlar*, 10(2), 198-211. <https://doi.org/10.18863/pgy.358101>

Özyeşil, Zümra-Arslan, Coşkun-Kesici, Şahin-Deniz, M. Engin. “Bilinçli Farkındalık Ölçeği’ni Türkçeye Uyarlama Çalışması”. *Eğitim ve Bilim* 36/160 (2011): 224-235.

Özyurt, G., Öztürk, Y., & Akay, A. (2017). Anksiyete bozukluğu olan çocuklarda duygu düzenlemenin annelerinin duygu düzenlemesi, bağlanması ve anksiyete duyarlılığı ile ilişkisinin incelenmesi. *Anadolu Psikiyatri Dergisi*, 18(4), 369. doi: 10.5455/apd.245479

P.J. Lang, M.M. Bradley, B.N. Cuthbert, Emotion, attention, and the startle reflex, 64 *Psychol. Rev.* 97 (1990) 377–395. <https://doi.org/10.1037/0033-295X.97.3.377>

Padem, H., Göksu, A., & Konaklı, Z. (2012). Araştırma yöntemleri. Sarajevo: International Burch University Yayınları.

Palmer, A., ve Rodger, S. (2009). Mindfulness, stress, and coping among university students. *Canadian Journal of Counselling*, 43(3), 198.

Pan, Y, & Jackson, R. T. (2008). Ethnic difference in the relationship between acute inflammation and and serum ferritin in US adult males. *Epidemiology and Infection*, 136, 421-431. doi: 10.1017/S095026880700831X

Parrott, W. G., & Smith, R. H. (1993). Distinguishing the experiences of envy and jealousy. *Journal of Personality and Social Psychology*, 64(6), 906–920. <https://doi.org/10.1037/0022-3514.64.6.906>

Peh, C. X., Shahwan, S., Fauziana, R., Mahesh, M. V., Sambasivam, R., Zhang, Y., ... & Subramaniam, M. (2017). Emotion Dysregulation As A Mechanism Linking Child 60 Maltreatment Exposure And Self-Harm Behaviors İn Adolescents. *Child Abuse & Neglect*, 67, 383-390. doi: 10.1016/j.chiabu.2017.03.013.

Pelendecioğlu, B., & Bulut, S. (2009). Çocuğa yönelik aile içi fiziksel istismar. *Abant İzzet Baysal Üniversitesi Eğitim Fakültesi Dergisi*, 9(1), 49-62.

Perry, B. D. (2006). Applying principles of neurodevelopment to clinical work with maltreated and traumatized children: The neurosequential model of therapeutics.

Perry, B. D., & Pollard, R. (1998). Homeostasis, stress, trauma, and adaptation: A neurodevelopmental view of childhood trauma. *Child and Adolescent Psychiatric Clinics*, 7(1), 33-51. [https://doi.org/10.1016/S1056-4993\(18\)30258-X](https://doi.org/10.1016/S1056-4993(18)30258-X)

Perry, J. (2001). Knowledge, possibility, and consciousness. mit Press.

Peterson, J. (2017). Mindfulness Strategies and Childhood Trauma.

Polat, O. (2019). Çocuk İstismarı 1. Ankara. Seçkin Yayıncılık.

Polat, O. (2021). Klinik Adli Tıp. Ankara. Seçkin Yayıncılık.

Pollak, S. D., Cicchetti, D., Hornung, K., & Reed, A. (2000). Recognizing emotion in faces: developmental effects of child abuse and neglect. *Developmental psychology*, 36(5), 679. DOI: 10.1037/0012-1649.36.5.679

Pugach, C. P., Campbell, A. A., & Wisco, B. E. (2019). Emotion regulation in posttraumatic stress disorder (PTSD): Rumination accounts for the association between emotion regulation difficulties and PTSD severity. *Journal of Clinical Psychology*. DOI: 10.1002/jclp.22879

Putnam, F. W. (2003). Ten-year research update review: Child sexual abuse. *Journal of the American Academy of Child & Adolescent Psychiatry*, 42(3), 269-278. DOI: 10.1097/00004583-200303000-00006

Quaglia, J. T., Brown, K. W., Lindsay, E. K., Creswell, J. D., & Goodman, R. J. (2015). From conceptualization to operationalization of mindfulness. *Handbook of mindfulness: Theory, research, and practice*, 151-170.

Raver, C. C., Roy, A. L., Pressler, E., Ursache, A. M., & Charles McCoy, D. (2017). PovertyRelated Adversity And Emotion Regulation Predict Internalizing Behavior Problems Among Low-Income Children Ages 8–11. *Behavioral Sciences*, 7(1), <https://doi.org/10.3390/bs7010002>

Roemer, L., Lee, J. K., Salters-Pedneault, K., Erisman, S. M., Orsillo, S. M., ve Mennin, D. S. (2009). Mindfulness and emotion regulation difficulties in generalized anxiety disorder: Preliminary evidence for independent and overlapping contributions. *Behavior Therapy*, 40(2), 142-154. DOI: 10.1016/j.beth.2008.04.001

Roemer, L., Williston, S. K., & Rollins, L. G. (2015). Mindfulness and emotion regulation. *Current Opinion in Psychology*, 3, 52-57. <https://doi.org/10.1016/j.copsyc.2015.02.006>

Rose, J., Temple, S., McGuire-Snieckus, R., Wood, F., Vatmanides, O., & Parker, R. (2016). Somerset emotion coaching project evaluation report. *Institute for Education, Bath Spa University*.

Ross, A., & Willson, V. L. (2017). One-way anova. In Basic and advanced statistical tests (pp. 21-24). SensePublishers, Rotterdam.

Rugancı, R. N., & Gençöz, T. (2010). Psychometric properties of a Turkish version of the Difficulties in Emotion Regulation Scale. *Journal of Clinical Psychology*, 66(4), 442-455. DOI: 10.1002/jclp.20665

Rukiye, A. Y., & KILINÇEL, O. Depresyon Tanısı Alan Hastalarda Çocukluk Çağı Travması Varlığı ve Duygu Düzenleme Güçlüğü İle İlişkisi. *Düzce Üniversitesi Sağlık Bilimleri Enstitüsü Dergisi*, 11(1), 67-75. DOI: 10.33631/duzcesbed.819460

Runyan, D. (2002). Child abuse and neglect by parents and other caregivers. *World report on violence and health*.

S J Kaplan 1, D Pelcovitz, V Labruna. (1999). Child and adolescent abuse and neglect research: a review of the past 10 years. Part I: Physical and emotional abuse and neglect. *Oct*;38(10):1214-22. doi: 10.1097/00004583-199910000-00009.

Saarni, C. (1997). Coping with aversive feelings. *Motivation and emotion*, 21(1), 45-63. <https://doi.org/10.1023/A:1024474314409>

Saka, S. (2021). Öğrencilerin duygu düzenleme ve bilinçli farkındalığının derse katılımlarını yordaması (Master's thesis, İstanbul Sabahattin Zaim Üniversitesi).

Sanei, S. (2013). Adaptive processing of brain signals. John Wiley & Sons. DOI:10.1002/9781118622162

Sar, V., Taycan, O., Bolat, N., Özmen, M., Duran, A., Öztürk, E., & Ertem-Vehid, H. (2010). Childhood trauma and dissociation in schizophrenia. *Psychopathology*, 43(1), 33-40. DOI: 10.1159/000255961

Sarıbal, İ. (2017). Kişilerarası ilişkilerin, duygu düzenleme güçlüğüne ve kaygının bağlanma stilleri ile ilişkisi (Master's thesis, Maltepe Üniversitesi, Sosyal Bilimler Enstitüsü).

Sarıtaş Atalar, D. ve Altan-Atalay, A. (2018). Ergenlik döneminde duygu düzenleme ve ruh sağlığı: ana-babanın ve mizacın rolü (Ed.: T. Bildik) Ergenlik Dönemi ve Ruhsal Bozukluklar. Ankara: Türkiye Klinikleri, 84-9.

Sayım, F., (2021). Araştırma Ve Tez Yazım Yöntemleri. SSeçkin Yayıncılık.

Segal, Z. V., Teasdale, J. D., Williams, J. M., & Gemar, M. C. (2002). The mindfulness-based cognitive therapy adherence scale: Inter-rater reliability, adherence to protocol and treatment distinctiveness. *Clinical Psychology & Psychotherapy*, 9(2), 131-138. <https://doi.org/10.1002/cpp.320>

Segal, Z. V., Williams, M., & Teasdale, J. (2018). Mindfulness-based cognitive therapy for depression. Guilford Publications. doi: 10.1037/0022-006X.76.3.524.

Séguin, D. G., & MacDonald, B. (2018). The role of emotion regulation and temperament in the prediction of the quality of social relationships in early childhood. *Early child development and care*, 188(8), 1147-1163. <https://doi.org/10.1080/03004430.2016.1251678>

Shapiro, S. L., Carlson, L. E., Astin, J. A., & Freedman, B. (2006). Mechanisms of mindfulness. *Journal of clinical psychology*, 62(3), 373-386. doi: 10.1002/jclp.20237.

Shapiro, S. L., Oman, D., Thoresen, C. E., Plante, T. G., & Flinders, T. (2008). Cultivating mindfulness: effects on well-being. *Journal of clinical psychology*, 64(7), 840-862. doi: 10.1002/jclp.20491.

Shipman KL, Schneider R, Fitzgerald MM, Sims C, Swisher L ve Edwards E. Maternal emotion socialization in maltreating and non-maltreating families: Implications for children's emotion regulation. *Social Development*, 2007, 16(2): 268-285. doi: 10.1207/s15374424jccp3403_14.

Shipman, K., Schneider, R., & Brown, A. (2004). Emotion dysregulation and psychopathology. *Consciousness, Emotional Self-Regulation and the Brain*, 54, 61. DOI: 10.1016/j.brat.2011.06.003

Shipman, K., Zeman, J., Penza, S. & Champion, K. (2000). Emotion management skills in sexually maltreated and nonmaltreated girls: A developmental psychopathology perspective. *Development and Psychopathology*, 12, 47- 62. doi: 10.1017/s0954579400001036.

Shorey, R. C., Elmquist, J., Wolford-Clevenger, C., Gawrysiak, M. J., Anderson, S., & Stuart, G. L. (2016). The relationship between dispositional mindfulness, borderline personality features, and suicidal ideation in a sample of women in residential substance use treatment. *Psychiatry research*, 238, 122-128. <https://doi.org/10.1016/j.psychres.2016.02.040>

Singh, P., ve Singh, N. (2013). Difficulties in emotion regulation: a barrier to academic motivation and performance. *Journal of the Indian Academy of Applied Psychology*, 39(2), 289.

Sözlük, T., & Akalın, H. Ş. H. (2011). Türk Dil Kurumu Yayınları, 11. Baskı. Ankara.

Starzyk, K. B., & Marshall, W. L. (2003). Childhood family and personological risk factors for sexual offending. *Aggression and Violent Behavior*, 8(1), 93–105. [https://doi.org/10.1016/S1359-1789\(01\)00053-2](https://doi.org/10.1016/S1359-1789(01)00053-2)

Steven C. Hayes (2004). Acceptance and commitment therapy, relational frame theory, and the third wave of behavioral and cognitive therapies. , 35(4), 639–665. [https://doi.org/10.1016/S0005-7894\(04\)80013-3](https://doi.org/10.1016/S0005-7894(04)80013-3)

Stoltenborgh, M., Bakermans-Kranenburg, M. J., ve Van Ijzendoorn, M. H. (2013). The neglect of child neglect: a meta-analytic review of the prevalence of neglect. *Social psychiatry and psychiatric epidemiology*, 48(3), 345-355. doi: 10.1007/s00127-012-0549-y.

Suh, H., Kim, S. Y., & McCabe, E. A. (2020). Profiles of mindfulness and difficulties in emotion regulation and links to work–family–school conflict. *Journal of American college health*, 1-8. DOI: 10.1080/07448481.2020.1752696

Şahan, H., ve Şahin, R. (2020). Üniversite Öğrencilerinin Duygu Düzenleme Güçlüğü İle Spor İlişkisinin Araştırılması. *Uluslararası Bozok Spor Bilimleri Dergisi*, 1(1), 21-30

Şahin, A. (2019). Üniversite öğrencilerinde bilinçli farkındalık ile yaşam doyumu ve iyi oluş arasındaki ilişkiler. *Üsküdar Üniversitesi Sosyal Bilimler Dergisi*, (8), 151-176.

Şenkal, İ. & Işıklı, S. (2015). Çocukluk çağı travmalarının ve bağlanma biçiminin depresyon belirtileri ile ilişkisi: Aleksitiminin aracı rolü. *Türk Psikiyatri Dergisi*, 26 (4):261-67.

Tabachnick, B.G., & Fidell, L. S. (2001). Using multivariate statistics (fourth edition), New York, College Publishers.

Tanner, K., & Turney, D. (2003). What do we know about child neglect? A critical review of the literature and its application to social work practice. *Child & Family Social Work*, 8(1), 25-34. <https://doi.org/10.1046/j.1365-2206.2003.00267.x>

TDK (Türk Dil Kurumu) (2006). Genel Açıklamalı Sözlük. Ankara: TDK Yayınları.

Teper, R., Segal, Z. V., & Inzlicht, M. (2013). Inside the mindful mind: How mindfulness enhances emotion regulation through improvements in executive control. *Current Directions in Psychological Science*, 22(6), 449-454. <https://doi.org/10.1177/0963721413495869>

Terr, L. C. (1983). Life attitudes, dreams, and psychic trauma in a group of “normal” children. *Journal of the American Academy of Child Psychiatry*, 22(3), 221-230.

Thase, M. E., Wright, J. H., Eells, T. D., Barrett, M. S., Wisniewski, S. R., Balasubramani, G. K., ... & Brown, G. K. (2018). Improving the efficiency of psychotherapy for depression: computer-assisted versus standard CBT. *American Journal of Psychiatry*, 175(3), 242-250. doi: 10.1176/appi.ajp.2017.17010089.

The National Child Traumatic Stress Network (NCTSN). (2003) Effective treatments for youth trauma. <http://www.NCTSN.org>

Thompson, R. A. (1994). Emotion Regulation: A Theme in Search of Definition. *Monographs of the Society for Research in Child Development*, 59(2/3), 25.

Thompson, R. A., & Goodman, M. (2010). Development of emotion regulation: More than meets the eye.

Tıraşçı, Y. ve Gören, S. (2007). Child abuse and neglect. *Dicle Medical Journal*, 34(1), 70-74.

Topbaş, M. (2004). İnsanlığın büyük bir ayıbı: Çocuk istismarı. TSK Koruyucu Hekimlik Bülteni, 3(4), 76-80.
https://www.bibliomed.org/mnsfulltext/1/khb_003_04_76.pdf?1651737851

Toprak, Z., & Çetiner Bacak, S. (2019). Ortaokul öğrencilerinin duygu düzenleme becerileri ile bilinçli farkındalık düzeyleri arasındaki ilişkinin incelenmesi. *Yaşadıkça Eğitim*, 33(2), 306-317. DOI:10.33308/26674874.2019332133

Townsend, J., & Altshuler, L. L. (2012). Emotion processing and regulation in bipolar disorder: a review. *Bipolar disorders*, 14(4), 326-339. oi: 10.1111/j.1399-5618.2012.01021.x.

Tull, M. T., Barrett, H. M., McMillan, E. S., & Roemer, L. (2007). A Preliminary Investigation of the Relationship Between Emotion Regulation Difficulties and Posttraumatic Stress Symptoms. *Behavior Therapy*, 38(3), 303–313. doi: 10.1016/j.beth.2006.10.001

Tüccaroğlu, N. B. (2021). Üniversite öğrencilerinde çocukluk çağı travmaları ile duygu düzenleme güçlüğü ve öz şefkatin incelenmesi. (Master's thesis, İstanbul Gelişim Üniversitesi Lisansüstü Eğitim Enstitüsü).

Tyler, S., Allison, K., & Winsler, A. (2006). Child Neglect: Developmental Consequences, Intervention, and Policy Implications. *Child & Youth Care Forum*, 35(1), 1–20.
<https://doi.org/10.1007/s10566-005-9000-9>

Ulloa Flores, R. E., & Navarro Machuca, I. G. (2011). Prevalence of the different types of maltreatment in adolescents with psychopathology. A descriptive study. *Salud mental*, 34(3), 219-225.

Uluer, G. (2021). Çocukluk çağı travma yaşantısı, duygu düzenleme güçlüğü ve öz şefkatin duygusal yeme davranışı ile ilişkisi. (Master's thesis, İstanbul Kent Üniversitesi Lisansüstü Eğitim Enstitüsü).

Usta, Z. B. (2021). Üniversite öğrencilerinde dikkat eksikliği ve hiperaktivite bozukluğu belirtileri, duygu düzenleme güçlüğü, somatizasyon ve dissosiyasyon arasındaki ilişki [Yayımlanmamış yüksek lisans tezi]. İstanbul Gelişim Üniversitesi. doi:10.18863/pgy.358101

Ülev, E. (2014). Üniversite öğrencilerinde bilinçli farkındalık düzeyi ile stresle başa çıkma tarzının depresyon, kaygı ve stres belirtileriyle ilişkisi.

Ünal, G. (2021). Üniversite öğrencilerinde çocukluk çağı travmaları ve öz şefkat düzeyinin, duygu düzenleme güçlüğü ile ilişkisinin incelenmesi (Master's thesis, İstanbul Gelişim Üniversitesi Lisansüstü Eğitim Enstitüsü). DOI:10.52096/usbd.6.26.33

Van der Vegt, E. J. M., Tieman, W., van der Ende, J., Ferdinand, R. F., Verhulst, F. C., & Tiemeier, H. (2009). Impact of early childhood adversities on adult psychiatric disorders. *Social Psychiatry and Psychiatric Epidemiology*, 44(9), 724–731. <https://doi.org/10.1007/s00127-009-0494-6>

Van Middendorp, H., Geenen, R., Sorbi, M. J., Hox, J. J., Vingerhoets, A. J. J. M., van Doornen, L. J. P., & Bijlsma, J. W. J. (2005). Gender Differences in Emotion Regulation and Relationships with Perceived Health in Patients with Rheumatoid Arthritis. *Women & Health*, 42(1), 75–97. https://doi.org/10.1300/J013v42n01_05

Vural, A. 2007. Aykırı Değerlerin Regresyon Modellerine Etkileri ve Sağlam Kestiriciler. Marmara Üniversitesi Sosyal Bilimler Enstitüsü, Yüksek Lisans Tezi, İstanbul. DOI: 10.7161/anajas.2013.28.3.168

Wark, M. J., Kruczek, T., & Boley, A. (2003). Emotional neglect and family structure: impact on student functioning. *Child abuse & neglect*, 27(9), 1033-1043. [https://doi.org/10.1016/S0145-2134\(03\)00162-5](https://doi.org/10.1016/S0145-2134(03)00162-5)

Watson, S., Gallagher, P., Dougall, D., Porter, R., Moncrieff, J., Ferrier, I. N., & Young, A. H. (2014). Childhood trauma in bipolar disorder. *Australian & New Zealand Journal of Psychiatry*, 48(6), 564-570. DOI: 10.1177/0004867413516681

Williams, J. M. G. (2008). Mindfulness, depression and modes of mind. *Cognitive therapy and research*, 32(6), 721-733. <https://doi.org/10.1007/s10608-008-9204-z>

Wolfe DA, Scott K, Wekerle C ve Pittman AL. (2001). Child Maltreatment: Risk of Adjustment Problems and Dating Violence in Adolescence. *J. Am. Acad. Child Adolesc. Psychiatry*, , 40(3): 282–289. DOI: 10.1097/00004583-200103000-00007

World Health Organization. (2006). The world health report 2006: working together for health. World Health Organization.

World Health Organization. (2020). Child Maltreatment. Erişim adresi: <https://www.who.int/news-room/fact-sheets/detail/child-maltreatment>

Wupperman, P., Neumann, C. S., Whitman, J. B., & Axelrod, S. R. (2009). The role of mindfulness in borderline personality disorder features. *The Journal of nervous and mental disease*, 197(10), 766-771. DOI: 10.1097/NMD.0b013e3181b97343

Yenidünya, A. (2017). Çocukluk çağı travmatik yaşantıları ile risk ve koruyucu faktörlerin, genç yetişkinlikteki yalnızlık stilleri ile ilişkisi (Master's thesis, Maltepe Üniversitesi, Sosyal Bilimler Enstitüsü).

Yenilmez, D. O., Atagün, M. İ., Altun, İ. K., Tunç, S., Uzgel, M., Altınbaş, K., & Oral, E. T. (2019). Bipolar bozukluk ve yineleyici depresif bozuklukta çocukluk çağı travmaları ve duygu düzenleme güçlükleri ile bilişsel süreçler arasındaki ilişki. *Türk Psikiyatri Dergisi*, 30.

Yıldız, M. A., & Duy, B. (2014). Adaptation of the short-form of the UCLA loneliness scale (ULS-8) to Turkish for the adolescents. DOI:10.5350/DAJPN2014270302

Yıldız, S. (2007). İlköğretim II. kademesindeki çocuklara yönelik istismarın ve ihmalin çeşitli değişkenler yönünden incelenmesi. Yayınlanmamış yüksek lisans tezi, Sakarya Üniversitesi Sosyal Bilimler Enstitüsü

Yorulmaz, A. (2021). Duygu düzenleme gücü, bilinçli farkındalık ve aleksitiminin somatizasyon belirtilerini yordayıcı etkilerinin incelenmesi (Master's thesis, İstanbul Sabahattin Zaim Üniversitesi).

Yuksel, Ç., & Tükel, R. Sosyal Anksiyete Bozukluğu'nda Çocukluk Çağı Travmaları ve Çocukluktaki Ebeveyn Tutumunun Değerlendirilmesi.

Yumuşak, F. N. (2019). Üniversite öğrencilerinde duygu düzenleme gücü ve duygusal tepkiselliğin psikolojik belirtiler ile ilişkisinin incelenmesi (Master's thesis, Fatih Sultan Mehmet Vakıf Üniversitesi, Lisansüstü Eğitim Enstitüsü). DOI: 10.35379/cusosbil.766746

Yurtsever, G. (2004). Emotional Regulation Strategies and Negotiation. *Psychological Reports*, 95(3), 780–786. <https://doi.org/10.2466/PR0.95.7.780-786>

Zeytinoglu, I. U. (1990). Part-time work in the education sector: A study of teachers in Ontario's elementary schools. *Journal of Collective Negotiations*, 14, 319-337.

Zoroğlu, S. S., Tüzün, Ü., Şar, V., Öztürk, M., Eröcal Kora, M. ve Alyanak, B. (2001). Çocukluk Dönemi İhmal ve İstismarının Olası Sonuçları. *Anadolu Psikiyatri Dergisi*, 2(2), 69-78.

APPENDICES

Appendix 1: Personal Information Form

Sayın Katılımcı,

Yeditepe Üniversitesi Eğitim Bilimleri Enstitüsü Psikolojik Danışmanlık ve Rehberlik Tezli Yüksek Lisans Programında yürüttüğüm tez çalışmam için araştırma yapmaktayım.

Aşağıda sunulan anketler Duygu Düzenlemenin Yordanmasında Çocukluk Çağı Travmalarının ve Bilinçli Farkındalığın Rolünü anlamaya yönelik olarak yürütülen bugüne kadar ki bilimsel çalışmalardan birine daha katkı sağlaması amacıyla sizlere ulaştırılmıştır.

Her bir ölçeği yanıtlamaya geçmeden önce ölçek başlarında sunulan kısa açıklamaları dikkatlice okuyunuz.

Lütfen ölçeklerdeki her cümleyi cevapladığınızdan emin olunuz. Aşağıdaki ankette yer alan soruların hepsini cevaplamanız bu araştırmanın sonuçları açısından kritik önem taşımaktadır.

Araştırmamız açısından kimliğinizin bilinmesi önem taşımadığından, anket formları üzerine ad ve soyadı yazılması gerekmemektedir. Vereceğiniz yanıtlar sadece araştırmacı tarafından bilimsel yayın amacıyla kullanılacaktır.

Ankette yer alan hiç bir sorunun doğru ya da yanlış cevabı yoktur. Yapılan bilimsel çalışmanın geçerliği ve güvenilirliği vereceğiniz samimi cevaplara bağlıdır.

☐ Kabul ediyorum. ☐ Kabul etmiyorum.

1. Üniversite Adı:
2. Bölümü:
3. Sınıf Düzeyi:
4. Yaşınız:
5. Cinsiyet:
 - ☐ Kadın
 - ☐ Erkek
6. Algılanan Sosyo-Ekonomik Düzey:
 - ☐ Düşük
 - ☐ Orta Altı
 - ☐ Orta

- Orta Üstü
- Yüksek

7. Medeni durumunuz:

- Romantik ilişkisi var
- Romantik ilişkisi yok
- Evli

8. Herhangi bir psikolojik rahatsızlığınız var mı?

- Evet
- Hayır

9. Aile ilişkilerinizi nasıl değerlendirirsiniz?

- İyi
- Orta
- Kötü

10. Arkadaş ilişkileriniz nasıl değerlendirirsiniz?

- İyi
- Orta
- Kötü

Appendix 2: Difficulties in Emotion Regulation Scale

Aşağıdaki cümlelerin size ne sıklıkla uyduğunu altlarında belirtilen 5 dereceli ölçek üzerinde değerlendiriniz. Her bir cümle için altındaki 5 noktalı ölçekten, size uygunluk yüzdesini de dikkate alarak, yalnızca bir tek rakamı yuvarlak içine alarak işaretleyiniz.	Hemen- hemen hiç	Bazen	Yaklaşık yarı yarıya	Çoğu zaman	Hemen hemen her zaman
1. Ne hissettiğim konusunda netimdir.					
2. Ne hissettiğimi dikkate alırım.					
3. Duygularım bana dayanılmaz ve kontrolsüz gelir.					
4. Ne hissettiğim konusunda net bir fikrim vardır.					
5. Duygularıma bir anlam vermekte zorlanırım.					
6. Ne hissettiğime dikkat ederim.					
7. Ne hissettiğimi tam olarak bilirim.					
8. Ne hissettiğimi önemserim.					
9. Ne hissettiğim konusunda karmaşa yaşarım.					
10. Kendimi kötü hissettiğimde, bu duygularımı kabul ederim.					
11. Kendimi kötü hissettiğimde, böyle hissettiğim için kendime kızarım.					
12. Kendimi kötü hissettiğimde, böyle hissettiğim için utanırım.					
13. Kendimi kötü hissettiğimde, işlerimi yapmakta zorlanırım.					
14. Kendimi kötü hissettiğimde, kontrolümü kaybederim.					
15. Kendimi kötü hissettiğimde, uzun süre böyle kalacağıma inanırım.					

16. Kendimi kötü hissettiğimde, sonuç olarak yoğun depresif duygular içinde olacağıma inanırım.					
17. Kendimi kötü hissettiğimde, duygularımın yerinde ve önemli olduğuna inanırım.					
18. Kendimi kötü hissettiğimde, başka şeylere odaklanmakta zorlanırım.					
19. Kendimi kötü hissettiğimde, kendimi kontrolden çıkmış hissederim.					
20. Kendimi kötü hissettiğimde, halen işlerimi sürdürebilirim.					
21. Kendimi kötü hissettiğimde, bu duygumdan dolayı kendimden utanırım.					
22. Kendimi kötü hissettiğimde, eninde sonunda kendimi daha iyi hissetmenin bir yolunu bulacağımı bilirim.					
23. Kendimi kötü hissettiğimde, zayıf biri olduğum duygusuna kapılırım.					
24. Kendimi kötü hissettiğimde, davranışlarımı kontrol altında tutabileceğimi hissederim.					
25. Kendimi kötü hissettiğimde, böyle hissettiğim için suçluluk duyarım.					
26. Kendimi kötü hissettiğimde, konsantre olmakta zorlanırım.					
27. Kendimi kötü hissettiğimde, davranışlarımı kontrol etmekte zorlanırım.					
28. Kendimi kötü hissettiğimde, daha iyi hissetmem için yapacağım hiç bir şey olmadığına inanırım.					
29. Kendimi kötü hissettiğimde, böyle hissettiğim için kendimden rahatsız olurum.					
30. Kendimi kötü hissettiğimde, kendim için çok fazla endişelenmeye başlarım.					

31. Kendimi kötü hissettiğimde, kendimi bu duyguya bırakmaktan başka yapabileceğim birşey olmadığına inanırım.					
32. Kendimi kötü hissettiğimde, davranışlarım üzerindeki kontrolümü kaybederim.					
33. Kendimi kötü hissettiğimde, başka bir şey düşünmekte zorlanırım.					
34. Kendimi kötü hissettiğimde, duygumun gerçekte ne olduğunu anlamak için zaman ayırırım.					
35. Kendimi kötü hissettiğimde, kendimi daha iyi hissetmem uzun zaman alır.					
36. Kendimi kötü hissettiğimde, duygularım dayanılmaz olur.					

Appendix 3: Childhood Trauma Questionnaire

Çocukluğumda ya da ergenliğimde...

	Hiç bir	Nadiren	Kimi	Sık	Çok sık
1. Yeterli yemeğim olurdu					
2. Gündelik bakım ve güvenliğim sağlanıyordu.					
3. Anne ya da babam kendilerine layık olmadığımı ifade ederlerdi.					
4. Fiziksel ihtiyaçlarım tam olarak karşılanırdı.					
5. Ailemde sorunlarımı paylaşabileceğim biri vardı					
6. Üst baş açısından bakımsızdım.					
7. Sevildiğimi hissediyordum.					
8. Anne ya da babam kendimden utanmama neden olurdu.					
9. Ailemden birisi bana öyle kötü vurmuştu ki doktora ya da hastaneye gitmem gerekmişti.					
10. Ailemde değiştirmek istediğim şeyler vardı.					
11. Ailemdekiler bana o kadar şiddetle vuruyorlardı ki vücudumda morartı ya da sıyrıklar oluyordu					
12. Kayış, sopa, kordon ya da başka sert bir cisimle vurularak cezalandırılıyordum.					
13. Anne ya da babam fikirlerimi önemserdi.					
14. Ailemdekiler bana kırıcı ya da saldırganca sözler söylerlerdi.					
15. Fiziksel bakımdan hırpalanmış olduğuma inanıyorum.					
16. Çocukluğum mükemmeldi.					
17. Bana o kadar kötü vuruluyor ya da dövülüyordum ki öğretmen, komşu ya da bir doktorun bunu fark ettiği oluyordu					

18. Ailemde birisi benden nefret ederdi.					
19. Ailemdekiler kendilerini birbirlerine yakın hissederlerdi.					
20. Biri bana cinsel amaçla dokunmaya ya da kendisine dokundurtmaya çalıştı.					
21. Kendisi ile cinsel ilişki kurmadığım takdirde bana zarar vermekle tehdit eden biri vardı.					
22. Benim ailem dünyanın en iyisiydi.					
23. Birisi beni cinsel şeyler yapmaya ya da cinsel şeylere bakmaya zorladı.					
24. Birisi bana cinsel tacizde bulundu.					
25. Ailemdekiler bana karşı suçlayıcıydı.					
26. İhtiyacım olduğunda beni doktora götürecek birisi vardı.					
27. Cinsel istismara uğradığım kanısındayım.					
28. Ailem benim için bir güç ve destek kaynağı idi.					
29. Ailemdekiler yaşlılarımla ve arkadaşlarımla görüşmemi kısıtlardı.					
30. Ailemdekiler her şeye karışırdı.					
31. Anne ve babam bir işi kendi başıma yapmama fırsat verirlerdi.					
32. Ailemdekiler rahat vermeyecek derecede peşimdeydiler					
33. Anne ya da babam beni kontrol etmek için kişisel eşyalarımı benden habersiz karıştırırdı.					

Appendix 4: Mindful Attention Awareness Scale (MAAS)

Açıklama: Aşağıda sizin günlük deneyimlerinize ilgili bir dizi durum verilmiştir. Lütfen her bir maddenin sağında yer alan 1 ile 6 arasındaki ölçeği kullanarak her bir deneyimi ne kadar sık veya nadiren yaşadığınızı belirtiniz. Lütfen deneyimizin **ne olması gerektiğini değil, sizin deneyiminizi gerçekten neyin etkilediğini** göz önünde bulundurarak cevaplayınız. Lütfen her bir maddeyi diğerlerinden ayrı tutunuz.

1	2	3	4	5	6	
Hemen hemen zaman	her zaman	Çoğu zaman	Bazen	Nadiren	Oldukça Seyrek	Hemen hemen hiçbir zaman
1. Belli bir süre farkında olmadan bazı duyguları yaşayabilirim.						1 2 3 4 5 6
2. Eşyaları özensizlik, dikkat etmeme veya başka bir şeyleri düşündüğüm için kırarım veya dökerim.						1 2 3 4 5 6
3. Şu anda olana odaklanmakta zorlanırım.						1 2 3 4 5 6
4. Gideceğim yere, yolda olup bitenlere dikkat etmeksizin hızlıca yürüyerek gitmeyi tercih ederim.						1 2 3 4 5 6
5. Fiziksel gerginlik ya da rahatsızlık içeren duyguları, gerçekten dikkatimi çekene kadar fark etmeme eğilimim vardır.						1 2 3 4 5 6
6. Bir kişinin ismini, bana söylendikten hemen sonra unuturum.						1 2 3 4 5 6
7. Yaptığım şeyin farkında olmaksızın otomatik bağlanmış gibi yapıyorum.						1 2 3 4 5 6
8. Aktiviteleri gerçekte ne olduklarına dikkat etmeden acele ile yerine getiririm.						1 2 3 4 5 6
9. Başarmak istediğim hedeflere öyle çok odaklanırım ki o hedeflere ulaşmak için şu an ne yapıyor olduğumun farkında olmam.						1 2 3 4 5 6
10. İşleri veya görevleri ne yaptığımın farkında olmaksızın otomatik olarak yaparım.						1 2 3 4 5 6

11. Kendimi bir kulağımla birini dinlerken; aynı zamanda başka bir şeyi de yaparken bulurum. 1 2 3 4 5 6
12. Gideceğim yerlere farkında olmadan gidiyor, sonra da oraya neden gittiğime şaşırıyorum. 1 2 3 4 5 6
13. Kendimi gelecek veya geçmişle meşgul bulurum. 1 2 3 4 5 6
14. Kendimi yaptığım işlere dikkatimi vermemiş bulurum. 1 2 3 4 5 6
15. Ne yediğimin farkında olmaksızın atıştırıyorum. 1 2 3 4 5 6

