

PARENTAL REJECTION AND LIFE ADVERSITIES OF ADULTS:
EXAMINING THE MEDIATIONAL COMPONENTS OF SELF-DEFEATING
PATTERNS

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EXAMINING THE MEDIATIONAL COMPONENTS OF SELF-DEFEATING
PATTERNS**

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ABSTRACT

PARENTAL REJECTION AND LIFE ADVERSITIES OF ADULTS: EXAMINING THE MEDIATIONAL COMPONENTS OF SELF-DEFEATING PATTERNS

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The purpose of the study was to examine the associations between parental rejection and psychological problems (psychopathology symptoms and personality disorders), and to investigate the effects of self-criticism, interpersonal problems, and self-defeating patterns on these associations. The mediating role of self-defeating patterns on the associations between parental rejection, psychopathology symptoms and personality disorders were also investigated. The study was conducted in two stages as psychometric study and main study, there are 354 participants in psychometric study, 581 participants in main study. In the psychometric part of the study, Self-Defeating Interpersonal Style Scale was adapted to Turkish, and psychometric properties of the adapted inventory was analyzed and was found to have good validity

and reliability characteristics. Differences in demographic variables and correlational data for the measures were examined. For the main analyses two sets of hierarchical regression analyses were conducted to investigate the paths between the variables of the current study. In addition, mediation analyses were conducted to investigate the roles of self-defeating interpersonal style domains on the relationship of parental rejection and psychological problems. In the line with expectations, parental rejection, self-criticism, self-defeating patterns and interpersonal problems significantly associated with psychological problems. Moreover, mediation effect of self-defeating interpersonal style was found on the relationship of parental rejection and psychological problems. The findings of the study and their clinical implications were discussed in the light of current literature.

Keywords: Parental Rejection, Self-Defeating Patterns, Psychological Problems, Self-Criticism, Interpersonal Problems

ÖZ

EBEVEYN REDDİ VE YETİŞKİN HAYATINDAKİ GÜÇLÜKLER: KENDİ KENDİNİ ENGELLEYEN YAPILARIN ARACI BİLEŞENLERİNİN İNCELENMESİ

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Bu çalışmanın amacı ebeveyn reddi ve psikolojik problemler (psikopatoloji semptomları ve kişilik bozuklukları) arasındaki ilişkinin incelenmesi ve öz-eleştirelilik, kendini engelleyen yapılar ve kişilerarası problemlerin bu ilişkideki yerinin araştırılmasıdır. Ayrıca, kendini engelleyen yapıların ebeveyn reddi ve psikolojik problemler arasındaki ilişkideki aracı rolü incelenmiştir. Bu çalışma psikometrik ve ana çalışma olarak iki aşamadan oluşmaktadır. Psikometrik çalışma 354 katılımcıyı ve ana çalışma 581 katılımcıyı kapsamaktadır. Psikometrik çalışma kapsamında Kendini Engelleyen Kişiler Arası Tarz Ölçeği Türkçe'ye uyarlanmış ve psikometrik özellikleri incelenmiştir. Elde edilen sonuçlarla ölçek geçerlilik ve güvenirlik özellikleri bakımından yeterli olarak saptanmıştır. Ana çalışmada katılımcıların yaş ve cinsiyet

gibi demografik deęişkenlerinin alıřmanın deęişkenleri zerindeki etkisi ve alıřmadaki lmler arasındaki karřılıklı iliřki incelenmiřtir. Ayrıca, alıřmanın deęişkenleri arasındaki anlamlı iliřkileri belirleyebilmek amacıyla iki set hiyerarřik regresyon analizi yapılmıřtır. Buna ek olarak, kendini engelleyen kiřilerarası tarzın, ebeveyn reddi ve psikolojik problemler arasındaki iliřkideki rolnn incelenmesi amacıyla aracı deęişken analizi uygulanmıřtır. alıřmanın sonuları, beklenildięi gibi, ebeveyn reddi, z-eleřtirelilik, kendini engelleyen yapılar ve kiřilerarası problemlerin psikolojik problemler ile anlamlı olarak iliřkili olduęunu gstermiřtir. Bununla birlikte, kendini engelleyen kiřilerarası tarzın ebeveyn reddi ve psikolojik problemler arasındaki iliřkide aracı rolnn olduęu bulunmuřtur. alıřmanın sonuları gncel literatr ıřıęında tartıřılmıř ve alıřmanın klinik uygulamalar aısından nemi ele alınmıřtır.

Anahtar Kelimeler: Ebeveyn Reddi, Kendi Kendini Engelleyen Yapılar, Psikolojik Problemler, z eleřtirelilik, Kiřilerarası Problemler



To my beloved family and lovely spouse

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CHAPTER 1

INTRODUCTION

The present study was conducted to investigate the associations between parental rejection and psychological problems (psychopathology symptoms and personality disorders), and to examine the effects of self-criticism, interpersonal problems, and self-defeating patterns on these associations. The mediating role of self-defeating patterns on the associations between parental rejection, psychopathology symptoms and personality disorders were also investigated.

Given the purpose of the current study, the following sections of the study begin by examining parental acceptance-rejection theory. Next, parental rejection and associated factors will be mentioned. Then, psychological problems and their associations with parental rejection will be examined. Following this examination, the concepts of self-defeating patterns and self-criticism will be specified, and their relationship with parental rejection and psychological problems will be described. Finally, interpersonal relationship problems will be discussed and its relationship with other variables will be examined.

1.1. Parental Acceptance-Rejection Theory (PARTheory)

Parental acceptance-rejection theory (PARTheory) is a globally accepted, lifelong development theory that investigates parental acceptance and rejection. In this theory, the sources, consequences, and areas of interaction of parental acceptance and rejection have been examined using data from many sociocultural and ethnic settings (Rohner, 2004, 1986; Rohner and Rohner, 1980). According to PARTheory, the

crucial issue is how much children perceive themselves as loved or accepted, since one of the primary criteria for the development of the individual is that they feel love and acceptance from their parents or those with whom they have primary contact. Ethnicity, culture, tradition, and many other factors play a role in the upbringing of children, but according to Rohner and colleagues (2012), although children have different upbringing styles, their responses in the experience of acceptance or rejection are similar.

Parental acceptance-rejection research began in the 1930s. In the following years, several studies on the topic were conducted by different researchers, but it was Rohner, whose work started in the 1960s and examined several aspects of the subject, who introduced PARTheory. Rohner also developed a self-report instrument, called the Parental Acceptance Rejection Questionnaire (PARQ), to measure individuals' perceptions of parental acceptance or rejection (1978, revised in 2005).

While investigating the causes and effects of parental acceptance and rejection, three sub-theories were created: "personality sub-theory", "coping sub-theory", and "sociocultural systems sub-theory". Personality sub-theory examines the lifelong impact of parental rejection on children and tries to anticipate and explain the primarily mental health-related consequences of perceived parental acceptance-rejection in childhood and through adulthood. This sub-theory is based on the fact that every individual needs to be loved and accepted. As individuals become adults, the sources of these needs may be other people, but for children, parents and primary caregivers fulfil the crucial needs of love, acceptance, care, and nurturance. Personality sub-theory focuses on whether or not children raised in different cultures, ethnicities, and traditions react in similar ways when they perceive acceptance or rejection from their parents or attachment figures. Indeed, the failure to meet the previously mentioned collective needs leads to similar consequences all over the world, since emotional safety, comfort, and well-being of children are highly dependent on the perceived quality of the relationship with their parents (Rohner, Khaleque, & Cournoyer, 2012;

Rohner, 2004). According to the personality sub-theory, parental acceptance-rejection affects children's personality development throughout life. While positive responses from significant others are a steady source of motivation for children, emotional and behavioral issues have been reported in children whose needs are not met with positive reactions. Specifically, it was found that children whose needs are neglected feel insecure and anxious and are prone to the development of certain negative personality tendencies (Rohner et al., 2012; Rohner & Khaleque, 2002). According to Rohner and Khaleque (2002), these include “hostility, aggression, passive aggression or problems with management of aggression; dependence or defensive independence; impaired self-esteem, and self-sufficiency; emotional unresponsiveness and instability; and negative worldview”.

The coping sub-theory focuses on how some children and adults with the experience of rejection can cope with problems more effectively than others. Within this sub-theory, two types of individuals can be identified based on their coping methods: “affective copers” and “instrumental copers”. Affective copers are individuals with generally positive psychological health despite their experience of rejection, while instrumental copers are people who are successful in their professional lives and assigned tasks despite the psychological impairments created by the rejection experience (Rohner et al., 2012; Rohner & Khaleque, 2002; Rohner, 1986). Finally, the sociocultural systems sub-theory seeks to explain the causes of parental acceptance and rejection and their interaction with cultural domains worldwide. This sub-theory tries to explain and predict the reasons why some parents are cold, aggressive, negligent, or rejecting, while others have warm and loving attitudes towards their children. This theory also investigates the contribution of social influences to this diversity of parental attitudes. (Rohner et al., 2012; Rohner & Khaleque, 2002; Rohner, 1986). To summarize, parental acceptance-rejection theory attempts to predict and explain the effects and consequences of parental acceptance and rejection on lifelong development by examining different dimensions.

1.1.1. Warmth Dimension

Parental acceptance and rejection make up the “warmth dimension” of parenting. It is an overall dimension created on the basis that each individual is more or less loved by their parents or primary caregivers during their childhood. Any emotional expressions (verbal, non-verbal, behavioral) between the parent and the child can be evaluated using this dimension. Additionally, the warmth dimension is a continuum with two-ends whose are acceptance and rejection. At one end, there are behaviors that indicate that the child is loved and accepted, such as attention, relevance, trust, love, and comfort, which point to parental acceptance. Children feel the acceptance, warmth, attention, care, support, and love of parents through verbal or behavioral expressions of love, such as playing games and having fun, feeling comfortable and safe, and hugging and kissing their parents. In other words, this end of the dimension covers all the behaviors that indicate that the child is accepted and loved in his relationship with his parents (Rohner et al., 2012; Rohner, 2004). At the other end of the warmth dimension is parental rejection, which describes parents’ indifferent, unresponsive, and cold behaviors towards their children, and encompasses parental behaviors that are psychologically or physically damaging.

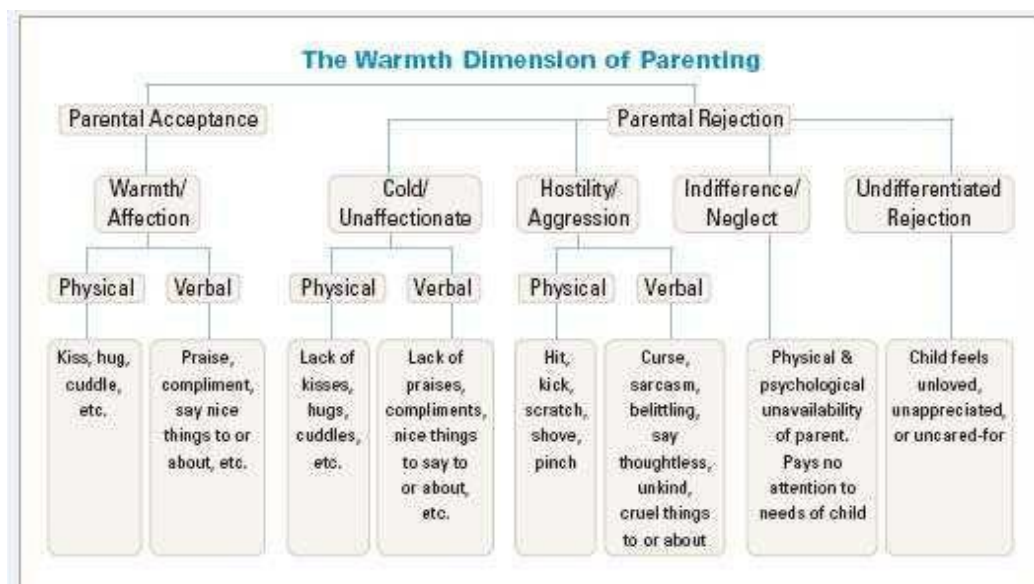


Figure 1.1 Warmth Dimension of Parenting (Copyright © Rohner, Khaleque, & Cournoyer, 2012)

Various consequences of the affection and warmth received from the mother and father have been reported in the literature. Although the role of the mother has received more attention, some studies indicate that love received from the father exerts a stronger positive influence on children's development and psychological adjustment than love from the mother (Rohner & Veneziano, 2001). Similarly, in a meta-analysis conducted by Khaleque and Rohner (2012), it was found that love from the father had more robust effects on the development of children's psychological adjustment than that received from the mother, and this effect was universal. On the other hand, children rejected by their mother were found to show more psychological maladjustment than children who perceived rejection from their father (Khaleque, 2017). In other words, paternal love and maternal rejection have a significant impact on psychological adjustment and maladjustment of children (Khaleque, 2017). There are different studies that investigate the effects of maternal and paternal acceptance and rejection in the literature. Moreover, it is obvious that individuals' healthy psychological development requires parental warmth and acceptance. In support of this, a meta-analysis covering 30 studies on the subject, which were conducted between 1975 and 2010, found a positive relationship between both maternal and paternal warmth, and self-esteem, positive worldview, self-adequacy, and emotional stability (Khaleque, 2013).

In terms of parental rejection, according to PARTheory, parental rejection can be experienced through any combination of expressions that are "cold and unaffectionate", "hostile and aggressive", "indifferent and neglecting", and "undifferentiated rejecting" (Rohner et al., 2012; Rohner, 2004). Coldness and unaffectionate behavior emerge as the opposite of the positive end of the warmth dimension. Feeling rejection, coldness, and absence of interest from parents; exposure to angry, indifferent, or harmful behavior; and being seen as a nuisance, all constitute the "parental rejection". Hostility and aggression occur when parents are angry at, irritated by, or resentful (hostility) towards their children, or when they verbally or physically harm them (aggression). This kind of parent can act aggressively, critically, or impatiently towards the child, and approach the child in humiliating or sarcastic

ways. Adults who experienced this kind of parenting in their childhood, state that they perceived their parents to be hostile and angry with them. Indifference and neglect can be exemplified by the fact that parents are unconcerned about the child and his/her needs that would contribute to his/her happiness or well-being. Behaviors such as not wanting to spend time with the child or not fulfilling promises made are also considered part of this category, along with ignoring the child's attention and comfort needs. These behaviors generally reflect the fact that the parent is cold, distant, and careless towards the child, rather than hostile. Undifferentiated rejection, on the other hand, refers to individuals' beliefs that they are not loved and cared for by their parents, although there are no clear signs that their parents are uninterested, cold or indifferent towards them (Rohner et al., 2012; Rohner, 2004).

Certain problems arise in individuals who are rejected by their parents regardless of factors such as race, language, gender, ethnicity, and culture. These include anger control problems, aggression, development of hostile attitudes, deterioration in self-esteem and self-efficacy, emotional instability and unresponsiveness, and cynical worldview. In other words, the child whose essential needs for love and acceptance are not met may show negative psychological and behavioral tendencies. What is more, depending on the intensity, duration, and form of the experienced rejection, problems such as dependence or defensive independence may arise in individuals who are rejected by their parents (Khaleque & Rohner, 2002). For example, they can demand more positive reactions; that is, they can be more dependent. Dependency expresses the inner desire to meet emotional support, care, nurturance, and comfort needs. The need for constant assurance and social support in children and adults who have experienced rejection in their relationship with their parents is also indicative of dependence (Rohner et al., 2012). Also, rejected individuals may feel intense emotions such as anger and can emotionally shut down in order to avoid experiencing more rejection. This emotional shutdown can cause emotional unresponsiveness and these individuals may have difficulty expressing or accepting love. In this case, defensive independence may occur. Although defensive independence may seem like a healthy

way of protecting rejected individuals, it is an unhealthy attitude because the individuals, who feel too much negative emotions such as anger and insecurity, ignore their constant need for warmth and support (Khaleque & Rohner, 2002).

Moreover, Rohner and colleagues (2012) stated that children rejected by their parents or a significant other they have bonded with can not only feel insecure and anxious but also develop impaired mental representations related to themselves, significant others, and people around them. Indeed, research indicates that rejected individuals may have impaired self-esteem and self-adequacy and may consider themselves unworthy of love (Rohner, 1986; Rohner & Rohner, 1980). Furthermore, rejected individuals may have a decreased capacity to cope with stress, and consequently, they can show emotional instability and develop negative views about the world given all difficulties they perceive. As a result, individuals who have experienced rejection come to view others as unreliable, hostile, emotionally insecure and threatening, which negatively affects their interpersonal relationships. Parental rejection, which can lead to such disruptions in the self and interpersonal relationships, has also been considered to be the source of many psychological problems (Rohner, 2004). Rohner and Britner (2002) stated that individuals who have recollected parental rejection experiences are more prone to experiencing behavior problems such as depression or affective disorders, substance abuse, and conduct disorder, externalizing behaviors, and delinquency than individuals without the experience of rejection. Additionally, according to the results of a meta-analysis, which included 551 studies conducted over nearly 40 years with data from nearly 150,000 children and adults from all over the world, a significant relationship was found between parental rejection and psychological maladjustment (Khaleque & Ali, 2017). According to these results and those recently reported in the literature, this relationship emerges independent of environmental and cultural effects. In another meta-analytic study, Khaleque and Rohner (2002), found that parental acceptance explained 26 % and 21 % of the variance in the psychological adjustment of children and adults, respectively.

In sum, parental acceptance has a positive effect on individuals, while serious adverse effects follow from parental rejection. Although these are experiences from childhood, their effects can be seen throughout an individual's life. In the following sections, the adverse effects of parental rejection will be examined in greater detail.

1.2. Psychological Problems

The personality sub-theory of the parental acceptance-rejection theory states that when children encounter rejection from their parents or other figures they have bonded to, they can develop negative personality dispositions (Rohner, 1999). According to this sub-theory, meeting the need for positive reactions from parents and significant others is motivating for individuals, but those who are unable to have these needs met have various emotional and behavioral reactions to this situation (Rohner & Brothers, 1999). As mentioned earlier, perceived parental coldness and lack of affection, hostility and aggression, and indifference and neglect are associated with psychological maladjustment in children regardless of their cultural backgrounds (Khaleque & Ali, 2017). At the same time, perceived parental coldness and lack of affection are associated with many psychological symptoms and diseases. It has also been noted that rejected individuals may develop personality dispositions which can form a more stable negative personality model called "rejection syndrome" (Rohner, 2004). Rejection syndrome creates significant adverse effects on the behavioral functioning and psychological adjustment of the individual throughout his/her life (Khaleque & Rohner 2002, 2012a, 2012b). Additionally, rejected individuals are prone to developing any of the following personality dispositions: impaired self-esteem and self-adequacy, emotional instability and unresponsiveness, hostility or aggression management problems, cognitive distortions, dependence or defensive independence, anxiety, insecurity, anger, aggression, passive aggression, and hostility (Rohner, 2004; Rohner & Lansford, 2017). The negative and painful emotions arising from perceived parental rejection also reduces the ability of individuals to cope with stress effectively relative to those who have been loved and accepted by their parents. Moreover, given the emotional instability and reduced capacity for dealing with stress caused by

rejection, rejected individuals tend to approach stressful situations with worry and anger, while those without rejection experiences usually handle these situations in a more balanced fashion (Rohner & Brothers, 1999).

According to a study conducted by Rohner and Khaleque (2012), there is a link between perceived parental rejection (from both mother and father) and hostility and aggression. In particular, paternal rejection was found to be associated with aggression both in adulthood (Casselman & McKenzie, 2015) and childhood (Chen, Liu, & Li, 2000), and combination paternal rejection with harsh parenting is associated with aggression in males (Chang, Schwartz, Dodge, & McBride-Chang, 2003). Moreover, there is a relationship between cold, hostile, and rejecting parental attitudes towards the child, and anxiety development (Wood, McLeod, Sigman, Hwang, & Chu, 2003). In connection with perceived parental rejection, the perception of the environment as threatening and the rejected individual's negative self-perception creates an atmosphere that increases anxiety (Bögels & Brechman-Toussaint, 2006; Bögels & Tarrier, 2004). Along the same lines, results of a meta-analysis conducted by McLeod and colleagues (2007), which was based on 47 studies, showed that higher levels of rejection were associated with high levels of anxiety in children. In addition, studies on the development of psychopathology have found a strong association between childhood emotional abuse experiences (such as rejection and low levels of emotional warmth) and social anxiety symptoms (Lutvak & Ferrari, 1997; Spokas & Heimberg, 2009).

In addition to contributing to increased anxiety in childhood, parental rejection and the negative behaviors it covers may also be connected to problems related to anxiety in adulthood. Although more attention has been paid to physical and sexual abuse in the literature (Edwards, Rapee, & Kennedy, 2010; Lizardi et al. 1995), in recent studies, emotional abuse has increasingly been implicated in the relationship between anxiety problems in adulthood and childhood maltreatment (van Harmelen et al., 2010). In a study examining the relationship between maltreatment types and anxiety disorders,

emotional abuse and neglect were associated with the development of anxiety disorder (Bruce, Heimberg, Blanco, Schneier, & Liebowitz, 2012), while another study conducted by Kessler and colleagues (1997) drew attention to the relationship between emotional neglect and social anxiety disorder. Furthermore, among childhood forms of maltreatment, the strongest link was found between emotional abuse and emotional dysregulation (Burns, Jackson, & Harding, 2010). Studies investigating childhood risk factors for the development of social anxiety disorder have found a relationship between both rejection and low parental warmth, and social anxiety disorder (Sachs-Ericson, Verona, Joiner, & Preacher, 2006; Spokas & Heimberg, 2009). In line with this research, a study conducted with 156 general social anxiety disorder patients also found a link between emotional abuse and neglect, and social anxiety symptom severity (Bruce et al., 2012). In the same line, among all maltreatment types, emotional abuse was associated with symptom severity in patients with a social anxiety disorder (Kuo, 2011; Simon, 2009).

Perceived parental rejection is also associated with many psychological problems that manifest as substance abuse, conduct disorders, depression, externalizing behaviors, and delinquency (Rohner & Britner, 2002). Research suggests that parental rejection may be associated with post-traumatic stress disorder (Courtois, 2004) and developmental trauma disorder (van der Kolk, 2010). As for the relationship between depression and parental rejection, in a longitudinal study, Rohner and Khaleque (2002) reported that parental rejection predicts depression in both adolescence and adulthood. Similarly, in a study conducted by Sart and colleagues (2016) with 384 university students in Turkey, a relationship was found between parental acceptance and decreased depressive symptoms, especially in female participants. There is also a relationship between somatization and parental rejection. Specifically, Naz and Kausar (2012) found that maternal indifference/neglect and hostility/aggression are important predictors of somatization disorder. Similarly, a study by Lackner and colleagues (2004) found a strong relationship between the severity of somatization disorder symptoms and adverse parenting styles.

Based on the fact that people diagnosed with borderline personality disorder have emotional, physical, and sexual abuse experiences within the family (Paris & Zweig-Frank, 1992; Weaver & Clum, 1993), studies have indicated that there may be a relationship between borderline personality disorder and parental rejection (Rohner & Brother, 1999). Fowler (1990) conducted a study with 30 women diagnosed with borderline personality disorder and found that participants had experienced rejection from both their mother and father. In this study, perceived rejection from the father was more strongly related to the severity of symptoms than perceived rejection from the mother. Similarly, in a study by Dutton, Starzomski, and Ryan (1996), paternal rejection and low maternal love was found to be associated with the “abusive personality” diagnostic cluster, which includes borderline personality disorder. In support of these findings, a study conducted by Rohner and Brothers (1999) with 35 female participants, found a relation between parental rejection, especially paternal rejection, and borderline personality disorder.

Additionally, it has been observed that non-clinical obsessive-compulsive individuals perceive rejection and less emotional warmth from their families (Cavedo & Parker, 1994; Ehiobuche, 1988). It has also been noted that parents’ attitudes towards parenting may contribute to the development of obsessive-compulsive disorder (OCD) (Steketee & Pruyn, 1998). However, rejection, especially from the father, and overprotectiveness also play an important role in the emergence of the first obsessive-compulsive symptoms (Alonso et al., 2004). Specifically, hoarding obsessions and compulsions were found to be significantly associated with perceived low parental warmth. In fact, while OCD patients generally stated that they experienced rejection from their fathers, patients with hoarding obsessions and compulsions reported that they found their parents to be less emotionally warm (Alonso et al. 2004).

As mentioned earlier, individuals with rejection experience can perceive the outside world as hostile and threatening. Given the degree of threat they perceive in their environment, children use avoidant or submissive coping mechanisms to protect

themselves from harm and rejection (Gilbert, Cheung, Grandfield, Campey, & Irons, 2003; Irons & Gilbert, 2005). Moreover, given their perception that the environment may harm them, children with hostile parents are more prone to showing signs of paranoia in their adult life. In fact, a relationship was found between the cold, demanding, and critical parenting styles of individuals' childhoods and the development of paranoid ideation in adulthood (Carvalho, Motta, Pinto-Gouveia, & Peixoto, 2016). In addition, individuals who experience cold parental attitudes that foster a sense of insecurity and the need to be aware of possible threats are more prone to affective disorders, relative to those who experienced a warm parental relationship in which trust has been established and emotional needs are met (Gilbert et al., 2003).

Furthermore, studies indicate that there is a relationship between child abuse, neglect and schizophrenia (Mørkved et al., 2017; Schäfer and Fisher, 2011), and that negative parental attitudes, lack of care, and insecure attachment with parents play an important role in the emergence and development of schizophrenia (Berry Barrowclough, & Wearden, 2009; Carvalho et al., 2016). According to studies with schizophrenia patients, individuals with the disease remember their parents as less warm and more rejecting, aggressive, and negligent (Akün, 2017; Divale et al., 2011). Although the importance of maternal rejection in the development of schizophrenia has been emphasized in some studies (Catalan et al., 2017; Read & Gumley, 2010), a study conducted by Akün (2017) with 53 schizophrenia patients and 253 non-clinical individuals, paternal rejection was found to be as important as maternal rejection when it comes to the psychological adjustment of patients. Several studies have also examined the associations between the negative and positive symptoms of schizophrenia and parental experiences in childhood. While positive symptoms were negatively associated with abuse (physical, sexual, emotional) and neglect experienced in childhood (Chae, Sim, Lim, Na, & Kim, 2015; Dvir Denietolis, & Frazier, 2013), some studies have reported that neglect was more strongly associated with negative symptoms (Bailey et al., 2018; Gallagher & Jones, 2013, 2016). In addition, childhood abuse and neglect were strongly associated with positive symptoms (Gibson et al.,

2014; Østefjells et al., 2017), while negative symptoms were reported to be moderately related to these symptoms (Green et al., 2014). Furthermore, Akün (2019) found that the experience of rejection from parents in childhood was correlated with maladjustment in schizophrenia. In this study, female schizophrenia patients with poor psychological adjustment had more severe negative symptoms if they had rejection experience from parents in childhood. Female patients were also found to be more sensitive to negative childhood experiences than male schizophrenia patients. Moreover, Akün (2019) also reported that for individuals with schizophrenia, as the severity of psychological maladjustment stemming from parental rejection increases, negative symptoms also become more severe. In other words, there is no direct relationship between schizophrenia and parental rejection, the relationship construct through mediating role of increased maladjustment in female patients (Akün & Batıgün, 2019).

Finally, childhood maltreatment also appears to be associated with psychosis and bipolar disorder. The deterioration of attachment, the effect of constant rejection or maltreatment on neurocognitive development, and many other factors play an intermediary role in this relationship (Cotter Kaess ve Yung, 2015). For example, for bipolar disorder, childhood maltreatment predicts illness onset at a younger age (Bücker et al., 2013) and more severe symptoms (Larsson et al., 2013). For psychotic disorder, deterioration in attachment behaviors in childhood may contribute to the development of adult psychosis (Harder, 2014; Read & Gumley, 2010). In addition, a relationship between emotional abuse and psychotic symptoms has also been reported, and there may be a link between childhood adversity and clinical psychosis (Rubino Nanni, Pozzi, & Siracusano, 2009).

All in all, parental rejection and childhood maltreatment are associated with both negative self-perceptions and psychological problems.

1.3. Self-Criticism

Self-criticism is characterized by guilt and dissatisfaction with oneself when the standards and ideals that individuals want to accomplish cannot be achieved (Blatt et al., 1976). In other words, self-criticism includes harsh self-examination and self-judgment (Shahar et al., 2011). Self-critical individuals are sensitive to criticism and disapproval by others and have a judgmental attitude towards themselves and others (Blatt D’Afflitti ve Quinlan, 1976). Additionally, self-criticism, as defined by Thompson and Zuroff (2004), has two different dimensions, namely “internalized self-criticism” and “comparative self-criticism”.

In internalized self-criticism, individuals compare themselves to their own internalized and idealized standards and form negative opinions about themselves based on this comparison. Since they are also harsh and judgmental towards themselves, they become victims of self-hostility and anger, and therefore, experience internal conflicts (Thompson & Zuroff, 2004). The focus here is not on others and their assessments, but on one’s own evaluation of the self as inadequate. Additionally, the internal standards to which individuals compare themselves are variable (high or regressive), so individuals often fail to meet these standards. Even if the internal standards are met, individuals with internalized self-criticism do not find this success sufficient; therefore, their experience of success is rejected or unrewarded. In other words, people with internalized self-criticism are prone to seeing themselves as deficient and carrying a sense of worthlessness because of these deficiencies (Thompson & Zuroff, 2004).

On the other hand, in comparative self-criticism, individuals’ self-assessment is that they are inadequate compared to others and their self-related judgments are based on the opinions of others. In other words, this dimension of self-criticism is characterized by the formation of a negative self-directed perspective as a result of comparisons with others. Individuals who engage in comparative self-criticism form negative opinions about themselves and see themselves as inferior compared to others who are considered critical, hostile or superior. As a result, exposure to others and their

evaluations causes discomfort. In a relational context, there is a relationship between self-criticism and interpersonal hostility. After all, if other people are seen as demanding and hostile, individuals try to avoid these distrusted people or to protect themselves (Thompson & Zuroff, 2004). As a result, comparative self-criticism often develops into interpersonal insecurity and a hostile perception of other people (Zuroff & Fitzpatrick, 1995).

Both internalized and comparative self-criticism have been associated with low psychological distress and low self-esteem (Thompson & Zuroff, 2004). In addition, while individuals with internalized self-criticism have hostile attitudes in interpersonal relationships, those with comparative self-criticism may have non-compromising and avoidant attitudes and were found to be more prone to fearful-avoidant attachment (Thompson & Zuroff, 2004). The presence of either internalized or comparative self-criticism causes individuals to become more prone to depression (Joeng & Turner, 2015; Yamaguchi Kim, & Akutsu, 2014). Moreover, individuals with comparative self-criticism have problems with the social environment as they perceive the outside world as hostile and judgmental. Those who have internalized self-criticism also have problems in their relations with the social environment since they see themselves as inferior and tend to think that others see them this way as well (Thompson & Zuroff, 2004).

Self-criticism results from early childhood experiences with cold, critical, and rejecting parents (Thompson & Zuroff, 1999). This type of parenting also contributes to the formation of insecure attachment in children. A child who is insecurely attached to his parents is more prone to being self-critical (Thompson & Zuroff, 1999). Many studies have reported that negative experiences with parents play an important role in the development of self-criticism. For example, Gilbert and Irons (2004) found that children who have been neglected by their parents and raised with the perception of threat become more sensitive to the threats that may come from the environment. These first negative experiences in which children are exposed to threats and neglect

become internalized and affect future relationships (Blatt & Homann, 1992; Gilbert & Irons, 2004).

According to Blatt and Homann's theory (1992), individuals who feel low warmth from their parents in their childhood engaged in more self-criticism. Self-critical adults remember their parents being careless (Blatt & Homann, 1992), cold and demanding towards them during childhood (McCranie & Bass, 1984). Moreover, there is also a strong relationship between maternal and paternal rejection and self-criticism (Irons, Gilbert, Baldwin, Baccus, & Palmer, 2006; Özdemir & Sağkal, 2019). In fact, results of a longitudinal study conducted by Koestner, Zuroff, and Powers (1991) showed that children who perceive rejection from their parents are more prone to self-criticism. However, there is a gender difference in the relation between paternal rejection and self-criticism such that women who experienced rejection from their father were more prone to self-criticism (Özdemir & Sağkal, 2019). Additionally, problems associated with self-criticism were found to be related to a predisposition to psychological problems, deterioration in interpersonal relationships, low self-esteem in social relationships, negative self, and low self-worth (Fichman Koestner, & Zuroff, 1996; Thompson & Zuroff, 1999).

1.3.1. Relations between Self-Criticism and Psychological Problems

There is a relationship between self-criticism and many psychological diseases. As previously mentioned, self-criticism has been found to be associated with parents' negative attitudes, especially rejection. Children who have consistently faced rejection acquire a view that others are strong, hostile, and dominant, and simultaneously create an interpersonal schema in which they are vulnerable to such attacks (Gilbert et al., 2006). This schema affects relationships with both the self and others and can lead to negative emotions and psychopathology (Gilbert, 2005). Longitudinal and cross-sectional studies have also found a relationship between self-criticism and psychopathology (Blatt & Luyten, 2009; Castilho, Pinto-Gouveia, Amaral, & Duarte, 2014; McIntyre Smith ve Rimes, 2018), particularly depression and anxiety (Blatt,

2004; Luyten & Blatt, 2013), and emotional and social difficulties (Gilbert Clarke, Hempel, Miles, & Irons, 2004).

Self-criticism is generally associated with depression and it has also been reported that self-criticism acquired in childhood is associated with psychological adjustment during adulthood (Zuroff, Koestner, & Powers, 1994). As previously mentioned, parental rejection in childhood can cause anxiety (Hudson & Rapee, 2001). This anxiety can result in self-criticism, as well as low self-esteem and self-efficacy (Leary Tate, Adams, Allen, & Hancock, 2007). Self-criticism also affects individuals' daily mood and affect. More specifically, it has been shown to decrease positive affectivity while also increasing negative affectivity (Mongrain & Zuroff, 1995). At the same time, according to cross-sectional studies, self-criticism is associated with psychopathologies such as social phobia, post-traumatic stress disorder, eating disorder, and depression (Ehret Joormann, Berking, 2015). Self-criticism is also associated with social phobia and social anxiety (Iancu Bonder, & Ben-Zion, 2015), anorexia and bulimia nervosa (Speranza et al., 2003), bipolar disorder (Francis-Raniere, Alloy, & Abramson, 2006), and self-injurious behavior (Glassman Weierich, Hooley, Deliberto, & Nock, 2007).

In summary, children who are rejected or treated coldly by their parents develop the belief that those around them are strong and that they are submissive or inferior. At the same time, they have low self-confidence and self-efficacy, and increased anxiety. These beliefs about the self and others make the child prone to self-criticism and psychological disorders in the future.

1.4. Interpersonal Problems

In the current study, interpersonal problems were examined within the frameworks of attachment styles and the interpersonal problems circumplex model.

1.4.1. Attachment Styles

According to attachment theory, styles in interpersonal relationships are influenced by relationships with parents in early childhood. Bowlby (1982) pointed out that the systems developed to establish intimacy with parents in childhood affect the way we relate to others in adulthood. Although attachment has been defined by many researchers as various domains, it mainly consists of two dimensions: “secure” and “insecure attachment” (Ainsworth et al., 1978; Hazan & Shaver, 1987). Insecure attachment is divided into two basic groups: anxious and avoidant (Mikulincer, Shaver, & Pereg, 2003). These two insecure attachment styles emerge as a result of childhood experiences that lead to the development of negative models and continue in adulthood. According to studies conducted by Bowlby (1973, 1982) and Ainsworth and colleagues (1978), attachment styles and mental representations about the self, others, and relationships acquired in childhood influence adult relations. The two insecure attachment styles, in particular, may cause problems in relationships. Anxious attachment reflects the concern about being rejected or abandoned by others, while avoidant attachment is characterized by discomfort in close relationships (Brennan Clark, & Shaver, 1998; Mikulincer et al., 2003). Individuals with insecure attachment state that they experienced more paternal rejection and less paternal support in childhood (Hinnen, Sanderman, & Sprangers, 2009). However, in a study conducted by Casselman and McKenzie (2015) with 610 young adults, a relationship was found between both maternal and paternal rejection and insecure adult attachment. Individuals with attachment anxiety remember their parents as being insensitive, intrusive, and inconsistent. On the other hand, individuals with an avoidant attachment style state that they could not get support from their parents when they needed it and that their parents were rejecting and uncomfortable with bodily contact (Belsky & Cassidy, 1994). While individuals with a secure attachment style define their relationship with their parents in childhood as being warm and friendly (Hazan & Shaver, 1987), individuals with insecure attachment styles reported fewer positive experiences. Specifically, individuals with anxious attachment recalled that their parents were intrusive, while those with avoidant attachment stated that their parents

were rejecting (Diehl Elnick, Bourbeau, & Labouvie-Vief, 1998). Similarly, in another study, participants with anxious and avoidant attachment styles stated that they had less loving experiences and more rejection from their parents than those with secure attachments (Gerlsma, Buunk, & Mutsaers, 1996). In short, parental rejection predicts insecure attachment even in adulthood (Casselman & Mckenzie, 2015).

Although it is widely believed that early attachment styles affect social relationships in adulthood, some are of the opinion that the attachment styles acquired during childhood do not necessarily continue in adult life. Social environments or close relationships that allow individuals to develop healthy attachment can be effective at preventing maladaptive attachment patterns from continuing into adulthood. Despite these views, however, studies consistently show that mental representations related to attachment styles and relationships acquired in childhood generally continue in adult life (Halverson, 1988; Henry, Moffitt, Caspi, Langley, & Silva, 1994; Lewis, 1997). In a study conducted by Lewis and colleagues (2000), participants who, at the age of 13, reported that they had had negative experiences in childhood, continued to show insecure attachment representations at the age of 18. Similarly, in a longitudinal study by Klohnen and Bera (1998), insecurely attached participants with problematic interpersonal relationships at the ages of 21 and 43 also indicated more relationship problems at the age of 52 compared to participants with a secure attachment style.

1.4.2. Relations between Attachment Styles and Psychological Problems

A relationship exists between attachment styles and psychological problems (Brennan & Shaver, 1998). Since childhood negative experiences lead to insecure attachment, and insecure attachment causes psychological problems, attachment seems to provide a link between childhood adversity and adulthood psychological outcomes (Oshri et al., 2015). While secure attachment is associated with psychological well-being (Mikulincer & Shaver, 2007), insecure attachment can predispose individuals to certain psychopathology (Easterbrooks, Biesecker, & Lyons-Ruth, 2000), including depression (Hankin, Kassel, & Abela, 2005; Hazan & Shaver, 1990) and psychological

dysfunction (Riggs et al., 2007). Furthermore, there is a relationship between avoidant attachment and schizoid, dysthymia, borderline and schizotypal disorders (Allen, Coyne, & Huntoon, 1998; Brennan & Shaver, 1998). While mood disorders are mostly associated with anxious attachment, problems related to substance abuse are associated with avoidant attachment. Finally, according to a study conducted by Widom, Czaja, and Kozakowski (2018) with 650 adult participants, both anxious and avoidant attachment styles were found to be associated with depression and anxiety.

1.4.3. Interpersonal Problems Circumplex Model

In addition to attachment style, the attitudes of individuals in their relationships also play a leading role in the emergence of interpersonal problems. Interpersonal style is defined as an individual's characteristic approach in relations with others. Attitudes, behaviors, and cognitions about relationships also form one's interpersonal style (Wilson, Stroud, & Durbin, 2017). According to Sullivan (1953), security and self-esteem needs form the foundation of interpersonal relations. Moreover, interpersonal theory draws attention to the fact that all interpersonal relationships are established in order to create self-esteem and avoid anxiety (Leary, 1957, as cited in, Horowitz, Alden, Wiggins, & Pincus, 2003). In order to conceptualize interpersonal style and define its functionality in interpersonal relationships, the interpersonal circumplex model was developed by Leary (1957, as cited in, Horowitz et al., 2003) based on Sullivan's interpersonal theory. Accordingly, a circular structure was developed consisting of basic dimensions, namely "affiliation" and "dominance", corresponding to the concepts of security and self-esteem specified in Sullivan's interpersonal theory. All interpersonal behaviors are defined by combinations of these two dimensions. While the affiliation dimension consists of hostile/cold, and friendly/warmth behaviors, the dominance dimension consists of dominant/controlling and submissive behaviors (Horowitz et al., 2003). This interpersonal model is measured by an inventory developed by Alden, Wiggins, and Pincus (1990), in which there are eight interpersonal difficulty dimensions, namely "domineering/controlling", "vindictive/self-centered", "cold/distant", "socially inhibited", "nonassertive",

“overly accommodating”, “self-sacrificing” and “intrusive/needy”. This measurement tool helps to identify interpersonal problem dimensions (Horowitz et al., 2003).

There is a link between interpersonal problems and childhood negative experiences. It has been reported that negative experiences in childhood lead to interpersonal problems in adult life by disrupting perceptions about the self and others (Young, Klosko, & Weishaar, 2003). There are some studies examining the relationship between parental rejection and interpersonal problem dimensions. For instance, according to a study conducted by Tariq and Kauasr (2015) with 51 conversion disorder patients and 50 participants with a general medical condition, those with conversion disorder who had also experienced high levels of neglect from their mothers displayed more “vindictive/self-centered”, “nonassertive”, “overly accommodating” and “cold/distant” interpersonal problems than those in the control group. Also, parental neglect and undifferentiated rejection were found to be associated with the “domineering” and “self-sacrificing” interpersonal problem dimensions. In addition, Huh and colleagues (2014) conducted a study with patients who had depression and anxiety disorder and found that there was a relationship between childhood emotional abuse and total interpersonal problems score. Specifically, there was a relationship between childhood abuse experience and the “domineering/controlling” dimension. Moreover, Christ and colleagues (2019) noted that there is a link between emotional abuse and “cold/distant” interpersonal style.

1.4.4. Relations between the Interpersonal Problems Circumplex Model and Psychological Problems

There are studies examining the relationship between psychological problems and the interpersonal problem domains in the literature. Findings indicate that while major depressive disorder (Locke, Sayegh, Weber, & Turecki, 2016) and social phobia are associated with interpersonal problems in the “nonassertive” domain (Cain, Pincus, & Holfort, 2010), generalized anxiety disorder is associated with problems in the “overly accommodating” domain (Salzer et al., 2008, as cited in Girard et al., 2017). In

addition, according to a study conducted by Akyunus (2017) with a Turkish sample, there is a relationship between a total interpersonal problems score and negative view of the self, hostility, anxiety, and depression. Akyunus (2017) also found that (a) avoidant personality disorder was associated with the “cold/distant”, “socially avoidant”, and “nonassertive” forms of interpersonal problems; (b) dependent personality disorder was associated with the “nonassertive” and “intrusive” forms of interpersonal problems; and (c) borderline personality disorder was associated with the “domineering” and “cold” forms of interpersonal problems. In addition, in their meta-analytic study of non-clinical samples, Wilson and colleagues (2017) stated that there was a relationship between paranoid personality disorder and “intrusiveness”; schizoid personality disorder and “coldness” and “social inhibition”; and antisocial personality disorder and “vindictiveness” and “intrusiveness”. These researchers also found a relationship between “intrusiveness” and obsessive-compulsive, narcissistic, and dependent personality disorders.

1.5. Self-Defeating Patterns

Self-defeating patterns can be defined as pervasive and inflexible behaviors that bring benefits in the short term but may lead to negative psychological results in the long term (Wei & Ku, 2007). Freud (1965) stated that self-defeating patterns may be related to individuals’ innate self-harm instincts. These patterns are also identified by the desire to fail or suffer due to feelings of guilt (Piers & Singer, 1971). Although self-defeating patterns have been described in different ways over the years, they are generally considered to be undesirable consequences resulting from the failure of efforts to meet basic needs (Atkinson, 2017). Common self-defeating patterns include smoking, procrastination or risky behaviors (Twenge, Catanese, & Baumeister, 2002) in which the preference for short-term pleasure and comfort takes precedence despite the difficulties that arise in the long term. Although self-defeating patterns are typically associated with the previously mentioned behaviors, they also exist in interpersonal relations. The presence of self-defeating patterns in the interpersonal arena is called self-defeating interpersonal style (Atkinson, 2017). Self-defeating interpersonal style

is characterized by a persistent tendency to ignore the negative consequences of relationships in order to meet more urgent or important needs (such as receiving love, comfort, attention, and social support). Moreover, individuals with this style of relating to others insist on maintaining their relationships despite facing financial, psychological or physical abuse (Atkinson, 2017).

Self-defeating patterns are related to the parent-child relationship and adult attachment. Individuals who engage in self-defeating behaviors stated that they did not receive enough love, care, and attention from their parents and that their parents were incoherent and rejecting (Glickhauf-Hughes & Wells, 1991; Zampelli, 2000). Indeed, research on the topic shows that children who have rejecting and unsupportive parents are prone to developing self-defeating behaviors and thoughts (Pezzarossa, Della Rosa, & Rubino, 2002; Rubino, Pezzarossa, Della Rosa, & Siracusano, 2004).

Adverse childhood experiences primarily affect adult attachment and then the development of self-defeating behaviors (Wei & Ku, 2007; Williams & Schill, 1994). Moreover, self-defeating patterns are associated with a self-sacrificing interpersonal style and an undeserving self-image (Millon, 1987). Self-defeating behaviors, as well as self-defeating interpersonal styles, are also associated with adult attachment (Atkinson, 2017; Wei & Ku, 2007). Two types of adult attachment have been specified, namely attachment anxiety and attachment avoidance (Brennan et al., 1998). Brennan and colleagues (1998) reported that attachment anxiety was closely related to the fear of abandonment. Moreover, attachment anxiety is characterized by an overreaction to negative emotions or events, and the desire to seek support from others or to ensure that parents are accessible (Ainsworth, Blehar, Waters, & Wall, 1978; Mikulincer et al., 2003). It can also be considered a survival strategy of children whose parents do not respond to their needs. However, the interpersonal relations of people who use this survival strategy consistently suffer. Due to the features brought by attachment anxiety, which the person builds on getting support for every negativity, can lead to excessive reassurance-seeking and the reduction of support resources in the

long run (Wei, Mallinckrodt, Larson, & Zakalik, 2005). Likewise, individuals with attachment anxiety may continue the relationship in which they have been ill-treated for fear of being abandoned (Atkinson, 2017).

Meanwhile, attachment avoidance has been associated with fear of intimacy and attachment. Individuals with attachment avoidance suppress their negative feelings and avoid establishing relationships with others to avoid the frustration they might experience if they are ignored when they need support (Mikulincer et al., 2003). These individuals have generally been neglected and rejected by their parents in childhood and have been minimizing their need for relationships ever since to avoid depending on others (Cassidy & Kobak, 1988). As with attachment anxiety, this is also a survival strategy that has been developing since childhood. The generalization of this strategy and its use in adult life also creates a self-defeating pattern that protects against rejection in the short term but prevents the establishment of healthy relationships in the long term (Mikulincer et al., 2003).

In both adult attachment styles, there is a relationship between depression and interpersonal distress given the steady use of childhood-acquired strategies and subsequent deterioration in interpersonal relationships (Lopez et al., 2002; Wei et al., 2005; Wei & Ku, 2007). That is, the mechanisms developed by the individual to cope with inconsistent and insecure environments during his or her development may cause self-defeating interpersonal patterns in adulthood. This generally manifests in adulthood as maintaining romantic or social relationships despite ill-treatment from relationship partners (Atkinson, 2017). In summary, in both adult attachment styles, which make regular use of childhood-acquired strategies, there is a deterioration in interpersonal relations later in life. Individuals find motivation to continue relationships in which they are mistreated by using these attachment strategies, seek excessive support due to their anxiety, and ultimately damage their relationship in the long run, or are less likely to establish healthy relationships by avoiding closeness.

Apart from attachment, undeserving self-image and self-sacrificing interpersonal styles seem to predict self-defeating behavior (Millon, 1987). Undeserving self-image plays an essential role in the emergence of self-defeating patterns and is characterized by low self-worth and a strong belief that one deserves bad things. Those with a self-sacrificing nature, however, tend to be in a subservient position in their relations with others, regularly ignoring their own needs and desires and tolerating ill-treatment from their relationship partners. That is, low self-worth and a persistent belief that they deserve negative outcomes can lead individuals to sacrifice their own needs or desires, or tolerate disappointing, sad, and punitive relationships, in order to feel safe in their relationships (Atkinson, 2017). Since negative self-perceptions, low self-adequacy, and seeing oneself as unworthy of love are fed by parental rejection (Rohner, 2012), the relationship between parental rejection and self-defeating patterns is evident.

1.5.1. Relations between Self-Defeating Patterns and Psychological Problems

Self-defeating behaviors seem to foster a predisposition to certain psychopathologies and negatively affect relationships. Harzler and Brownson (2001) stated that self-defeating patterns are associated with psychological problems and they predict interpersonal distress and depression in particular (Baumeister & Scher, 1988; Lester & Hoffman, 1992). Individuals with self-defeating patterns have negative views about themselves (Cudney & Hardy, 1991), and low self-worth and self-esteem (Yelsma, 1993; Wei & Ku (2007). Given that low self-esteem predicts depression and interpersonal difficulties (Kahle, Kulka, & Klingel, 1980; Perez, Pettit, David, Kistner, & Joiner, 2001; Roberts Gotlib, & Kassel, 1996), people with self-defeating patterns are more prone to depression and interpersonal distress (Wei & Ku, 2007). Moreover, at the core of self-defeating patterns is a negative self-model in which individuals have low self-worth and believe that they deserve bad things. These negative cognitions make the person more prone to depression (Freeman & Garety, 2014). Furthermore, the behaviors developed for self-protection in early childhood lead to maladaptive interpersonal behaviors in adulthood and facilitate a susceptibility to psychopathologies (Wei & Ku, 2007). In line with this research, Atkinson and

colleagues (2019) conducted a study with 353 adults using the Self-Defeating Interpersonal Style Scale (SELF-DISS), which measures self-defeating interpersonal behaviors. A strong relationship between high SELF-DISS scores and depression was found.

In sum, self-defeating patterns have been defined as a persistent set of behaviors that are fed by impaired self-perceptions, attachment styles, and internalized mistreatment, which ultimately affect individuals' relationships with others (Atkinson, 2017). As previously stated, this pattern can also be seen in interpersonal relationships. For example, in order to be accepted and feel safe, an individual might continue a relationship despite being mistreated. At this point, low self-worth and self-esteem come into play. As mentioned earlier, individuals who have had negative experiences with their parents in childhood internalize these experiences and become prone to low self-esteem and self-worth. Consequently, they prioritize the sense of trust and acceptance that they receive from relationships even though these relationships can be harmful in the long term.

1.6. The Mediating Role of Self-Defeating Patterns in the Association between Parental Rejection and Psychological Problems

As previously mentioned, self-defeating patterns are driven by insecure attachment, undeserving self-image, and a self-sacrificing nature (Atkinson, 2017; Millon, 1987; Wei & Ku, 2007). Moreover, parental relationships play an important role in the emergence of both insecure adult attachment (Casselman & McKenzie, 2015; Hinnen et al., 2009) and negative self-concept (Cournoyer Sethi, & Cordero, 2005), and many studies have shown that people who have negative experiences with their parents in early childhood are more prone to self-defeating patterns (Rubino et al., 2004; Zampelli, 2000).

In addition, it has been stated that self-defeating patterns are associated with psychological problems, particularly depression. For example, in their study, Wei and

Ku (2007) predicted that attachment related anxiety and avoidance would lead to self-defeating patterns, which would cause psychological problems. They found that self-defeating patterns did indeed mediate the relationship between adult attachment and depression. In fact, the relationship between attachment avoidance and depression was established only through self-defeating patterns (Wei & Ku, 2007).

Although the relationship between parental rejection and self-defeating patterns and psychological problems have been examined separately, none of these studies have examined this relationship completely. In addition, there is no study examining the role of the self-defeating interpersonal style in these relationships. In light of these gaps in the literature, this study examined the mediating role of self-defeating interpersonal style in the relation between parental rejection and psychological problems. In doing so, this study aimed to show that self-defeating patterns developed from parental rejection have a negative effect on individuals' relationships with both the self and others, and this in turn, makes them more prone to psychological problems.

1.7. Aims of the Study

Based on the reviewed literature, it is clear that parental rejection is associated with psychological problems (psychopathology symptoms and personality disorders). Moreover, self-defeating interpersonal style, self-criticism and interpersonal problems originate from parental rejection and appear to be related to psychological problems as well. However, few studies investigate the associates of these variables along with the effects of self-defeating interpersonal style, self-criticism, and interpersonal problems. Therefore, the aims of the current study are:

- * To adapt Self-Defeating Interpersonal Style Scale (SELF-DISS) into Turkish.
- * To conduct the psychometric study of SELF-DISS.
- * To examine gender and age differences in the variables of the study (i.e., parental rejection, psychopathology symptoms, personality disorders, self-criticism, self-defeating patterns, and interpersonal problems).

- * To examine the interrelationship between the measures of the current study.
- * To reveal the associations between the study variables, which are parental rejection, psychopathology symptoms, personality disorders, self-defeating patterns, self-criticism, and interpersonal problems.
- * To investigate whether self-defeating interpersonal style mediates the relationships between parental rejection, personality disorders, and psychopathology symptoms.

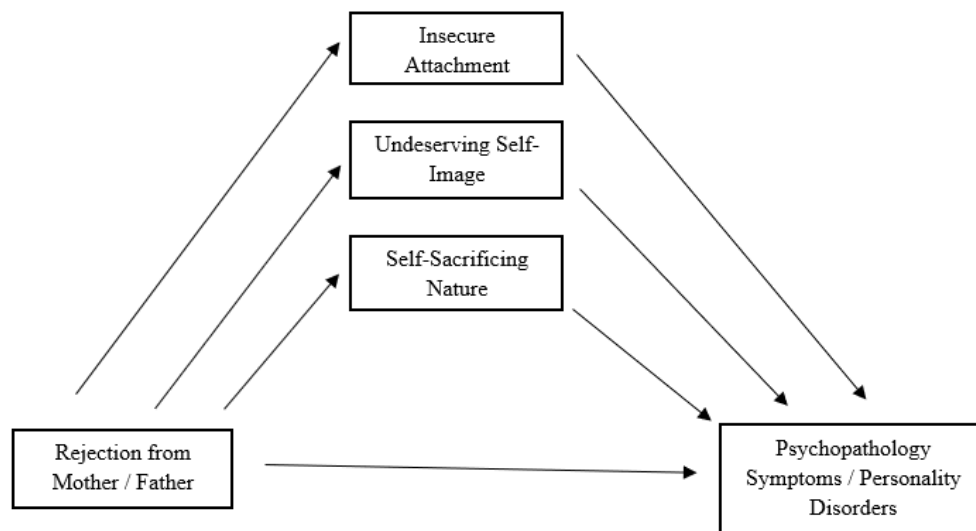


Figure 1. 2 Mediation Model of the Study

The hypotheses of the current study are as follows:

- * Parental rejection will be associated with both psychopathology symptoms and personality disorders.
- * Maternal and paternal rejection will be differentially associated with psychological problems (i.e., psychopathology symptoms and personality disorders).
- * Parental rejection will be associated with self-defeating interpersonal style, self-criticism, and interpersonal problems.

- * Maternal and paternal rejection will be differentially associated with self-defeating interpersonal style, self-criticism, and interpersonal problems.
- * Self-criticism and interpersonal problems will be associated with both psychopathology symptoms and personality disorders.
- * Self-defeating interpersonal style domains (i.e., insecure attachment, undeserving self-image, self-sacrificing nature) will mediate the relations between parental rejection (i.e., maternal rejection, paternal rejection) and psychological problems (i.e., psychopathology symptoms, personality disorders).



CHAPTER 2

METHOD

2.1. Psychometric Study

2.1.1. Participants

The sample of the psychometric study, consisted of 354 participants, 200 (56.5 %) of whom were female, and 154 (43.5 %) of whom were male. The age of the participants ranged from 18 to 60 ($M = 31.36$, $SD = 10.15$) (see Table 2.1).

By considering the education status, 98 (27.7 %) of the participants were among the graduate level (master or doctorate) students, and 231 (65.3 %) of the participants were currently undergraduate students or graduated from university. Moreover, 25 (7 %) of participants graduated from high school.

As for the economic status, 38 (10.7 %) of the participants had a low socio-economic status (SES) level, 289 (81.7 %) of the participants had a moderate SES level, and the remaining 27 (7.6 %) participants reported themselves as having high SES.

Regarding the marital status, 200 (56.5 %) of the participants were single, while 137 (38.7 %) of them were married. Besides, 9 (2.5 %) of them were cohabiting, and 8 (2.3 %) of them were divorced.

As for the residential status, 217 (61.3 %) of the participants lived with their family, and 3 (0.8 %) of them lived with their relatives. Moreover, 35 (9.9 %) of the

participants reported that they live in dormitory, and 34 (9.6 %) of them reported that they live at home with their friends. The remaining 65 (18.4 %) of the participants did not select one of the options mentioned and indicated their residential status as “other”.

In terms of parental survival, 326 (92.1 %) of the participants stated that their mother was still alive, while 28 (7.9 %) of them stated that their mother had passed away, and 292 (82.5 %) of the participants stated that their father was still alive, and 62 (17.5 %) of them indicated that their father had passed away. Moreover, the participants were also asked whether they lived separately from their parents (up to the age of 18 and when their parents were alive). For this question, 93 (26.3 %) participants stated that they were separated from their mother, while 106 (29.9 %) participants stated that they lived separately from their father.

As for the current and previous psychological problem and treatment history, 34 (9.6 %) of the participants reported current psychological problems and 19 (5.4 %) of them received psychological treatment. Besides, out of 354 participants, 84 (23.7 %) of them had psychological problems history and 71 (20.1 %) of them received psychological treatment previously. Moreover, in terms of experiencing physical trauma (such as severe head trauma), 23 (6.5 %) participants stated that they experienced physical trauma, and 18 (5.1 %) of them stated that they had received treatment related to this condition (see Table 2.1).

Table 2.1 *Demographic Characteristics of the Participants*

Variables	N (354 participants)	%
Gender		
Female	200	56.5
Male	154	43.5
Age ($M = 31.36$, $SD = 10.15$)		
1 (between 18-24)	120	33.9
2 (between 25-33)	123	34.7
3 (between 34-60)	111	31.4
Education		
Graduate of high school	25	7
University student/graduate	231	65.3
Graduate student/degree	98	27.7
Reported Income Level		
Low	38	10.7
Middle	289	81.7
High	27	7.6
Marital Status		
Single	200	56.5
Married	137	38.7
Cohabiting	9	2.5
Divorced	8	2.3
Residential Status		
with family	217	61.3
with relatives	3	0.8
dormitory	35	9.9
with friends	34	9.6
Other	65	18.4

Table 2.1 (Continued)

Variables	N (354 participants)	%
Parental Survival		
Mother (died)	28	7.9
Father (died)	62	17.5
Separate Living from Parents (up to the age of 18)		
Mother	93	26.3
Father	106	29.9
Current Psychological Problems		
Yes	34	9.6
No	320	90.4
Current Psychological Treatment (N = 34)		
Yes	19	5.4
No	15	4.2
Previous Psychological Problems		
Yes	84	23.7
No	270	76.3
Previous Psychological Treatment (N = 84)		
Yes	71	20.1
No	13	3.6
Physical Trauma		
Yes	23	6.5
No	331	93.5
Treatment for Physical Trauma (N = 23)		
Yes	18	5.1
No	5	1.4

2.1.2. Instruments

Initially, to obtain information about demographic features of the participants (e.g., gender, age, educational level, socio-economic, marital, and residential status, and both current and previous history of psychological and/or psychiatric treatment, and physical trauma history), a demographic information form was prepared by the researcher. Then, a set of questionnaires included Basic Personality Traits Inventory (BPTI) (see Appendix B) in order to evaluate personality dimensions; Beck Depression Inventory (BDI) (see Appendix C); The Positive and Negative Affect Schedule (PANAS) (see Appendix D); Self-Defeating Interpersonal Style Scale (SELF-DISS) (see Appendix E); The Levels of Self-Criticism Scale (LOSC) (see Appendix F), and Experiences in Close Relationships Inventory-Revised (ECR-R) (see Appendix G) were given to participants.

2.1.2.1. Basic Personality Traits Inventory (BPTI). Gençöz and Öncül (2012) formed The Basic Personality Traits Inventory for Turkish culture by considering five-factor model of personality (McCrae & Costa, 2003). This inventory measures the personality traits with 45 items and six basic personality traits (i.e., “*Extraversion*”, “*Conscientiousness*”, “*Agreeableness*”, “*Neuroticism*”, “*Openness to Experience*”, and “*Negative Valence*”). BPTI rated from five-point Likert-type scale (1= *does not apply to me*, 5 = *definitely apply to me*). The internal consistency reliability of each personality traits ranged from .71 to .89, the test-re-test reliability of BPTI traits ranged from .71 to .84. The concurrent validity analysis conducted and obtained results supported the validity of the inventory (Gençöz & Öncül, 2012).

In the current study, coefficients of internal consistency of personality traits were found as .88, .86, .83, .81, .74 and .70 for “*Extraversion*”, “*Conscientiousness*”, “*Agreeableness*”, “*Neuroticism*”, “*Openness to Experience*” and “*Negative Valence*”, respectively (see Table 3.6).

2.1.2.2. Beck Depression Inventory (BDI). Beck and colleagues (1979) developed BDI that consists of 21 items. Ranges of score of each item varies between 0 and 3, and lower scores show lower levels of depressive symptoms. Tegin (1980) adapted the scale into Turkish, and the psychometric study of the scale conducted by Hisli (1988). The split-half reliability was found as .74 (Hisli, 1980).

In the current study, coefficient of internal consistency was found as .88 for total scale (see Table 3.6).

2.1.2.3. The Positive and Negative Affect Schedule (PANAS). Watson and colleagues (1988) developed PANAS which includes two scales, named as “*Positive Affect (PA)*” and “*Negative Affect (NA)*”. Both scales consist of 10 items and these items rated from five-point Likert-type scale (*1 = not at all, 5 = very much*). The internal consistency reliabilities of the scales were found to be .88, and .87; and the test-re-test reliabilities were .81 and .79, respectively. Gençöz (2000) adapted PANAS into Turkish. Moreover, the internal consistency reliability was found as .83 for the PA, .86 for the NA.

In the current study, coefficients of internal consistency were found as .89 and .88 for Positive Affect and Negative Affect, respectively (see Table 3.6).

2.1.2.4. Self-Defeating Interpersonal Style Scale (SELF-DISS). Self-Defeating Interpersonal Style Scale developed by Atkinson (2017) to determine the self-defeating patterns of adults in interpersonal relationships. SELF-DISS included 35 items, three sub-scales (*i.e., Insecure Attachment, Undeserving Self-Image, and Self-Sacrificing Nature*) and rated from a ten-point Likert-type scale (*1 = strongly disagree, 10 = strongly agree*). According to reliability analyses of the 35 items yielded an alpha of .97 for the total SELF-DISS, .97 for the Insecure Attachment subscale, .92 for the Undeserving Self-Image subscale, and .87 for the Self-Sacrificing Nature subscale.

The Turkish adaptation study of the scale was carried out within the scope of this study. According to the results obtained, internal consistency was found as .90 for the total scale. For the subscales, Cronbach's Alpha coefficients were found as .90 for Insecure Attachment, .70 for Undeserving Self-Image, and .74 for Self-Sacrificing Nature. The total scale of SELF-DISS splitting into two parts randomly to conduct the split-half reliability, and the Guttman split-half reliability was found as .92. The first part (consisted of 18 items) Cronbach Alpha coefficients was found as .80, and the second part (consist of 17 item) was found as .82. The test-re-test reliability coefficients of the subscales was found to be as .93 (N = 47) for the total scale and ranged from .81 to .89 for subscales. That is, the results showed that the Turkish version of SELF-DISS is a valid and reliable measurement tool.

2.1.2.5. The Levels of Self-Criticism (LOSC). Thompson and Zuroff (2002) developed the Levels of Self-Criticism Scale (LOSC) which has two subscales; "*Comparative Self-Criticism (CSC)*" and "*Internalized Self-Criticism (ISC)*". It consists of 22 items and rated from a five-point Likert-scale (1 = none, 5 = very good). The Turkish adaptation study of the scale was conducted by Öngen (2006). The Cronbach alpha coefficients for the CSC and ISC subscales were found as .67 and .77, respectively, and the Turkish version of the scale revealed sufficient reliability and construct validity.

In the current study, coefficient of internal consistency was found as .85 for total scale. The coefficients of Cronbach's Alpha were found as .70 and .86 for the subscales, respectively (see Table 3.6).

2.1.2.6. Experiences in Close Relationships Inventory-Revised (ECR-R). Brennan and colleagues (1998) developed the Inventory of Experiences in Close Relationships-I to determine the basic dimensions of adult attachment. This scale was subsequently updated by Fraley and colleagues (2000) and the updated version (Experiences in Close Relationships Inventory-Revised, ECR-R) consists of 36

questions; 18 for “*Attachment Related Avoidance*” dimension and 18 for “*Attachment Related Anxiety*” dimension, and rated from a seven-point Likert scale (1 = *disagree*, 7 = *fully agree*). ECR-R adapted into Turkish by Selçuk and colleagues (2005). According to psychometric studies, the internal consistency of avoidance and anxiety dimensions were found as .90 and .86, respectively. The test-re-test reliability was found as .82 for anxiety dimension and .81 for avoidance dimension (Selçuk, Günaydın, Sümer, & Uysal, 2005).

In the present study, coefficients of internal consistency were found as .90 for both sub-scales (see Table 3.6).

2.1.3. Procedure

First, the approval has been obtained from Human Subjects Ethics Committee of Middle East Technical University (see Appendix M). Moreover, permission was obtained from the author of the original version for the utilization of the Self-Defeating Interpersonal Style Scale. In the scope of psychometric study, first of all, the scale materials were translated into Turkish by 3 clinical psychologists who have proficiency in both languages. Then, the Turkish version of the scale was created by selecting the most suitable items from the item pool. In order to test the comprehensibility of the items, the scale was examined by 12 persons from different age and occupational groups. As a result of this pilot study, some items were found to be problematic in terms of phraseology, and these items were discussed with the thesis jury. With the help of thesis jury’s opinions, the final version of the scale was formed. The data collection process started with the final version of the scale. The sample of psychometric study consisted of 354 participants and SELF-DISS was re-administered to 47 participants for test-re-test reliability analysis at a 3-week interval.

After having completed the adaptation processes of SELF-DISS, a booklet containing the measurement tools mentioned above and the demographic information form was prepared. The online participation link was formed through Qualtrics, which is an

online based data gathering software then it was delivered to the participants via social media. In addition, in order to collect test-re-test data, one of the courses in SONA system was selected. The SONA is a platform where students earn bonus points by participating in the study of researchers at the Department of Psychology at Middle East Technical University. After having obtained the necessary permission from the instructor of the course, test-retest data were collected at 3-week intervals. Before administration of the scales, informed consent form (see Appendix L) was given to the participants. The surveys took about 30 minutes for each participant to complete.

2.1.4. Statistical Analysis

The Statistical Package of Social Sciences (SPSS), version 20 for Windows was used to conduct statistical analyses in the current study. Besides, Confirmatory Factor Analysis (CFA) was performed by using EQS 6.1 for Windows to determine whether the adapted version of the SELF-DISS provided the original 3-factor structure or not. First, accuracy of data was checked and, participants who did not complete most of the instruments were excluded from the study. After that, reliability and validity analyses were carried out for SELF-DISS, which was adapted in the scope of current study.

2.2. Main Study

2.2.1. Participants

The sample of the main study consisted of 581 participants, 412 (70.9 %) of whom were females, and 169 (29.1 %) were males. The age of the participants varied between 18 to 62 ($M = 28.27$, $SD = 10.30$). 197 (33.9 %) of the participants were between the ages of 18-21 and this age range was named as “*late adolescence period*”, 188 (32.4 %) of them were between the ages of 22-28 and this period was named as “*emerging adulthood*”, 196 (33.7 %) of them were between the ages of 29-62 and this period was named as “*adulthood*” (see Table 2.2).

By considering education status, 124 (21.3 %) of the participants were graduate level students (master or doctorate), and 423 (72.8 %) of the participants were currently undergraduate students or graduated from university. Moreover, 34 (5.9 %) of participants graduated from high school.

As for the economic status, 69 (11.9 %) of the participants had low socio-economic status (SES), 469 (80.7 %) of them had moderate SES, and the remaining 43 (7.4 %) participants had high SES level according to their report.

In terms of marital status, out of 581 participants, 404 (69.5 %) of them were single, while 148 (25.5 %) of them were married. Besides, 11 (1.9 %) of them were cohabiting, 15 (2.6 %) of them were divorced, and 3 (0.5 %) of the participants stated that they lived separately while in a union of marriage.

Regarding the residential status, 317 (54.6 %) of the participants lived with their family, and 4 (0.7 %) of them lived with their relatives. Moreover, 126 (21.7 %) of the participants reported that they lived in a dormitory, and 58 (10 %) of them reported that they live at home with their friends. The remaining 76 (13.1 %) of the participants did not select one of the options mentioned and indicated their residential status as “other”.

In terms of parental survival, 542 (93.3 %) of the participants stated that their mother was still alive, while 39 (6.7 %) of them stated that their mother had passed away, and 512 (88.1 %) of the participants stated that their father was still alive, and 69 (11.9 %) of them indicated that their father had passed away. Moreover, the participants were also asked whether they lived separately from their parents (up to the age of 18 and when their parents were alive). For this question, 136 (23.4 %) participants stated that they were separated from their mother, while 187 (32.2 %) participants stated that they lived separately from their father.

Regarding the current and previous psychological problems and treatment history, 100 (17.2 %) participants reported current psychological problems and 64 (11 %) of them received psychological treatment. Besides, out of 581 participants, 174 (29.9 %) of them had psychological problems previously and 139 (23.9 %) of them had psychological treatment history. Moreover, in terms of experiencing physical trauma (such as severe head trauma), 42 (7.2 %) participants stated that they experienced physical trauma, and 33 (5.7 %) of them stated that they had received treatment related to this condition (see Table 2.2).

Table 2.2 *Demographic Characteristics of the Participants*

Variables	N (581 participants)	%
Gender		
Female	412	70.9
Male	169	29.1
Age ($M = 28.27$, $SD = 10.30$)		
Late Adolescence (between 18-21)	197	33.9
Emerging Adulthood (between 22-28)	188	32.4
Adulthood (between 29-62)	196	33.7
Education		
Graduate of high school	34	5.9
University student/graduate	423	72.8
Graduate student/degree	124	21.3
Reported Income Level		
Low	69	11.9
Middle	469	80.7
High	43	7.4
Marital Status		
Single	404	69.5
Married	148	25.5

Table 2.2 (Continued)

Variables	N (581 participants)	%
Cohabiting	11	1.9
Divorced	15	2.6
Residential Status		
with family	317	54.6
with relatives	4	0.7
dormitory	126	21.7
with friends	58	10
Other	76	13.1
Parental Survival		
Mother (died)	39	6.7
Father (died)	69	11.9
Separate Living from Parents (up to the age of 18)		
Mother	136	23.4
Father	187	32.2
Current Psychological Problems		
Yes	100	17.2
No	481	82.8
Current Psychological Treatment		
(N = 100)		
Yes	64	11
No	36	6.2
Previous Psychological Problems		
Yes	174	29.9
No	407	70.1
Previous Psychological Treatment		
(N = 174)		
Yes	139	23.9

Table 2.2 (Continued)

Variables	N (581 participants)	%
No	35	6
Physical Trauma		
Yes	42	7.2
No	539	92.8
Treatment for Physical Trauma		
(N = 42)		
Yes	33	5.7
No	9	1.5

2.2.2. Instruments

Initially, to obtain information about demographic features of the participants (e.g., gender, age, educational level, socio-economic, marital, and residential status, and both current and previous psychological and/or psychiatric treatment history, and physical trauma history), a demographic information form was prepared by the researcher. Then, a set of questionnaires included Self-Defeating Interpersonal Style Scale (SELF-DISS) (see Appendix E), The Levels of Self-Criticism Scale (LOSC) (see Appendix F), Experiences in Close Relationships Inventory-Revised (ECR-R) (see Appendix G), Personality Belief Questionnaire-Short Form (PBQ-SF) (see Appendix H), Brief Symptom Inventory (BSI) (see Appendix I), Inventory of Interpersonal Problems (IIP-32) (see Appendix J), and Parental Acceptance – Rejection Questionnaire- Short Form (PARQ-SF) (see Appendix K) were given to participants.

2.2.2.1. SELF-DISS, LOSC, ECR-R

The SELF-DISS, LOSC, and ECR-R which were described in the psychometric part, were used in the main part of the study. In the main study, the Cronbach's Alpha coefficient was found as .93 for the total scale of SELF-DISS, .93 for the insecure attachment subscale, .80 for the undeserving self-image subscale, and .82 for the self-sacrificing nature subscale (see Table 3.7). In terms of the LOSC, the Cronbach's

Alpha coefficient was found as .87 for the total scale. For the subscales, internal consistencies were found as .88 for Internalized Self-Criticism and .72 for Comparative Self-Criticism. In the main study, internal consistencies were found as .91 and .93 for the Attachment related Anxiety domain of the ECR-R and for the Attachment related Avoidance domain of the ECR-R, respectively (see Table 3.7).

2.2.2.2. Personality Belief Questionnaire-Short Form (PBQ-SF). Beck and Beck (1991, as cited in Beck et al., 2004) developed PBQ which is the self-report assessment scale, and Butler and colleagues (2007) developed the short form (PBQ-SF) consisting of 65 items by selecting the items from PBQ long form. PBQ-SF was created by selecting questions with the highest score for each personality disorder. The Cronbach's Alpha coefficients of the PBQ-SF was found between .81 and .92. It contains a total of 65 items for nine personality types ("*avoidant*", "*dependent*", "*passive-aggressive*", "*obsessive-compulsive*", "*antisocial*", "*narcissistic*", "*histrionic*", "*schizoid*" and "*paranoid*"). After reading the statements in each item, the participants score how much this statement fits them from 0 to 4 (*0 = I don't believe at all not at all, 4 = I totally believe very much*).

Turkish adaptation study of the Personality Belief Questionnaire-Short Form (PBQ-STF) was performed by Taymur and colleagues (2011). The Cronbach's Alpha value of the Turkish form is .92. The internal consistency values of the sub-dimensions were found as .68, .66, .73, .83, .77, .75, .61, .77, and .85, respectively. According to the results obtained in the test-retest reliability study of the scale, the Pearson correlation coefficient varies between 0.65 and 0.87. There is also a "*borderline*" subscale created by selecting various items from 9 sub-scales (Taymur, Türkçapar, Örsel, Sargın, & Akkoyunlu, 2011). In the current study, all ten sub-dimensions included in the scale were used.

In the present study, coefficient of the Cronbach's Alpha was found as .95 for the total scale. For the subscales, internal consistencies were found as .72, .79, .74, .83, .80, .74, .85, .78, .88, and .78, respectively (see Table 3.7).

2.2.2.3. Brief Symptom Inventory (BSI). Brief Symptom Inventory developed by Derogatis (1992) and consist of 53 self-report items. It is a scale developed to detect psychological symptoms that may occur in both the normal sample and the clinical sample. The scale is evaluated with five-point Likert scale, it is scored between 0 – 4 values corresponding to “not at all” and “very much” expressions (*0 = not at all, 4 = very much*).

The scale adapted into Turkish by Şahin and Durak (1994; 2002), and five factors were found in Turkish version, namely, “*anxiety*” (17 items), “*depression*” (14 items), “*negative self*” (nine items), “*somatization*” (seven items) and “*hostility*” (four items). According to the psychometric studies (Şahin & Durak, 2002), coefficients of Cronbach’s Alpha for the subscales were found as .88, .84, .74, .70, and .73, respectively. The Cronbach’s alpha value, calculated on the total score of the inventory, is specified as .94.

In the present study, coefficient of the Cronbach’s Alpha was found as .97 for the overall scale. Internal consistencies of subscales were found as .90, .92, .89, .82, and .82, respectively (see Table 3.7).

2.2.2.4. Inventory of Interpersonal Problems (IIP-32). Interpersonal Problems – Circumplex inventory developed by Alden and colleagues (1990) in order to evaluate interpersonal distress and difficulty.

In this study, the 32-item version of the inventory was used. IIP-32 (Horowitz et al., 2003) is the self-report measure for determining the interpersonal problems of individuals. The scale consisted of eight dimensions namely “*domineering /controlling*”, “*vindictive/self-centered*”, “*cold/distant*”, “*socially inhibited*”, “*nonassertive*”, “*overly accommodating*”, “*self-sacrificing*”, and “*intrusive*”. The Cronbach alpha coefficients of IIP-32 were found as .73, .83, .87, .82, .83, .70, .78 and

.68 for each octant, respectively. Moreover, reliability of overall scale was found as .93, and test-retest reliability was found as .73 (Horowitz et al., 2003).

Akyunus and Gençöz (2016) adapted the scale into Turkish. According to the validity and reliability studies conducted in the Turkish version of IIP-32; the coefficient of internal consistency was found as .86 for the overall scale and Cronbach's Alpha coefficients varied between .66 and .86 for the subscales. Coefficients of test-retest reliability are found as .76 for the overall scale, while the coefficients of the subscales ranged from .59 to .83 (Akyunus & Gençöz, 2016).

In the current study, coefficient of Cronbach Alpha was found as .87 for the total scale and the coefficients of the subscales varied between .68 and .88 (see Table 3.7).

2.2.2.5. Parental Acceptance – Rejection Questionnaire- Short Form (PARQ-SF). The Parental Acceptance-Rejection Questionnaire (PARQ) is a 4-point Likert type measurement tool (*1 = Almost Never True, 4 = Almost Always True*). This questionnaire was developed by Rohner (1978) and revised in 2005, and it has four sub-dimensions; “*warmth/affection*”, “*hostility/aggression*”, “*indifference/neglect*”, and “*undifferentiated rejection*”. When the Warmth sub-dimension is encoded in reverse, the “*coldness*” sub-dimension is obtained. Parental Rejection score is calculated with the Coldness sub-dimension and the other three sub-dimension combinations.

The PARQ has two different forms, long (60 items) and short (24 items) forms. Both forms contain the sub-scales mentioned above, and the short form was used in the current study. The lowest and highest scores that can be obtained from the scale are 24 and 96, respectively. The short form of the scale adapted into Turkish by Dedeler and colleagues (2017). According to their study, coefficients of the internal consistency of the Adult PARQ-SF/Mother Form varied between .75 to .92, coefficients of the test-retest reliability varied between .40 and .83, and the split-half reliability was found as

.88. Coefficients of the internal consistency of the Adult PARQ-SF/Father Form varied between .85 and .96, coefficients of the test-retest reliability varied between .86 and .96, and the split-half reliability of the Father Form was found as .94 (Dedeler, Akün, & Durak Batıgün, 2017).

In the present study, internal consistency of the Mother Form ranged from .84 to .92 and the Father Form ranged from .88 to .94. Moreover, internal consistency was found as .95 and .96 for the total scale of Mother and Father form, respectively (see Table 3.7).

2.2.3. Procedure

First, the approval has been obtained from the Human Subjects Ethics Committee of Middle East Technical University. After the translation processes of the scale (SELF-DISS) which is adapted in the current study, a questionnaire booklet was prepared, including a demographic information form (see Appendix A) and all the instruments that were mentioned. The online participation link was formed through Qualtrics, which is an online based data gathering software then it was delivered to the participants via social media. In addition, students who were not educated in the Department of Psychology were asked to participate through the SONA system. SONA is a platform where students earn bonus points by taking part in the study of researchers at the Department of Psychology at Middle East Technical University. Unfinished surveys were not taken into account in the data obtained from this platform. In addition, the data were included in the study by examining the consistency of the answers given by the participants to the questions. Before administration of the scales, informed consent form (see Appendix L) was given to the participants. The surveys took about 30 minutes for each participant to complete.

2.2.4. Statistical Analysis

The Statistical Package of Social Sciences (SPSS), version 20 for Windows was used to conduct statistical analyses in the current study. First, the accuracy of data was

checked and, participants who did not complete most of the instruments were excluded from the study. The Analysis of Variance (ANOVA), and Multivariate Analysis of Variance (MANOVA) were used to determine demographic differences on the measures of the study. Then, to test the hypothesis of the current study hierarchical regression analysis was performed. Lastly, parallel multiple mediation analysis was conducted.



CHAPTER 3

RESULTS

3.1. Psychometric Study

3.1.1. Psychometric Properties of Self-Defeating Interpersonal Style Scale

In order to establish the reliability and validity of Self-Defeating Interpersonal Style Scale (SELF-DISS) internal consistency, split-half reliability, test-re-test reliability, concurrent validity, and criterion validity analyses were conducted. For validity analyses, Basic Personality Traits Inventory (BPTI), Beck Depression Inventory (BDI), Positive and Negative Affect Schedule (PANAS), The Levels of Self-Criticism (LOSC), and Experiences in Close Relationships-Revised (ECR-R) were used.

3.1.1.1. Reliability Analysis of SELF-DISS

In order to examine the reliability of SELF-DISS, internal consistency coefficients were examined with the scale's original three factors which were insecure attachment, undeserving self-image, and self-sacrificing nature. As can be seen from Table 3.1, Cronbach's Alpha coefficient of the Insecure Attachment subscale was found to be as .90. Item total correlations ranged between .28 and .80. However, Cronbach's Alpha coefficient of the one item in this subscale ("İlişkilerimde, duygu, düşünce ve davranışlarıma ilişkin farkındalığım vardır", item 13) was found as -.002. This item was revised and continued to be used in the main study. Internal consistency coefficients for the Undeserving Self-Image subscale were found to be as .70, and item total correlations ranged between .15 and .55. The Cronbach's Alpha coefficients of the Self-Sacrificing Nature subscale was found to be as .74, and item total correlations

ranged between .21 and .54. Finally, overall scale's Cronbach's Alpha coefficients was found to be as .90, which indicated considerably good reliability.

The split-half reliability was also computed for the overall SELF-DISS by randomly splitting into two parts. The Guttman split-half reliability for overall SELF-DISS was .92, where the Cronbach Alpha coefficient for the first part composed of 18 items was .80 and it was .82 for the second part consisting of 17 items. The test-re-test analysis for the subscales (Insecure Attachment, Undeserving Self-Image and Self-Sacrificing Nature), and for the total score of the scale were found to be as .89, .81, .88, and .93, respectively (see Table 3.1).

Table 3.1 *Internal Consistency, Item-Total Range and Re-Test Reliability Coefficients for SELF-DISS and Subscales*

	Internal consistency coefficients	Item-total corr. Range	Test-re-test reliability coefficients (n=47)
Insecure Attachment	.90	.28 - .80	.89
Undeserving Self- Image	.70	.15 - .55	.81
Self-Sacrificing Nature	.74	.21 - .54	.88
Total	.90	.08 - .76	.93

3.1.1.2. Concurrent Validity of SELF-DISS

In order to investigate the concurrent validity of SELF-DISS overall and subscales, correlations of total scale and subscales of SELF-DISS with BDI, BPTI, ECR-R, PANAS, and LOSC were examined. According to these analyses, only correlations with .30 and higher coefficients were reported. Besides, the correlation values equal or greater than .30 were defined as “moderate” while correlation values equal or greater than .50 were defined as “high/strong correlation”.

According to results, SELF-DISS's total scale and all subscales significantly and positively correlated with BDI. The total scale and subscales (i.e., insecure attachment,

undeserving self-image, and self-sacrificing nature) correlations with BDI were found as ($r = .63, p < .001$); ($r = .53, p < .001$); ($r = .45, p < .001$); and ($r = .53, p < .001$), respectively.

The results indicated that total scale of SELF-DISS had moderate negative correlation with BPTI-Extraversion ($r = -.31, p < .001$), BPTI-Conscientiousness ($r = -.43, p < .001$), and BPTI-Openness to Experience ($r = -.44, p < .001$). On the other hand, total scale had moderate positive correlation with BPTI-Neuroticism ($r = .42, p < .001$) and BPTI-Negative Valence ($r = .38, p < .001$) (see Table 3). In terms of the correlations of the subscales of SELF-DISS with BPTI, first of all, Insecure Attachment subscale of SELF-DISS had moderate negative correlation with BPTI-Extraversion ($r = -.30, p < .001$), BPTI-Conscientiousness ($r = -.38, p < .001$), and BPTI-Openness to Experience ($r = -.42, p < .001$). On the other hand, Insecure Attachment had moderate positive correlation with BPTI-Neuroticism ($r = .35, p < .001$) and BPTI-Negative Valence ($r = .30, p < .001$). Secondly, Undeserving Self-Image subscale of SELF-DISS had moderate negative correlation with BPTI-Extraversion ($r = -.31, p < .001$), BPTI-Conscientiousness ($r = -.40, p < .001$), BPTI-Agreeableness ($r = -.35, p < .001$) and BPTI-Openness to Experience ($r = -.40, p < .001$). On the other hand, Undeserving Self-Image had moderate positive correlation with BPTI-Neuroticism ($r = .36, p < .001$) and BPTI-Negative Valence ($r = .44, p < .001$). Lastly, Self-Sacrificing Nature subscale of SELF-DISS had moderate positive correlation with BPTI-Neuroticism ($r = .31, p < .001$) (see Table 3.2).

According to the results, SELF-DISS total scale had high positive correlation with ECR-Attachment related Anxiety ($r = .76, p < .001$), and moderate positive correlation with ECR-Attachment related Avoidance ($r = .39, p < .001$). Moreover, Insecure Attachment had high positive correlations with ECR-Attachment related Anxiety ($r = .80, p < .001$), while Insecure Attachment had moderate positive correlation with ECR-Attachment related Avoidance ($r = .38, p < .001$). In addition, both Undeserving Self-Image ($r = .41, p < .001$) and Self-Sacrificing Nature ($r = .47, p < .001$) subscales of

SELF-DISS had moderate positive correlation with ECR-Attachment related Anxiety (see Table 3.2).

The results indicated that total scale of SELF-DISS had moderate negative correlation with PANAS-Positive Affect ($r = -.34, p < .001$), while total scale of SELF-DISS had high positive correlation with PANAS-Negative Affect ($r = .54, p < .001$). Moreover, Insecure Attachment subscales of SELF-DISS had moderate negative correlation with PANAS-Positive Affect ($r = -.36, p < .001$) and this subscales of SELF-DISS had moderate positive correlation with PANAS-Negative Affect ($r = .49, p < .001$). Moreover, Undeserving Self-Image ($r = .39, p < .001$) and Self-Sacrificing Nature ($r = .39, p < .001$) subscales of SELF-DISS had moderate positive correlation with PANAS-Negative Affect (see Table 3.2).

Results show that total scale of SELF-DISS had moderate positive correlation with LOSC-Internalized Self-Criticism ($r = .45, p < .001$), while total scale of SELF-DISS had high positive correlation with both total scale of LOSC ($r = .57, p < .001$) and LOSC-Comparative Self-Criticism ($r = .53, p < .001$). In addition, Insecure Attachment subscales of SELF-DISS had moderate positive correlation with not only LOSC-Internalized Self-Criticism ($r = .42, p < .001$), but also LOSC-Comparative Self-Criticism ($r = .49, p < .001$). Moreover, Insecure Attachment had high positive correlation with total scale of LOSC ($r = .53, p < .001$). The Undeserving Self-Image subscales of SELF-DISS had moderate positive correlation with total scale of LOSC ($r = .42, p < .001$), LOSC-Internalized Self-Criticism ($r = .30, p < .001$), and LOSC-Comparative Self-Criticism ($r = .44, p < .001$). Finally, Self-Sacrificing Nature subscales of SELF-DISS had moderate positive correlation with total scale of LOSC ($r = .38, p < .001$), LOSC-Internalized Self-Criticism ($r = .31, p < .001$), and LOSC-Comparative Self-Criticism ($r = .32, p < .001$) (see Table 3.2).

Table 3.2 *Correlations between Total Scale and Subscales of SELF-DISS, BDI, BPTI, ECR-R, PANAS, and LOSC*

	Insecure Attachment	Undeserving Self-Image	Self-Sacrificing Nature	SELF-DISS Total
BDI	.53*	.45*	.53*	.63*
BPTI				
Extraversion	-.30*	-.31*	-.12*	-.31*
Conscientiousness	-.38*	-.40*	-.24*	-.43*
Agreeableness	-.17*	-.35*	-.06*	-.22*
Neuroticism	.35*	.36*	.31*	.42*
Openness to Experience	-.42*	-.40*	-.20*	-.44*
Negative Valence	.30*	.44*	.19*	.38*
ECR-R				
ECR_Anxiety	.80*	.41*	.47*	.76*
ECR_Avoidance	.38*	.28*	.22*	.39*
PANAS				
Positive Affect	-.36*	-.24*	-.16**	-.34*
Negative Affect	.49*	.39*	.39*	.54*
LOSC	.53*	.42*	.38*	.57*
ISC	.42*	.30*	.31*	.45*
CSC	.49*	.44*	.32*	.53*

* $p < .001$; ** $p < .01$

Note: **BDI:** Beck Depression Inventory, **BPTI:** Basic Personality Traits Inventory, **ECR-R:** Experiences in Close Relationships-Revised, **ECR_Anxiety:** Attachment related Anxiety, **ECR_Avoidance:** Attachment related Avoidance, **PANAS:** Positive and negative Affect Scale, **LOSC:** The Levels of Self-Criticism Scale, **ISC:** Internalized Self-Criticism, **CSC:** Comparative Self-Criticism.

3.1.1.3. Criterion Validity of SELF-DISS

In order to examine the criterion validity of SELF-DISS analysis with Positive and Negative Affect Schedule (PANAS), The Levels of Self-Criticism Scale (LOSC) and Experiences in Close Relationships Inventory-Revised (ECR-R) were conducted.

Before the analysis two groups were generated on the basis of participants' PANAS scores, via the cut off 50th percentile. Groups were formed according to lowest and highest positive affect and negative affect scores. The low positive affect group included 185 and the high positive affect group included 169 participants; and the low negative affect group and the high negative affect group include 178 and 176 participants, respectively. 2 (PA [low, high]) X 2 (NA [low, high]) between subjects factorial MANOVA was examined with the three domains of SELF-DISS (i.e., insecure attachment, undeserving self-image, self-sacrificing nature) as dependent

variables (See Table 3.3). Results revealed that significant Positive Affect [*Multivariate F* (3,348) = 6.999, $p = .000$; Wilks' Lambda = .943, $\eta_p^2 = .057$] and Negative Affect main effect [*Multivariate F* (3,454) = 19.529, $p = .000$; Wilks' Lambda = .856, $\eta_p^2 = .144$] for the domains of SELF-DISS. On the other hand, the results of analysis revealed no significant interaction effect [*Multivariate F* (3,454) = .737, $p = .530$; Wilks' Lambda = .994, $\eta_p^2 = .006$]. In order to examine the significance of univariate analyses a Bonferroni correction was carried out, then alpha values lower than .017 (.05/3) were considered as significant. In accordance with this correction,, a significant positive affect main effect was found for Insecure Attachment [$F(1,350) = 19.290$, $p = .000$, $\eta_p^2 = .052$], and Undeserving Self-Image [$F(1,350) = 6.186$, $p = .013$, $\eta_p^2 = .017$] subscales of SELF-DISS. Specifically, participants with lower level of positive affect ($M = 64.517$, $SE = 1.792$; $M = 37.016$, $SE = .940$) reported higher level of insecure attachment and undeserving self-image than participants with higher level of positive affect ($M = 53.060$, $SE = 1.896$; $M = 33.613$, $SE = .994$). A significant negative affect main effect was also found for Insecure Attachment [$F(1,350) = 48.923$, $p = .000$, $\eta_p^2 = .123$], Undeserving Self-Image [$F(1,350) = 21.216$, $p = .000$, $\eta_p^2 = .057$]; and Self-Sacrificing Nature [$F(1,350) = 28.669$, $p = .000$, $\eta_p^2 = .076$] subscales of SELF-DISS (see Table 3.3). Specifically, participants with higher level of negative affect ($M = 67.911$, $SE = 1.876$; $M = 38.466$, $SE = .984$; $M = 45.234$, $SE = 1.129$) reported higher level of insecure attachment, undeserving self-image, and self-sacrificing behavior than participants with lower level of negative affect ($M = 49.666$, $SE = 1.812$; $M = 32.163$, $SE = .951$; $M = 36.829$, $SE = 1.091$).

Table 3.3 *Positive and Negative Affects Differences on subscales of SELF-DISS*

Variables	Wilk's Lambda	Multivariate df	Multi. <i>F</i>	Multi. η^2	Univariate df	Uni. <i>F</i>	Uni. η^2
PA	.943	3, 348	6.999*	.057			
IA					1, 350	19.290**	.052
USI					1, 350	6.186**	.017
SSN					1, 350	1.490	.004
NA	.856	3, 348	19.592*	.144			
IA					1, 350	48.923**	.123
USI					1, 350	21.216**	.057
SSN					1, 350	28.669**	.076
PA X NA	.994	3, 348	.737	.006			
IA					1, 350	1.048	.003
USI					1, 350	1.193	.003
SSN					1, 350	.010	.000

* $p < .05$ ** $p < .017$

In order to examine the criterion validity of SELF-DISS analysis were conducted with two domains (i.e.; The Comparative Self-Criticism (CSC) and Internalized Self-Criticism (ISC)) of The Levels of Self-Criticism Scale (LOSC). Before the analysis two groups were formed in terms of participants ISC and CSC scores, via the cut off 50%. Groups were formed according to lowest and highest ISC and CSC scores. Low ISC group included 179 and high ISC group included 175 participants; low CSC group and high CSC group include 196 and 158 participants, respectively. 2 (ISC [low, high]) X 2 (CSC [low, high]) between subjects factorial MANOVA was examined with the three domains of SELF-DISS (i.e., insecure attachment, undeserving self-image, self-sacrificing nature) as dependent variables (see Table 3.4). Results revealed that significant ISC [*Multivariate F* (3,348) = 12.195, $p = .000$; Wilks' Lambda = .905, η_p^2

= .095] and CSC main effects [*Multivariate F* (3,348) = 17.575, $p = .000$; Wilks' Lambda = .868, $\eta_p^2 = .132$] for the domains of SELF-DISS. On the other hand, the results of analysis revealed no significant interaction effect [*Multivariate F* (3,348) = .1.197, $p = .311$; Wilks' Lambda = .990, $\eta_p^2 = .010$]. In order to examine the significance of univariate analyses a Bonferroni correction was carried out, then, alpha values lower than .017 (.05/3) were considered as significant. In accordance with this correction, a significant ISC (Internalized Self-Criticism) main effect was found for Insecure Attachment [$F(1,350) = 32.651$, $p = .000$, $\eta_p^2 = .085$], Undeserving Self-Image [$F(1,350) = 9.468$, $p = .002$, $\eta_p^2 = .026$], and Self-Sacrificing Nature [$F(1,350) = 16.524$, $p = .000$, $\eta_p^2 = .045$] subscales of SELF-DISS (see Table 3.4). Specifically, participants with higher level of internalized self-criticism ($M = 67.451$, $SE = 1.788$; $M = 37.995$, $SE = .927$; $M = 44.216$, $SE = 1.064$) reported higher level of insecure attachment, undeserving self-image, and self-sacrificing nature than participants with lower level of internalized self-criticism ($M = 52.756$, $SE = 1.849$; $M = 33.851$, $SE = .959$; $M = 37.996$, $SE = 1.100$). A significant CSC (Comparative Self-Criticism) main effect was also found for Insecure Attachment [$F(1, 350) = 41.541$, $p = .000$, $\eta_p^2 = .106$], Undeserving Self-Image [$F(1,350) = 27.913$, $p = .000$, $\eta_p^2 = .074$]; and Self-Sacrificing Nature [$F(1, 350) = 16.916$, $p = .000$, $\eta_p^2 = .046$] subscales of SELF-DISS. Specifically, participants with higher level of comparative self-criticism ($M = 68.391$, $SE = 1.917$; $M = 39.427$, $SE = .994$; $M = 44.253$, $SE = 1.141$) reported higher level of insecure attachment, undeserving self-image, and self-sacrificing nature than participants with lower level of comparative self-criticism ($M = 51.816$, $SE = 1.714$; $M = 32.380$, $SE = .889$; $M = 37.960$, $SE = 1.020$).

Table 3.4 Domains of LOSC Differences on subscales of SELF-DISS

Variables	Wilk's Lambda	Multivariat e df	Multi. F	Multi. η^2	Univariat e df	Uni. F	Uni. η^2
ISC	.905	3, 348	12.195*	.132			
IA					1, 350	32.651*	.085
USI					1, 350	9.468**	.026
SSN					1, 350	16.524*	.045
CSC	.868	3, 348	17.575*	.095			
IA					1, 350	41.541*	.106
USI					1, 350	27.913*	.074
SSN					1, 350	16.916*	.046
ISC X CSC	.990	3, 348	1.197	.010			
IA					1, 350	.855	.002
USI					1, 350	.372	.001
SSN					1, 350	3.589	.010

* $p < .05$ ** $p < .017$

Another criterion validity analysis was conducted with Attachment Related Anxiety (ARAN) and Attachment Related Avoidance (ARAv) domains of Experiences in Close Relationships Inventory-Revised (ECR-R). Before the analysis two groups were formed in terms of participants ARAn and ARAv scores, via the cut off 50%. Groups were formed according to lowest and highest ARAn and ARAv scores. Low ARAn and ARAv group included 179 and high ARAn and ARAV group included 175 participants. 2 (ARAn [low, high]) X 2 (ARAv [low, high]) between subjects factorial MANOVA was examined with the three domains of SELF-DISS (i.e., insecure attachment, undeserving self-image, self-sacrificing nature) as dependent variables (see Table 3.5). Results revealed that significant ARAn main effect [*Multivariate F* (3,348) = 60.974, $p = .000$; Wilks' Lambda = .655, $\eta_p^2 = .345$] for the domains of

SELF-DISS. On the other hand, the results of analysis revealed no significant ARAv main effect [*Multivariate F* (3,348) = 2.254, $p = .082$; Wilks' Lambda = .981, $\eta_p^2 = .019$] and interaction effect [*Multivariate F* (3,348) = .1.246, $p = .293$; Wilks' Lambda = .989, $\eta_p^2 = .011$] (see table 3.5). In order to examine the significance of univariate analyses a Bonferroni correction was carried out, then, alpha values lower than .017 (.05/3) were considered as significant. In accordance with this correction, a significant ARAn (Attachment Related Anxiety) main effect was found for Insecure Attachment [$F(1,350) = 173.262$, $p = .000$, $\eta_p^2 = .331$], Undeserving Self-Image [$F(1,350) = 29.933$, $p = .000$, $\eta_p^2 = .079$], and Self-Sacrificing Nature [$F(1,350) = 55.002$, $p = .000$, $\eta_p^2 = .136$] subscales of SELF-DISS. Specifically, participants with higher level of attachment related anxiety ($M = 74.517$, $SE = 1.678$; $M = 39.032$, $SE = .995$; $M = 46.901$, $SE = 1.115$) reported higher level of insecure attachment, undeserving self-image, and self-sacrificing nature than participants with lower level of attachment related anxiety ($M = 43.363$, $SE = 1.670$; $M = 31.032$, $SE = .990$; $M = 35.231$, $SE = 1.110$).

Table 3.5 Domains of ECR-R Differences on subscales of SELF-DISS

Variables	Wilk's Lambda	Multivariate df	Multi. <i>F</i>	Multi. η^2	Univariate df	Uni. F	Uni.
ARAn	.655	3, 348	60.974*	.345			
IA					1, 350	173.262**	.331
USI					1, 350	29.933**	.079
SSN					1, 350	55.002**	.136
ARAv	.981	3, 348	2.254	.019			
IA					1, 350	4.638	.013
USI					1, 350	4.067	.011
SSN					1, 350	.427	.001
ARAn X ARAv	.989	3, 348	1.246	.011			
IA					1, 350	1.807	.005
USI					1, 350	2.575	.007
SSN					1, 350	.012	.010

* $p < .05$ ** $p < .017$

Table 3.6 *Descriptive Characteristics of the Measures*

Measures	N	Mean	SD	Min-Max	Cronbach's alpha
BPTI					
Extraversion	354	25.87	5.84	10-37	.88
Conscientiousness	354	30.04	5.81	8-40	.86
Agreeableness	354	34.53	3.80	19-40	.83
Neuroticism	354	26.36	6.42	13-45	.81
Openness to Experience	354	21.60	4.01	6-30	.74
Negative Valence	354	9.72	3.24	6-26	.70
SELF-DISS					
Insecure Attachment	354	135.99	43.81	47-284	.90
Undeserving Self-Image	354	59.37	26.38	15-138	.90
Self-Sacrificing Nature	354	35.58	12.93	12-90	.70
Self-Sacrificing Nature	354	41.03	14.80	9-85	.74
BDI					
	354	11.27	8.03	0-43	.88
LOSC					
	354	62.53	13.01	31-110	.85
Comparative Self-Criticism	354	26.22	6.27	10-50	.70
Internalized Self-Criticism	354	36.31	9.06	17-60	.86
ECR-R					
	354				
Attachment Related	354	2.84	1.10	1-6.67	.90
Avoidance					
Attachment Related Anxiety	354	3.42	1.14	1-6.61	.90
PANAS					
	354				
Positive Affect	354	30.77	8.09	12-50	.89
Negative Affect	354	20.60	7.73	10-50	.88

Note. BPTI = Basic Personality Traits Inventory, SELF-DISS = Self-Defeating Interpersonal Style Scale, BDI = Beck Depression Inventory, LOSC = The Levels of Self-Criticism Scale, ECR-R = Experiences in Close Relationships Inventory-Revised, PANAS = The Positive and Negative Affect Schedule

3.1.1.4. Factor Analysis

Confirmatory Factor Analysis (CFA) was performed by using EQS 6.1 for Windows to determine whether the adapted version of the SELF-DISS provided the original 3-factor structure. According to LM test suggestions, first two modifications were applied due to the higher contribution to the model. Modifications were made by

adding error covariance. The modifications have been implemented so that Model 3 comes up. The Model 3 results showed that ($S-B\chi^2(555) = 1042.97, p = 0.000$), CFI = 0.851, and RMSEA = 0.50. According to these results, CFI increased to 0.851 which showed the moderate fit between the data and the model, while RMSEA decreased to 0.50 and showed a good fit. Moreover, correlations were determined as Insecure Attachment and Undeserving Self-Image ($r (F1 - F2) = .544, p < .05$), Self-Sacrificing Nature and Insecure Attachment ($r (F3 - F1) = .651, p < .05$), and Self-Sacrificing Nature and Undeserving Self-Image ($r (F3 - F2) = .417, p < .05$).

3.2. Main Study

3.2.1. Descriptive Information for the Measures of the Study

The characteristics of the measures that were used in this study were examined by considering means, standard deviations, minimum and maximum ranges, and internal consistency coefficients (Cronbach's alpha) for both scales and subscales. These were; Parental Acceptance-Rejection Questionnaire-Short Form (PARQ-SF) with subscales of Warmth/affection (coldness), Hostility/aggression, Indifference/neglect, and Undifferentiated Rejection; Brief Symptom Inventory (BSI) with subscales of Anxiety, Depression, Negative Self, Somatization and Hostility; Personality Belief Questionnaire-Short Form (PBQ-SF) with subscales of Avoidant, Dependent, Passive-aggressive, Obsessive-compulsive, Antisocial, Narcissistic, Histrionic, Schizoid, Paranoid and Borderline Personality disorder; Inventory of Interpersonal Problems (IIP-32) with subscales of Domineering/controlling, Vindictive/self-centered, Cold/distant, Socially inhibited, Nonassertive, Overly accommodating, Self-sacrificing and Intrusive/needy; Experiences in Close Relationships Inventory-Revised (ECR-R) with subscales of Attachment related anxiety and Attachment related avoidance; Self Defeating Interpersonal Scale (SELF-DISS) with subscales of Insecure attachment, Undeserving self-image, and Self-sacrificing nature; and The Levels of Self-Criticism Scale (LOSC) with subscales of Internalized Self-Criticism and Comparative Self-Criticism (see Table 3.7).

Table 3.7 *Descriptive Characteristics of the Measures*

Measures	Mean	Standard Deviation	Range (Min-Max)	Cronbach's alpha
PARQ (N = 581)				
Warmth/Affection (M)	25.99	5.89	8-32	.92
Warmth/Affection (F)	23.40	7.25	8-32	.94
Hostility/Aggression (M)	9.11	3.86	6-24	.84
Hostility/Aggression (F)	9.07	4.21	6-24	.88
Indifference/Neglect (M)	9.50	3.77	6-24	.84
Indifference/Neglect (F)	11.65	4.90	6-24	.88
Undifferentiated Rejection (M)	5.53	2.69	4-16	.87
Undifferentiated Rejection (F)	5.65	2.86	4-16	.88
Coldness (M)	14.01	5.89	8-32	.92
Coldness (F)	16.60	7.25	8-32	.94
PARQ Mother (total)	38.14	14.25	24-94	.95
PARQ Father (total)	42.97	16.71	24-95	.96
BSI (N = 581)	55.15	38.75	0-198	.97
Anxiety	12.10	9.97	0-50	.90
Depression	17.20	11.33	0-48	.92
Negative Self	12.22	9.77	0-48	.89
Somatization	5.94	5.92	0-32	.82
Hostility	7.69	5.74	0-28	.82
PBQ (N = 581)				.95
Avoidant	11.62	4.98	0-27	.72
Dependent	6.92	5.05	0-27	.79
Passive-Aggressive	11.97	5.13	0-28	.74
Obsessive-Compulsive	11.97	5.95	0-28	.83
Antisocial	8.07	5.33	0-25	.80
Narcissistic	8.21	4.83	0-27	.74
Histrionic	7.88	5.74	0-27	.85
Schizoid	12.64	5.64	0-28	.78
Paranoid	8.40	5.86	0-27	.88
Borderline	7.50	5.16	0-27	.78

Table 3.7 (Continued)

Measures	Mean	Standard Deviation	Range (Min-Max)	Cronbach's alpha
IIP-32 (N = 581)	76.5	17.11	39-128	.87
Domineering/Controlling	8.25	3.28	4-20	.71
Vindictive/Self-Centered	7.64	3.57	4-20	.82
Cold/Distant	8.44	3.62	4-20	.75
Socially Inhibited	8.87	4.14	4-20	.88
Nonassertive	10.18	3.60	4-20	.73
Overly Accommodating	10.25	3.50	4-20	.68
Self-Sacrificing	12.13	3.71	4-20	.78
Intrusive/Needy	10.73	3.83	4-20	.75
ECR-R (N = 581)				
Attachment Related Anxiety	3.63	1.25	1.17-6.78	.91
Attachment Related Avoidance	2.87	1.20	1-6.33	.93
SELF-DISS (N = 581)	139.19	48.56	50-325	.93
Insecure Attachment	60.93	28.11	14-140	.93
Undeserving Self-Image	37.09	14.42	12-103	.80
Self-Sacrificing Nature	41.17	16.04	9-89	.82
LOSC (N = 581)	65.13	14	25-109	.87
Internalized Self-Criticism	38.67	9.82	12-60	.88
Comparative Self- Criticism	26.46	6.59	11-49	.72

Note. PARQ-SF: Parental Acceptance-Rejection Questionnaire-Short Form; BSI: Brief Symptom Inventory; PBQ-SF: Personality Belief Questionnaire-Short Form; IIP-32: Inventory of Interpersonal Problems; ECR-R: Experiences in Close Relationships Inventory-Revised; SELF-DISS: Self-Defeating Interpersonal Style Scale; LOSC: The Levels of Self-Criticism Scale.

3.2.2. Correlation Coefficients between the Measures of the Study

In order to investigate the intercorrelations between all measures of the study, Pearson's correlation coefficients were calculated for measures of the study, namely four domains of Parental Acceptance-Rejection Questionnaire-Short Form (PARQ-SF) (i.e., Warmth/affection (coldness), Hostility/aggression, Indifference/neglect, and

Undifferentiated Rejection), Inventory of Interpersonal Problems (IIP-32) with subscales of Domineering/controlling, Vindictive/self-centered, Cold/distant, Socially inhibited, Nonassertive, Overly accommodating, Self-sacrificing and Intrusive/needy, Personality Belief Questionnaire-Short Form (PBQ-SF) with Avoidant, Dependent, Passive-aggressive, Obsessive-compulsive, Antisocial, Narcissistic, Histrionic, Schizoid, Paranoid and Borderline PDs, Brief Symptom Inventory (BSI) with Anxiety, Depression, Negative Self, Somatization and Hostility sub-scales, The Levels of Self-Criticism Scale (LOSC) with subscales of Internalized self-criticism and Comparative self-criticism, Experiences in Close Relationships Inventory-Revised (ECR-R) with Attachment-Related Avoidance and Attachment-Related Anxiety sub-categories, Self-Defeating Interpersonal Style Scale (SELF-DISS) with subscales of Insecure attachment, Undeserving self-image, and Self-sacrificing nature. According to these analyses, only correlations with .30 and higher coefficients were reported. Besides, the correlation values equal or greater than .30 were defined as “moderate” while correlation values equal or greater than .50 were defined as “high/strong correlation”. In addition, the measurements in the study were reported sequentially, and the correlation values specified in the previous sections will not be repeated.

According to results, both gender and age did not correlate with the investigated measures.

The results indicated that inter-correlations among subscales of PARQ-SF (M) were strong and positively significant (PARQ-SF) gives sub-dimension and total score separately for parents. Therefore, the correlation of mother (M) and father (F) dimensions were reported first. Then the correlation between them was indicated). Specifically, correlations of Aggression (M) subscales with other subscales ranged from .61 to .75, Neglect (M) with other subscales ranged from .61 to .79, Undifferentiated Rejection (M) with other subscales ranged from .67 to .75, and Coldness (M) with other subscales ranged from .62 to .79. In addition, the correlation

between the total score (for Mother domain) and subscales (M) of the PARQ-SF varies between .83 and .92 (see Table 3.8).

The correlation of Aggression subscales of Mother dimension (PARQ-SF (M)) with subscales of Father dimension was investigated. According to results, correlation with Aggression (F), Neglect (F), Undifferentiated Rejection (F) and Coldness (F) was found as .32, .28, .30, and .24, respectively. Also, total scores of PARQ-SF (F) revealed moderate positive correlation with Aggression (M) subscales ($r = .32, p < .001$). Similarly, the correlation of Neglect subscales of Mother dimension with subscales of Father dimension was investigated. According to results, correlation with Aggression (F), Neglect (F), Undifferentiated Rejection (F) and Coldness (F) was found as .29, .42, .30, and .33, respectively. Also, total scores of PARQ-SF (F) revealed moderate positive correlation with Neglect (M) subscales ($r = .39, p < .001$). The correlation of Undifferentiated Rejection subscales of Mother dimension with subscales of Father dimension was investigated and results indicated that correlation with Aggression (F), Neglect (F), Undifferentiated Rejection (F) and Coldness (F) was found as .30, .27, .38, and .21, respectively. Also, total scores of PARQ-SF (F) revealed moderate positive correlation with Undifferentiated Rejection (M) subscales ($r = .31, p < .001$). Lastly, the correlation of Coldness subscales of Mother dimension with subscales of Father dimension was investigated and results indicated that correlation with Aggression (F), Neglect (F), Undifferentiated Rejection (F) and Coldness (F) was found as .30, .38, .30, and .41, respectively. Also, total scores of PARQ-SF (F) revealed moderate positive correlation with Coldness (M) subscales ($r = .42, p < .001$). In addition, total scores of PARQ-SF (M) revealed moderate positive correlation with total scores of PARQ-SF (F) ($r = .42, p < .001$).

Correlation results indicated that PARQ-SF (M) total score revealed a significant positive correlation with Inventory of Interpersonal Problems (IIP-32) total score and subscales, except for the Vindictive subscale of IIP-32 that did not show significant correlation. Correlations between PARQ-SF (M) subscales and IIP-32 total were also

significant and positive. Similarly, PARQ-SF (M) total score revealed a low significant positive correlation with the Personality Belief Questionnaire-Short Form (PBQ-SF) total score and subscales, except for the Narcissistic subscale that did not show a significant correlation. Also, a significant positive correlation was found between the total score of PBQ-SF and the subscale scores of PARQ-SF (M) (see Table 3.8).

According to correlation results, PARQ-SF (M) total score was significantly associated with Depression ($r = .32, p < .001$), Negative Self ($r = .35, p < .001$), and Hostility ($r = .31, p < .001$) subscales of Brief Symptom Inventory (BSI). In addition, PARQ-SF (M) total score was positively correlated with and BSI total score ($r = .35, p < .001$). Moreover, BSI total score significantly correlated with Aggression ($r = .31, p < .001$), Undifferentiated Rejection ($r = .31, p < .001$), and Coldness ($r = .32, p < .001$) subscales of PARQ-SF (M).

Results showed that PARQ-SF (M) total score was positively correlated with both The Levels of Self-Criticism (LOSC) total score and subscales (Internalized Self-Criticism (ISC) & Comparative Self-Criticism (CSC)). Similarly, the correlation of the Self-Criticism total score with the PARQ-SF (M) subscales was found as positive and significant.

Correlation between the Attachment related Avoidance and Attachment Related Anxiety subscales of Experiences in Close Relationships (ECR-R) and PARQ-SF (M) total score was examined and only Attachment Related Anxiety subscales found significant and positive. Besides, PARQ-SF (M) subscales, and Attachment related Avoidance and Attachment Related Anxiety subscales showed significant and positive correlations, at this point there is an exception; Attachment related Avoidance subscale did not show a significant correlation with the Aggression subscale of PARQ-SF (M).

According to results, Self-Sacrificing Nature subscales of Self-Defeating Interpersonal Style Scale (SELF-DISS) positively correlated with the PARQ-SF (M) total score ($r =$

.36, $p < .001$), Aggression ($r = .31$, $p < .001$), and Coldness ($r = .35$, $p < .001$) subscales of PARQ-SF (M). In addition, PARQ-SF (M) total score and SELF-DISS total score was positively correlated ($r = .34$, $p < .001$).

Table 3.8 *Correlations between PARQ-SF (Mother) and the Measures of the Study*

Measures	Gender	Age	PARQ_M_A	PARQ_M_N	PARQ_M_UR	PARQ_M_C	PARQ_M_Total
Gender	1	-	-	-	-	-	-
Age	,262***	1	-	-	-	-	-
PARQ_M_A	-.055	,136**	1	-	-	-	-
PARQ_M_N	-,128**	,088*	,605***	1	-	-	-
PARQ_M_UR	-,103*	,086*	,753***	,703***	1	-	-
PARQ_M_C	-,086*	.080	,620***	,791***	,669***	1	-
PARQ_M_Total	-,104*	,109**	,829***	,888***	,855***	,917***	1
PARQ_F_A	.040	.081	,324***	,290***	,296***	,303***	,346***
PARQ_F_N	.002	-.021	,282***	,420***	,267***	,376***	,393***
PARQ_F_UR	-.001	.031	,303***	,303***	,375***	,301***	,357***
PARQ_F_C	.013	-.072	,236***	,326***	,210***	,414***	,361***
PARQ_F_Total	.016	-.012	,319***	,389***	,308***	,418***	,420***
IIP_Total	-.058	-,175***	,243***	,255***	,250***	,285***	,298***
IIP_Dominant	.020	-.046	,183***	,098*	,146***	,131**	,157***
IIP_Vindictive	.072	-,152***	-.022	,105*	.041	.075	.060
IIP_Cold	.018	-,209***	,109**	,197***	,181***	,195***	,196***
IIP_SI	.011	-,164***	,144***	,200***	,180***	,208***	,212***
IIP_Nonassertive	-,098*	-,169***	,197***	,213***	,188***	,260***	,253***
IIP_OA	-,086*	-,100*	,150***	,143**	,140**	,194***	,185***
IIP_SS	-,086*	,093*	,228***	,134**	,167***	,133**	,183***
IIP_I	-,118**	-.068	,150***	,095*	,120**	,129**	,142**
PBQ_total	.046	-.070	,196***	,202***	,204***	,179***	,219***
PBQ_A	-.053	-.002	,199***	,226***	,239***	,207***	,244***
PBQ_D	-,091*	-,091*	,176***	,181***	,179***	,183***	,205***
PBQ_PA	,114**	-.001	,139**	,137**	,154***	,091*	,140**

Table 3.8 (Continued)

Measures	Gender	Age	PARQ_M_A	PARQ_M_N	PARQ_M_UR	PARQ_M_C	PARQ_M_Total
PBQ_OC	.058	-.018	.075	,101*	,096*	.076	,096*
PBQ_AS	,117**	-.097*	,119**	,092*	,095*	.075	,105*
PBQ_N	,097*	-.013	.075	.066	.056	.041	.065
PBQ_H	-.005	-,173***	,103*	,159***	,115**	,154***	,155***
PBQ_S	.058	.028	,137**	,176***	,177***	,134**	,172***
PBQ_P	.054	-.008	,227***	,179***	,201***	,175***	,219***
PBQ_B	-.081	-,131**	,249***	,241***	,267***	,258***	,288***
BSI_Total	-,164***	-,211***	,315***	,269***	,312***	,317***	,346***
BSI_A	-,167***	-,233***	,277***	,233***	,281***	,260***	,297***
BSI_D	-,165***	-,229***	,272***	,252***	,276***	,309***	,320***
BSI_NS	-,125**	-,176***	,303***	,286***	,293***	,333***	,351***
BSI_S	-,164***	-,142**	,270***	,200***	,271***	,223***	,269***
BSI_H	-,108**	-,122**	,312***	,218***	,296***	,282***	,314***
SC_Total	-,095*	-,217***	,184***	,231***	,222***	,251***	,257***
SC_ISC	-,099*	-,209***	,139**	,165***	,161***	,174***	,184***
SC_CSC	-.056	-,150***	,184***	,245***	,231***	,274***	,271***
ECR_Av.	-.033	-,112**	.031	,158***	,105*	,154***	,134**
ECR_AnX.	-,154***	-,219***	,191***	,226***	,198***	,273***	,262***
SD_Total	-,095*	-,234***	,260***	,275***	,281***	,345***	,339***
SD_IA	-,173***	-,298***	,177***	,193***	,199***	,273***	,249***
SD_USI	,103*	-,123**	,185***	,226***	,236***	,239***	,253***
SD_SSN	-.078	-.076	,312***	,290***	,290***	,352***	,361***

***. Correlation is significant at the 0.001 level (2-tailed), **. Correlation is significant at the 0.01 level (2-tailed), *. Correlation is significant at the 0.05 level (2-tailed).

Note. G = Gender, A = Age, PARQ_M_A = Parental Acceptance-Rejection Questionnaire Mother Form-Aggression, PARQ_M_N = Parental Acceptance-Rejection Questionnaire Mother Form – Neglect, PARQ_M_UR = Parental Acceptance-Rejection Questionnaire Mother Form- Undifferentiated Rejection, PARQ_M_C = Parental Acceptance-Rejection Questionnaire Mother Form- Coldness, PARQ_M_Total = Parental Acceptance-Rejection Questionnaire Mother Form-Total Score, PARQ_F_A = Parental Acceptance-Rejection Questionnaire Father Form-Aggression, PARQ_F_N = Parental Acceptance-Rejection Questionnaire Father Form-Neglect, PARQ_F_UR = Parental Acceptance-Rejection Questionnaire Father Form- Undifferentiated Rejection, PARQ_F_C = Parental Acceptance-Rejection Questionnaire Father Form-Coldness, PARQ_F_Total = Parental Acceptance-Rejection Questionnaire Father Form-Total Score; IIP_Total = Inventory of Interpersonal Problems Total Score, IIP_Dominant = Inventory of Interpersonal Problems-Dominant, IIP_Vindictive = Inventory of Interpersonal Problems-Vindictive, IIP_Cold = Inventory of Interpersonal Problems- Cold, IIP_SI = Inventory of Interpersonal Problems- Socially Inhibited, IIP_Nonassertive = Inventory of Interpersonal Problems-Nonassertive, IIP_OA = Inventory of Interpersonal Problems-Overly Accommodation, IIP_SS = Inventory of Interpersonal Problems-Self-sacrificing, IIP_I = Inventory of Interpersonal Problems-Intrusive; PBQ_A = Personality Belief Questionnaire-Avoidant, PBQ_D = Personality Belief Questionnaire-Dependent, PBQ_PA = Personality Belief Questionnaire-Passive-Aggressive, PBQ_OC = Personality Belief Questionnaire-Obsessive-compulsive, PBQ_AS = Personality Belief Questionnaire-Antisocial, PBQ_N = Personality Belief Questionnaire-Narcissist, PBQ_H = Personality Belief Questionnaire-Histrionic, PBQ_S = Personality Belief Questionnaire-Schizoid, PBQ_P = Personality Belief Questionnaire-Paranoid, PBQ_B = Personality Belief Questionnaire-Borderline; BSI_Total = Brief Symptom Inventory-Total Score, BSI_A = Brief Symptom Inventory-Anxiety, BSI_D = Brief Symptom Inventory-Depression, BSI_NS = Brief Symptom Inventory-Negative Self, BSI_S = Brief

Symptom Inventory-Somatization, BSI_H = Brief Symptom Inventory-Hostility; SC_Total = The Levels of Self-Criticism Scale-Total Score, SC_ISC = The Levels of Self-Criticism Scale-Internalized Self-Criticism, SC_CSC = The Levels of Self-Criticism Scale-Comparative Self-Criticism; ECR_Av = Experiences in Close Relationships- Attachment Related Avoidance, ECR_An timer = Experiences in Close Relationships-Attachment Related Anxiety; SD_Total = Self Defeating Interpersonal Scale-Total Score, SD_IA = Self Defeating Interpersonal Scale-Insecure Attachment, SD_USI = Self Defeating Interpersonal Scale-Undeserving Self-Image, SD_SSN = Self Defeating Interpersonal Scale-Self-Sacrificing Nature.

Correlation results indicated that inter-correlations among subscales of PARQ-SF (F) were high and positively significant. Specifically, correlations of Aggression (F) subscales with other subscales ranged from .54 to .78, Neglect (F) with other subscales ranged from .54 to .82, Undifferentiated Rejection (F) with other subscales ranged from .62 to .78, and Coldness (F) with other subscales ranged from .55 to .82. In addition, the correlation between the total score (for Father domain) and subscales (F) of the PARQ-SF varies between .78 and .92. Correlation values of PARQ-SF (F) with PARQ-SF (M) are mentioned above, so they will not be repeated here.

Correlation results indicated that PARQ-SF (F) total score revealed a significant positive correlation with Interpersonal Problems (IIP-32) total score and subscales. Correlations between PARQ-SF (F) subscales and IIP-32 overall scores were also significant and positive. Similarly, PARQ-SF (F) total score revealed a low significant positive correlation with Personality Belief Questionnaire-Short Form (PBQ-SF) total score and subscales. Also, a significant positive correlation was found between the total score of PBQ and the subscale scores of PARQ-SF (F). When looking at the total score and subscale correlations of these two scales, only the correlation between the Obsessive-Compulsive subscale of PBQ and the Coldness subscale of PARQ-SF (F) was found to be insignificant (see Table 3.9).

In terms of correlation analysis between five domains of Brief Symptom Inventory (BSI), results showed that Neglect subscale was correlated with Depression ($r = .33, p < .001$), Negative Self ($r = .32, p < .001$), and Hostility ($r = .32, p < .001$) domains of BSI. Moreover, Coldness subscale of PARQ-SF (F) significantly correlated with Depression ($r = .37, p < .001$) and Negative Self ($r = .33, p < .001$) domains of BSI. Results also showed that overall score of PARQ-SF (F) significantly correlated with Depression ($r = .35, p < .001$), Negative Self ($r = .34, p < .001$), and Hostility ($r = .33,$

$p < .001$) domains of BSI. In addition, BSI overall scale had moderate positive correlation with Neglect ($r = .35, p < .001$), Coldness ($r = .35, p < .001$) subscales of PARQ-SF (F) and PARQ-SF (F) total score ($r = .35, p < .001$).

Correlation results indicated that PARQ-SF (F) total score revealed a significant positive correlation with (LOSC) total score and subscales. Correlations between PARQ-SF (F) subscales and Self-Criticism overall score were also significant and positive. Similarly, PARQ-SF (F) total score revealed a low significant positive correlation with Experiences in Close Relationship (ECR-R) subscales. PARQ-SF (F) subscales and subscales of ECR showed significant and positive correlations, at this point there is an exception; the Attachment related Avoidance subscale did not show a significant correlation with the Aggression subscale of PARQ-SF (F) (see Table 3.9).

According to results, Self-Sacrificing Nature subscales of Self-Defeating Interpersonal Style Scale (SELF-DISS) positively correlated with the PARQ-SF (F) total score ($r = .35, p < .001$), Neglect ($r = .33, p < .001$), and Coldness ($r = .31, p < .001$) subscales of PARQ-SF (F). In addition, PARQ-SF (F) total score and SELF-DISS total score was positively correlated ($r = .34, p < .001$). Correlation results also indicated that, SELF-DISS total score was positively correlated with Neglect ($r = .34, p < .001$) and Coldness ($r = .32, p < .001$) subscales of PARQ-SF (F).

Table 3.9 *Correlations between PARQ-SF (Father) and the Measures of the Study*

Measures	PARQ_F_A	PARQ_F_N	PARQ_F_UR	PARQ_F_C	PARQ_F_Total
PARQ_F_A	1	-	-	-	-
PARQ_F_N	,540***	1	-	-	-
PARQ_F_UR	,780***	,653***	1	-	-
PARQ_F_C	,546***	,820***	,622***	1	-
PARQ_F_Total	,781***	,897***	,829***	,918***	1
IIP_Total	,180***	,288***	,232***	,255***	,280***
IIP_Dominant	,228***	,183***	,221***	,137***	,208***
IIP_Vindictive	-.001	,156***	.061	,142**	,118**
IIP_Cold	.056	,240***	,127**	,211***	,198***
IIP_SI	.037	,196***	,135**	,188***	,172***
IIP_Nonassertive	,093*	,223***	,153***	,209***	,206***
IIP_OA	,092*	,157***	,124**	,147***	,155***

Table 3.9 (Continued)

Measures	PARQ_F_A	PARQ_F_N	PARQ_F_UR	PARQ_F_C	PARQ_F_Total
IIP_SS	,184***	,113**	,140**	.072	,134**
IIP_I	,167***	,083*	,133**	,085*	,126**
PBQ_total	,236***	,252***	,239***	,204***	,263***
PBQ_A	,136**	,184***	,167***	,142**	,178***
PBQ_D	,173***	,207***	,197***	,163***	,209***
PBQ_PA	,177***	,217***	,187***	,173***	,215***
PBQ_OC	,119**	,141**	,125**	.076	,126**
PBQ_AS	,184***	,158***	,156***	,127**	,175***
PBQ_N	,182***	,118**	,146***	,095*	,147***
PBQ_H	,179***	,225***	,182***	,188***	,224***
PBQ_S	,117**	,179***	,128**	,164***	,175***
PBQ_P	,252***	,210***	,250***	,187***	,249***
PBQ_B	,223***	,264***	,256***	,226***	,276***
BSI_Total	,207***	,349***	,270***	,346***	,351***
BSI_A	,165***	,297***	,229***	,286***	,292***
BSI_D	,188***	,334***	,240***	,366***	,345***
BSI_NS	,215***	,324***	,267***	,326***	,336***
BSI_S	,133**	,297***	,209***	,260***	,269***
BSI_H	,239***	,319***	,284***	,294***	,330***
SC_Total	,173***	,229***	,206***	,214***	,239***
SC_ISC	,138**	,184***	,165***	,166***	,189***
SC_CSC	,162***	,213***	,192***	,207***	,226***
ECR_Av.	.053	,173***	,090*	,150***	,145***
ECR_Anx.	,176***	,256***	,199***	,234***	,255***
SD_Total	,217***	,336***	,266***	,318***	,337***
SD_IA	,162***	,268***	,204***	,269***	,271***
SD_USI	,115**	,245***	,188***	,200***	,219***
SD_SSN	,271***	,328***	,277***	,311***	,347***

***. Correlation is significant at the 0.001 level (2-tailed), **. Correlation is significant at the 0.01 level (2-tailed), *. Correlation is significant at the 0.05 level (2-tailed).

Note. PARQ_F_A = Parental Acceptance-Rejection Questionnaire Father Form-Aggression, PARQ_F_N = Parental Acceptance-Rejection Questionnaire Father Form-Neglect, PARQ_F_UR = Parental Acceptance-Rejection Questionnaire Father Form- Undifferentiated Rejection, PARQ_F_C = Parental Acceptance-Rejection Questionnaire Father Form-Coldness, PARQ_F_Total = Parental Acceptance-Rejection Questionnaire Father Form-Total Score; IIP_Total = Inventory of Interpersonal Problems Total Score, IIP_Dominant = Inventory of Interpersonal Problems-Dominant, IIP_Vindictive = Inventory of Interpersonal Problems-Vindictive, IIP_Cold = Inventory of Interpersonal Problems- Cold, IIP_SI = Inventory of Interpersonal Problems- Socially Inhibited, IIP_Nonassertive = Inventory of Interpersonal Problems-Nonassertive, IIP_OA = Inventory of Interpersonal Problems-Overly Accommodation, IIP_SS = Inventory of Interpersonal Problems-Self-sacrificing, IIP_I = Inventory of Interpersonal Problems-Intrusive; PBQ_A = Personality Belief Questionnaire-Avoidant, PBQ_D = Personality Belief Questionnaire-Dependent, PBQ_PA = Personality Belief Questionnaire-Passive-Aggressive, PBQ_OC = Personality Belief Questionnaire-Obsessive-compulsive, PBQ_AS = Personality Belief Questionnaire-Antisocial, PBQ_N = Personality Belief Questionnaire-Narcissist, PBQ_H = Personality Belief Questionnaire-Histrionic, PBQ_S = Personality Belief Questionnaire-Schizoid, PBQ_P = Personality Belief Questionnaire-Paranoid, PBQ_B = Personality Belief Questionnaire-Borderline; BSI_Total = Brief Symptom Inventory-Total Score, BSI_A = Brief Symptom Inventory-Anxiety, BSI_D = Brief Symptom Inventory-Depression, BSI_NS = Brief Symptom Inventory-Negative Self, BSI_S = Brief Symptom Inventory-Somatization, BSI_H = Brief Symptom Inventory-Hostility; SC_Total = The Levels of Self-Criticism Scale-Total Score, SC_ISC = The Levels of Self-Criticism Scale-Internalized Self-Criticism, SC_CSC = The Levels of Self-Criticism Scale-Comparative Self-Criticism; ECR_Av = Experiences in Close Relationships- Attachment Related Avoidance, ECR_Anx = Experiences in Close Relationships- Attachment Related Anxiety; SD_Total = Self Defeating Interpersonal Scale-Total Score, SD_IA = Self Defeating Interpersonal Scale-Insecure Attachment, SD_USI = Self Defeating Interpersonal Scale-Undeserving Self-Image, SD_SSN = Self Defeating Interpersonal Scale-Self-Sacrificing Nature.

In terms of correlation analysis between eight domains of Inventory of Interpersonal Problems (IIP-32), results showed that inter-correlations among subscales of IIP-32 were low-to-strong and positively significant in general, except for Vindictive subscale having significant moderate negative correlation with Self Sacrificing subscale ($r = -$

.32, $p < .001$). Specifically, Dominant subscale positively correlated with Intrusive subscale ($r = .40$, $p < .001$) and Vindictive subscale had high positive correlation with Cold subscale ($r = .59$, $p < .001$). Cold subscale had high positive correlation with Socially Inhibited subscale ($r = .60$, $p < .001$), and had moderate positive correlation with Nonassertive subscale ($r = .47$, $p < .001$). Moreover, Socially Inhibited subscale was strongly correlated with Nonassertive subscale ($r = .57$, $p < .001$) and moderately correlated with Overly Accommodation subscale ($r = .41$, $p < .001$). Nonassertive subscale had high positive correlation with Overly Accommodation subscale ($r = .73$, $p < .001$) and had moderate positive correlation with Self Sacrificing ($r = .36$, $p < .001$) and Intrusive ($r = .30$, $p < .001$) subscales. While Self Sacrificing subscale had high positive correlation with Overly Accommodation subscale ($r = .51$, $p < .001$), it had positive moderate correlation with Intrusive subscale ($r = .41$, $p < .001$). In addition, correlations of IIP-32 overall scale with subscales ranged from .45 to .82 (see Table 3.10).

The IIP-32 overall scale had positive correlation with Personality Belief Questionnaire-Short Form (PBQ-SF) subscales and correlation coefficients ranged from .21 to .63. In addition, PBQ total score had moderate positive correlation with Dominant ($r = .45$, $p < .001$), Vindictive ($r = .37$, $p < .001$), Cold ($r = .41$, $p < .001$) and Nonassertive ($r = .37$, $p < .001$) subscales of IIP-32. The IIP-32 overall scale correlation with PBQ total score indicate that significant high association ($r = .57$, $p < .001$).

Correlation results indicated that IIP-32 total score revealed significant high positive correlation with Anxiety ($r = .61$, $p < .001$), Depression ($r = .60$, $p < .001$), Negative Self ($r = .67$, $p < .001$), Hostility ($r = .52$, $p < .001$), and moderate positive correlation with Somatization subscales ($r = .44$, $p < .001$) of Brief Symptom Inventory (BSI). The total score of BSI had significant moderate correlation with Dominant ($r = .41$, $p < .001$), Cold ($r = .45$, $p < .001$), Socially Inhibited ($r = .38$, $p < .001$), Overly Accommodation ($r = .41$, $p < .001$) subscales, and significant high correlation with

Nonassertive ($r = .52, p < .001$) subscale of IIP-32. Moreover, results that IIP-32 total score revealed high positive correlation with BSI total score ($r = .65, p < .001$) (see Table 3.10).

The IIP-32 overall scale had moderate-to-strong positive correlation with The Levels of Self-Criticism (LOSC) subscales, specifically highly associated with Comparative Self-Criticism ($r = .53, p < .001$) and moderately associated with Internalized Self-Criticism ($r = .49, p < .001$). Self-Criticism overall scale had significant positive moderate correlation with Dominant ($r = .31, p < .001$), Vindictive ($r = .31, p < .001$), Cold ($r = .40, p < .001$), Socially Inhibited ($r = .43, p < .001$), Overly Accommodation ($r = .38, p < .001$) and had significant positive strong correlation with Nonassertive subscale ($r = .50, p < .001$) of IIP-32. In addition, total score of IIP-32 revealed high positive correlation with total score of Self-Criticism ($r = .59, p < .001$).

Total scale of IIP-32 had strong positive correlation with Attachment related Anxiety subscale ($r = .57, p < .001$) of Experiences in Close Relationship Inventory (ECR-R). In addition, Attachment related Anxiety moderately correlated with Cold ($r = .34, p < .001$), Socially Inhibited ($r = .37, p < .001$), Overly Accommodation ($r = .43, p < .001$) subscales of IIP-32 and highly correlated with Nonassertive ($r = .51, p < .001$) subscale of IIP-32. On the other hand, Attachment related Avoidance subscale of ECR-R moderately associated with Vindictive ($r = .33, p < .001$), Cold ($r = .47, p < .001$), and Socially Inhibited ($r = .35, p < .001$) subscales of IIP-32.

According to the results, IIP-32 total score and subscales significantly associated with both SELF-DISS overall scale and subscales. Specifically, IIP-32 total score was moderately correlated with the Undeserving Self-Image subscale ($r = .46, p < .001$) of SELF-DISS, while it was highly correlated with Insecure Attachment ($r = .63, p < .001$), Self-Sacrificing Nature ($r = .60, p < .001$) subscales, and total score of SELF-DISS ($r = .70, p < .001$). On the other hand, overall scale of SELF-DISS had significant positive correlation with Cold ($r = .45, p < .001$), Socially Inhibited ($r = .47, p < .001$),

Nonassertive ($r = .62, p < .001$), Overly Accommodation ($r = .55, p < .001$), and Self-Sacrificing ($r = .35, p < .001$) subscales of IIP-32.

Table 3.10 *Correlations between IIP-32 and the Measures of the Study*

Measures	IIP_Total	IIP_D	IIP_V	IIP_C	IIP_SI	IIP_N	IIP_OA	IIP_SS	IIP_I
IIP_Total	1	-	-	-	-	-	-	-	-
IIP_Dominant	,464**	1	-	-	-	-	-	-	-
IIP_Vindictive	,452***	,258***	1	-	-	-	-	-	-
IIP_Cold	,645***	,233***	,585***	1	-	-	-	-	-
IIP_SI	,646***	.049	,296***	,597***	1	-	-	-	-
IIP_Nonassertive	,820***	,119**	,271***	,468***	,570***	1	-	-	-
IIP_OA	,705***	.039	.046	,266***	,406***	,725***	1	-	-
IIP_SS	,457***	,157***	-,322***	-.065	.081	,358***	,512***	1	-
IIP_I	,484***	,402***	.006	-.074	-.061	,300***	,292***	,410***	1
PBQ_total	,570***	,453***	,368***	,406***	,274***	,369***	,294***	,237***	,290***
PBQ_A	,518***	,248***	,301***	,384***	,352***	,400***	,322***	,249***	,165***
PBQ_D	,555***	,317***	,242***	,235***	,299***	,452***	,409***	,291***	,353***
PBQ_PA	,348***	,311***	,275***	,320***	,145***	,199***	,138**	,125**	,140**
PBQ_OC	,409***	,295***	,204***	,246***	,203***	,275***	,207***	,252***	,243***
PBQ_AS	,358***	,395***	,316***	,293***	.090*	,173***	,126**	,095*	,223***
PBQ_N	,304***	,454***	,256***	,155***	.017	,105*	.070	,116**	,291***
PBQ_H	,520***	,454***	,308***	,265***	,167***	,348***	,290***	,223***	,409***
PBQ_S	,217***	,150***	,252***	,386***	,235***	,110**	.041	-.016	-,138**
PBQ_P	,456***	,327***	,260***	,350***	,241***	,298***	,271***	,236***	,169***
PBQ_B	,634***	,336***	,314***	,446***	,426***	,506***	,413***	,254***	,272***
BSI_Total	,647***	,411***	,284***	,453***	,383***	,518***	,417***	,276***	,298***
BSI_A	,611***	,402***	,284***	,428***	,381***	,489***	,377***	,237***	,270***
BSI_D	,603***	,337***	,256***	,439***	,373***	,490***	,401***	,262***	,269***
BSI_NS	,673***	,395***	,273***	,438***	,408***	,550***	,468***	,313***	,312***
BSI_S	,435***	,264***	,191***	,320***	,266***	,339***	,264***	,180***	,214***
BSI_H	,523***	,464***	,260***	,370***	,218***	,393***	,297***	,217***	,262***
SC_Total	,594***	,310***	,309***	,395***	,429***	,502***	,383***	,221***	,227***
SC_ISC	,492***	,274***	,226***	,315***	,316***	,404***	,312***	,229***	,227***
SC_CSC	,529***	,252***	,320***	,370***	,441***	,465***	,349***	,127**	,143**
ECR_Av.	,298***	.081	,332***	,469***	,349***	,243***	,148***	-.076	-,158***
ECR_An.	,569***	,262***	,194***	,342***	,369***	,514***	,434***	,258***	,285***
SD_Total	,700***	,294***	,240***	,454***	,474***	,620***	,552***	,349***	,285***
SD_IA	,627***	,240***	,242***	,415***	,438***	,567***	,480***	,264***	,277***
SD_USI	,464***	,212***	,215***	,365***	,358***	,374***	,312***	,213***	,115**
SD_SSN	,604***	,280***	,111**	,318***	,347***	,547***	,548***	,402***	,274***

***. Correlation is significant at the 0.001 level (2-tailed), **. Correlation is significant at the 0.01 level (2-tailed), *. Correlation is significant at the 0.05 level (2-tailed).

Note. IIP_Total = Inventory of Interpersonal Problems Total Score, IIP_D = Inventory of Interpersonal Problems-Dominant, IIP_V = Inventory of Interpersonal Problems-Vindictive, IIP_C = Inventory of Interpersonal Problems- Cold, IIP_SI = Inventory of Interpersonal Problems- Socially Inhibited, IIP_N = Inventory of Interpersonal Problems-Nonassertive, IIP_OA = Inventory of Interpersonal Problems-Overly Accommodation, IIP_SS = Inventory of Interpersonal Problems-Self-sacrificing, IIP_I = Inventory of Interpersonal Problems-Intrusive; PBQ_A = Personality Belief Questionnaire-Avoidant, PBQ_D = Personality Belief Questionnaire-Dependent, PBQ_PA = Personality Belief Questionnaire-Passive-Aggressive,

PBQ_OC = Personality Belief Questionnaire-Obsessive-compulsive, PBQ_AS = Personality Belief Questionnaire-Antisocial, PBQ_N = Personality Belief Questionnaire-Narcissist, PBQ_H = Personality Belief Questionnaire-Histrionic, PBQ_S = Personality Belief Questionnaire-Schizoid, PBQ_P = Personality Belief Questionnaire-Paranoid, PBQ_B = Personality Belief Questionnaire-Borderline; BSI_Total = Brief Symptom Inventory-Total Score, BSI_A = Brief Symptom Inventory-Anxiety, BSI_D = Brief Symptom Inventory-Depression, BSI_NS = Brief Symptom Inventory-Negative Self, BSI_S = Brief Symptom Inventory-Somatization, BSI_H = Brief Symptom Inventory-Hostility; SC_Total = The Levels of Self-Criticism Scale-Total Score, SC_ISC = The Levels of Self-Criticism Scale-Internalized Self-Criticism, SC_CSC = The Levels of Self-Criticism Scale-Comparative Self-Criticism; ECR_Av = Experiences in Close Relationships- Attachment Related Avoidance, ECR_An timer = Experiences in Close Relationships- Attachment Related Anxiety; SD_Total = Self Defeating Interpersonal Scale-Total Score, SD_IA = Self Defeating Interpersonal Scale-Insecure Attachment, SD_USI = Self Defeating Interpersonal Scale-Undeserving Self-Image, SD_SSN = Self Defeating Interpersonal Scale-Self-Sacrificing Nature.

In terms of correlation analysis between the ten domains of Personality Belief Questionnaire-Short Form (PBQ-SF), results showed that PBQ overall scale had high positive significant correlation with Avoidant ($r = .76, p < .001$), Dependent ($r = .66, p < .001$), Passive-Aggressive ($r = .77, p < .001$), Obsessive-Compulsive ($r = .71, p < .001$), Antisocial ($r = .82, p < .001$), Narcissistic ($r = .77, p < .001$), Histrionic ($r = .75, p < .001$), Schizoid ($r = .56, p < .001$), Paranoid ($r = .79, p < .001$), and Borderline ($r = .80, p < .001$) subscales. In addition, the results indicated that inter-correlations among subscales of PBQ were varied from generally moderate to high and positively significant (see Table 3.11).

The PBQ total score had high significant correlation with Brief Symptom Inventory (BSI) total score ($r = .60, p < .001$), Anxiety ($r = .56, p < .001$), Depression ($r = .52, p < .001$), Negative Self ($r = .62, p < .001$), and Hostility ($r = .57, p < .001$) subscales, whereas it had moderate significant positive correlation with Somatization subscale ($r = .42, p < .001$) of BSI. BSI total scale had significant positive correlation with all PBQ subscales, and these correlation values ranged from .29 to .70.

The PBQ overall scale had significant positive correlation with The Levels of Self-Criticism (LOSC) total score ($r = .62, p < .001$), and Internalized Self Criticism ($r = .55, p < .001$) and Comparative Self Criticism ($r = .49, p < .001$) subscales. The Self-Criticism total scale had significant positive correlation with all PBQ subscales, and these correlation values ranged from .22 to .62.

Total scale of PBQ had moderate positive correlation with Attachment related Avoidance ($r = .30, p < .001$) subscale and high positive correlation with Attachment

related Anxiety subscale ($r = .46, p < .001$) of Experiences in Close Relationship Inventory (ECR-R). Also, the correlation of Attachment related Avoidance with subscales of PBQ ranged from .11 to .35 and Attachment related Anxiety with subscales of PBQ ranged from .13 to .58.

According to the results, PBQ total score and subscales significantly associated with both Self-Defeating Interpersonal Style Scale (SELF-DISS) overall scale and subscales. Specifically, PBQ total score was positively correlated with the Insecure Attachment ($r = .44, p < .001$), Undeserving Self-Image subscale ($r = .32, p < .001$), Self-Sacrificing Nature ($r = .44, p < .001$) subscales, and total score of SELF-DISS ($r = .49, p < .001$). On the other hand, overall scale of SELF-DISS had significant positive correlation with Avoidant ($r = .48, p < .001$), Dependent ($r = .59, p < .001$), Obsessive-Compulsive ($r = .32, p < .001$), Histrionic ($r = .47, p < .001$), Paranoid ($r = .41, p < .001$), and Borderline ($r = .67, p < .001$) subscales of PBQ.

Table 3.11 Correlations between PBQ-SF and the Measures of the Study

Measures	PBQ total	PBQ A	PBQ D	PBQ PA	PBQ OC	PBQ AS	PBQ N	PBQ H	PBQ S	PBQ P	PBQ B
PBQ total	1	-	-	-	-	-	-	-	-	-	-
PBQ A	,759***	1	-	-	-	-	-	-	-	-	-
PBQ D	,663***	,561***	1	-	-	-	-	-	-	-	-
PBQ PA	,767***	,561***	,340***	1	-	-	-	-	-	-	-
PBQ OC	,711***	,545***	,427***	,450***	1	-	-	-	-	-	-
PBQ AS	,823***	,489***	,392***	,626***	,550***	1	-	-	-	-	-
PBQ N	,769***	,401***	,374***	,588***	,520***	,676***	1	-	-	-	-
PBQ H	,754***	,512***	,637***	,485***	,522***	,571***	,609***	1	-	-	-
PBQ S	,560***	,439***	,075	,550***	,310***	,445***	,394***	,132**	1	-	-
PBQ P	,791***	,560***	,426***	,565***	,475***	,663***	,537***	,475***	,501***	1	-
PBQ B	,799***	,724***	,815***	,508***	,515***	,513***	,416***	,623***	,307***	,643***	1
BSI Total	,600***	,534***	,571***	,392***	,372***	,372***	,318***	,502***	,289***	,495***	,701***
BSI A	,561***	,524***	,564***	,355***	,359***	,332***	,295***	,487***	,247***	,431***	,670***
BSI D	,517***	,466***	,498***	,338***	,308***	,311***	,271***	,431***	,273***	,402***	,628***
BSI NS	,616***	,547***	,578***	,391***	,395***	,382***	,322***	,532***	,285***	,531***	,706***
BSI S	,423***	,389***	,458***	,273***	,253***	,249***	,186***	,358***	,182***	,347***	,534***
BSI H	,568***	,439***	,432***	,415***	,347***	,414***	,359***	,414***	,312***	,536***	,575***
SC Total	,617***	,560***	,506***	,376***	,574***	,412***	,327***	,561***	,224***	,506***	,620***
SC ISC	,550***	,475***	,414***	,354***	,613***	,371***	,324***	,478***	,217***	,404***	,504***
SC CSC	,491***	,481***	,457***	,270***	,307***	,323***	,212***	,480***	,153***	,472***	,567***
ECR Av.	,301***	,304***	,195***	,196***	,122***	,220***	,105*	,244***	,253***	,285***	,350***
ECR Aux.	,459***	,415***	,535***	,231***	,299***	,261***	,225***	,452***	,128***	,374***	,579***
SD Total	,490***	,484***	,586***	,276***	,318***	,241***	,155***	,469***	,185***	,405***	,665***
SD IA	,435***	,429***	,547***	,209***	,273***	,217***	,174***	,466***	,098*	,335***	,593***
SD USI	,315***	,368***	,416***	,193***	,248***	,105*	,009	,302***	,140**	,220***	,494***
SD SSN	,439***	,382***	,440***	,296***	,261***	,255***	,157***	,332***	,263***	,439***	,531***

*** Correlation is significant at the 0.001 level (2-tailed), ** Correlation is significant at the 0.01 level (2-tailed), * Correlation is significant at the 0.05 level (2-tailed).
 Note. PBQ_A = Personality Belief Questionnaire-Avoidant, PBQ_D = Personality Belief Questionnaire-Dependent, PBQ_PA = Personality Belief Questionnaire-Passive-Aggressive, PBQ_OC = Personality Belief Questionnaire-Compulsive, PBQ_AS = Personality Belief Questionnaire-Antisocial, PBQ_N = Personality Belief Questionnaire-Narcissist, PBQ_H = Personality Belief Questionnaire-Histrionic, PBQ_S = Personality Belief Questionnaire-Schizoid, PBQ_P = Personality Belief Questionnaire-Paranoid, PBQ_B = Personality Belief Questionnaire-Borderline, BSI_Total = Brief Symptom Inventory-Total Score, BSI_A = Brief Symptom Inventory-Anxiety, BSI_D = Brief Symptom Inventory-Depression, BSI_NS = Brief Symptom Inventory-Negative Self, BSI_S = Brief Symptom Inventory-Somatization, BSI_H = Brief Symptom Inventory-Hostility, SC_Total = The Levels of Self-Criticism Scale-Total Score, SC_ISC = The Levels of Self-Criticism Scale-Internalized Self-Criticism, SC_CSC = The Levels of Self-Criticism Scale-Comparative Self-Criticism, ECR_Av = Experiences in Close Relationships- Attachment Related Avoidance, ECR_Aux = Experiences in Close Relationships- Attachment Related Anxiety, SD_Total = Self-Defeating Interpersonal Scale-Total Score, SD_IA = Self-Defeating Interpersonal Scale-Insecure Attachment, SD_USI = Self-Defeating Interpersonal Scale-Undeserving Self-Image, SD_SSN = Self-Defeating Interpersonal Scale-Self-Sacrificing Nature.

In terms of correlation analysis between five domains of Brief Symptom Inventory (BSI), results showed that BSI overall scale had high positive significant correlation with Anxiety ($r = .95, p < .001$), Depression ($r = .94, p < .001$), Negative Self ($r = .93, p < .001$), Somatization ($r = .81, p < .001$), and Hostility ($r = .85, p < .001$) subscales. The results indicated that inter-correlations among subscales of BSI were strong and positively significant (see Table 3.12).

The BSI overall scale had significant positive correlation with The Levels of Self-Criticism (LOSC) total score ($r = .58, p < .001$), and Internalized Self Criticism ($r = .49, p < .001$) and Comparative Self Criticism ($r = .50, p < .001$) subscales. The Self-Criticism total scale had significant positive correlation with Anxiety ($r = .56, p < .001$), Depression ($r = .53, p < .001$), Negative Self ($r = .61, p < .001$), Somatization ($r = .36, p < .001$), and Hostility ($r = .47, p < .001$) subscales.

Total scale of BSI had moderate positive correlation with Attachment related Avoidance ($r = .30, p < .001$) subscale and high positive correlation with Attachment related Anxiety subscale ($r = .64, p < .001$) of Experiences in Close Relationship Inventory (ECR-R). Besides, the correlation of Attachment related Avoidance with BSI subscales ranged from .18 to .33 and Attachment related Anxiety with BSI subscales ranged from .41 to .65.

According to the results, BSI total score and subscales significantly associated with both SELF-DISS overall scale and subscales. Specifically, BSI total score was positively correlated with the Insecure Attachment ($r = .63, p < .001$), Undeserving Self-Image ($r = .51, p < .001$), Self-Sacrificing Nature ($r = .61, p < .001$) subscales of SELF-DISS, and total score of SELF-DISS ($r = .72, p < .001$). On the other hand, overall scale of SELF-DISS had significant positive correlation with Anxiety ($r = .68, p < .001$), Depression ($r = .70, p < .001$), Negative Self ($r = .73, p < .001$), Somatization ($r = .49, p < .001$), and Hostility ($r = .55, p < .001$) subscales of BSI.

Table 3.12 *Correlations between BSI and the Measures of the Study*

Measures	BSI_Total	BSI_A	BSI_D	BSI_NS	BSI_S	BSI_H
BSI_Total	1	-	-	-	-	-
BSI_A	,946***	1	-	-	-	-
BSI_D	,936***	,846***	1	-	-	-
BSI_NS	,929***	,850***	,835***	1	-	-
BSI_S	,805***	,746***	,692***	,659***	1	-
BSI_H	,847***	,760***	,741***	,761***	,622**	1
SC_Total	,577***	,561***	,527***	,614***	,358***	,466***
SC_ISC	,486***	,482***	,450***	,505***	,291***	,393***
SC_CSC	,502***	,474***	,447***	,552***	,328***	,404***
ECR_Av.	,302***	,276***	,295***	,325***	,176***	,244***
ECR_An.	,637***	,602***	,612***	,649***	,405***	,522***
SD_Total	,719***	,677***	,696***	,734***	,493***	,549***
SD_IA	,630***	,608***	,632***	,636***	,382***	,473***
SD_USI	,513***	,492***	,475***	,529***	,405***	,355***
SD_SSN	,613***	,543***	,572***	,631***	,461***	,513***

***. Correlation is significant at the 0.001 level (2-tailed), **. Correlation is significant at the 0.01 level (2-tailed), *. Correlation is significant at the 0.05 level (2-tailed).

Note. BSI_Total = Brief Symptom Inventory-Total Score, BSI_A = Brief Symptom Inventory-Anxiety, BSI_D = Brief Symptom Inventory-Depression, BSI_NS = Brief Symptom Inventory-Negative Self, BSI_S = Brief Symptom Inventory-Somatization, BSI_H = Brief Symptom Inventory-Hostility; SC_Total = The Levels of Self-Criticism Scale-Total Score, SC_ISC = The Levels of Self-Criticism Scale-Internalized Self-Criticism, SC_CSC = The Levels of Self-Criticism Scale-Comparative Self-Criticism; ECR_Av = Experiences in Close Relationships-Attachment Related Avoidance, ECR_An = Experiences in Close Relationships- Attachment Related Anxiety; SD_Total = Self Defeating Interpersonal Scale-Total Score, SD_IA = Self Defeating Interpersonal Scale-Insecure Attachment, SD_USI = Self Defeating Interpersonal Scale-Undeserving Self-Image, SD_SSN = Self Defeating Interpersonal Scale-Self-Sacrificing Nature.

In terms of correlation analysis between two domains of The Levels of Self-Criticism (LOSC), results showed that Self-Criticism overall scale had a high positive significant correlation with Internalized Self-Criticism (ISC) ($r = .91$, $p < .001$) and Comparative Self-Criticism (CSC) ($r = .78$, $p < .001$) subscales. According to results, Internalized Self-Criticism moderately correlated with Comparative Self-Criticism ($r = .43$, $p < .001$) (see Table 3.13).

Total scale of Self Criticism had moderate positive correlation with Attachment related Avoidance ($r = .37$, $p < .001$) subscale and high positive correlation with Attachment related Anxiety subscale ($r = .56$, $p < .001$) of Experiences in Close Relationship Inventory (ECR-R). In addition, Attachment related Avoidance significantly correlated with CSC ($r = .48$, $p < .001$), and Attachment related Anxiety significantly

correlated with both ISC ($r = .46, p < .001$) and CSC ($r = .50, p < .001$) subscales of Self-Criticism.

According to the results, Self-Criticism subscales significantly associated with both SELF-DISS overall scale and subscales. The Self-Criticism overall scale had high positive significant correlation with SELF-DISS total score ($r = .61, p < .001$), and Insecure Attachment ($r = .57, p < .001$), Undeserving Self-Image ($r = .42, p < .001$), Self-Sacrificing Nature ($r = .45, p < .001$) subscales of SELF-DISS. Specifically, Internalized Self-Criticism was positively correlated with the Insecure Attachment ($r = .46, p < .001$), Undeserving Self-Image ($r = .35, p < .001$), Self-Sacrificing Nature ($r = .38, p < .001$) subscales of SELF-DISS, while Comparative Self-Criticism correlation with SELF-DISS subscales was found as .53, .38, and .38, respectively. On the other hand, overall scale of SELF-DISS had significant positive correlation with ISC ($r = .50, p < .001$) and CSC ($r = .55, p < .001$) subscales of Self-Criticism.

The Attachment related Avoidance and Attachment related Anxiety which are two subscales of ECR-R had moderate positive correlation with each other ($r = .41, p < .001$). Considering the relationship of these two subscales with SELF-DISS; firstly, Attachment related Avoidance was significantly associated with Insecure Attachment ($r = .38, p < .001$) and total scale of SELF-DISS ($r = .37, p < .001$). Secondly, Attachment related Anxiety had significant positive association with Insecure Attachment ($r = .82, p < .001$), Undeserving Self-Image ($r = .37, p < .001$), Self-Sacrificing Nature ($r = .55, p < .001$) subscales, and total scale ($r = .77, p < .001$) of SELF-DISS.

In terms of correlation analysis between three domains of Self Defeating Interpersonal Style Scale (SELF-DISS), the results indicated that SELF-DISS overall scale had positive significant correlation with Insecure Attachment ($r = .90, p < .001$), Undeserving Self-Image ($r = .71, p < .001$), and Self-Sacrificing Nature ($r = .81, p < .001$) subscales. According to the results, Insecure Attachment moderately correlated

with Undeserving Self-Image ($r = .45$, $p < .001$), and strongly correlated with Self-Sacrificing Nature ($r = .58$, $p < .001$). In addition, Undeserving Self-Image had moderate significant correlation with Self-Sacrificing Nature ($r = .48$, $p < .001$) (see Table 3.13).

Table 3.13 *Correlations between LOSC, ECR-R and SELF-DISS*

Measures	SC_Total	SC_ISC	SC_CSC	ECR_Av	ECR_An timer	SD_Total	SD_IA	SD_USI	SD_SSN
SC_Total	1	-	-	-	-	-	-	-	-
SC_ISC	,906***	1	-	-	-	-	-	-	-
SC_CSC	,775***	,434***	1	-	-	-	-	-	-
ECR_Av.	,372***	,209***	,480***	1	-	-	-	-	-
ECR_An timer.	,559***	,460***	,501***	,407***	1	-	-	-	-
SD_Total	,606***	,497***	,547***	,374***	,764***	1	-	-	-
SD_IA	,572***	,460***	,529***	,382***	,816***	,902***	1	-	-
SD_USI	,423***	,347***	,382***	,246***	,374***	,712***	,446***	1	-
SD_SSN	,450***	,384***	,384***	,240***	,547***	,806***	,578***	,476***	1

***. Correlation is significant at the 0.001 level (2-tailed), **. Correlation is significant at the 0.01 level (2-tailed), *. Correlation is significant at the 0.05 level (2-tailed).

Note. SC_Total = The Levels of Self-Criticism Scale-Total Score, SC_ISC = The Levels of Self-Criticism Scale-Internalized Self-Criticism, SC_CSC = The Levels of Self-Criticism Scale-Comparative Self-Criticism; ECR_Av = Experiences in Close Relationships- Attachment Related Avoidance, ECR_An timer = Experiences in Close Relationships- Attachment Related Anxiety; SD_Total = Self Defeating Interpersonal Scale-Total Score, SD_IA = Self Defeating Interpersonal Scale-Insecure Attachment, SD_USI = Self Defeating Interpersonal Scale-Undeserving Self-Image, SD_SSN = Self Defeating Interpersonal Scale-Self-Sacrificing Nature.

3.2.3. Differences of Demographic Variables on Measures of the Study

In order to determine the gender and age differences for the measures of the present study, by considering approximately every 33rd percentile, the ages of the participants were categorized into three different groups (see Table 3.14). The first group, namely “*late adolescence*”, included 197 participants which corresponded to 33.9 % of the participants, second group, namely “*emerging adulthood*”, included 188 participants with a percentage of 32.4, and third group, namely “*adulthood*”, included 196 participants with a percentage of 33.7. Mean age for “*late adolescence*” group was $M = 20.18$ ($SD = .88$), mean age for “*emerging adulthood*” group was $M = 24.11$ ($SD = 2$) and it was $M = 44.41$ for “*adulthood*” group ($SD = 8.95$).

The separate Analyses of Variance (ANOVA) for the single scored measures and Multivariate Analyses of Variances (MANOVA) for the measures with subscales were carried out with these categorizations to reveal gender and age differences. In accordance with these results, only significant results were reported.

Table 3.14 *Categorization for the Demographic Characteristics of the Participants*

Variables	N (581 participants)	%	M	SD
Gender				
Female	412	70.9		
Male	169	29.1		
Age ($M = 28.27$, $SD = 10.30$)			28.27	10.30
Late Adolescence (between 18-21)	197	33.9	20.18	.88
Emerging Adulthood (between 22-28)	188	32.4	24.11	2
Adulthood (between 29-62)	196	33.7	40.41	8.95

3.2.3.1. The Difference of Gender and Age on the Measures of the Study

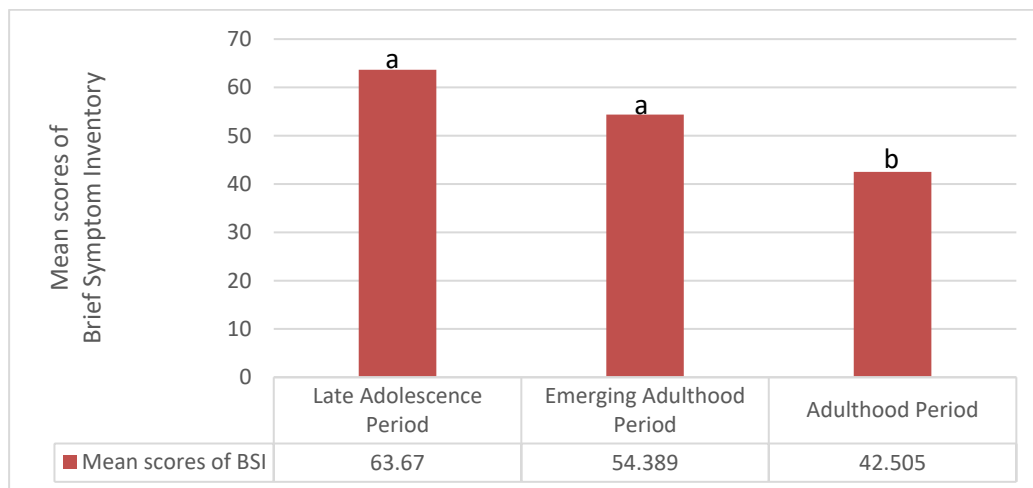
The Analyses of Variance (ANOVA) was carried out for the total score of scales and Multivariate Analyses of Variances (MANOVA) was carried out for the subscales to determine the differences between age and gender, and their interaction on the measures of the study. If the analyses where the interaction effect was found to be significant, the significant main effects were not specified.

Firstly, 2 (Gender [female, male]) x 3 (Age Group [1,2,3]) between-subjects ANOVA was carried out for total scores of Brief Symptom Inventory, Self-Defeating Interpersonal Style Scale, and The Levels of Self-Criticism Scale. Then, 2 (Gender [female, male]) x 3 (Age Group [1, 2, 3]) between-subjects factorial MANOVA was examined with Parental Acceptance-Rejection Questionnaire-Short Form with Warmth/Affection (Coldness), Hostility/Aggression, Indifference/Neglect, and

Undifferentiated Rejection subscales, Personality Belief Questionnaire-Short Form with Avoidant, Dependent, Passive-aggressive, Obsessive-compulsive, Antisocial, Narcissistic, Histrionic, Schizoid, Paranoid, and Borderline PDs, Inventory of Interpersonal Problems with subscales of Domineering/Controlling, Vindictive/Self-Centered, Cold/Distant, Socially Inhibited, Nonassertive, Overly Accommodating, Self-Sacrificing, and Intrusive/Needy, Experiences in Close Relationships Inventory-Revised with Attachment-Related Avoidance and Attachment-Related Anxiety sub-categories as the dependent variables.

3.2.3.1.1. Gender and Age Differences on Psychopathology Symptoms

Firstly 2 (Gender [male, female]) x 3 (Age Group [1, 2, 3]) between-subjects factorial Analysis of Variance (ANOVA) was carried out to investigate the differences of age, gender, and their interaction on Brief Symptom Inventory (BSI). The main effect of gender [$F(1, 575) = 7.584, p = .006, \eta_p^2 = .013$] was found significant. That is, the male participants scores ($M = 48.619, SE = 3.031$) significantly lower than the female participants' psychopathology symptoms scores ($M = 58.423, SE = 1.867$). The main effect of age was found significant [$F(2,575) = 12.123, p = .000, \eta_p^2 = .040$]. Post-hoc comparisons were carried out by implementing Bonferroni analysis and revealed that participants in the late adolescence period ($M = 63.670, SE = 3.428$) got significantly higher psychopathology symptom scores than participants in the adulthood period ($M = 42.505, SE = 2.736$). Moreover, the participants in the emerging adulthood period ($M = 54.389, SE = 3.046$) got significantly higher scores than the participants in the adulthood period ($M = 42.505, SE = 2.736$). On the other hand, Age x Gender interaction on psychopathology symptoms was not found significant [$F(2, 575) = .885, p = .413, \eta_p^2 = .003$].

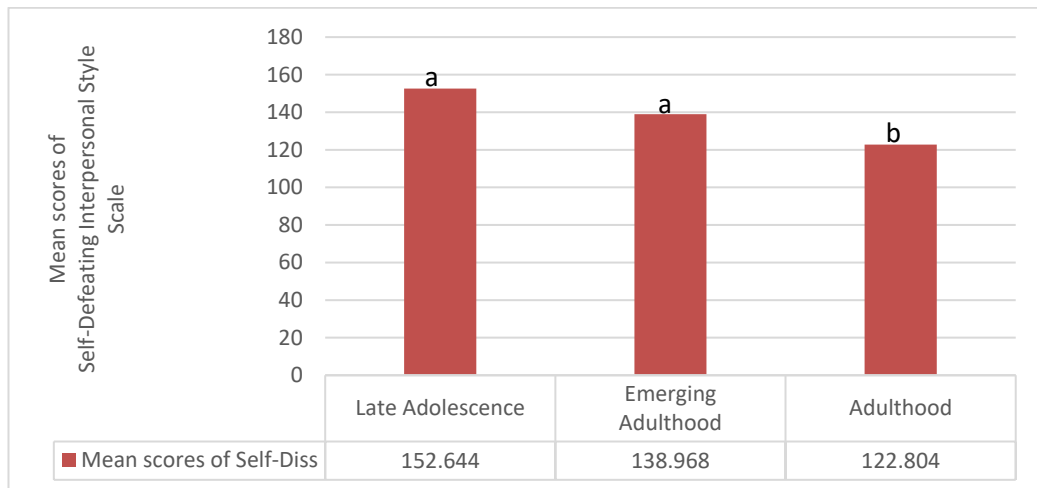


Note. The mean scores that did not share the same letter on the graph were significantly different from each other.

Figure 3.1 Main Effect of Age on Psychopathology Symptoms

3.2.3.1.2. Gender and Age Differences on Interpersonal Self-Defeating

A 2 (Gender [male, female]) x 3 (Age Group [1, 2, 3]) between subjects factorial Analysis of Variance (ANOVA) was carried out to investigate the differences of age, gender, and their interaction on total score of SELF-DISS. The main effect of gender [$F(1, 575) = 1.201, p = .274, \eta_p^2 = .002$] was not found significant. That is, the male participants' scores ($M = 135.699, SE = 3.791$) did not significantly differ from the female participants' self-defeating interpersonal style scores ($M = 140.578, SE = 2.334$). The main effect of age was found significant [$F(2, 575) = 15.276, p = .000, \eta_p^2 = .050$]. Post-hoc comparisons were carried out by implementing Bonferroni analysis and revealed that the participants in the late adolescence period ($M = 152.644, SE = 4.287$) reported significantly higher self-defeating tendencies than the participants in the adulthood period ($M = 122.804, SE = 3.422$). Moreover, the participants in the emerging adulthood period ($M = 138.968, SE = 3.809$) got significantly higher scores than the participants in the adulthood period ($M = 122.804, SE = 3.422$). On the other hand, Age x Gender interaction on self-defeating interpersonal style was not found significant [$F(2, 575) = .010, p = .990, \eta_p^2 = .00$].



Note. The mean scores that did not share the same letter on the graph were significantly different from each other.

Figure 3.2 Main Effect of Age on Interpersonal Self-Defeating

3.2.3.1.3. Gender and Age Differences on Self-Criticism

A 2 (Gender [male, female]) x 3 (Age Group [1, 2, 3]) between subjects factorial Analysis of Variance (ANOVA) was carried out to investigate the differences of age, gender, and their interaction on Self-Criticism. The main effect of gender [$F(1, 575) = 1.764, p = .185, \eta_p^2 = .003$] was not found significant. That is, the female participants' self-criticism scores ($M = 65.658, SE = .679$) did not significantly differ from the male participants' scores ($M = 63.938, SE = 1.103$). The main effect of age [$F(2, 575) = 10.803, p = .000, \eta_p^2 = .036$] and Age x Gender interaction on self-criticism was found significant [$F(2, 575) = 3.400, p = .034, \eta_p^2 = .012$]. Post-hoc comparisons were carried out by implementing Bonferroni analysis and revealed that both the female ($M = 68.400, SE = 1.081$) and the male ($M = 69.865, SE = 2.248$) participants in the late adolescence period have higher self-criticism scores than the participants in the adulthood period ($M = 61.966, SE = 1.264; M = 61.797, SE = 1.538$). Moreover, the female participants in the emerging adulthood period ($M = 66.607, SE = 1.177$) have higher scores on self-criticism than those in adulthood period ($M = 61.966, SE = 1.264$). In addition, the male participants in late adolescence period ($M = 69.865, SE = 2.248$) reported higher level of self-criticism than those in emerging adulthood period ($M = 60.151, SE = 1.878$). On the other hand, the female participants

in the emerging adulthood period ($M = 66.607$, $SE = 1.177$) have significantly higher scores on self-criticism than the males in the same age group ($M = 60.151$, $SE = 1.878$).

Table 3.15 *Main Effect of Age on Self-Criticism*

	Late Adolescence	Emerging Adulthood	Adulthood
Female	68.40 _(a)	66.607 _(a)	61.966 _(b)
Male	69.865 _(a)	60.151 _(b)	61.797 _(bc)

Note. The mean scores that did not share the same letter were significantly different from each other.

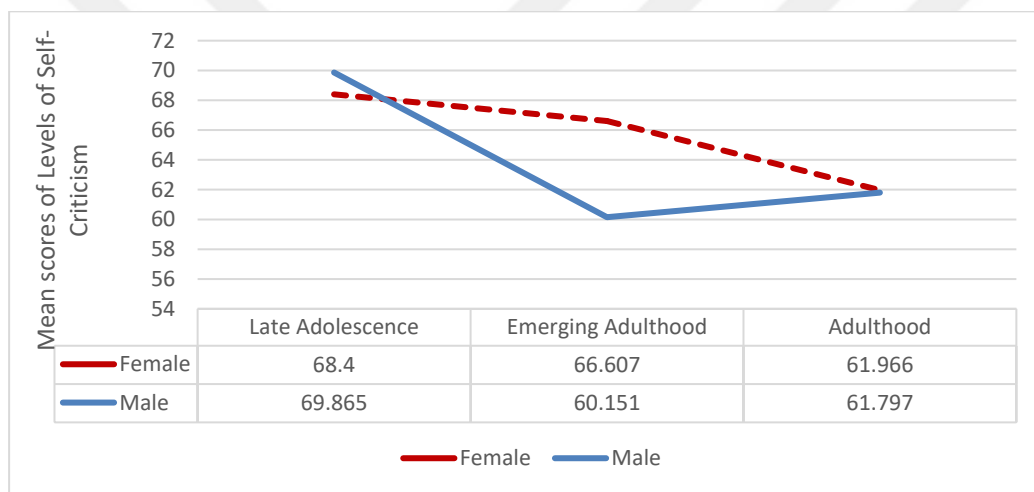
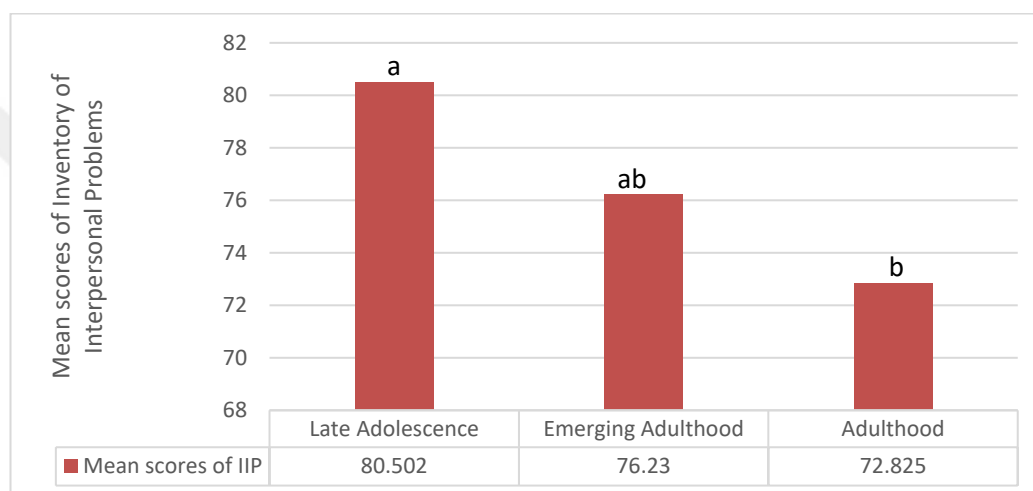


Figure 3.3 Interaction Effect of Age x Gender on Self-Criticism

3.2.3.1.4. Gender and Age Differences on Interpersonal Problems

Finally, A 2 (Gender [male, female]) x 3 (Age Group [1, 2, 3]) between subjects factorial Analysis of Variance (ANOVA) was carried out to investigate the differences of age, gender, and their interaction on total score of IIP-32. The main effect of gender [$F(1, 575) = .179$, $p = .672$, $\eta_p^2 = .000$] was not found significant. That is, the male participants' scores ($M = 76.180$, $SE = 1.365$) did not significantly differ from the female participants' interpersonal problem scores ($M = 76.859$, $SE = .841$). The main effect of age was found significant [$F(2,575) = 7.580$, $p = .001$, $\eta_p^2 = .026$]. Post-hoc comparisons were carried out by implementing Bonferroni analysis and revealed that

the participants in the late adolescence period ($M = 80.502$, $SE = 1.544$) reported significantly higher interpersonal problems than the participants in the adulthood period ($M = 72.825$, $SE = 1.233$). Moreover, the participants in the emerging adulthood period ($M = 76.230$, $SE = 1.372$) did not significantly differ from the participants in the adulthood period ($M = 72.825$, $SE = 1.233$). On the other hand, Age x Gender interaction on interpersonal problems was not found significant [$F(2, 575) = .791$, $p = .454$, $\eta_p^2 = .003$].



Note. The mean scores that did not share the same letter on the graph were significantly different from each other.

Figure 3.4 Main Effect of Age on Interpersonal Problems

3.2.3.1.5. Gender and Age Differences on Parental Rejection

In the current study, the Parental Acceptance-Rejection Questionnaire-Short Form (PARQ-SF) is analyzed with the "rejection" section. Accordingly, the entire "warmth/affection" subscale of the questionnaire was coded as a reverse item and used as the "coldness" subscale. The sub-dimensions of the scale were calculated separately for the mother and father, and the MANOVA results were stated separately for the parents.

In order to determine the differences of gender, age, and their interaction on the parental rejection-Mother 2 (Gender [male, female]) $\times$ 3 (Age Group [1, 2, 3]) between

subjects factorial MANOVA was implemented with the four domains of Parental Acceptance-Rejection Questionnaire-Short Form (PARQ-SF) (i.e., Coldness, Hostility/Aggression, Indifference/Neglect and Undifferentiated Rejection subscales) as the dependent variables. The results of the multivariate analyses revealed significant gender [*Multivariate F* (4, 572) = 2.717, $p = .029$; Wilks' Lambda = .981, $\eta_p^2 = .019$] and insignificant age [*Multivariate F* (8, 1144) = 1.721, $p = .089$; Wilks' Lambda = .976, $\eta_p^2 = .012$] main effects. Moreover, Gender x Age interaction effect [*Multivariate F* (8, 1144) = 3.175, $p = .001$; Wilks' Lambda = .957, $\eta_p^2 = .022$] for the domains of PARQ-SF was found significant. In order to examine the significance of univariate analyses a Bonferroni correction was carried out, then, alpha values lower than .0125 (.05/4) were considered as significant. In accordance with this correction, a significant interaction effects were found for Hostility/Aggression [*Multivariate F* (2,575) = 9.856, $p = .00$; $\eta_p^2 = .033$] and Indifference/Neglect [*Multivariate F* (2,575) = 4.480, $p = .012$; $\eta_p^2 = .015$] subscales of PARQ-SF. Specifically, the male participants did not report any significant difference between age groups in terms of hostile attitude/aggression and neglect shown by the mother, however, the females in the emerging adulthood period ($M = 9.378$, $SE = .321$) and adulthood ($M = 10.889$, $SE = .345$) period reported significantly higher level of aggression than the females in the late adolescence period ($M = 7.931$, $SE = .295$). There is also a significant difference between the females in the emerging adulthood period ($M = 9.378$, $SE = .321$), and those in the adulthood period ($M = 10.889$, $SE = .345$) in terms of hostility/aggression shown by mother. Moreover, the females in the adulthood period ($M = 10.949$, $SE = .342$) had significantly higher scores on neglect from mother than those in late adulthood ($M = 9.387$, $SE = .292$) and emerging adulthood periods ($M = 9.311$, $SE = .318$). Similar to the previous sub-dimension, the male participants did not differ between the age groups in the neglect subscale. Moreover, no gender differences were observed for both sub-dimension the emerging adulthood period, but the males ($M = 8.506$, $SE = .420$; $M = 8.595$, $SE = .416$) reported significantly less aggression and neglect (from mother) than the females in adulthood periods ($M = 10.889$, $SE = .345$; $M = 10.949$, $SE = .342$). On the other hand, the male participants ($M = 9.405$, $SE =$

.613) in late adulthood period reported more aggression which perceived from their mothers than the female participants ($M = 7.931$, $SE = .295$) in the same age period.

Table 3.16 Interaction Effect of Age x Gender on Hostility/Aggression (M)

		Late Adolescence	Emerging Adulthood	Adulthood
Hostility/				
Aggression	Female	7.931 _(b)	9.378 _(a)	10.889 _(c)
	Male	9.405 _(a)	8.736 _(a)	8.506 _(a)

Note. The mean scores that did not share the same letter were significantly different from each other.

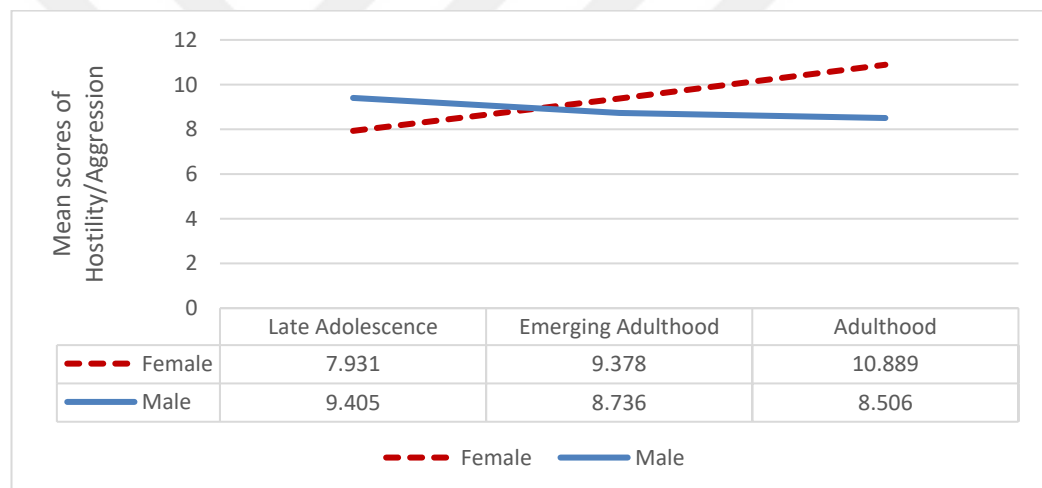


Figure 3.5 Interaction Effect of Age x Gender on Hostility/Aggression (M)

Table 3.17 Interaction Effect of Age x Gender on Neglect (M)

		Late Adolescence	Emerging Adulthood	Adulthood
Neglect	Female	9.387 _(a)	9.311 _(a)	10.949 _(b)
	Male	9.568 _(a)	8.377 _(a)	8.595 _(a)

Note. The mean scores that did not share the same letter were significantly different from each other.

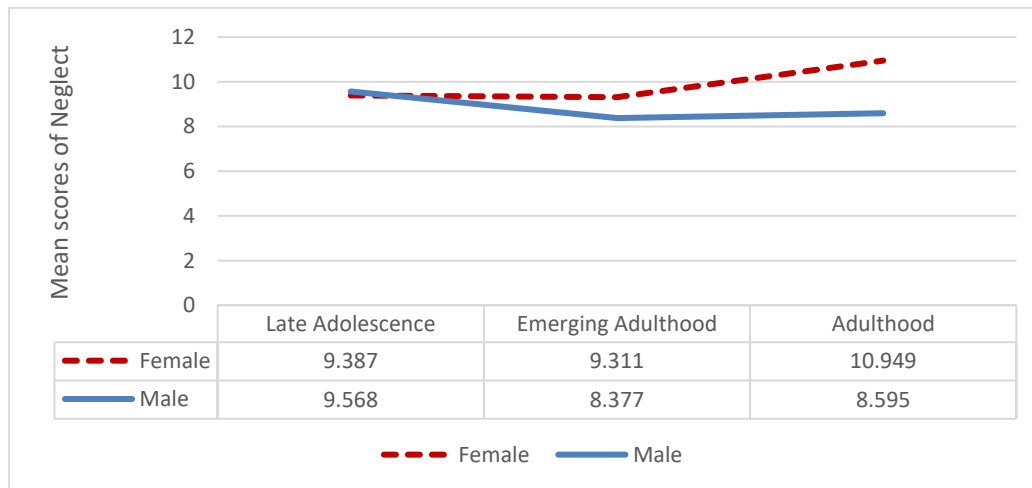


Figure 3.6 Interaction Effect of Age x Gender on Neglect (M)

In order to see the differences of gender, age, and their interaction on the parental rejection-Father 2 (Gender [male, female]) $\times$ 3 (Age Group [1, 2, 3]) between subjects factorial MANOVA was implemented with the four domains of Parental Acceptance-Rejection Questionnaire-Short Form (PARQ-SF) (i.e., Coldness, Hostility/Aggression, Indifference/Neglect and Undifferentiated Rejection subscales) as the dependent variables. The results of the multivariate analyses revealed insignificant gender [*Multivariate F* (4, 572) = .507, $p = .731$; Wilks' Lambda = .996, $\eta_p^2 = .004$] and significant age [*Multivariate F* (8, 1144) = 2.782, $p = .005$; Wilks' Lambda = .962, $\eta_p^2 = .019$] main effects. Moreover, Gender x Age interaction effect [*Multivariate F* (8, 1144) = .856, $p = .553$; Wilks' Lambda = .988, $\eta_p^2 = .006$] for the Father domains of PARQ-SF was not found significant. In order to examine the significance of univariate analyses a Bonferroni correction was carried out, then, alpha values lower than .0125 (.05/4) were considered as significant. In accordance with this correction, a significant main effect was not found for this domain of PARQ-SF.

3.2.3.1.6. Gender and Age Differences on Psychopathology Symptoms

In order to see the differences of gender, age, and their interaction on the psychopathology symptoms 2 (Gender [male, female]) $\times$ 3 (Age Group [1, 2, 3]) between subjects factorial MANOVA was implemented with the five domains of Brief

Symptom Inventory (BSI) (i.e., Anxiety, Depression, Negative Self, Somatization and Hostility subscales) as the dependent variables. The results of the multivariate analyses revealed significant gender [*Multivariate F* (5, 571) = 2.284, $p = .045$; Wilks' Lambda = .980, $\eta_p^2 = .020$] and significant age [*Multivariate F* (10, 1142) = 4.402, $p = .00$; Wilks' Lambda = .927, $\eta_p^2 = .037$] main effects. On the other hand, Gender x Age interaction effect [*Multivariate F* (10, 1142) = .371, $p = .959$; Wilks' Lambda = .994, $\eta_p^2 = .003$] for the domains of BSI was not found significant. In order to examine the significance of univariate analyses a Bonferroni correction was carried out, then, alpha values lower than .01 (.05/5) were considered as significant. In accordance with this correction, a significant age main effects were found for Anxiety [*Multivariate F* (2,575) = 14.137, $p = .00$; $\eta_p^2 = .047$], Depression [*Multivariate F* (2,575) = 15.810, $p = .00$; $\eta_p^2 = .052$], Negative Self [*Multivariate F* (2,575) = 8.189, $p = .00$; $\eta_p^2 = .028$], and Somatization [*Multivariate F* (2,575) = 4.939, $p = .007$; $\eta_p^2 = .017$] subscales of BSI. Specifically, participants in the late adolescence period reported higher level of anxiety ($M = 14.463$, $SE = .879$), depression ($M = 20.118$, $SE = .996$), negative self ($M = 14.212$, $SE = .875$) and somatization ($M = 6.529$, $SE = .530$) symptoms than participants in the adulthood period (($M = 8.629$, $SE = .702$); ($M = 13.099$, $SE = .795$); ($M = 9.701$, $SE = .698$); ($M = 4.502$, $SE = .423$)). Moreover, the participants in the emerging adulthood period got higher scores on anxiety ($M = 12.015$, $SE = .781$) and depression ($M = 17.051$, $SE = .885$) than adult participants ($M = 8.629$, $SE = .702$; $M = 13.099$, $SE = .795$). On the other hand, following the Bonferroni correction, a significant gender main effects were found for Anxiety [*Multivariate F* (1,575) = 7.501, $p = .006$; $\eta_p^2 = .013$], Depression [*Multivariate F* (1,575) = 7.088, $p = .008$; $\eta_p^2 = .012$], and Somatization [*Multivariate F* (1,575) = 9.821, $p = .002$; $\eta_p^2 = .017$] subscales of BSI. Specifically, the female participants have significantly higher scores on anxiety ($M = 12.952$, $SE = .479$), depression ($M = 18.133$, $SE = .542$) and somatization ($M = 6.490$, $SE = .289$) subscales than the male participants ($M = 10.452$, $SE = .777$; $M = 15.379$, $SE = .881$; $M = 4.765$, $SE = .469$).

Table 3.18 *Main Effect of Age on Psychopathology Symptoms*

		Late Adolescence	Emerging Adulthood	Adulthood
Anxiety	<i>Mean</i>	14.463 _(a)	12.015 _(a)	8.629 _(b)
Depression	<i>Mean</i>	20.118 _(a)	17.051 _(a)	13.099 _(b)
Negative Self	<i>Mean</i>	14.212 _(a)	11.818 _(ab)	9.701 _(b)
Somatization	<i>Mean</i>	6.529 _(a)	5.850 _(ab)	4.502 _(b)

Note. The mean scores that did not share the same letter were significantly different from each other.

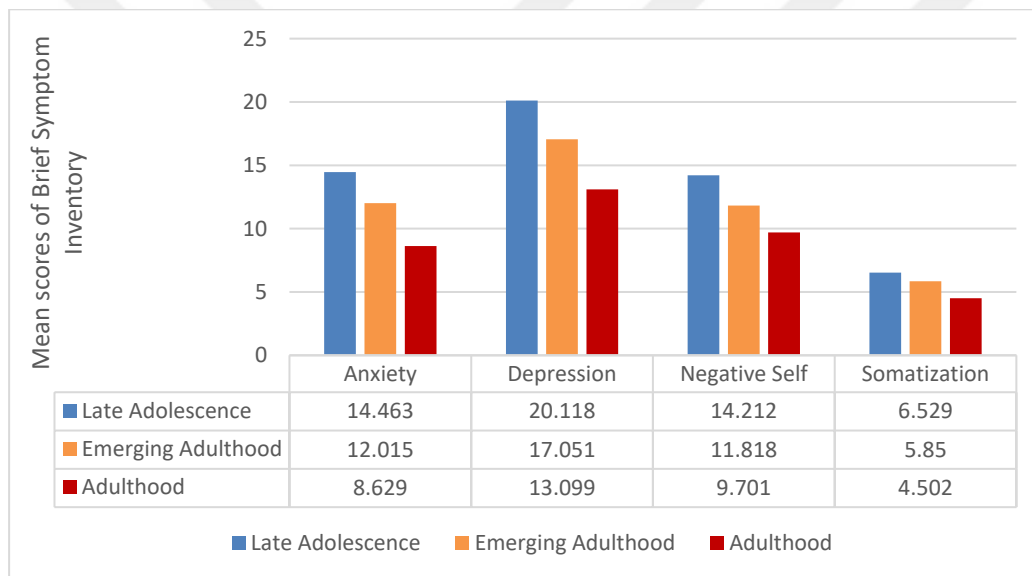


Figure 3.7 *Main Effect of Age on Psychopathology Symptoms*

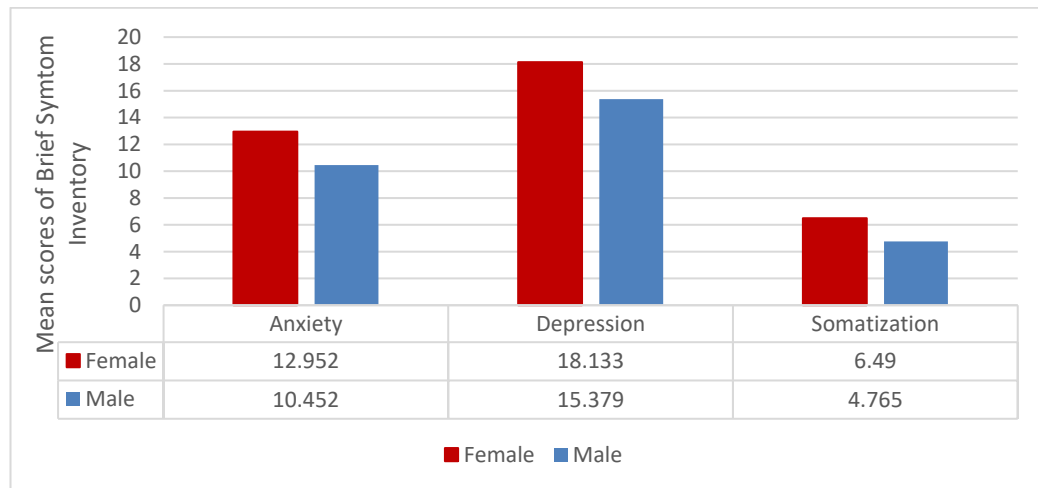


Figure 3.8 Main Effect of Gender on Psychopathology Symptoms

3.2.3.1.7. Gender and Age Differences on Interpersonal Problems

In order to see the differences of gender, age, and their interaction on the interpersonal problems 2 (Gender [male, female]) $\times$ 3 (Age Group [1, 2, 3]) between subjects factorial MANOVA was implemented with the eight domains of Inventory of Interpersonal Problems (IIP-32) (i.e., Domineering/Controlling, Vindictive/Self-centered, Cold/Distant, Socially Inhibited, Nonassertive, Overly Accommodating, Self-Sacrificing and Intrusive/Needy subscales) as the dependent variables. The results of the multivariate analyses revealed significant gender [*Multivariate F* (8, 568) = 2.503, $p = .011$; Wilks' Lambda = .966, $\eta_p^2 = .034$] and significant age [*Multivariate F* (16, 1136) = 3.321, $p = .00$; Wilks' Lambda = .913, $\eta_p^2 = .045$] main effects. On the other hand, Gender $\times$ Age interaction effect [*Multivariate F* (16, 1136) = 1.00, $p = .454$; Wilks' Lambda = .972, $\eta_p^2 = .014$] for the domains of IIP-32 was not found significant.

In order to examine the significance of univariate analyses a Bonferroni correction was carried out, then, alpha values lower than .00625 (.05/8) were considered as significant. In accordance with this correction, a significant age main effects were found for Vindictive/Self-centered [*Multivariate F* (2, 575) = 7.140, $p = .001$; $\eta_p^2 = .024$], Cold/Distant [*Multivariate F* (2,575) = 12.918, $p = .00$; $\eta_p^2 = .043$], Socially

Inhibited [*Multivariate F* (2,575) = 9.152, $p = .00$; $\eta_p^2 = .031$], and Nonassertive [*Multivariate F* (2,575) = 5.134, $p = .006$; $\eta_p^2 = .018$] subscales of IIP-32. Specifically, the participants in the late adolescence period have reached significantly higher score in self-centered/vindictive ($M = 8.451$, $SE = .322$), cold/distant ($M = 9.691$, $SE = .323$), socially inhibited ($M = 10.007$, $SE = .372$), and nonassertive ($M = 10.688$, $SE = .325$) subscales than the participants in adulthood period ($(M = 6.993$, $SE = .257)$; ($M = 7.590$, $SE = .258$); ($M = 7.987$, $SE = .297$); ($M = 9.401$, $SE = .260$)). Moreover, the participants in the emerging adulthood period had lower scores on cold/distant subscales ($M = 8.456$, $SE = .287$) than the participants in late adolescence period ($M = 9.691$, $SE = .323$), and they had higher scores on vindictive/self-centered subscales ($M = 8.024$, $SE = .286$) than the participants in the adulthood period ($M = 6.993$, $SE = .257$). In addition, no significant gender difference was found after conducting Bonferroni correction.

Table 3.19 *Main Effect of Age on Interpersonal Problems*

		Late Adolescence	Emerging Adulthood	Adulthood
Vindictive/Self Centered	<i>Mean</i>	8.451 _(a)	8.024 _(a)	6.993 _(b)
Cold/Distant	<i>Mean</i>	9.691 _(a)	8.456 _(b)	7.590 _(b)
Socially Inhibited	<i>Mean</i>	10.007 _(a)	8.988 _(ab)	7.987 _(b)
Nonassertive	<i>Mean</i>	10.688 _(a)	10.198 _(ab)	9.401 _(b)

Note. The mean scores that did not share the same letter were significantly different from each other.

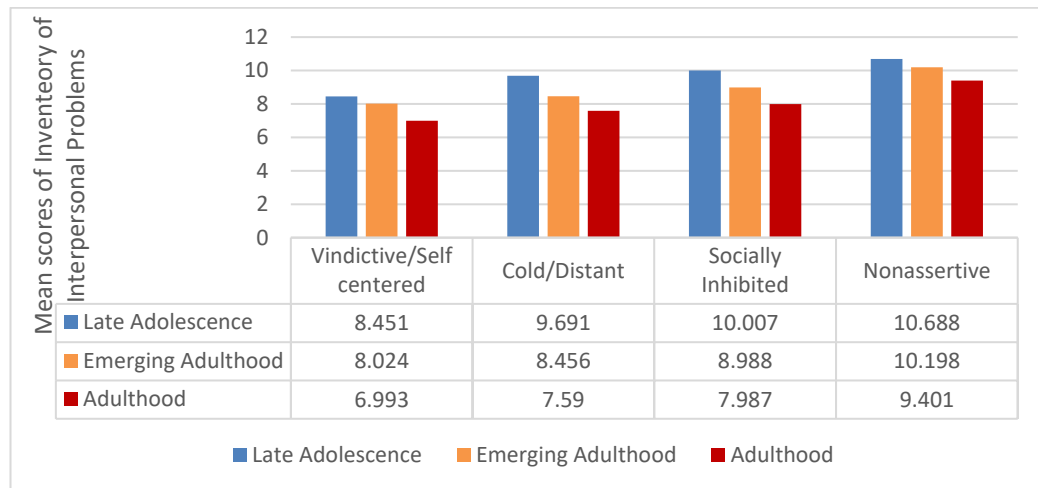


Figure 3.9 Main Effect of Age on Interpersonal Problems

3.2.3.1.8. Gender and Age Differences on Personality Disorders

In order to see the differences of gender, age, and their interaction on the personality disorders 2 (Gender [male, female]) $\times$ 3 (Age Group [1, 2, 3]) between subjects factorial MANOVA was carried out with the ten domains of Personality Belief Questionnaire-Short Form (PBQ-SF) with Avoidant, Dependent, Passive-Aggressive, Obsessive-Compulsive, Antisocial, Narcissistic, Histrionic, Schizoid, Paranoid and Borderline subscales as the dependent variables. The results of the multivariate analyses revealed significant gender [*Multivariate F* (10, 566) = 3.967, $p = .000$; Wilks' Lambda = .934, $\eta_p^2 = .066$] and significant age [*Multivariate F* (20, 1132) = 4.596, $p = .000$; Wilks' Lambda = .855, $\eta_p^2 = .075$] main effects. In addition, significant Gender $\times$ Age interaction effect [*Multivariate F* (20, 1132) = 2.035, $p = .005$; Wilks' Lambda = .932, $\eta_p^2 = .035$] for the domains of PBQ was found.

In order to examine the significance of univariate analyses a Bonferroni correction was carried out, then, alpha values lower than .005 (.05/10) were considered as significant. In accordance with this correction, a significant Gender $\times$ Age interaction effect was found for Antisocial [*Multivariate F* (2, 575) = 5.073, $p = .004$; $\eta_p^2 = .019$] subscale of PBQ. Specifically, the females did not report any significant difference on their antisocial scores along with the age groups; however, the male participants in the late

adolescence period ($M = 12.243$, $SE = .857$) reported a higher level of antisocial scores than the male participants in the emerging adulthood ($M = 7.811$, $SE = .716$) and adulthood period ($M = 8.380$, $SE = .587$). On the other hand, the male participants in the emerging adulthood period and adulthood period did not differ from each other in terms of antisocial scores. In addition, antisocial scores of the male participants in both late adolescence period ($M = 12.243$, $SE = .857$) and adulthood period ($M = 8.380$, $SE = .587$) are significantly higher than the female participants in the same age groups ($M = 8.094$, $SE = .412$; $M = 6.769$, $SE = .482$).

Table 3.20 *Interaction Effect of Age x Gender on Antisocial Personality Disorder*

		Late Adolescence	Emerging Adulthood	Adulthood
Antisocial PD	Female	8.094 _(a)	7.956 _(a)	6.769 _(a)
	Male	12.243 _(b)	7.811 _(ac)	8.380 _(b)

Note. The mean scores that did not share the same letter were significantly different from each other.

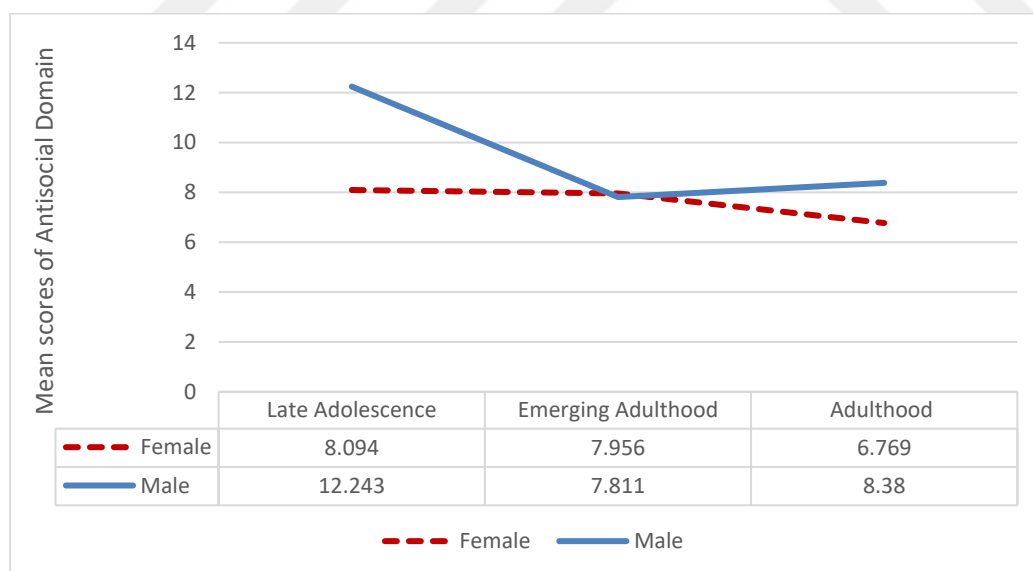


Figure 3.10 *Interaction Effect of Age x Gender on Antisocial PD*

3.2.3.1.9. Gender and Age Differences in Interpersonal Self-Defeating

In order to see the differences of gender, age, and their interaction on the interpersonal self-defeating patterns 2 (Gender [male, female]) $\times$ 3 (Age Group [1,2,3]) between-subjects factorial MANOVA was carried out with the three domains of Self-Defeating Interpersonal Style Scale (SELF-DISS) with Insecure Attachment, Undeserving Self-Image, and Self-Sacrificing Nature subscales as the dependent variables. The results of the multivariate analyses revealed significant gender [*Multivariate F* (3, 573) = 12.307, $p = .000$; Wilks' Lambda = .939, $\eta_p^2 = .061$] and significant age [*Multivariate F* (6, 1146) = 8.098, $p = .000$; Wilks' Lambda = .920, $\eta_p^2 = .041$] main effects. On the other hand, the results of the multivariate analyses revealed an insignificant Gender $\times$ Age interaction effect [*Multivariate F* (6, 1146) = 1.230, $p = .288$; Wilks' Lambda = .987, $\eta_p^2 = .006$].

In order to examine the significance of univariate analyses a Bonferroni correction was carried out, then, alpha values lower than .017 (.05/3) were considered as significant. In accordance with this correction, a significant age main effects were found for Insecure Attachment [*Multivariate F* (2, 575) = 20.095, $p = .000$; $\eta_p^2 = .065$], Undeserving Self-Image [*Multivariate F* (2,575) = 8.478, $p = .000$; $\eta_p^2 = .029$]; and significant gender main effects were found for same subscales [*Multivariate F* (1, 575) = 8.874, $p = .003$; $\eta_p^2 = .015$; *Multivariate F* (1, 575) = 11.117, $p = .001$; $\eta_p^2 = .019$] of SELF-DISS. Specifically, the females ($M = 62.935$, $SE = 1.320$) reported higher level of insecure attachment than the males ($M = 55.437$, $SE = 2.143$); however, the males ($M = 40.222$, $SE = 1.138$) reported higher level of undeserving self-image than the female participants ($M = 35.765$, $SE = .701$). Moreover, the participants in the late adolescence period have higher scores on insecure attachment ($M = 67.806$, $SE = 2.424$) and undeserving self-image ($M = 41.577$, $SE = 1.287$) subscales than the participants in the adulthood period ($M = 48.904$, $SE = 1.935$; $M = 34.798$, $SE = 1.028$). In addition, the participants in the adulthood period reported less insecure attachment ($M = 48.904$, $SE = 1.935$) than those in the emerging adulthood period ($M = 60.849$, $SE = 2.154$). That is, the participants in the younger category as the age group suffer

more than the older participants in terms of insecure attachment and undeserving self-image.

Table 3.21 *Main Effect of Age on Interpersonal Self-Defeating*

		Late Adolescence	Emerging Adulthood	Adulthood
Insecure Attachment	<i>Mean</i>	67.806 _(a)	60.849 _(a)	48.904 _(b)
Undeserving Self- Image	<i>Mean</i>	41.577 _(a)	37.607 _(ab)	34.798 _(b)

Note. The mean scores that did not share the same letter were significantly different from each other.

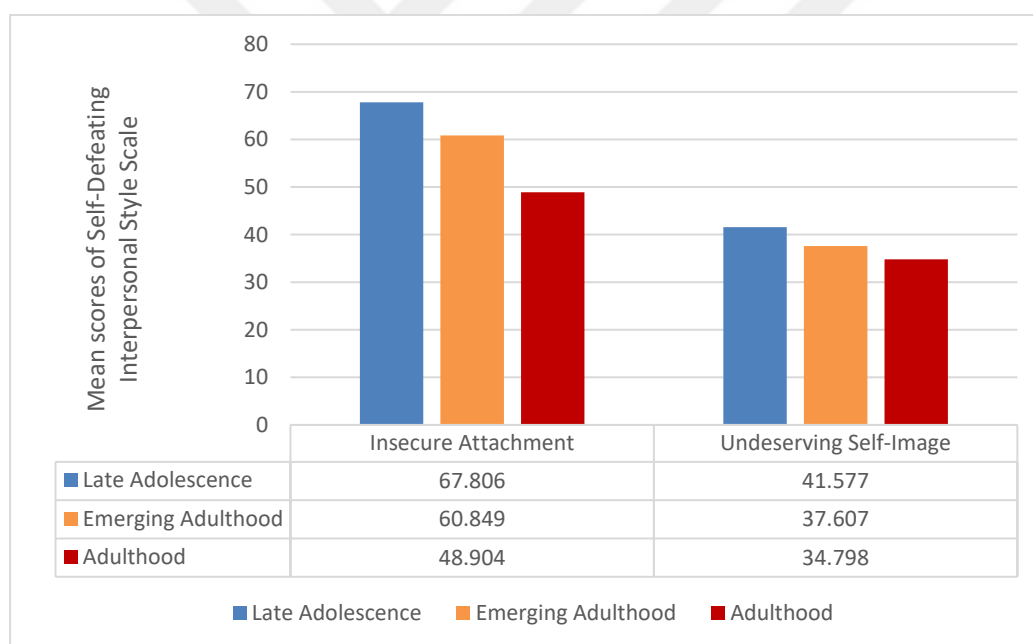


Figure 3.11 *Main Effect of Age on Interpersonal Self-Defeating*

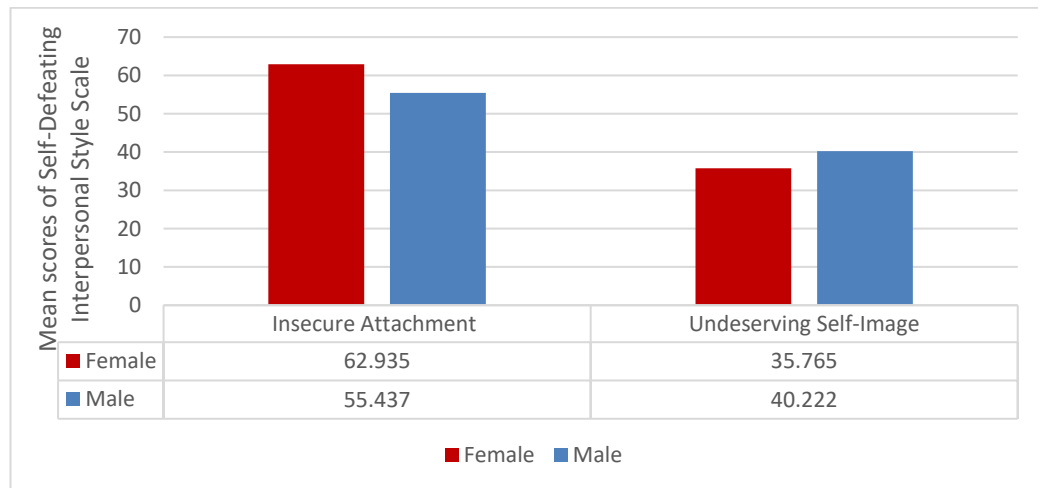


Figure 3.12 Main Effect of Gender on Interpersonal Self-Defeating

3.2.3.1.10. Gender and Age Differences on Self-Criticism

In order to see the differences of gender, age, and their interaction on the self-criticism 2 (Gender [male, female]) $\times$ 3 (Age Group [1, 2, 3]) between subjects factorial MANOVA was carried out with the two domains of The Levels of Self-Criticism Scale (LOCS) with Internalized Self-Criticism and Comparative Self-Criticism subscales as the dependent variables. The results of the multivariate analyses revealed significant age main effect [*Multivariate F* (4, 1148) = 5.503, $p = .000$; Wilks' Lambda = .963, $\eta_p^2 = .019$]. On the other hand, the results revealed an insignificant gender main effect [*Multivariate F* (2,574) = .981, $p = .376$; Wilks' Lambda = .997, $\eta_p^2 = .003$] and an insignificant Gender $\times$ Age interaction effect [*Multivariate F* (4, 1148) = 1.972, $p = .096$; Wilks' Lambda = .986, $\eta_p^2 = .007$].

In order to examine the significance of univariate analyses a Bonferroni correction was carried out, then, alpha values lower than .025 (.05/2) were considered as significant. In accordance with this correction, a significant age main effects were found for Internalized Self-Criticism [*Multivariate F* (2, 575) = 9.731, $p = .000$; $\eta_p^2 = .033$] and Comparative Self-Criticism [*Multivariate F* (2,575) = 5.366, $p = .005$; $\eta_p^2 = .018$]. Specifically, for both internalized self-criticism and comparative self-criticism subscales, the participants in the late adolescence period ($M = 41.299$, $SE = .878$);

($M = 27.833$, $SE = .594$) stated higher scores than those in the emerging adulthood ($(M = 37.678$, $SE = .780$); ($M = 25.701$, $SE = .528$)) and the adulthood period ($(M = 36.401$, $SE = .700$); ($M = 25.480$, $SE = .475$)). Besides, there was not found significant difference between the participants in emerging adulthood and adulthood periods for both subscales.

Table 3.22 Main Effect of Age on Self-Criticism

		Late Adolescence	Emerging Adulthood	Adulthood
Internalized Self-Criticism	Mean	41.299 _(a)	37.678 _(b)	36.401 _(b)
Comparative Self-Criticism	Mean	27.833 _(a)	25.701 _(b)	25.480 _(b)

Note. The mean scores that did not share the same letter were significantly different from each other.

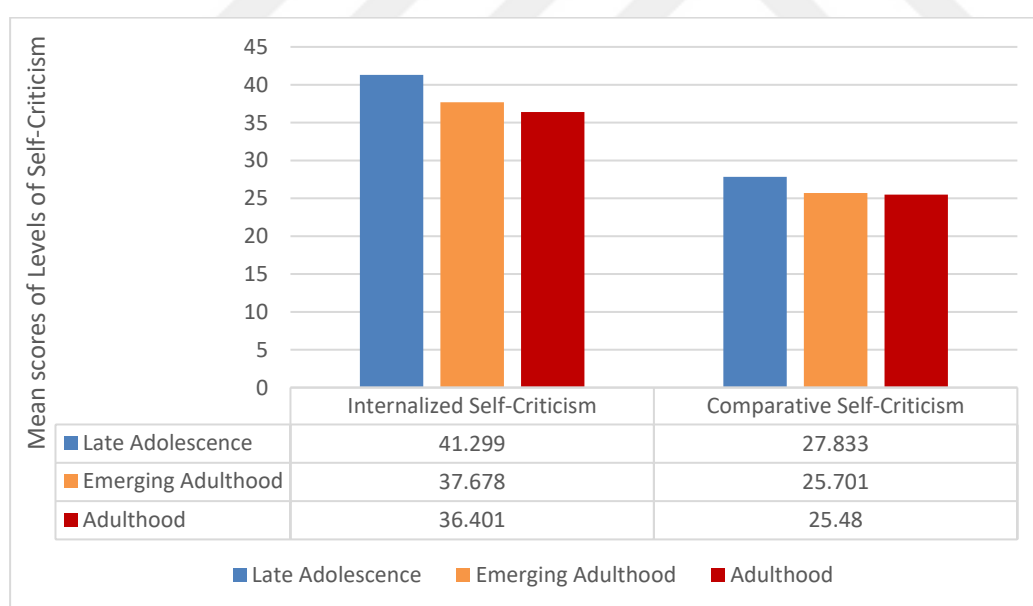


Figure 3.13 Main Effect of Age on Self-Criticism

3.2.3.1.11. Gender and Age Differences on Experiences in Close Relationships

In order to see the differences of gender, age, and their interaction on the experiences in close relationships 2 (Gender [male, female]) $\times$ 3 (Age Group [1, 2, 3]) between subjects factorial MANOVA was carried out with the two domains of Experiences in Close Relationships Inventory-Revised (ECR-R) with Attachment-Related Avoidance and Attachment-Related Anxiety subscales as the dependent variables. The results of the multivariate analyses revealed significant age main effect [*Multivariate F* (4, 1148) = 7.506, $p = .000$; Wilks' Lambda = .950, $\eta_p^2 = .025$] and gender main effect [*Multivariate F* (2, 574) = 4.086, $p = .017$; Wilks' Lambda = .986, $\eta_p^2 = .014$]. On the other hand, the results revealed an insignificant Gender $\times$ Age interaction effect [*Multivariate F* (4, 1148) = .490, $p = .743$; Wilks' Lambda = .997, $\eta_p^2 = .002$].

In order to examine the significance of univariate analyses a Bonferroni correction was carried out, then, alpha values lower than .025 (.05/2) were considered as significant. In accordance with this correction, a significant gender main effect was found for Attachment-Related Anxiety [*Multivariate F* (1, 575) = 7.357, $p = .007$; $\eta_p^2 = .013$] subscales of ECR-R. In addition, a significant age main effect was found for Attachment-Related Anxiety [*Multivariate F* (2, 575) = 11.696, $p = .000$; $\eta_p^2 = .039$] and Attachment-Related Avoidance [*Multivariate F* (2, 575) = 6.527, $p = .002$; $\eta_p^2 = .022$]. Specifically, females ($M = 3.717$, $SE = .060$) reported significantly higher level of anxiety about attachment than male participants ($M = 3.408$, $SE = .097$). Moreover, the participants in the late adolescence period ($(M = 3.873, SE = .110)$; $(M = 3.155, SE = .107)$) stated that they experienced more anxiety and avoidance than the participants in the adulthood period ($(M = 3.211, SE = .088)$; $(M = 2.701, SE = .086)$). In addition, the participants in the emerging adulthood period ($M = 2.707$, $SE = .095$) scored significantly less in terms of attachment related avoidance than those in the late adolescence period ($M = 3.155$, $SE = .107$), while they scored significantly high in terms of attachment related anxiety ($M = 3.604$, $SE = .098$) than participants in the adulthood period ($M = 3.211$, $SE = .088$). To summarize, the participants in the older

age group experience less anxiety and avoidance problems than the younger groups in terms of attachment in their relationships. In addition, the female participants experience more anxiety about attachment in relationships than the male participants.

Table 3.23 *Main Effect of Age on Close Relationships*

		Late Adolescence	Emerging Adulthood	Adulthood
Attachment Related Anxiety	<i>Mean</i>	3.873 _(a)	3.604 _(a)	3.211 _(b)
Attachment Related Avoidance	<i>Mean</i>	3.155 _(a)	2.707 _(b)	2.701 _(b)

Note. The mean scores that did not share the same letter were significantly different from each other.

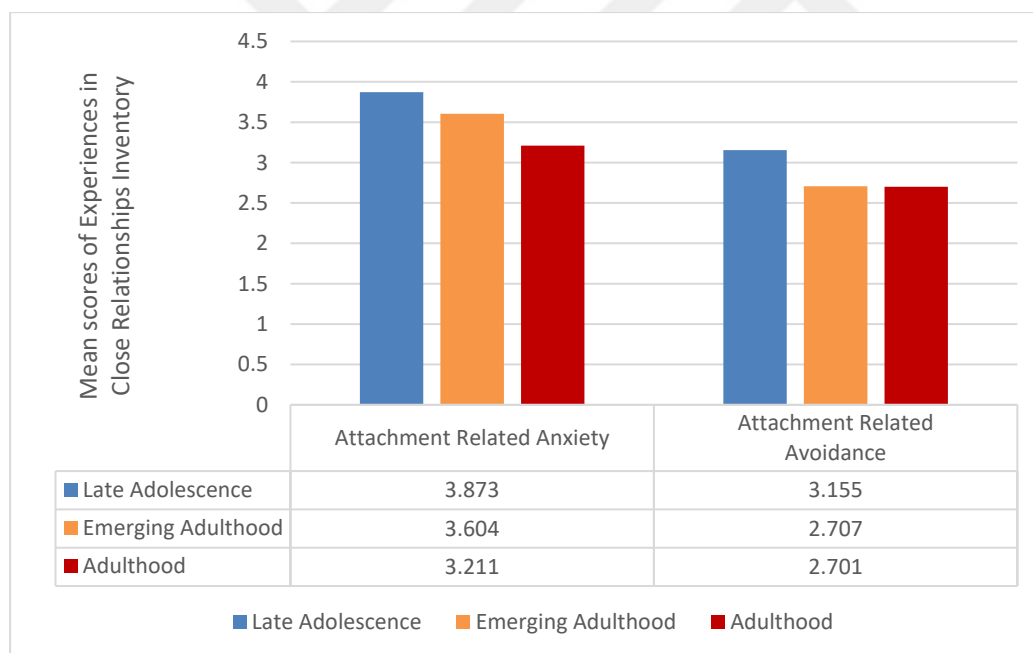


Figure 3.14 *Main Effect of Age on Close Relationships*

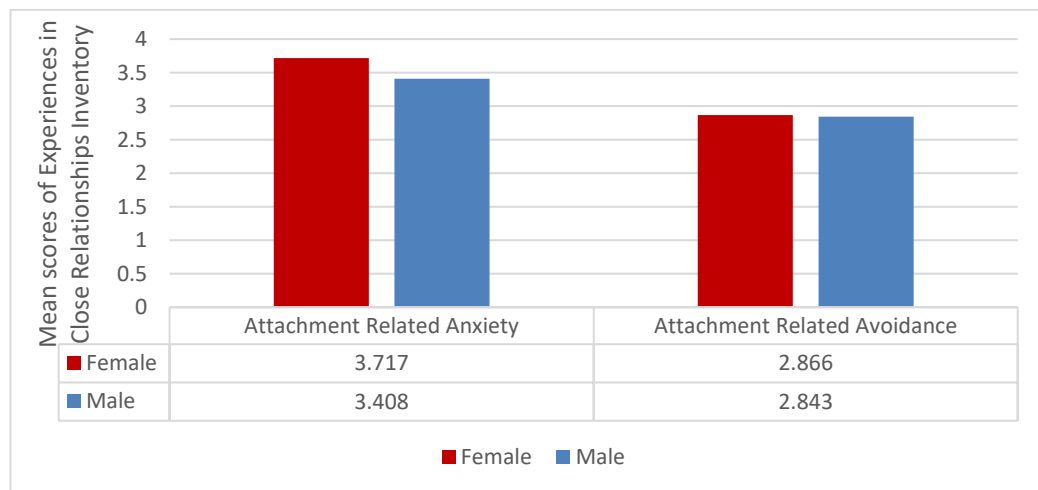


Figure 3.15 Main Effect of Gender on Close Relationships

3.2.4. Hierarchical Multiple Regressions

Two separate sets of hierarchical regression analyses were carried out to investigate the associated factors of Psychopathology Symptoms, and Personality Disorders variables were hierarchically entered (via stepwise method) to the equation in four steps. In the first step, demographic variables (i.e., age and gender); in the second step, total rejection scores calculated for the parents separately; in the third step, three sub-dimensions of Self-Defeating Interpersonal Style Scale (SELF-DISS) (i.e., Insecure Attachment, Undeserving Self-Image, and Self-Sacrificing Nature) and two sub-dimensions of The Levels of Self-Criticism (LOSC) (i.e., Internalized Self-Criticism and Comparative Self-Criticism); and finally, in the fourth step, eight sub-dimensions of Inventory of Interpersonal Problems (IIP-32) (i.e., Domineering/Controlling, Vindictive/Self-Centered, Cold/Distant, Socially Inhibited, Nonassertive, Overly Accommodating, Self-Sacrificing and Intrusive/Needy subscales) and two sub-dimensions of Experiences in Close Relationship Inventory-Revised (ECR-R) (i.e., Attachment Related Avoidance and Attachment Related Anxiety) hierarchically entered into the equation.

3.2.4.1. Associated Factors of Psychopathology Symptoms (The First Set of Regression Analyses)

As for the first set of regression analyses, five hierarchical regression analyses were carried out to investigate the associated factors of psychopathology symptoms which were included in the Brief Symptom Inventory; namely, Anxiety, Depression, Negative Self, Somatization, and Hostility.

3.2.4.1.1. Associated Factors of Anxiety Symptoms

In order to show the variables associated with anxiety symptoms, a four-step hierarchical multiple regression analyses were performed. At first step, age and gender entered into the analysis, and age ($R^2 = .054$, $\beta = -.233$, $t [579] = -5.776$, $p = .000$) and gender ($\Delta R^2 = .012$, $\beta = -.113$, $t [578] = -2.719$, $p = .007$) were found to be significantly associated with anxiety symptoms. The age explained 5.4 % of the variance ($F [1, 579] = 33.362$, $p = .000$) and addition of gender increased explained variance to 6.6 % ($F_{change} [1, 578] = 7.392$, $p = .007$). Specifically, younger participants and female participants more likely to experience anxiety symptoms than remaining participants. After controlling for the demographic variables, parental rejection domains were entered into the analysis, and both rejection from mother ($\Delta R^2 = .098$, $\beta = .318$, $t [577] = 8.213$, $p = .000$) and rejection from father ($\Delta R^2 = .030$, $\beta = .193$, $t [576] = 4.651$, $p = .000$) were found to be significantly associated with anxiety symptoms (see Table 3.24). The rejection from mother increased explained variance up to 16.4 % ($F_{change} [1, 577] = 67.456$, $p = .000$) and rejection from father increased explained variance to 19.4 % ($F_{change} [1, 576] = 21.627$, $p = .000$). As the third step, three domains of Self-Defeating Interpersonal Style Scale (SELF-DISS) and two domains of The Levels of Self-Criticism (LOSC) were entered into the equation. According to results, Insecure Attachment ($\Delta R^2 = .214$, $\beta = .517$, $t [575] = 14.410$, $p = .000$), Undeserving Self-Image ($\Delta R^2 = .055$, $\beta = .273$, $t [574] = 7.663$, $p = .000$), Internalized Self-Criticism ($\Delta R^2 = .028$, $\beta = .193$, $t [573] = 5.619$, $p = .000$), Self-Sacrificing Nature ($\Delta R^2 = .015$, $\beta = .166$, $t [572] = 4.168$, $p = .000$) and Comparative Self-Criticism ($\Delta R^2 = .007$, $\beta = .103$, $t [571] = 2.834$, $p = .005$) were found to be significantly associated with anxiety

symptoms (see Table 3.24). The addition of Insecure Attachment increased explained variance up to 40.8 % ($F_{change} [1, 575] = 207.659, p = .000$), Undeserving Self-Image increased explained variance to 46.3 % ($F_{change} [1, 574] = 58.728, p = .000$), Internalized Self-Criticism increased explained variance to 49.1 % ($F_{change} [1, 573] = 31.577, p = .000$), Self-Sacrificing Nature increased explained variance to 50.6 % ($F_{change} [1, 572] = 17.372, p = .000$) and Comparative Self-Criticism increased explained variance to 51.3 % ($F_{change} [1, 571] = 8.032, p = .005$) (see Table 3.24).

In the last step, eight sub-scales of Interpersonal Problems Inventory (IIP-32) and two domains of Experiences in Close Relationships (ECR-R) were entered into the analysis and results indicated that, Domineering ($\Delta R^2 = .033, \beta = .195, t [570] = 6.420, p = .000$) (increased explained variance up to 54.6 % ($F_{change} [1, 570] = 41.220, p = .000$)), Attachment related Anxiety ($\Delta R^2 = .011, \beta = .192, t [569] = 3.839, p = .000$) (increased explained variance up to 55.7 % ($F_{change} [1, 569] = 14.735, p = .000$)) and Cold ($\Delta R^2 = .008, \beta = .106, t [568] = 3.293, p = .001$) (increased explained variance up to 56.6 % ($F_{change} [1, 568] = 10.845, p = .001$)) domains were found to be significantly associated with anxiety symptoms (see Table 3.24). Specifically, participants who feel rejected by their parents, had anxiety in their interpersonal relations, had a high potential to criticize themselves and compare with other people, and were dissatisfied with their self-image, were more likely to show anxiety symptoms.

Table 3.24 *Hierarchical Regression Analysis for Anxiety Symptoms*

Dependent Variable	df	F _{change}	β	t	pr	R ²
Anxiety						
I. Control Variables						
1. Age	1,579	33.362**	-.233	-5.776**	-.233	.054
2. Gender	1,578	7.392*	-.113	-2.719*	-.112	.066
II. PARQ-SF (Parental Rejection)						
3. Rejection from Mother	1,577	67.456**	.318	8.213**	.324	.164
4. Rejection from Father	1,576	21.627**	.193	4.651**	.190	.194

Table 3.24 (Continued)

Dependent Variable	df	F _{change}	β	t	pr	R ²
III. SELF-DISS & LOSC						
5. Insecure Attachment	1,575	207.659**	.517	14.410**	.515	.408
6. Undeserving Self-Image	1,574	58.728**	.273	7.663**	.305	.463
7. Internalized Self-Criticism	1,573	31.577**	.193	5.619**	.229	.491
8. Self-Sacrificing Nature	1,572	17.372**	.166	4.168**	.172	.506
9. Comparative Self-Criticism	1,571	8.032*	.103	2.834*	.118	.513
IV. IIP-32 & ECR-R						
10. Domineering/Controlling	1,570	41.220**	.195	6.420**	.260	.546
11. Attachment related Anxiety	1,569	14.735**	.192	3.839**	.159	.557
12. Cold/Distant	1,568	10.845**	.106	3.293**	.137	.566

* $p < .05$ ** $p \leq .001$

Note 1. Coding for Gender = (1) female (2) male.

Note 2. PARQ-SF=Parental Acceptance-Rejection Questionnaire-Short Form, SELF-DISS=Self-Defeating Interpersonal Style Scale, LOSC=The Levels of Self-Criticism Scale, IIP-32=Inventory of Interpersonal Problems-32, ECR-R=Experiences in Close Relationship Scale.

3.2.4.1.2. Associated Factors of Depressive Symptoms

In order to show the variables associated with depressive symptoms a four-step hierarchical multiple regression analyses were performed via stepwise method. At first step, age and gender were entered into the analysis, and age ($R^2 = .053$, $\beta = -.229$, $t [579] = -5.666$, $p = .000$) and gender ($\Delta R^2 = .012$, $\beta = -.113$, $t [578] = -2.710$, $p = .007$) was found to be significantly associated with depressive symptoms. The age explained 5.3 % of the variance ($F [1, 579] = 32.107$, $p = .000$) and addition of gender increased explained variance to 6.4 % ($F_{change} [1, 578] = 7.342$, $p = .007$). Specifically, younger participants and female participants more prone to experience depression symptoms. After controlling for the demographic variables, parental rejection domains were entered into the analysis, and both rejection from father ($\Delta R^2 = .119$, $\beta = .344$, $t [577] = 9.151$, $p = .000$) and rejection from mother ($\Delta R^2 = .043$, $\beta = .234$, $t [576] = 5.661$, $p = .000$) were found to be significantly associated with depression (see Table 3.25). The rejection from father increased explained variance up to 18.3 % ($F_{change} [1, 577] =$

83.735, $p = .000$) and rejection from mother increased explained variance to 22.6 % ($F_{change} [1, 576] = 32.049, p = .000$).

As the third step, three domains of Self-Defeating Interpersonal Style Scale (SELF-DISS) and two domains of The Levels of Self-Criticism (LOSC) were entered into the equation. According to results, Insecure Attachment ($\Delta R^2 = .225, \beta = .531, t [575] = 15.361, p = .000$), Self-Sacrificing Nature ($\Delta R^2 = .042, \beta = .265, t [574] = 6.894, p = .000$), Undeserving Self-Image ($\Delta R^2 = .022, \beta = .178, t [573] = 5.056, p = .000$), and Internalized Self-Criticism ($\Delta R^2 = .011, \beta = .123, t [572] = 3.670, p = .000$) were found to be significantly associated with depression (see Table 3.25). The addition of Insecure Attachment increased explained variance up to 45.1 % ($F_{change} [1, 575] = 235.967, p = .000$), Self-Sacrificing Nature increased explained variance to 49.3 % ($F_{change} [1, 574] = 47.529, p = .000$), Undeserving Self-Image increased explained variance to 51.5 % ($F_{change} [1, 573] = 25.568, p = .000$) and Internalized Self-Criticism increased explained variance to 52.6 % ($F_{change} [1, 572] = 13.468, p = .000$) (see Table 3.25). In the last step, eight sub-scales of Interpersonal Problems Inventory (IIP-32) and two domains of Experiences in Close Relationships (ECR-R) were entered into the analysis and results indicated that, Cold ($\Delta R^2 = .015, \beta = .139, t [571] = 4.247, p = .000$) (increased explained variance up to 54.1 % ($F_{change} [1, 571] = 18.034, p = .000$)), Attachment related Anxiety ($\Delta R^2 = .013, \beta = .201, t [570] = 4.047, p = .000$) (increased explained variance up to 55.3 % ($F_{change} [1, 570] = 16.380, p = .000$)) and Domineering ($\Delta R^2 = .009, \beta = .101, t [569] = 3.378, p = .001$) (increased explained variance up to 56.2 % ($F_{change} [1, 569] = 11.413, p = .001$)) domains were found to be significantly associated with depression (see Table 3.25). Accordingly, participants who felt rejected by their parents, had anxiety in their interpersonal relations, had a high potential to criticize themselves, and were dissatisfied with their self-image, were more likely to show depression symptoms than remaining participants.

Table 3.25 Hierarchical Regression Analysis for Depressive Symptoms

Dependent Variable	df	F _{change}	β	t	pr	R ²
Depression						
I. Control Variables						
1. Age	1,579	32.107**	-.229	-5.666**	-.229	.053
2. Gender	1,578	7.342*	-.113	-2.710*	-.112	.064
II. PARQ-SF (Parental Rejection)						
3. Rejection from Father	1,577	83.735**	.344	9.151**	.356	.183
4. Rejection from Mother	1,576	32.049**	.234	5.661**	.230	.226
III. SELF-DISS & LOSC						
5. Insecure Attachment	1,575	235.967**	.531	15.361**	.539	.451
6. Self-Sacrificing Nature	1,574	47.529**	.265	6.894**	.277	.493
7. Undeserving Self-Image	1,573	25.568**	.178	5.056**	.207	.515
8. Internalized Self-Criticism	1,572	13.468**	.123	3.670**	.152	.526
IV. IIP-32 & ECR-R						
9. Cold/Distant	1,571	18.034**	.139	4.247**	.175	.541
10. Attachment related Anxiety	1,570	16.380**	.201	4.047**	.167	.553
11. Domineering/Controlling	1,569	11.413**	.101	3.378**	.140	.562

* $p < .05$ ** $p \leq .001$

Note 1. Coding for Gender = (1) female (2) male.

Note 2. PARQ-SF=Parental Acceptance-Rejection Questionnaire-Short Form, SELF-DISS=Self-Defeating Interpersonal Style Scale, LOSC=The Levels of Self-Criticism Scale, IIP-32=Inventory of Interpersonal Problems-32, ECR-R=Experiences in Close Relationship Scale.

3.2.4.1.3. Associated Factors of Negative Self Symptoms

The age and gender were entered into the analysis at first step and both age ($R^2 = .031$, $\beta = -.176$, $t [579] = -4.290$, $p = .000$) and gender ($\Delta R^2 = .007$, $\beta = -.085$, $t [578] = -2.004$, $p = .046$) was found significant in terms of association with negative self symptoms. The age explained 3.1 % of the variance ($F [1, 579] = 18.402$, $p = .000$) and addition of gender increased explained variance to 3.7 % ($F_{change} [1, 578] = 4.015$, $p = .046$). Among the second step analyses parental rejection domains were entered into the equation, and both rejection from mother ($\Delta R^2 = .133$, $\beta = .370$, $t [577] = 9.605$, $p = .000$) and rejection from father ($\Delta R^2 = .039$, $\beta = .220$, $t [576] = 5.352$, $p = .000$) were found to be significantly associated with negative self (see Table 3.26). The

rejection from mother increased explained variance up to 17 % (F_{change} [1, 577] = 92.249, p = .000) and rejection from father increased explained variance to 20.9 % (F_{change} [1, 576] = 28.644, p = .000). Specifically, younger and female participants who felt rejection from their parents were more prone to show negative self features.

As the third step, three domains of Self-Defeating Interpersonal Style Scale (SELF-DISS) and two domains of The Levels of Self-Criticism (LOSC) were entered into the equation. According to results, Insecure Attachment (ΔR^2 = .246, β = .555, t [575] = 16.118, p = .000), Self-Sacrificing Nature (ΔR^2 = .072, β = .348, t [574] = 9.360, p = .000), Comparative Self-Criticism (ΔR^2 = .041, β = .243, t [573] = 7.357, p = .000), Undeserving Self-Image (ΔR^2 = .024, β = .188, t [572] = 5.751, p = .000), and Internalized Self-Criticism (ΔR^2 = .014, β = .143, t [571] = 4.576, p = .000) were found to be significantly associated with negative self (see Table 3.26). The addition of Insecure Attachment increased explained variance up to 45.5 % (F_{change} [1, 575] = 259.794, p = .000), Self-Sacrificing Nature increased explained variance to 52.8 % (F_{change} [1, 574] = 87.616, p = .000), Comparative Self-Criticism increased explained variance to 56.8 % (F_{change} [1, 573] = 54.129, p = .000), Undeserving Self-Image increased explained variance to 59.2 % (F_{change} [1, 572] = 33.077, p = .000) and Internalized Self-Criticism increased explained variance to 60.6 % (F_{change} [1, 571] = 20.941, p = .000) (see Table 3.26).

In the last step, eight sub-scales of Interpersonal Problems Inventory (IIP-32) and two domains of Experiences in Close Relationships (ECR-R) were entered into the analysis and results indicated that, Domineering (ΔR^2 = .020, β = .151, t [570] = 5.493, p = .000) (increased explained variance up to 62.6 % (F_{change} [1, 570] = 30.168, p = .000)), Attachment related Anxiety (ΔR^2 = .017, β = .235, t [569] = 5.236, p = .000) (increased explained variance up to 64.3 % (F_{change} [1, 569] = 27.416, p = .000)), Nonassertive (ΔR^2 = .007, β = .113, t [568] = 3.394, p = .001) (increased explained variance up to 65 % (F_{change} [1, 568] = 11.521, p = .001)) and Cold (ΔR^2 = .003, β = .067, t [567] = 2.227, p = .026) (increased explained variance up to 65.3 % (F_{change} [1, 567] = 4.959,

$p = .026$) were found to be significantly associated with negative self (see Table 3.26). Specifically, SELF-DISS domains, self-criticism both internally and comparatively, attachment related anxiety, and domineering, nonassertive and cold features had significant associations with negative self symptoms. That is, increment in insecure attachment, undeserving self-image, self-sacrificing nature, self-criticism, attachment related anxiety, and domineering, nonassertive and cold style in interpersonal relations was associated with increment in the negative self symptoms.

Table 3.26 *Hierarchical Regression Analysis for Negative Self Symptoms*

Dependent Variable	df	F _{change}	β	t	pr	R ²
Negative Self						
I. Control Variables						
1. Age	1, 579	18.402**	-.176	-4.290**	-.176	.031
2. Gender	1, 578	4.015*	-.085	-2.004*	-.083	.037
II. PARQ-SF (Parental Rejection)						
3. Rejection from Mother	1, 577	92.249**	.370	9.605**	.371	.170
4. Rejection from Father	1, 576	28.644**	.220	5.352**	.218	.209
III. SELF-DISS & LOSC						
5. Insecure Attachment	1, 575	259.794**	.555	16.118**	.558	.455
6. Self-Sacrificing Nature	1, 574	87.616**	.348	9.360**	.364	.528
7. Comparative Self-Criticism	1, 573	54.129**	.243	7.357**	.294	.568
8. Undeserving Self-Image	1, 572	33.077**	.188	5.751**	.234	.592
9. Internalized Self-Criticism	1, 571	20.941**	.143	4.576**	.188	.606
IV. IIP-32 & ECR-R						
10. Domineering/Controlling	1, 570	30.168**	.151	5.493**	.224	.626
11. Attachment related Anxiety	1,569	27.416**	.235	5.236**	.214	.643
12. Nonassertive	1, 568	11.521**	.113	3.394**	.141	.650
13. Cold/Distant	1, 567	4.959*	.067	2.227*	.093	.653

* $p < .05$ ** $p \leq .001$

Note 1. Coding for Gender = (1) female (2) male.

Note 2. PARQ-SF=Parental Acceptance-Rejection Questionnaire-Short Form, SELF-DISS=Self-Defeating Interpersonal Style Scale, LOSC=The Levels of Self-Criticism Scale, IIP-32=Inventory of Interpersonal Problems-32, ECR-R=Experiences in Close Relationship Scale.

3.2.4.1.4. Associated Factors of Somatization Symptoms

As a first step, age and gender entered the equation and both of gender ($R^2 = .027$, $\beta = -.164$, $t [579] = -3.994$, $p = .001$) and age ($\Delta R^2 = .011$, $\beta = -.106$, $t [578] = -2.517$, $p = .012$) and were found significant in terms of association with somatization symptoms. These variables accounted for 2.7 % ($F [1, 579] = 15.950$, $p = .000$) and 3.7 % ($F_{change} [1, 578] = 6.335$, $p = .012$) of the variance in somatization, respectively. According to second step analyses, rejection from mother ($\Delta R^2 = .073$, $\beta = .275$, $t [577] = 6.904$, $p = .000$) and rejection from father ($\Delta R^2 = .029$, $\beta = .189$, $t [576] = 4.402$, $p = .000$) were found to be significantly associated with somatization (see Table 3.27). The rejection from mother increased explained variance up to 11.1 % ($F_{change} [1, 577] = 47.663$, $p = .000$), and the rejection from father increased explained variance up to 14 % ($F_{change} [1, 576] = 19.374$, $p = .000$). Accordingly, younger and female participants who felt rejection from their parents were more likely to show somatization symptoms.

As the third step, three domains of SELF-DISS and two domains of LOSC were entered into the equation. According to results, Self-Sacrificing Nature ($\Delta R^2 = .116$, $\beta = .379$, $t [575] = 9.486$, $p = .000$), Undeserving Self-Image ($\Delta R^2 = .044$, $\beta = .247$, $t [574] = 6.016$, $p = .000$), and Comparative Self-Criticism ($\Delta R^2 = .007$, $\beta = .097$, $t [573] = 2.441$, $p = .015$), were found to be significantly associated with somatization (see Table 3.27). The addition of Self-Sacrificing Nature increased explained variance up to 25.6 % ($F_{change} [1, 575] = 89.989$, $p = .000$), Undeserving Self-Image increased explained variance to 30 % ($F_{change} [1, 574] = 36.189$, $p = .000$), and Comparative Self-Criticism increased explained variance to 30.7 % ($F_{change} [1, 573] = 5.959$, $p = .015$) (see Table 3.27).

In the last step, eight sub-scales of Interpersonal Problems Inventory (IIP-32) and two domains of Experiences in Close Relationships (ECR-R) were entered into the analysis and results indicated that, Domineering ($\Delta R^2 = .010$, $\beta = .108$, $t [572] = 2.927$, $p = .004$) (increased explained variance up to 31.8 % ($F_{change} [1, 572] = 8.566$, $p = .004$)), Cold ($\Delta R^2 = .008$, $\beta = .104$, $t [571] = 2.626$, $p = .009$) (increased explained variance

up to 32.6 % ($F_{change} [1, 571] = 6.895, p = .009$)), and Attachment related Anxiety ($\Delta R^2 = .005, \beta = .096, t [570] = 2.096, p = .037$) (increased explained variance up to 33.1 % ($F_{change} [1, 570] = 4.393, p = .037$)) were found to be significantly associated with somatization (see Table 3.27). That is, increase in self-sacrificing nature, undeserving self-image, comparative self-criticism, attachment related anxiety, domineering and cold style in interpersonal relationships was associated with increase in the somatization symptoms.

Table 3.27 Hierarchical Regression Analysis for Somatization Symptoms

Dependent Variable	df	F _{change}	β	t	pr	R ²
Somatization						
I. Control Variables						
1. Gender	1, 579	15.950**	-.164	-3.994**	-.164	.027
2. Age	1, 578	6.335*	-.106	-2.517*	-.104	.037
II. PARQ-SF (Parental Rejection)						
3. Rejection from Mother	1, 577	47.663**	.275	6.904**	.276	.111
4. Rejection from Father	1, 576	19.374**	.189	4.402**	.180	.140
III. SELF-DISS & LOSC						
5. Self-Sacrificing Nature	1, 575	89.989**	.379	9.486**	.368	.256
6. Undeserving Self-Image	1, 574	36.189**	.247	6.016**	.244	.300
7. Comparative Self-Criticism	1, 573	5.959*	.097	2.441*	.101	.307
IV. IIP-32 & ECR-R						
8. Domineering/Controlling	1, 572	8.566*	.108	2.927*	.121	.318
9. Cold/Distant	1,571	6.895*	.104	2.626*	.109	.326
10. Attachment related Anxiety	1, 570	4.939*	.096	2.096*	.087	.331

* $p < .05$ ** $p \leq .001$

Note 1. Coding for Gender = (1) female (2) male.

Note 2. PARQ-SF=Parental Acceptance-Rejection Questionnaire-Short Form, SELF-DISS=Self-Defeating Interpersonal Style Scale, LOSC=The Levels of Self-Criticism Scale, IIP-32=Inventory of Interpersonal Problems-32, ECR-R=Experiences in Close Relationship Scale.

3.2.4.1.5. Associated Factors of Hostility Symptoms

The age and gender were entered into the analysis at first step and only age ($R^2 = .015$, $\beta = -.122$, $t [579] = -2.965$, $p = .003$) was found significant in terms of association with hostility. The age explained 1.5 % of the variance ($F [1, 579] = 8.793$, $p = .003$). Among the second step analyses parental rejection domains were entered into the equation, and both rejection from mother ($\Delta R^2 = .109$, $\beta = .332$, $t [578] = 8.470$, $p = .000$) and rejection from father ($\Delta R^2 = .044$, $\beta = .230$, $t [577] = 5.491$, $p = .000$) were found to be significantly associated with hostility symptoms (see Table 3.28). The rejection from mother increased explained variance up to 12.4 % ($F_{change} [1, 578] = 71.737$, $p = .000$) and rejection from father increased explained variance to 16.7 % ($F_{change} [1, 577] = 30.147$, $p = .000$). That is, younger participants who felt rejection from their parents were more likely to show hostility features.

As the third step, three domains of Self-Defeating Interpersonal Style Scale (SELFDISS) and two domains of The Levels of Self-Criticism (LOSC) were entered into the equation. According to results, Self-Sacrificing Nature ($\Delta R^2 = .141$, $\beta = .416$, $t [576] = 10.815$, $p = .000$), Comparative Self-Criticism ($\Delta R^2 = .034$, $\beta = .205$, $t [575] = 5.461$, $p = .000$), Internalized Self-Criticism ($\Delta R^2 = .018$, $\beta = .154$, $t [574] = 3.960$, $p = .000$), and Insecure Attachment ($\Delta R^2 = .009$, $\beta = .135$, $t [573] = 2.851$, $p = .005$) were found to be significantly associated with hostility symptoms (see Table 3.28). The addition of Self-Sacrificing Nature increased explained variance up to 30.8 % ($F_{change} [1, 576] = 116.960$, $p = .000$), Comparative Self-Criticism increased explained variance to 34.2 % ($F_{change} [1, 575] = 29.822$, $p = .000$), Internalized Self-Criticism increased explained variance to 35.9 % ($F_{change} [1, 574] = 15.681$, $p = .000$), and Insecure Attachment increased explained variance to 36.8 % ($F_{change} [1, 573] = 8.129$, $p = .005$) (see Table 34). In the last step, eight sub-scales of Interpersonal Problems Inventory (IIP-32) and two domains of Experiences in Close Relationships (ECR-R) were entered into the analysis and results indicated that, Domineering ($\Delta R^2 = .073$, $\beta = .291$, $t [572] = 8.672$, $p = .000$) (increased explained variance up to 44.2 % ($F_{change} [1, 572] = 75.211$, $p = .000$)), Attachment related Anxiety domain ($\Delta R^2 = .020$, $\beta = .250$, $t [571] = 4.567$, $p =$

.000) (increased explained variance up to 46.1 % (F_{change} [1, 571] = 20.853, p = .000)), and Cold (ΔR^2 = .009, β = .108, t [570] = 3.095, p = .002) (increased explained variance up to 47 % (F_{change} [1, 570] = 9.581, p = .002)), and Socially Inhibited (ΔR^2 = .009, β = -.132, t [569] = -3.213, p = .001) (increased explained variance up to 48 % (F_{change} [1, 569] = 10.324, p = .001)) were found to be significantly associated with hostility (see Table 3.28). Specifically, increase in insecure attachment, self-sacrificing nature, self-criticism, attachment related anxiety, and domineering and cold features in relationships, and decrease in social inhibition was associated with increase in the hostility symptoms.

Table 3.28 *Hierarchical Regression Analysis for Hostility Symptoms*

Dependent Variable	df	F_{change}	β	t	pr	R^2
Hostility						
I. Control Variables						
1. Age	1, 579	8.793*	-.122	-2.965*	-.122	.015
II. PARQ-SF (Parental Rejection)						
2. Rejection from Mother	1, 578	71.737**	.332	8.470**	.332	.124
3. Rejection from Father	1, 577	30.147**	.230	5.491**	.223	.167
III. SELF-DISS & LOSC						
4. Self-Sacrificing Nature	1, 576	116.960**	.416	10.815**	.411	.308
5. Comparative Self-Criticism	1, 575	29.822**	.205	5.461**	.222	.342
6. Internalized Self-Criticism	1, 574	15.681*	.154	3.960*	.163	.359
7. Insecure Attachment	1, 573	8.129*	.135	2.851*	.118	.368
IV. IIP-32 & ECR-R						
8. Domineering/Controlling	1, 572	75.211**	.291	8.672**	.341	.442
9. Attachment related Anxiety	1, 571	20.853**	.250	4.567***	.188	.461
10. Cold/Distant	1, 570	9.581*	.108	3.095*	.129	.470
11. Socially Inhibited	1, 569	10.324**	-.132	-3.213**	-.133	.480

* p < .05 ** p ≤ .001

Note 1. Coding for Gender = (1) female (2) male.

Note 2. PARQ-SF=Parental Acceptance-Rejection Questionnaire-Short Form, SELF-DISS=Self-Defeating Interpersonal Style Scale, LOSC=The Levels of Self-Criticism Scale, IIP-32=Inventory of Interpersonal Problems-32, ECR-R=Experiences in Close Relationship Scale.

3.2.4.2. Associated Factors of Personality Disorders (The Second Set of Regression Analyses)

As for the second set of regression analyses, ten hierarchical regression analyses were carried out to investigate the associated factors of personality disorders which were included Personality Belief Questionnaire-Short Form; namely, Avoidant, Dependent, Passive-Aggressive, Obsessive-Compulsive, Antisocial, Narcissistic, Histrionic, Schizoid, Paranoid and Borderline Personality Disorders (PDs).

3.2.4.2.1. Associated Factors of Avoidant Personality Disorder

In order to show the variables associated with avoidant personality disorder features a four-step hierarchical multiple regression analyses were performed. At first step, age and gender were entered into the analysis and was not found to be significantly associated with Avoidant PD. After controlling for the demographic variables, parental rejection domains were entered into the analysis, and both rejection from mother ($R^2 = .060$, $\beta = .244$, $t [579] = 6.061$, $p = .000$) and rejection from father ($\Delta R^2 = .007$, $\beta = .092$, $t [578] = 2.079$, $p = .038$) were found to be significantly associated with avoidance (see Table 3.29). The rejection from mother increased explained variance up to 6 % ($F_{change} [1, 579] = 36.737$, $p = .000$) and rejection from father increased explained variance to 6.7 % ($F_{change} [1, 578] = 4.323$, $p = .038$). That is, increment in the rejection from parents was associated with increment in Avoidant PD.

As the third step, three domains of Self-Defeating Interpersonal Style Scale (SELF-DISS) and two domains of The Levels of Self-Criticism (LOSC) were entered into the equation. According to results, Internalized Self-Criticism ($\Delta R^2 = .185$, $\beta = .442$, $t [577] = 11.959$, $p = .000$), Comparative Self-Criticism ($\Delta R^2 = .076$, $\beta = .314$, $t [576] = 8.059$, $p = .000$), Undeserving Self-Image ($\Delta R^2 = .016$, $\beta = .141$, $t [575] = 3.699$, $p = .000$), and Self-Sacrificing Nature ($\Delta R^2 = .007$, $\beta = .107$, $t [574] = 2.534$, $p = .012$) were found to be significantly associated with Avoidant PD (see Table 3.29). The addition of Internalized Self-Criticism increased explained variance up to 25.2 % ($F_{change} [1, 577] = 143.027$, $p = .000$), Comparative Self-Criticism increased explained

variance to 32.8 % ($F_{change} [1, 576] = 64.942, p = .000$), Undeserving Self-Image increased explained variance to 34.3 % ($F_{change} [1, 575] = 13.683, p = .000$), and Self-Sacrificing Nature increased explained variance to 35.1 % ($F_{change} [1, 574] = 6.423, p = .012$) (see Table 3.29). Accordingly, having higher level of undeserving self-image, self-sacrificing nature and self-criticism were associated higher level of avoidance.

In the last step, eight sub-scales of Interpersonal Problems Inventory (IIP-32) and two domains of Experiences in Close Relationships (ECR-R) were entered into the analysis and results indicated that, Cold ($\Delta R^2 = .018, \beta = .151, t [573] = 4.011, p = .000$) (increased explained variance up to 36.8 % ($F_{change} [1, 573] = 16.086, p = .000$)), Self-Sacrificing ($\Delta R^2 = .015, \beta = .140, t [572] = 3.747, p = .000$) (increased explained variance up to 38.4 % ($F_{change} [1, 572] = 14.040, p = .000$)) and Vindictive ($\Delta R^2 = .014, \beta = .160, t [571] = 3.635, p = .000$) (increased explained variance up to 39.8 % ($F_{change} [1, 571] = 13.211, p = .000$)) domains of IIP-32 were found to be significantly associated with avoidance (see Table 3.29). Specifically, participants with cold, vindictive and self-sacrificing style in their interpersonal relations were more prone to develop Avoidant PD.

Table 3.29 *Hierarchical Regression Analysis for Avoidant Personality Disorder*

Dependent Variable	df	F _{change}	β	t	pr	R ²
Avoidant PD						
I. Control Variables						
1. None						
II. PARQ-SF (Parental Rejection)						
2. Rejection from Mother	1, 579	36.737**	.244	6.061**	.244	.060
3. Rejection from Father	1, 578	4.323*	.092	2.079*	.086	.067

Table 3.29 (Continued)

Dependent Variable	df	F _{change}	β	t	pr	R ²
III. SELF-DISS & LOSC						
4. Internalized Self-Criticism	1, 577	143.027**	.442	11.959**	.446	.252
5. Comparative Self-Criticism	1, 576	64.942**	.314	8.059**	.318	.328
6. Undeserving Self-Image	1, 575	13.683**	.141	3.699*	.152	.343
7. Self-Sacrificing Nature	1, 574	6.423*	.107	2.534*	.105	.351
IV. IIP-32 & ECR-R						
8. Cold/Distant	1, 573	16.086**	.151	4.011**	.165	.368
9. Self-Sacrificing	1, 572	14.040**	.140	3.747***	.155	.384
10. Vindictive / Self-Centered	1, 571	13.211**	.160	3.635**	.150	.398

* $p < .05$ ** $p \leq .001$

Note 1. Coding for Gender = (1) female (2) male.

Note 2. PARQ-SF=Parental Acceptance-Rejection Questionnaire-Short Form, SELF-DISS=Self-Defeating Interpersonal Style Scale, LOSC=The Levels of Self-Criticism Scale, IIP-32=Inventory of Interpersonal Problems-32, ECR-R=Experiences in Close Relationship Scale.

3.2.4.2.2. Associated Factors of Dependent Personality Disorder

The age and gender were entered into the analysis at first step and only gender ($R^2 = .008$, $\beta = -.091$, $t [579] = -2.201$, $p = .028$) was found significant in terms of association with Dependent PD. The gender explained 0.8 % of the variance ($F [1, 579] = 4.846$, $p = .028$). Among the second step analyses parental rejection domains were entered into the equation, and both rejection from father ($\Delta R^2 = .044$, $\beta = .210$, $t [578] = 5.192$, $p = .000$) and rejection from mother ($\Delta R^2 = .014$, $\beta = .132$, $t [577] = 2.951$, $p = .003$) were found to be significantly associated with dependence (see Table 3.30). The rejection from father increased explained variance up to 5.2 % ($F_{change} [1, 578] = 26.952$, $p = .000$) and rejection from mother increased explained variance to 6.7 % ($F_{change} [1, 577] = 8.709$, $p = .003$). That is, female participants who felt rejection from their parents were more likely to display Dependent PD.

As the third step, three domains of Self-Defeating Interpersonal Style Scale (SELF-DISS) and two domains of The Levels of Self-Criticism (LOSC) were entered into the equation. According to results, Insecure Attachment ($\Delta R^2 = .239$, $\beta = .552$, $t [576] = 14.091$, $p = .000$), Comparative Self-Criticism ($\Delta R^2 = .035$, $\beta = .224$, $t [575] = 5.519$, $p = .000$), Undeserving Self-Image ($\Delta R^2 = .025$, $\beta = .185$, $t [574] = 4.717$, $p = .000$), Internalized Self-Criticism ($\Delta R^2 = .013$, $\beta = .134$, $t [573] = 3.453$, $p = .001$), and Self-Sacrificing Nature ($\Delta R^2 = .005$, $\beta = .099$, $t [572] = 2.250$, $p = .025$) were found to be significantly associated with dependence (see Table 3.30). The addition of Insecure Attachment increased explained variance up to 30.6 % ($F_{change} [1, 576] = 198.554$, $p = .000$), Comparative Self-Criticism increased explained variance to 34.1 % ($F_{change} [1, 575] = 30.455$, $p = .000$), Undeserving Self-Image increased explained variance to 36.5 % ($F_{change} [1, 574] = 22.248$, $p = .000$), Internalized Self-Criticism increased explained variance to 37.8 % ($F_{change} [1, 573] = 11.921$, $p = .001$), and Self-Sacrificing Nature increased explained variance to 38.4 % ($F_{change} [1, 572] = 5.063$, $p = .025$) (see Table 3.30). Accordingly, higher level of insecure attachment, undeserving self-image, self-sacrificing nature and self-criticism associated with higher level of dependent PD.

In the last step, eight sub-scales of Interpersonal Problems Inventory (IIP-32) and two domains of Experiences in Close Relationships (ECR-R) were entered into the analysis and results indicated that, Intrusive ($\Delta R^2 = .035$, $\beta = .200$, $t [571] = 5.907$, $p = .000$) (increased explained variance up to 41.9 % ($F_{change} [1, 571] = 34.891$, $p = .000$)), Attachment related Anxiety ($\Delta R^2 = .008$, $\beta = .161$, $t [570] = 2.845$, $p = .005$) (increased explained variance up to 42.7 % ($F_{change} [1, 570] = 8.092$, $p = .005$)), Vindictive ($\Delta R^2 = .005$, $\beta = .078$, $t [569] = 2.293$, $p = .022$) (increased explained variance up to 43.3 % ($F_{change} [1, 569] = 5.256$, $p = .022$)), Self-Sacrificing ($\Delta R^2 = .008$, $\beta = .114$, $t [568] = 2.795$, $p = .005$) (increased explained variance up to 44 % ($F_{change} [1, 568] = 7.813$, $p = .005$)), Cold ($\Delta R^2 = .006$, $\beta = -.111$, $t [567] = -2.535$, $p = .012$) (increased explained variance up to 44.7 % ($F_{change} [1, 567] = 6.424$, $p = .012$)), and Overly Accommodation ($\Delta R^2 = .004$, $\beta = .084$, $t [566] = 1.984$, $p = .048$) (increased explained variance up to 45 % ($F_{change} [1, 566] = 3.938$, $p = .048$)), Domineering ($\Delta R^2 = .005$, $\beta = .091$, $t [565]$

= 2.373, $p = .018$) (increased explained variance up to 45.6 % (F_{change} [1, 565] = 5.629, $p = .018$)) were found to be significantly associated with Dependent PD (see Table 3.30). Specifically, increment in Intrusive, Vindictive, Self-Sacrificing, Overly Accommodating, and Dominant styles, and decrement in the Cold style in interpersonal relationships was associated with increment in dependence. In addition, increment in the Attachment related Anxiety was associated with increment in Dependent PD.

Table 3.30 *Hierarchical Regression Analysis for Dependent Personality Disorder*

Dependent Variable	df	F _{change}	β	t	pr	R ²
Dependent PD						
I. Control Variables						
1. Gender	1, 579	4.846*	-.091	-2.201*	-.091	.008
II. PARQ-SF (Parental Rejection)						
2. Rejection from Father	1, 578	26.952**	.210	5.192**	.211	.052
3. Rejection from Mother	1, 577	8.709*	.132	2.951*	.122	.067
III. SELF-DISS & LOSC						
4. Insecure Attachment	1, 576	198.554**	.552	14.091**	.506	.306
5. Comparative Self-Criticism	1, 575	30.455**	.224	5.519**	.224	.341
6. Undeserving Self-Image	1, 574	22.248**	.185	4.717**	.193	.365
7. Internalized Self-Criticism	1, 573	11.921**	.134	3.453*	.143	.378
8. Self-Sacrificing Nature	1, 572	5.063*	.099	2.250*	.094	.384
IV. IIP-32 & ECR-R						
9. Intrusive	1, 571	34.891**	.200	5.907**	.240	.419
10. Attachment related Anxiety	1, 570	8.092*	.161	2.845*	.118	.427
11. Vindictive / Self-Centered	1, 569	5.256*	.078	2.293*	.096	.433

Table 3.30 (Continued)

Dependent Variable	df	F _{change}	β	t	pr	R ²
12. Self-Sacrificing	1, 568	7.813*	.114	2.795*	.116	.440
13. Cold/Distant	1, 567	6.424*	-.111	-2.535*	-.106	.447
14. Overly Accommodation	1, 566	3.938*	.084	1.984*	.083	.450
15. Domineering / Controlling	1, 565	5.629*	.091	2.373*	.099	.456

* $p < .05$ ** $p \leq .001$

Note 1. Coding for Gender = (1) female (2) male.

Note 2. PARQ-SF=Parental Acceptance-Rejection Questionnaire-Short Form, SELF-DISS=Self-Defeating Interpersonal Style Scale, LOSC=The Levels of Self-Criticism Scale, IIP-32=Inventory of Interpersonal Problems-32, ECR-R=Experiences in Close Relationship Scale.

3.2.4.2.3. Associated Factors of Passive-Aggressive Personality Disorder

Regression equation results for associated factors with Passive-Aggressive PD revealed that gender ($R^2 = .013$, $\beta = .114$, $t [579] = 2.765$, $p = .006$) found significant in terms of association with Passive-Aggressive PD and gender accounted for 1.3 % of the variation ($F [1, 579] = 7.645$, $p = .006$). That is, male participants were more likely to show passive-aggressive features than female participants. Among the second step analyses, parental rejection domains were entered into the equation, and rejection from father ($\Delta R^2 = .045$, $\beta = .213$, $t [578] = 5.282$, $p = .000$) was found to be significantly associated with Passive-Aggressive PD. The rejection from father increased explained variance up to 5.8 % ($F_{change} [1, 578] = 27.903$, $p = .000$). Specifically, participants who felt rejection from their fathers seem to be more prone to showing passive-aggressive features (see Table 3.31).

As the third step, three domains of Self-Defeating Interpersonal Style Scale (SELF-DISS) and two domains of The Levels of Self-Criticism (LOSC) were entered into the equation. According to results, Internalized Self-Criticism ($\Delta R^2 = .111$, $\beta = .340$, $t [577] = 8.762$, $p = .000$), Self-Sacrificing Nature ($\Delta R^2 = .020$, $\beta = .162$, $t [576] = 3.792$, $p = .000$), and Comparative Self-Criticism ($\Delta R^2 = .006$, $\beta = .092$, $t [575] = 2.131$, $p = .033$) were found to be significantly associated with passive-aggressive features (see Table 3.31). The addition of Internalized Self-Criticism increased explained variance

to 16.9 % ($F_{change} [1, 577] = 76.770, p = .000$), Self-Sacrificing Nature increased explained variance to 18.9 % ($F_{change} [1, 576] = 14.377, p = .000$), and Comparative Self-Criticism increased explained variance to 19.6 % ($F_{change} [1, 575] = 4.543, p = .033$) (see Table 3.31).

In the last step, eight sub-scales of Interpersonal Problems Inventory (IIP-32) and two domains of Experiences in Close Relationships (ECR-R) were entered into the analysis and results indicated that, Domineering ($\Delta R^2 = .028, \beta = .179, t [574] = 4.531, p = .000$) (increased explained variance up to 22.3 % ($F_{change} [1, 574] = 20.527, p = .000$)), Cold ($\Delta R^2 = .020, \beta = .157, t [573] = 3.851, p = .000$) (increased explained variance up to 24.3 % ($F_{change} [1, 573] = 14.833, p = .000$)), and Socially Inhibited ($\Delta R^2 = .013, \beta = -.154, t [572] = -3.159, p = .002$) (increased explained variance up to 25.6 % ($F_{change} [1, 572] = 9.980, p = .002$)), were found to be significantly associated with Passive-Aggressive PD (see Table 3.31). Accordingly, increment in the dominant, cold, self-sacrificing features in interpersonal relationships, and self-criticism significantly associated with increment in the Passive-Aggressive PD. On the other hand, participants with the higher level of Socially Inhibition less prone to develop Passive-Aggressive PD.

Table 3.31 *Hierarchical Regression Analysis for Passive-Aggressive Personality Disorder*

Dependent Variable	df	F _{change}	β	t	pr	R ²
Passive-Aggressive PD						
I. Control Variables						
1. Gender	1, 579	7.645*	.114	2.765*	.114	.013
II. PARQ-SF (Parental Rejection)						
2. Rejection from Father	1, 578	27.903**	.213	5.282**	.215	.058
III. SELF-DISS & LOSC						
3. Internalized Self-Criticism	1, 577	76.770**	.340	8.762**	.343	.169
4. Self-Sacrificing Nature	1, 576	14.377**	.162	3.792**	.156	.189

Table 3.31 (Continued)

Dependent Variable	df	F _{change}	β	t	pr	R ²
5. Comparative Self-Criticism	1, 575	4.543*	.092	2.131*	.089	.196
IV. IIP-32 & ECR-R						
6. Domineering / Controlling	1, 574	20.527**	.179	4.531**	.186	.223
7. Cold/Distant	1, 573	14.833**	.157	3.851**	.159	.243
8. Socially Inhibited	1, 572	9.980*	-.154	-3.159*	-.131	.256

* $p < .05$ ** $p \leq .001$

Note 1. Coding for Gender = (1) female (2) male.

Note 2. PARQ-SF=Parental Acceptance-Rejection Questionnaire-Short Form, SELF-DISS=Self-Defeating Interpersonal Style Scale, LOSC=The Levels of Self-Criticism Scale, IIP-32=Inventory of Interpersonal Problems-32, ECR-R=Experiences in Close Relationship Scale.

3.2.4.2.4. Associated Factors of Obsessive-Compulsive Personality Disorder

The factors associated with Obsessive-Compulsive PD were investigated through hierarchical regression analysis, and the results showed an insignificant association of age and gender with the domain. Among the second step analyses, parental rejection domains were entered into the equation, and rejection from father ($R^2 = .016$, $\beta = .126$, $t [579] = 3.050$, $p = .002$) was found to be significantly associated with Obsessive-Compulsive symptoms (see Table 3.32). The rejection from father increased explained variance up to 1.6 % ($F [1, 579] = 9.302$, $p = .002$). Accordingly, participants who felt rejection from their fathers were more prone to display Obsessive-Compulsive features.

As the third step, three domains of Self-Defeating Interpersonal Style Scale (SELF-DISS) and two domains of The Levels of Self-Criticism (LOSC) were entered into the equation. According to results, only Internalized Self-Criticism ($\Delta R^2 = .359$, $\beta = .611$, $t [578] = 18.237$, $p = .000$) domain of LOSC was found to be significantly associated with Obsessive-Compulsive PD (see Table 3.32). The addition of Internalized Self-Criticism increased explained variance to 37.5 % ($F_{change} [1, 578] = 332.573$, $p = .000$). In the last step, eight sub-scales of Interpersonal Problems Inventory (IIP-32) and two domains of Experiences in Close Relationships (ECR-R) were entered into the analysis

and results indicated that, Domineering ($\Delta R^2 = .018$, $\beta = .140$, $t [577] = 4.098$, $p = .000$) (increased explained variance up to 39.3 % ($F_{change} [1, 577] = 16.792$, $p = .000$)), Self-Sacrificing ($\Delta R^2 = .011$, $\beta = .106$, $t [576] = 3.184$, $p = .002$) (increased explained variance up to 40.3 % ($F_{change} [1, 576] = 10.141$, $p = .002$)), and Vindictive ($\Delta R^2 = .009$, $\beta = .109$, $t [575] = 2.939$, $p = .003$) (increased explained variance up to 41.2 % ($F_{change} [1, 575] = 8.636$, $p = .003$)) domains of IIP-32 were found to be significantly associated with Obsessive-Compulsive PD (see Table 3.32). Specifically, participants who criticized themselves internally and who had domineering, self-sacrificing, and vindictive features in their interpersonal relations were more prone to develop Obsessive-Compulsive PD.

Table 3.32 *Hierarchical Regression Analysis for Obsessive-Compulsive Personality Disorder*

Dependent Variable	df	F _{change}	β	t	pr	R ²
Obsessive-Compulsive PD						
I. Control Variables						
1. None						
II. PARQ-SF (Parental Rejection)						
2. Rejection from Father	1, 579	9.302*	.126	3.050*	.126	.016
III. SELF-DISS & LOSC						
3. Internalized Self-Criticism	1, 578	332.573**	.611	18.237**	.604	.375
IV. IIP-32 & ECR-R						
4. Domineering / Controlling	1, 577	16.792**	.140	4.098**	.168	.393
5. Self-Sacrificing	1, 576	10.141*	.106	3.184*	.132	.403
6. Vindictive / Self-Centered	1, 575	8.636*	.109	2.939*	.122	.412

* $p < .05$ ** $p \leq .001$

Note 1. Coding for Gender = (1) female (2) male.

Note 2. PARQ-SF=Parental Acceptance-Rejection Questionnaire-Short Form, SELF-DISS=Self-Defeating Interpersonal Style Scale, LOSC=The Levels of Self-Criticism Scale, IIP-32=Inventory of Interpersonal Problems-32, ECR-R=Experiences in Close Relationship Scale.

3.2.4.2.5. Associated Factors of Antisocial Personality Disorder

According to the results of the regression analysis performed to identify factors associated with Antisocial PD, gender initially entered into the equation ($R^2 = .014$, $\beta = .117$, $t [579] = 2.840$, $p = .005$) and explained 1.4 % of the variance ($F [1, 579] = 8.067$, $p = .005$). Then, age entered the equation in first step ($\Delta R^2 = .017$, $\beta = -.137$, $t [578] = -3.230$, $p = .001$) and increased the explained variance to 3.1 % ($F_{change} [1, 578] = 10.434$, $p = .001$). That is, younger and male participants were more likely to display antisocial features than female participants. Among the second step analyses parental rejection domains were entered into the equation, and rejection from father ($\Delta R^2 = .029$, $\beta = .171$, $t [577] = 4.231$, $p = .000$) was found to be significantly associated with Antisocial PD. The rejection from father increased explained variance up to 6 % ($F_{change} [1, 577] = 17.898$, $p = .000$). Accordingly, feeling rejection from father, being young and being male were associated with developing antisocial PD (see Table 3.33).

As the third step, three domains of Self-Defeating Interpersonal Style Scale (SELF-DISS) and two domains of The Levels of Self-Criticism (LOSC) were entered into the equation. According to results, Internalized Self-Criticism ($\Delta R^2 = .115$, $\beta = .354$, $t [576] = 8.965$, $p = .000$), Comparative Self-Criticism ($\Delta R^2 = .027$, $\beta = .185$, $t [575] = 4.410$, $p = .000$), Undeserving Self-Image ($\Delta R^2 = .014$, $\beta = -.134$, $t [574] = -3.190$, $p = .001$), and Self-Sacrificing Nature ($\Delta R^2 = .013$, $\beta = .144$, $t [573] = 3.158$, $p = .002$) were found to be significantly associated with antisocial PD (see Table 3.33). The addition of Internalized Self-Criticism increased explained variance to 17.5 % ($F_{change} [1, 576] = 80.363$, $p = .000$), Comparative Self-Criticism increased explained variance to 20.2 % ($F_{change} [1, 575] = 19.446$, $p = .000$), Undeserving Self-Image increased explained variance to 21.6 % ($F_{change} [1, 574] = 10.177$, $p = .001$), Self-Sacrificing Nature and increased explained variance to 23 % ($F_{change} [1, 573] = 9.972$, $p = .002$) (see Table 3.33).

In the last step, eight sub-scales of Interpersonal Problems Inventory (IIP-32) and two domains of Experiences in Close Relationships (ECR-R) were entered into the analysis and results indicated that, Domineering ($\Delta R^2 = .069$, $\beta = .283$, $t [572] = 7.512$, $p = .000$) (increased explained variance up to 29.9 % ($F_{change} [1, 572] = 56.434$, $p = .000$)), Vindictive ($\Delta R^2 = .022$, $\beta = .161$, $t [571] = 4.251$, $p = .000$) (increased explained variance up to 32 % ($F_{change} [1, 571] = 18.070$, $p = .000$)), Socially Inhibited ($\Delta R^2 = .011$, $\beta = -.126$, $t [570] = -3.060$, $p = .002$) (increased explained variance up to 33.1 % ($F_{change} [1, 570] = 9.361$, $p = .002$)), and Cold ($\Delta R^2 = .011$, $\beta = .161$, $t [569] = 3.110$, $p = .002$) (increased explained variance up to 34.3 % ($F_{change} [1, 569] = 9.674$, $p = .002$)) were found to be significantly associated with Antisocial PD (see Table 3.33). Specifically, while the increment in the self-sacrificing nature, self-criticism, domineering, vindictive, and cold style in interpersonal relations were associated with an increment in antisocial features; the increment in social inhibition and dissatisfaction with self-image was associated with decrement in antisocial features.

Table 3.33 *Hierarchical Regression Analysis for Antisocial Personality Disorder*

Dependent Variable	df	F _{change}	β	t	pr	R ²
Antisocial PD						
I. Control Variables						
1. Gender	1, 579	8.067*	.117	2.840*	.117	.014
2. Age	1, 578	10.434**	-.137	-3.230**	-.133	.031
II. PARQ-SF (Parental Rejection)						
3. Rejection from Father	1, 577	17.898**	.171	4.231**	.173	.060
III. SELF-DISS & LOSC						
4. Internalized Self-Criticism	1, 576	80.363**	.354	8.965**	.350	.175
5. Comparative Self-Criticism	1, 575	19.446**	.185	4.410**	.323	.202
6. Undeserving Self-Image	1, 574	10.177**	-.134	-3.190**	-.132	.216
7. Self-Sacrificing Nature	1, 573	9.972*	.144	3.158*	.131	.230
IV. IIP-32 & ECR-R						
8. Domineering / Controlling	1, 572	56.434**	.283	7.512**	.300	.299

Table 3.33 (Continued)

Dependent Variable	df	F _{change}	β	t	pr	R ²
9. Vindictive / Self-Centered	1, 571	18.070**	.161	4.251**	.175	.320
10. Socially Inhibited	1, 570	9.361*	-.126	-3.060*	-.127	.331
11. Cold/Distant	1, 569	9.674*	.161	3.110*	.129	.343

* $p < .05$ ** $p \leq .001$

Note 1. Coding for Gender = (1) female (2) male.

Note 2. PARQ-SF=Parental Acceptance-Rejection Questionnaire-Short Form, SELF-DISS=Self-Defeating Interpersonal Style Scale, LOSC=The Levels of Self-Criticism Scale, IIP-32=Inventory of Interpersonal Problems-32, ECR-R=Experiences in Close Relationship Scale.

3.2.4.2.6. Associated Factors of Narcissistic Personality Disorder

According to the results of the regression analysis performed to identify factors associated with Narcissistic PD, gender initially entered into the equation ($R^2 = .009$, $\beta = .097$, $t [579] = 2.353$, $p = .019$) and explained 0.9 % of the variance ($F [1, 579] = 5.535$, $p = .019$). Among the second step analyses parental rejection domains were entered into the equation, and rejection from father ($\Delta R^2 = .021$, $\beta = .145$, $t [578] = 3.543$, $p = .000$) was found to be significantly associated with Narcissistic PD and increased explained variance to 3.1 % ($F_{change} [1, 578] = 12.553$, $p = .000$). Accordingly, male participants who felt rejection from their fathers seem to be more likely to displaying narcissistic PD (see Table 3.34).

As the third step, three domains of Self-Defeating Interpersonal Style Scale (SELF-DISS) and two domains of The Levels of Self-Criticism (LOSC) were entered into the equation. According to results, Internalized Self-Criticism ($\Delta R^2 = .098$, $\beta = .321$, $t [577] = 8.059$, $p = .000$), Undeserving Self-Image ($\Delta R^2 = .021$, $\beta = -.160$, $t [576] = -3.815$, $p = .000$), and Comparative Self-Criticism ($\Delta R^2 = .012$, $\beta = .128$, $t [575] = 2.886$, $p = .004$) were found to be significantly associated with narcissistic PD (see Table 3.34). The addition of Internalized Self-Criticism increased explained variance to 12.9 % ($F_{change} [1, 577] = 64.945$, $p = .000$), Undeserving Self-Image increased explained variance to 15 % ($F_{change} [1, 576] = 14.556$, $p = .000$), and Comparative Self-Criticism increased explained variance to 16.2 % ($F_{change} [1, 575] = 8.328$, $p = .004$).

That is, lower level of undeserving self-image and higher level of self-criticism both internal and comparative, associated with higher level of narcissism.

In the last step, eight sub-scales of Interpersonal Problems Inventory (IIP-32) and two domains of Experiences in Close Relationships (ECR-R) were entered into the analysis and results indicated that, Domineering ($\Delta R^2 = .139$, $\beta = .397$, $t [574] = 10.670$, $p = .000$) (increased explained variance up to 30.1 % ($F_{change} [1, 574] = 113.859$, $p = .000$)), Vindictive ($\Delta R^2 = .012$, $\beta = .118$, $t [573] = 3.147$, $p = .002$) (increased explained variance up to 31.3 % ($F_{change} [1, 573] = 9.902$, $p = .002$)), and Intrusive ($\Delta R^2 = .015$, $\beta = .138$, $t [572] = 3.588$, $p = .000$) (increased explained variance up to 32.8 % ($F_{change} [1, 572] = 12.870$, $p = .000$)) were found to be significantly associated with Narcissistic PD (see Table 3.34). Accordingly, increment in domineering, vindictive, and intrusive style in interpersonal relations was associated with increment in Narcissistic PD.

Table 3.34 *Hierarchical Regression Analysis for Narcissistic Personality Disorder*

Dependent Variable	df	F _{change}	β	t	pr	R ²
Narcissistic PD						
I. Control Variables						
1. Gender	1, 579	5.535*	.097	2.353*	.097	.009
II. PARQ-SF (Parental Rejection)						
2. Rejection from Father	1, 578	12.553**	.145	3.543**	.146	.031
III. SELF-DISS & LOSC						
3. Internalized Self-Criticism	1, 577	64.945**	.321	8.059**	.318	.129
4. Undeserving Self-Image	1, 576	14.556**	-.160	-3.815**	-.157	.150
5. Comparative Self-Criticism	1, 575	8.328*	.128	2.886*	.119	.162
IV. IIP-32 & ECR-R						
6. Domineering / Controlling	1, 574	113.859**	.397	10.670**	.407	.301
7. Vindictive / Self-Centered	1, 573	9.902*	.118	3.147*	.130	.313
8. Intrusive	1, 572	12.870**	.138	3.588**	.148	.328

* $p < .05$ ** $p \leq .001$

Note 1. Coding for Gender = (1) female (2) male.

Note 2. PARQ-SF=Parental Acceptance-Rejection Questionnaire-Short Form, SELF-DISS=Self-Defeating Interpersonal Style Scale, LOSC=The Levels of Self-Criticism Scale, IIP-32=Inventory of Interpersonal Problems-32, ECR-R=Experiences in Close Relationship Scale.

3.2.4.2.7. Associated Factors of Histrionic Personality Disorder

The factors associated with Histrionic PD were examined through hierarchical regression analysis, and the results showed a significant association of age with the domain ($\Delta R^2 = .030$, $\beta = -.173$, $t [579] = -4.235$, $p = .000$). First step of the hierarchical regression explained 3 % of the variance ($F [1, 579] = 17.993$, $p = .000$). Specifically, histrionic symptoms decreased as the participants were getting old. Among the second step analyses parental rejection domains were entered into the equation, and both rejection from father ($\Delta R^2 = .049$, $\beta = .222$, $t [578] = 5.560$, $p = .000$) and rejection from mother ($\Delta R^2 = .008$, $\beta = .100$, $t [577] = 2.258$, $p = .024$) was found to be significantly associated with Histrionic PD (see Table 3.35). The rejection from father increased explained variance up to 7.9 % ($F_{change} [1, 578] = 30.918$, $p = .000$), and the rejection from mother increased explained variance up to 8.7 % ($F_{change} [1, 577] = 5.097$, $p = .024$). That is, participants who stated that they felt rejection from the mother and father were more prone to develop histrionic PD than other participants.

As the third step, three domains of Self-Defeating Interpersonal Style Scale (SELF-DISS) and two domains of The Levels of Self-Criticism (LOSC) were entered into the equation. According to results, Comparative Self-Criticism ($\Delta R^2 = .168$, $\beta = .437$, $t [576] = 11.412$, $p = .000$), Internalized Self-Criticism ($\Delta R^2 = .076$, $\beta = .313$, $t [575] = 8.095$, $p = .000$), and Insecure Attachment ($\Delta R^2 = .022$, $\beta = .193$, $t [574] = 4.440$, $p = .000$) was found to be significantly associated with Histrionic PD (see Table 3.35). The addition of Comparative Self-Criticism increased explained variance to 25.6 % ($F_{change} [1, 576] = 130.245$, $p = .000$), Internalized Self-Criticism increased explained variance to 33.2 % ($F_{change} [1, 575] = 65.534$, $p = .000$), and Insecure Attachment increased explained variance to 35.4 % ($F_{change} [1, 574] = 19.718$, $p = .000$) (see Table 3.35). Accordingly, having higher level of insecure attachment and self-criticism both internally and comparatively were associated higher level of histrionic feature.

In the last step, eight sub-scales of Interpersonal Problems Inventory (IIP-32) and two domains of Experiences in Close Relationships (ECR-R) were entered into the analysis and results indicated that, Domineering ($\Delta R^2 = .077$, $\beta = .295$, $t [573] = 8.785$, $p = .000$) (increased explained variance up to 43.1 % ($F_{change} [1, 573] = 77.185$, $p = .000$)), Intrusive ($\Delta R^2 = .033$, $\beta = .203$, $t [572] = 5.909$, $p = .000$) (increased explained variance up to 46.3 % ($F_{change} [1, 572] = 34.918$, $p = .000$)), Vindictive ($\Delta R^2 = .010$, $\beta = .107$, $t [571] = 3.220$, $p = .001$) (increased explained variance up to 47.3 % ($F_{change} [1, 571] = 10.369$, $p = .001$)), and Socially Inhibited ($\Delta R^2 = .008$, $\beta = -.107$, $t [570] = -2.900$, $p = .004$) (increased explained variance up to 48.1 % ($F_{change} [1, 570] = 8.411$, $p = .004$)) domains of IIP-32 were found to be significantly associated with Histrionic PD (see Table 3.35). Specifically, increased dominant, intrusive, vindictive, and decreased social inhibition styles in interpersonal relationships were more common with histrionic PD.

Table 3.35 *Hierarchical Regression Analysis for Histrionic Personality Disorder*

Dependent Variable	df	F _{change}	β	t	pr	R ²
Histrionic PD						
I. Control Variables						
1. Age	1, 579	17.993**	-.173	-4.235**	-.173	.030
II. PARQ-SF (Parental Rejection)						
2. Rejection from Father	1, 578	30.918**	.222	5.560**	.225	.079
3. Rejection from Mother	1, 577	5.097*	.100	2.258*	.094	.087
III. SELF-DISS & LOSC						
4. Comparative Self-Criticism	1, 576	130.245**	.437	11.412**	.429	.256
5. Internalized Self-Criticism	1, 575	65.534**	.313	8.095**	.320	.332
6. Insecure Attachment	1, 574	19.718**	.193	4.440**	.182	.354
IV. IIP-32 & ECR-R						
7. Domineering / Controlling	1, 573	77.185**	.295	8.785**	.345	.431
8. Intrusive	1, 572	34.918**	.203	5.909**	.240	.463
9. Vindictive / Self-Centered	1, 571	10.369**	.107	3.220**	.134	.473

Table 3.35 (Continued)

Dependent Variable	df	F _{change}	β	t	pr	R ²
10. Socially Inhibited	1, 570	8.411*	-.107	-2.900*	-.121	.481

* $p < .05$ ** $p \leq .001$

Note 1. Coding for Gender = (1) female (2) male.

Note 2. PARQ=Parental Acceptance-Rejection Questionnaire-Short Form, SELF-DISS=Self-Defeating Interpersonal Style Scale, LOSC=The Levels of Self-Criticism Scale, IIP-32=Inventory of Interpersonal Problems-32, ECR-R=Experiences in Close Relationship Scale.

3.2.4.2.8. Associated Factors of Schizoid Personality Disorder

The factors associated with Schizoid PD were examined through hierarchical regression analysis, and the results showed an insignificant association of age and gender with the domain. Among the second step analyses parental rejection domains were entered into the equation, and both rejection from father ($R^2 = .031$, $\beta = .175$, t [579] = 4.283, $p = .000$) and rejection from mother ($\Delta R^2 = .012$, $\beta = .120$, t [578] = 2.675, $p = .008$) was found to be significantly associated with Schizoid PD (see Table 3.36). The rejection from father increased explained variance up to 3.1 % (F [1, 579] = 18.340, $p = .000$) and the rejection from mother increased explained variance up to 4.3 % (F [1, 578] = 7.157, $p = .008$). Accordingly, participants who felt rejection from their parents more tend to display Schizoid features.

As the third step, three domains of Self-Defeating Interpersonal Style Scale (SELF-DISS) and two domains of The Levels of Self-Criticism (LOSC) were entered into the equation. According to results, Self-Sacrificing Nature ($\Delta R^2 = .038$, $\beta = .215$, t [577] = 4.880, $p = .000$), Internalized Self-Criticism ($\Delta R^2 = .014$, $\beta = .129$, t [576] = 2.986, $p = .003$), and Insecure Attachment ($\Delta R^2 = .014$, $\beta = -.155$, t [575] = -3.033, $p = .003$) domains was found to be significantly associated with Schizoid PD (see Table 3.36). The addition of Self-Sacrificing Nature increased explained variance to 8.1 % (F_{change} [1, 577] = 23.811, $p = .000$), addition of Internalized Self-Criticism increased explained variance to 9.5 % (F_{change} [1, 576] = 8.913, $p = .003$), and addition of Insecure Attachment increased explained variance to 10.9 % (F_{change} [1, 575] = 9.199, $p = .003$) (see Table 3.36).

In the last step, eight sub-scales of Interpersonal Problems Inventory (IIP-32) and two domains of Experiences in Close Relationships (ECR-R) were entered into the analysis and results indicated that, Cold ($\Delta R^2 = .108$, $\beta = .368$, $t [574] = 8.883$, $p = .000$) (increased explained variance up to 21.6 % ($F_{change} [1, 574] = 78.904$, $p = .000$)), Intrusive ($\Delta R^2 = .023$, $\beta = -.166$, $t [573] = -4.161$, $p = .000$) (increased explained variance up to 23.9 % ($F_{change} [1, 573] = 17.312$, $p = .000$)), and Nonassertive ($\Delta R^2 = .012$, $\beta = -.153$, $t [572] = -3.050$, $p = .002$) (increased explained variance up to 25.2 % ($F_{change} [1, 572] = 9.303$, $p = .002$)) domains of IIP-32 were found to be significantly associated with Schizoid PD. Specifically, while the increment in the self-sacrificing nature, internalized self-criticism and coldness was associated with an increment in schizoid features; the increment in insecure attachment, intrusiveness, and nonassertiveness was associated with decrement in schizoid features.

Table 3.36 *Hierarchical Regression Analysis for Schizoid Personality Disorder*

Dependent Variable	df	F _{change}	β	t	pr	R ²
Schizoid PD						
I. Control Variables						
1. None						
II. PARQ-SF (Parental Rejection)						
2. Rejection from Father	1, 579	18.340**	.175	4.283**	.175	.031
3. Rejection from Mother	1, 578	7.157*	.120	2.675*	.111	.043
III. SELF-DISS & LOSC						
4. Self-Sacrificing Nature	1, 577	23.811**	.215	4.880**	.199	.081
5. Internalized Self-Criticism	1, 576	8.913*	.129	2.986*	.123	.095
6. Insecure Attachment	1, 575	9.199*	-.155	-3.033*	-.125	.109
IV. IIP-32 & ECR-R						
7. Cold / Distant	1, 574	78.904**	.368	8.883**	.348	.216
8. Intrusive / Needy	1, 573	17.312**	-.166	-4.161**	-.171	.239
9. Nonassertive	1, 572	9.303*	-.153	-3.050*	-.127	.252

* $p < .05$ ** $p \leq .001$

Note 1. Coding for Gender = (1) female (2) male.

Note 2. PARQ-SF=Parental Acceptance-Rejection Questionnaire-Short Form, SELF-DISS=Self-Defeating Interpersonal Style Scale, LOSC=The Levels of Self-Criticism Scale, IIP-32=Inventory of Interpersonal Problems-32, ECR-R=Experiences in Close Relationship Scale.

3.2.4.2.9. Associated Factors of Paranoid Personality Disorder

The factors associated with Paranoid PD were examined through hierarchical regression analysis, and the results showed an insignificant association of age and gender with the domain. Among the second step analyses parental rejection domains were entered into the equation, and both rejection from father ($R^2 = .062$, $\beta = .249$, $t [579] = 6.186$, $p = .000$) and rejection from mother ($\Delta R^2 = .016$, $\beta = .139$, $t [578] = 3.167$, $p = .002$) was found to be significantly associated with Paranoid PD (see Table 3.37). The rejection from father increased explained variance up to 6.2 % ($F [1, 579] = 38.266$, $p = .000$) and the rejection from mother increased explained variance up to 7.8 % ($F_{change} [1, 578] = 10.027$, $p = .002$). Accordingly, feeling rejection from parents significantly associated with developing paranoid features.

As the third step, three domains of Self-Defeating Interpersonal Style Scale (SELF-DISS) and two domains of The Levels of Self-Criticism (LOSC) were entered into the equation. According to results, Comparative Self-Criticism ($\Delta R^2 = .168$, $\beta = .430$, $t [577] = 11.348$, $p = .000$), Self-Sacrificing Nature ($\Delta R^2 = .060$, $\beta = .282$, $t [576] = 7.046$, $p = .000$), Internalized Self-Criticism ($\Delta R^2 = .023$, $\beta = .174$, $t [575] = 4.437$, $p = .000$), and Undeserving Self-Image ($\Delta R^2 = .009$, $\beta = -.111$, $t [574] = -2.756$, $p = .006$) domains was found to be significantly associated with Paranoid PD (see Table 3.37). The addition of Comparative Self-Criticism increased explained variance to 24.6 % ($F_{change} [1, 577] = 128.780$, $p = .000$), Self-Sacrificing Nature addition of increased explained variance to 30.6 % ($F_{change} [1, 576] = 49.645$, $p = .000$), addition of Internalized Self-Criticism increased explained variance to 32.9 % ($F_{change} [1, 575] = 19.689$, $p = .000$), and addition of Undeserving Self-Image increased explained variance to 33.8 % ($F_{change} [1, 574] = 7.596$, $p = .006$). That is, higher level of self-sacrificing nature and self-criticism; and lower level of undeserving self-image associated with higher level of paranoid features.

In the last step, eight sub-scales of Interpersonal Problems Inventory (IIP-32) and two domains of Experiences in Close Relationships (ECR-R) were entered into the analysis and results indicated that, Domineering ($\Delta R^2 = .019$, $\beta = .148$, $t [573] = 4.111$, $p = .000$) (increased explained variance up to 35.7 % ($F_{change} [1, 573] = 16.901$, $p = .000$)), Cold ($\Delta R^2 = .014$, $\beta = .133$, $t [572] = 3.536$, $p = .000$) (increased explained variance up to 37.1 % ($F_{change} [1, 572] = 12.500$, $p = .000$)), Self-Sacrificing ($\Delta R^2 = .008$, $\beta = .103$, $t [571] = 2.729$, $p = .007$) (increased explained variance up to 37.9 % ($F_{change} [1, 571] = 7.445$, $p = .007$)), Nonassertive ($\Delta R^2 = .013$, $\beta = -.162$, $t [570] = -3.490$, $p = .001$) (increased explained variance up to 39.2 % ($F_{change} [1, 570] = 12.179$, $p = .001$)), and Vindictive ($\Delta R^2 = .008$, $\beta = .124$, $t [569] = 2.712$, $p = .007$) (increased explained variance up to 39.9 % ($F_{change} [1, 569] = 7.357$, $p = .007$)) domains of IIP-32 were found to be significantly associated with Paranoid PD (see Table 3.37). Accordingly, increment in domineering, cold, self-sacrificing, and vindictive features and decrement in nonassertive feature in interpersonal relationships was associated with increment in Paranoid PD.

Table 3.37 *Hierarchical Regression Analysis for Paranoid Personality Disorder*

Dependent Variable	df	F _{change}	β	t	pr	R ²
Paranoid PD						
I. Control Variables						
1. None						
II. PARQ-SF (Parental Rejection)						
2. Rejection from Father	1, 579	38.266**	.249	6.186**	.249	.062
3. Rejection from Mother	1, 578	10.027*	.139	3.167*	.131	.078
III. SELF-DISS & LOSC						
4. Comparative Self-Criticism	1, 577	128.780**	.430	11.348**	.427	.246
5. Self-Sacrificing Nature	1, 576	49.645**	.282	7.046**	.282	.306
6. Internalized Self-Criticism	1, 575	19.689**	.174	4.437**	.182	.329
7. Undeserving Self-Image	1, 574	7.596*	-.111	-2.756*	-.114	.338

Table 3.37 (Continued)

Dependent Variable	df	F _{change}	β	t	pr	R ²
IV. IIP-32 & ECR-R						
8. Domineering / Controlling	1, 573	16.901**	.148	4.111**	.169	.357
9. Cold / Distant	1, 572	12.500**	.133	3.536**	.146	.371
10. Self-Sacrificing	1, 571	7.445*	.103	2.729*	.113	.379
11. Nonassertive	1, 570	12.179**	-.162	-3.490**	-.145	.392
12. Vindictive	1, 569	7.357*	.124	2.712*	.113	.399

* $p < .05$ ** $p \leq .001$

Note 1. Coding for Gender = (1) female (2) male.

Note 2. PARQ-SF=Parental Acceptance-Rejection Questionnaire-Short Form, SELF-DISS=Self-Defeating Interpersonal Style Scale, LOSC=The Levels of Self-Criticism Scale, IIP-32=Inventory of Interpersonal Problems-32, ECR-R=Experiences in Close Relationship Scale.

3.2.4.2.10. Associated Factors of Borderline Personality Disorder

According to the results of the regression analysis performed to identify factors associated with Borderline PD, age initially entered into the equation ($R^2 = .017$, $\beta = -.131$, $t [579] = -3.183$, $p = .002$) and explained 1.7 % of the variance ($F [1, 579] = 10.129$, $p = .002$). Among the second step analyses parental rejection domains were entered into the equation, and both rejection from mother ($\Delta R^2 = .093$, $\beta = .306$, $t [578] = 7.760$, $p = .000$) and both rejection from father ($\Delta R^2 = .026$, $\beta = .177$, $t [577] = 4.134$, $p = .000$) was found to be significantly associated with Borderline PD. The rejection from mother increased explained variance to 11 % ($F_{change} [1, 578] = 60.210$, $p = .000$) and rejection from father increased explained variance to 13.6 % ($F_{change} [1, 577] = 17.092$, $p = .000$). Specifically, younger participants and participants who feel reject from their parents were more prone to display borderline features. (see Table 3.38).

As the third step, three domains of Self-Defeating Interpersonal Style Scale (SELF-DISS) and two domains of The Levels of Self-Criticism (LOSC) were entered into the equation. According to results, Insecure Attachment ($\Delta R^2 = .243$, $\beta = .549$, $t [576] = 14.999$, $p = .000$), Comparative Self-Criticism ($\Delta R^2 = .076$, $\beta = .330$, $t [575] = 8.948$, $p = .000$), Undeserving Self-Image ($\Delta R^2 = .036$, $\beta = .217$, $t [574] = -6.335$, $p = .000$), Internalized Self-Criticism ($\Delta R^2 = .027$, $\beta = .196$, $t [573] = 5.702$, $p = .000$) and Self-

Sacrificing Nature ($\Delta R^2 = .012$, $\beta = .147$, $t [572] = 3.800$, $p = .000$) were found to be significantly associated with borderline PD (see Table 3.38). The addition of Insecure Attachment increased explained variance to 37.8 % ($F_{change} [1, 576] = 224.975$, $p = .000$), Comparative Self-Criticism increased explained variance to 45.4 % ($F_{change} [1, 575] = 80.070$, $p = .000$), Undeserving Self-Image increased explained variance to 49 % ($F_{change} [1, 574] = 40.129$, $p = .000$), Internalized Self-Criticism increased explained variance to 51.7 % ($F_{change} [1, 573] = 32.511$, $p = .000$), and Self-Sacrificing Nature increased explained variance to 52.9 % ($F_{change} [1, 572] = 14.438$, $p = .000$) (see Table 3.38). That is, higher level of insecure attachment, undeserving self-image, self-sacrificing nature and self-criticism both internalized and comparative associated with higher level of borderline PD.

In the last step, eight sub-scales of Interpersonal Problems Inventory (IIP-32) and two domains of Experiences in Close Relationships (ECR-R) were entered into the analysis and results indicated that, Cold ($\Delta R^2 = .013$, $\beta = .132$, $t [571] = 4.021$, $p = .000$) (increased explained variance up to 54.2 % ($F_{change} [1, 571] = 16.166$, $p = .000$)), Intrusive ($\Delta R^2 = .011$, $\beta = .117$, $t [570] = 3.822$, $p = .000$) (increased explained variance up to 55.4 % ($F_{change} [1, 570] = 14.606$, $p = .000$)), and Attachment related Anxiety ($\Delta R^2 = .006$, $\beta = .143$, $t [569] = 2.862$, $p = .004$) (increased explained variance up to 56 % ($F_{change} [1, 569] = 8.193$, $p = .004$)) were found to be significantly associated with Borderline PD (see Table 3.38). Accordingly, increment in cold and intrusive features and anxiety in interpersonal relationships was associated with increment in Borderline PD.

Table 3.38 *Hierarchical Regression Analysis for Borderline Personality Disorder*

Dependent Variable	df	F _{change}	β	t	pr	R ²
Borderline PD						
I. Control Variables						
1. Age	1, 579	10.129*	-.131	-3.183*	-.131	.017

Table 3.38 (Continued)

Dependent Variable	df	F _{change}	β	t	pr	R ²
II. PARQ-SF (Parental Rejection)						
2. Rejection from Mother	1, 578	60.210**	.306	7.760**	.307	.110
3. Rejection from Father	1, 577	17.092**	.177	4.134**	.170	.136
III. SELF-DISS & LOSC						
4. Insecure Attachment	1, 576	224.975**	.549	14.999**	.530	.378
5. Comparative Self-Criticism	1, 575	80.070**	.330	8.948**	.350	.454
6. Undeserving Self-Image	1, 574	40.129**	.217	6.335**	.256	.490
7. Internalized Self-Criticism	1, 573	32.511**	.196	5.702**	.232	.517
8. Self-Sacrificing Nature	1, 572	14.438**	.147	3.800**	.157	.529
IV. IIP-32 & ECR-R						
9. Cold / Distant	1, 571	16.166**	.132	4.021**	.166	.542
10. Intrusive	1, 570	14.606**	.117	3.822**	.158	.554
11. Attachment related Anxiety	1, 569	8.193*	.143	2.862*	.119	.560

* $p < .05$ ** $p \leq .001$

Note 1. Coding for Gender = (1) female (2) male.

Note 2. PARQ-SF=Parental Acceptance-Rejection Questionnaire-Short Form, SELF-DISS=Self-Defeating Interpersonal Style Scale, LOSC=The Levels of Self-Criticism Scale, IIP-32=Inventory of Interpersonal Problems-32, ECR-R=Experiences in Close Relationship Scale.

3.2.5. Parallel Multiple Mediation Analyses

With the aim of exploring the mediating role of Self-Defeating Interpersonal Style Scale domains (i.e., Insecure Attachment, Undeserving Self-Image, and Self-Sacrificing Nature) in the relationship between parental rejection with psychopathology symptoms and personality disorders of participants was tested with Parallel Multiple Mediation Analysis (PROCESS Macro, Model 4) suggested by Hayes (2013). A bootstrapping test with 5000 bootstrap re-samples from the SPSS macro Hayes (2013) was performed separately for psychopathology symptomatology and personality disorder as dependent variables for both maternal and paternal rejection. A result accepted as significant with $p < .05$ if the 95% bootstrap confidence interval did not include zero.

3.2.5.1. Parallel Multiple Mediation Model Analysis for Maternal Rejection & Psychopathology Symptoms

The indirect effects of the maternal rejection on psychopathology symptoms through self-defeating behaviors were examined using multiple mediation analyses. The three domains of Self-Defeating Interpersonal Style Scale were included in the analysis as mediator variables.

Accordingly, rejection from mother significantly predicted insecure attachment ($a_1 = .49$, $SE = .08$, $p < .001$, $CI [.34, .65]$), undeserving self-image ($a_2 = .26$, $SE = .04$, $p < .001$, $CI [.18, .34]$), and self-sacrificing nature ($a_3 = .41$, $SE = .04$, $p < .001$, $CI [.32, .49]$) domains. Specifically, it was found that participants who felt rejection from mother are more likely to have higher levels of insecure attachment, undeserving self-image and self-sacrificing nature. Moreover, insecure attachment ($b_1 = .49$, $SE = .05$, $p < .001$, $CI [.40, .59]$), undeserving self-image ($b_2 = .53$, $SE = .09$, $p < .001$, $CI [.35, .70]$) and self-sacrificing nature ($b_3 = .66$, $SE = .09$, $p < .001$, $CI [.48, .84]$) significantly predicted psychopathology symptoms. Specifically, higher levels of insecure attachment, undeserving self-image and self-sacrificing nature predicted higher scores on psychopathology (see Figure 3.16).

The suggested parallel multiple mediation model was found significant and this multiple mediation model explained 53 % of the variance in psychopathology symptoms from maternal rejection through three subscales of self-defeating interpersonal scale ($R^2 = 53.11$, $SE = 708.96$, $F(4, 576) = 163.09$, $p < .001$). The bootstrapping analysis with 5000 resamples for indirect effects revealed a significant total indirect effect ($a \times b = .65$, $SE = .09$, 95% $CI [.47, .83]$). Specifically, all three domains of Self-Defeating Interpersonal Style Scale mediated the relationship between maternal rejection and psychopathology symptoms. Insecure attachment ($B = .24$, $SE = .05$, 95% $CI [.15, .35]$); undeserving self-image ($B = .14$, $SE = .04$, 95% $CI [.07, .22]$); and self-sacrificing nature ($B = .27$, $SE = .05$, 95% $CI [.18, .38]$) had a mediator effect in the relationship between maternal rejection and psychopathology symptoms. In

other words, higher scores on maternal rejection predicts higher levels of insecure attachment, undeserving self-image and self-sacrificing nature, which in turn leads to higher scores on psychopathology (see Table 3.39). Results of the pairwise comparisons between there mediator variables indicated that, among all, only undeserving self-image domain had significantly weaker indirect effect compared to self-sacrificing nature domain ($B = -.13$, $SE = .06$, 95% CI $[-.25, -.01]$).

Lastly, both total effect ($c = .94$, $SE = .11$, $p < .001$, CI $[.73, 1.15]$) and direct effect ($c' = .30$, $SE = .08$, $p < .01$, CI $[.13, .46]$) was found significant.

Table 3.39 *Mediation (indirect effects) of the Relationship between Maternal Rejection and Psychopathology Symptoms*

Bootstrap Results for Indirect Effects in Parallel Multiple Mediation Model ($N = 581$)

Indirect Effect	Unstandardized Coefficients		95% Bias Corrected Confidence Intervals	
	<i>B</i>	Standard Error	Lower	Upper
Insecure Attachment	.2423*	.0515	.1473	.3500
Undeserving Self- Image	.1353*	.0396	.0676	.2239
Self-Sacrificing Nature	.2683*	.0512	.1761	.3788
Total	.6459*	.0939	.4685	.8342

Note. * $p < .05$

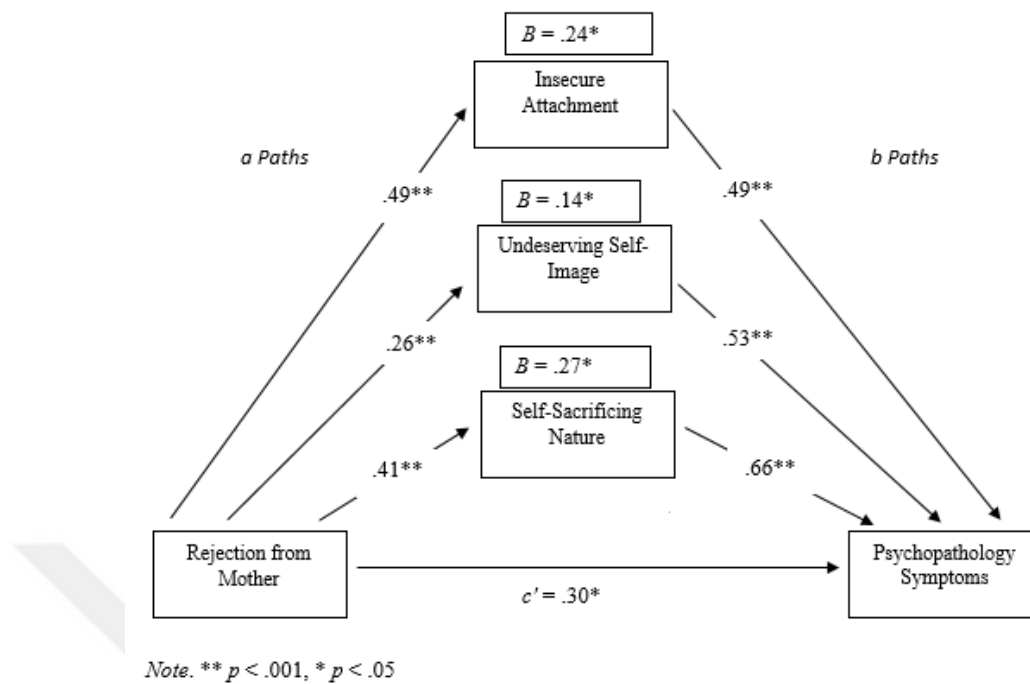


Figure 3.16 Parallel Multiple Mediation Model of the Relationship between the Maternal Rejection and Psychopathology Symptoms

3.2.5.2. Parallel Multiple Mediation Model Analysis for Paternal Rejection & Psychopathology Symptoms

The indirect effects of the paternal rejection on psychopathology symptoms through self-defeating behaviors were examined using parallel multiple mediation analyses. The three domains of Self-Defeating Interpersonal Style Scale were included in the analysis as mediator variables.

According to results, rejection from father significantly predicted insecure attachment ($a_1 = .46$, $SE = .07$, $p < .001$, $CI [.32, .59]$), undeserving self-image ($a_2 = .19$, $SE = .04$, $p < .001$, $CI [.12, .26]$), and self-sacrificing nature ($a_3 = .33$, $SE = .04$, $p < .001$, $CI [.25, .41]$) domains. Specifically, it was found that participants who felt rejection from father are more likely to had higher levels of insecure attachment, undeserving self-image and self-sacrificing nature. Moreover, insecure attachment ($b_1 = .48$, $SE = .05$, $p < .001$, $CI [.39, .58]$), undeserving self-image ($b_2 = .54$, $SE = .09$, $p < .001$, $CI [.36,$

.72]) and self-sacrificing nature ($b_3 = .66$, $SE = .09$, $p < .001$, $CI [.48, .83]$) significantly predicted psychopathology symptoms. Specifically, higher levels of insecure attachment, undeserving self-image and self-sacrificing nature predicted higher scores on psychopathology (see Figure 3.17).

The suggested parallel multiple mediation model was found significant and this multiple mediation model explained 53 % of the variance in psychopathology symptoms from paternal rejection through three subscales of Self-Defeating Interpersonal Style Scale ($R^2 = 53.28$, $SE = 706.40$, $F(4, 576) = 164.20$, $p < .001$). The bootstrapping analysis with 5000 resamples for indirect effects revealed a significant total indirect effect ($a \times b = .54$, $SE = .07$, 95% $CI [.40, .69]$). Specifically, all three domains of Self-Defeating Interpersonal Style Scale mediated the relationship between paternal rejection and psychopathology symptoms. Insecure attachment ($B = .22$, $SE = .04$, 95% $CI [.14, .30]$); undeserving self-image ($B = .10$, $SE = .03$, 95% $CI [.05, .17]$); and self-sacrificing nature ($B = .22$, $SE = .04$, 95% $CI [.14, .31]$) had a mediator effect in the relationship between paternal rejection and psychopathology symptoms (See Table 3.40). In other words, higher scores on paternal rejection predicts higher levels of insecure attachment, undeserving self-image and self-sacrificing nature, which in turn leads to higher scores on psychopathology. Moreover, according to pairwise comparisons between three indirect effects, insecure attachment seemed more powerful indirect effect than undeserving self-image ($B = .12$, $SE = .05$, 95% $CI [.03, .21]$), while undeserving self-image domain had significantly weaker indirect effect compared to self-sacrificing nature domain ($B = -.12$, $SE = .05$, 95% $CI [-.21, -.02]$).

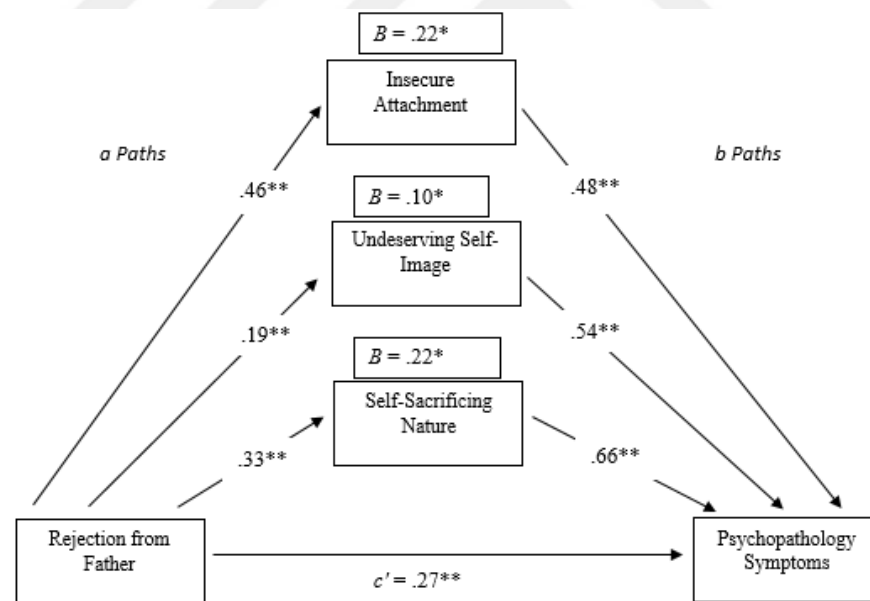
Lastly, both total effect ($c = .81$, $SE = .09$, $p < .001$, $CI [.64, .99]$) and direct effect ($c' = .27$, $SE = .07$, $p = .001$, $CI [.13, .41]$) was found significant (see Table 3.40).

Table 3.40 Mediation (indirect effects) of the Relationship between Paternal Rejection and Psychopathology Symptoms

Bootstrap Results for Indirect Effects in Parallel Multiple Mediation Model ($N = 581$)

Indirect Effect	Unstandardized Coefficients		95% Bias Corrected Confidence Intervals	
	<i>B</i>	Standard Error	Lower	Upper
Insecure Attachment	.2201*	.0404	.1438	.3004
Undeserving Self-Image	.1014*	.0304	.0498	.1682
Self-Sacrificing Nature	.2202*	.0428	.1428	.3091
Total	.5427*	.0739	.4008	.6934

Note. * $p < .05$



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

Figure 3.17 Parallel Multiple Mediation Model of the Relationship between the Paternal Rejection and Psychopathology Symptoms

3.2.5.3. Parallel Multiple Mediation Model Analysis for Maternal Rejection & Personality Disorders

The indirect effects of the maternal rejection on personality disorder through three domains of Self-Defeating Interpersonal Style Scale were examined using multiple mediation analyses. Accordingly, rejection from mother significantly predicted insecure attachment ($a_1 = .49$, $SE = .80$, $p < .001$, $CI [.34, .65]$), undeserving self-image ($a_2 = .26$, $SE = .04$, $p < .001$, $CI [.18, .34]$), and self-sacrificing nature ($a_3 = .41$, $SE = .04$, $p < .001$, $CI [.32, .49]$) domains. Hence, it was found that participants who felt rejection from mother were more likely to have higher levels of insecure attachment, undeserving self-image and self-sacrificing nature. Of the mediators, insecure attachment ($b_1 = .06$, $SE = .01$, $p < .001$, $CI [.04, .08]$) and self-sacrificing nature ($b_3 = .10$, $SE = .02$, $p < .001$, $CI [.06, .14]$) significantly predicted personality disorder. Specifically, higher levels of insecure attachment and self-sacrificing nature predicted higher scores on personality disorders (see Figure 3.18).

The suggested mediation model was found significant and this model predicted 25 % of the variance in personality disorder ($R^2 = .2491$, $SE = .3602$, $F(4, 576) = 47.78$, $p < .001$). The bootstrapping analysis with 5000 resamples for indirect effects revealed a significant total indirect effect ($a \times b = .08$, $SE = .01$, 95% $CI [.06, .11]$). Accordingly, all three domains of Self-Defeating Interpersonal Style Scale mediated the relationship between maternal rejection and personality disorder. Specifically, insecure attachment ($B = .03$, $SE = .01$, 95% $CI [.02, .05]$); undeserving self-image ($B = .01$, $SE = .01$, 95% $CI [.00, .02]$); and self-sacrificing nature ($B = .04$, $SE = .01$, 95% $CI [.02, .06]$) had a mediator effect in the relationship between maternal rejection and personality disorder (see Table 3.41). Higher scores on maternal rejection predicts higher levels of insecure attachment, undeserving self-image and self-sacrificing nature, which in turn leads to higher levels of personality disorder. Furthermore, three pairwise comparisons between specific indirect effects revealed that, undeserving self-image domain was a low-power mediator than both insecure attachment ($B = .02$, $SE = .01$, 95% $CI [.02, .04]$) and self-sacrificing nature ($B = -.03$, $SE = .01$, 95% $CI [-.06, -.01]$) domains.

However, the difference between the mediators of insecure attachment and self-sacrificing nature was not significant.

Lastly, the total effect of maternal rejection on personality disorders was significant ($c = .11$, $SE = .02$, $p < .001$, $CI [.07, .14]$), but the direct effect was not significant ($c' = .02$, $SE = .02$, $p = .19$, $CI [-.01, .06]$).

Table 3.41 *Mediation (indirect effects) of the Relationship between Maternal Rejection and Personality Disorders*

Bootstrap Results for Indirect Effects in Parallel Multiple Mediation Model ($N = 581$)

Indirect Effect	Unstandardized Coefficients		95% Bias Corrected Confidence Intervals	
	<i>B</i>	Standard Error	Lower	Upper
Insecure Attachment	.03*	.0075	.0168	.0460
Undeserving Self-Image	.0094*	.0054	.0001	.0211
Self-Sacrificing Nature	.0422*	.0102	.0237	.0632
Total	.0816*	.0127	.0584	.1075

Note. * $p < .05$

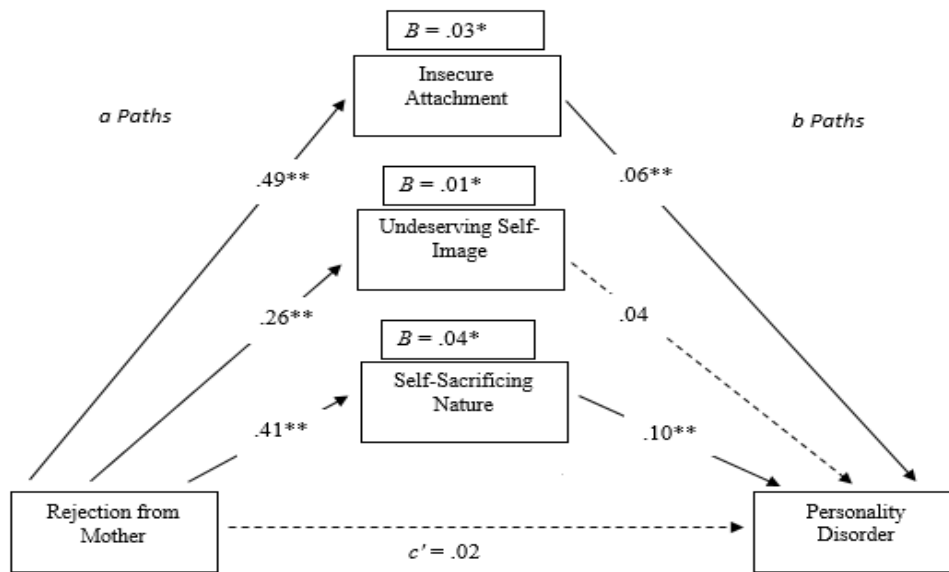


Figure 3.18 Parallel Multiple Mediation Model of the Relationship between the Maternal Rejection and Personality Disorders

3.2.5.4. Parallel Multiple Mediation Model Analysis for Paternal Rejection & Personality Disorders

With the aim of examining the indirect effects of the paternal rejection on personality disorders through self-defeating behaviors parallel multiple mediation analysis was conducted. The three domains of Self-Defeating Interpersonal Style Scale were included in the analysis as mediator variables.

Accordingly, rejection from father significantly predicted insecure attachment ($a_1 = .46$, $SE = .07$, $p < .001$, $CI [.32, .59]$), undeserving self-image ($a_2 = .19$, $SE = .04$, $p < .001$, $CI [.12, .26]$), and self-sacrificing nature ($a_3 = .33$, $SE = .04$, $p < .001$, $CI [.26, .41]$) domains. Hence, it was found that participants who felt rejection from father are more likely to had higher levels of insecure attachment, undeserving self-image and self-sacrificing nature. Moreover, insecure attachment ($b_1 = .06$, $SE = .01$, $p < .001$, $CI [.04, .08]$) and self-sacrificing nature ($b_3 = .10$, $SE = .02$, $p < .001$, $CI [.06, .14]$)

significantly predicted personality disorder. Specifically, higher levels of insecure attachment and self-sacrificing nature predicted higher scores on personality disorders (see Figure 3.19).

The suggested parallel multiple mediation model was found significant and this model explained 26 % of the variance in personality disorder from paternal rejection through three subscales of Self-Defeating Interpersonal Style Scale ($R^2 = 25.59$, $SE = 35.69$, $F(4, 576) = 49.53$, $p < .001$). The bootstrapping analysis with 5000 resamples for indirect effects revealed a significant total indirect effect ($a \times b = .07$, $SE = .01$, 95% CI [.05, .09]). According to results, all three domains of Self-Defeating Interpersonal Style Scale mediated the relationship between paternal rejection and personality disorder. Specifically, insecure attachment ($B = .03$, $SE = .01$, 95% CI [.01, .04]); undeserving self-image ($B = .01$, $SE = .00$, 95% CI [.00, .02]); and self-sacrificing nature ($B = .03$, $SE = .01$, 95% CI [.02, .05]) had a mediator effect in the relationship between paternal rejection and personality disorder (see Table 3.42). Higher scores on paternal rejection predicts higher levels of insecure attachment, undeserving self-image and self-sacrificing nature, which in turn leads to higher scores on personality disorder. Also, according to three pairwise comparisons between specific indirect effects, undeserving self-image domain was a low-power mediator than both insecure attachment ($B = .02$, $SE = .01$, 95% CI [.00, .04]) and self-sacrificing nature ($B = -.03$, $SE = .01$, 95% CI [-.04, -.01]) domains. However, the difference between the mediators of insecure attachment and self-sacrificing nature was not significant.

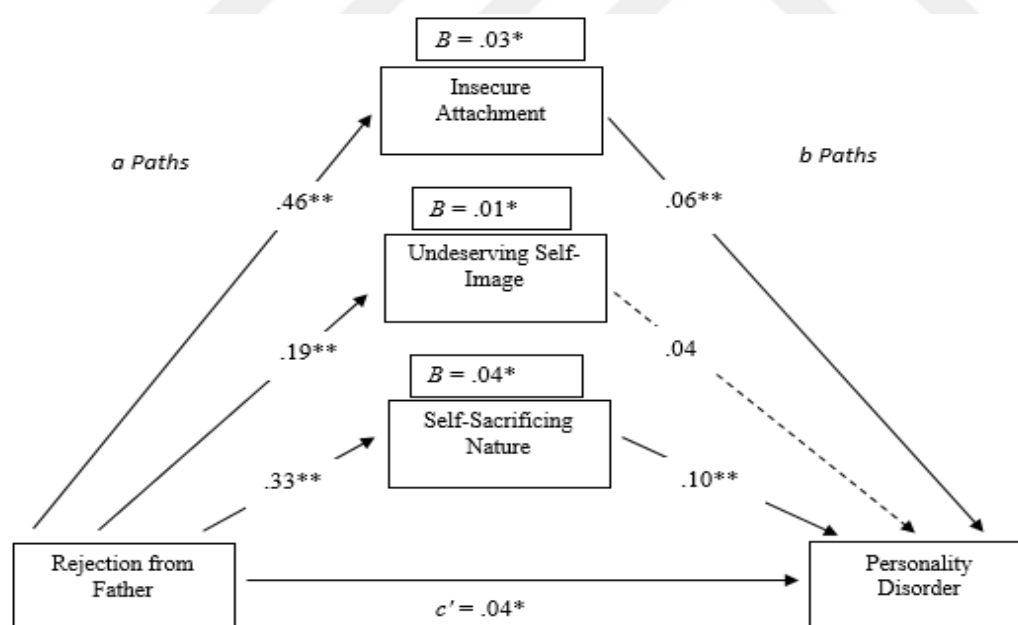
Lastly, both total effect ($c = .11$, $SE = .02$, $p < .001$, CI [.07, .14]) and direct effect ($c' = .04$, $SE = .02$, $p < .01$, CI [.01, .07]) was found significant.

Table 3.42 Mediation (indirect effects) of the Relationship between the Paternal Rejection and Personality Disorders

Bootstrap Results for Indirect Effects in Parallel Multiple Mediation Model ($N = 581$)

Indirect Effect	Unstandardized Coefficients		95% Bias Corrected Confidence Intervals	
	<i>B</i>	Standard Error	Lower	Upper
Insecure Attachment	.0270*	.0069	.0149	.0414
Undeserving Self-Image	.0069*	.0040	.0003	.0155
Self-Sacrificing Nature	.0327*	.0082	.0180	.0499
Total	.0666*	.0105	.0479	.0886

Note. * $p < .05$



Note. Dashed lines symbolizes non-significant relationships. ** $p < .001$, * $p < .05$

Figure 3.19 Parallel Multiple Mediation Model of the Relationship between the Paternal Rejection and Personality Disorders

CHAPTER 4

DISCUSSION

The main aim of the current study was to investigate the relationships between parental rejection and psychological problems (i.e., psychopathology symptoms and personality disorders), interpersonal self-defeating patterns, self-criticism (i.e., internalized self-criticism and comparative self-criticism) and interpersonal problems (i.e., attachment and interpersonal circumplex). Another purpose of the study was to examine the mediating role of self-defeating patterns in the relationship between parental rejection and psychological problems. Given these goals, the study consisted of two stages. In the first stage, The Self-Defeating Interpersonal Style Scale (Atkinson, 2017) was adapted into Turkish, and reliability and validity analyses were performed within the scope of a psychometric study. In the second part of the study, the relationships between parental rejection and the other study variables mentioned above were investigated, and the mediating role of self-defeating patterns in the relationship between the parental rejection and psychological problems was examined. Differences based on demographic variables (i.e., age and gender) were then investigated in order to understand their influence on the measures of the study, and hierarchical regression analyses were conducted in order to determine the associations among the variables of the study. Finally, mediation analyses were conducted to reveal the role of self-defeating patterns (i.e., insecure attachment, undeserving self-image, and self-sacrificing nature) in the relationship between parental rejection and psychological problems.

In this section, the findings of the present study will be discussed in light of the literature. Afterwards, the strengths and limitations of the present study will be stated. Finally, suggestions for future research and the clinical implications of the study will be presented.

4.1. Findings Related to Psychometric Study

The psychometric properties of the Self-Defeating Interpersonal Style Scale were examined, and it was found to be a reliable and valid measurement tool. Details of these analyses are discussed in this section of the study.

4.1.1. Findings Related to Self-Defeating Interpersonal Style Scale

Reliability analyses of the overall scale and subscales of the Self-Defeating Interpersonal Style Scale (SELF-DISS), including test-retest reliability and split-half reliability, were conducted. The psychometric study consisted of 354 participants ranging in age from 18 to 60, which was considered adequately representative of the normal population. Reliability analyses of the SELF-DISS revealed slightly lower Cronbach Alpha values for the total scale and Insecure Attachment subscales, and lower Cronbach Alpha values for the Undeserving Self-Image and Self-Sacrificing Nature subscales, when compared to the original reliability analyses of the scale (Atkinson, 2017). Specifically, internal consistency was found to be quite high for the overall SELF-DISS and Insecure Attachment subscales, which each had an alpha value of .90, and internal consistencies of subscales were found to be in the adequate-to-good range with alpha values of .70 for the Undeserving Self-Image subscale and .74 for the Self-Sacrificing Nature subscale. The Guttman split-half reliability for overall SELF-DISS was .92, where the Cronbach Alpha coefficient for the first part was found as .80 and it was .82 for the second part, were considered acceptable. Finally, test-retest reliability analyses were conducted, and the obtained alpha values ranged from .81 to .93 for the total scale and subscales. These results indicated that the stability of self-defeating patterns was high over the course of three weeks.

The concurrent and criterion validity of the scale were also examined. To assess concurrent validity, correlations between the SELF-DISS subscales and total scale, and the Beck Depression Inventory (BDI), Basic Personality Traits Inventory (BPTI), Experiences in Close Relationships-Revised (ECR-R), Positive and Negative Affect Schedule (PANAS), and The Levels of Self-Criticism (LOSC) were examined. Correlations between these scales and SELF-DISS scores were as expected and most were significant. More specifically, all subscales of the SELF-DISS and the total scale were significantly positively correlated with the BDI. Moreover, correlations between SELF-DISS and its subscales, and BPTI scores were also analyzed. The total scale and subscales were found to have significant negative correlations with extraversion, conscientiousness, agreeableness, and openness to experience, and significant positive correlations with neuroticism and negative valence. Extraversion is related to one's search for excitement; conscientiousness is associated with one's ability to be organized, effective and reliable; agreeableness depends on a person's empathetic and pro-social features; and openness to experience is related to a person's ability to be open to new experiences (McCrae & Costa, 2003). These results are expected because the self-defeating interpersonal style is characterized by disordered attachment styles, impaired sense of self, and a tendency to accept or rationalize mistreatments (Atkinson, 2017). In short, the self-defeating interpersonal style appears to be associated with the problems that individuals experience with themselves or their environment, as well as, negative emotions, thoughts, and behaviors. For this reason, it was expected that a self-defeating interpersonal style would be negatively correlated with the above-mentioned personality traits. On the other hand, neuroticism is associated with negative emotions and emotional instability, and negative valence is associated with low self-worth (Gençöz & Öncül, 2012; McCrae & Costa, 2003). Considering the characteristics of the self-defeating interpersonal style mentioned above, it was expected to be positively correlated with personality traits that seem more negative.

As an additional test of concurrent validity, SELF-DISS scores were also compared with the ECR-R, which measures attachment related anxiety and attachment related

avoidance. Results indicated that both the total score of the SELF-DISS and its subscales were positively correlated with both attachment related anxiety and attachment related avoidance. Moreover, the SELF-DISS total score and the Insecure Attachment subscale were found to be highly correlated with attachment-related anxiety. As mentioned earlier, the self-defeating interpersonal style, which is characterized by impaired attachment styles, was expected to be positively correlated with attachment anxiety and attachment avoidance in the current study.

Moreover, SELF-DISS scores were compared with the PANAS, and results indicated that both the total scale and subscales of SELF-DISS were negatively correlated with positive affect, while positively correlated with negative affect. In addition, both total scale and subscales of SELF-DISS were positively correlated with total scale of LOSC and its' subscales. These results were predictable because self-defeating patterns are characterized by low self-worth and low self-esteem.

All in all, the results of the concurrent validity analyses revealed the expected relations between self-defeating interpersonal style and depression, basic personality traits, attachment, affect, and self-criticism, thereby confirming the concurrent validity of the SELF-DISS.

To examine criterion validity, the SELF-DISS subscales were examined in terms of their effectiveness in differentiating participants based on positive and negative affect, self-criticism, attachment related anxiety and attachment related avoidance. Findings indicated that insecure attachment and undeserving self-image was associated with a lower level of positive affect. Additionally, insecure attachment, undeserving self-image, and self-sacrificing nature were associated with higher levels of negative affect, internalized and comparative self-criticism, and attachment related anxiety. All in all, the criterion validity analyses showed that there is a relationship between self-defeating interpersonal style, and affect, self-criticism, and attachment.

In brief, this part of the present study indicates that the Self-Defeating Interpersonal Style Scale has good internal consistency, split-half and test-retest reliabilities, and concurrent and criterion validity. The obtained results showed that this scale can be used with a Turkish sample.

4.2. Main Study

4.2.1. Findings Related to Differences in terms of Age and Gender on the Measures of the Study

In this part of the study, differences in parental rejection, psychopathology symptoms, personality disorders, self-criticism, self-defeating patterns, attachment, and interpersonal problems that were caused by the demographic variables, age and gender, were examined. Results supported the hypothesis that the variables of the current study would differ based on age and gender.

First of all, regarding the age differences among the study variables, age was found to significantly differentiate psychopathology symptoms. Specifically, individuals within the late adolescence and emerging adulthood reported higher levels of symptoms than individuals in the adulthood. Additionally, when the psychopathology symptoms were examined separately, participants in the late adolescence period had higher scores on anxiety, depression, negative self, and somatization domains than those in the adulthood period. Moreover, participants in the emerging adulthood period reported higher levels of anxiety and depression than individuals in the adulthood period. That is, younger participants were more prone to psychopathology symptoms, especially anxiety and depression. These findings are consistent with the literature. In fact, several studies have shown that older adults experience fewer negative emotions and more positive affect (Carstensen, Pasupathi, Mayr, & Nesselroade, 2000; Mroczek & Kolarz, 1998). Moreover, it has been reported that individuals have better mental health as they get older and experience less depression and anxiety (Diener & Suh, 1997; George, Blazer, Winfield-Laird, Leaf, & Fischback, 1988). Similarly, Erskine

and colleagues (2007) found less trait anxiety, depression, and rumination in older participants than in younger ones.

Results of the current study also indicated a significant main effect of age on the domains of self-criticism. Accordingly, participants in the late adolescence period reported a higher level of both internalized and comparative self-criticism than those in the emerging adulthood and adulthood period. The finding that self-criticism is experienced more intensely at a young age is compatible with previous literature. Kopala-Sibley and colleagues (2013) stated that self-criticism shows a decreasing trend in both men and women as they get older. It was also stated that the source of this trend is the satisfactory close relationships experienced by individuals in adult life, success in business life and similar positive developments. Additionally, with the internalization of more positive self-evaluation, self-criticism can decrease (Lang & Carstensen, 2002; Scollon & Diener, 2006).

On the total score of self-defeating interpersonal styles, participants in the late adolescence and emerging adulthood periods had significantly higher scores than those in the adulthood period. In terms of the self-defeating interpersonal style domains, participants in the late adolescence period reported higher levels of insecure attachment and undeserving self-image than those in the adulthood period. Moreover, participants in the emerging adulthood period had higher scores on the insecure attachment domain than the participants in the adulthood period. Self-defeating patterns commonly defined as pervasive and inflexible behaviors that will bring benefits in the short term but may lead to negative psychological results in the long term (Baumeister & Scher, 1988). The fact that the tendency to engage in such behaviors' decrease as individuals get older may be due to the fact that older individuals use their self-regulatory systems better because of their experiences. In terms of the self-defeating patterns in interpersonal area, it is possible that as individuals get older, they may be more courageous when it comes to taking steps to get rid of relationships that make them feel bad, based on their previous experiences.

Age differences in the interpersonal problems circumplex were also examined in the current study. To begin, participants in the late adolescence period reported higher levels of interpersonal problems than those in the adulthood period. More specifically, individuals in the late adolescence period had higher levels of self-centeredness, coldness, and social inhibition, and nonassertiveness in their interpersonal relations compared to those in the adulthood period. Moreover, they reported higher levels of coldness in their relationships when compared with the participants in the emerging adulthood period. Meanwhile, those in the emerging adulthood period were found to have more self-centered style in their relationships than those in the adulthood period. In other words, it can be said that younger people are more prone to interpersonal problems, and this finding is supported by literature. Younger individuals may be more prone to these problems because they have less experience dealing with problematic situations or because they may be less tolerant to problems. In a study conducted by Birditt et al. (2003) with 666 people, it was found that older people experienced less interpersonal tension and stress due to interpersonal problems than young people. In addition, in the study by Balanchart-Fields and colleagues (2007), older individuals were shown to be more competent than young people at solving interpersonal problems.

In terms of attachment, late adolescents reported a higher level of attachment related anxiety and attachment related avoidance than adults. They also had a higher level of attachment related avoidance than participants in the emerging adulthood period. Additionally, participants in the emerging adulthood period had a significantly higher level of attachment related anxiety than those in the adulthood period. In summary, younger individuals are more prone to establishing insecure attachments. This finding is also supported by the literature. In the cross-sectional study conducted by Diehl and colleagues (1998), participants over the age of 40 were found to experience less attachment anxiety than younger ones. Also, according to a study conducted with 86,555 participants between the ages of 17 and 70, those who reported the highest levels of attachment anxiety were in the 18-22 age group, while middle-aged

participants experienced the highest levels of attachment avoidance (Chopik, Edelstein, & Fraley, 2013). Erikson (1968) stated that young adults developed autonomy in their mid-20s. Since late adolescence / early adulthood is a milestone in life in which intimate relationships are established and personality change is experienced in order to adapt to the changing roles, individuals in this period may experience attachment related problems more than older individuals, whose lives and relationships have already been established.

The other demographic variable of the study was gender and significant gender differences among the various variables of the study were also examined. Results indicated a significant main effect of gender on psychopathology symptoms, self-defeating patterns, and attachment related anxiety and avoidance. Female participants reported higher levels of psychopathology symptoms than males. Specifically, females had higher scores on anxiety, depression, and somatization symptoms compared to male participants. Additionally, in terms of self-defeating interpersonal style, female participants reported a higher level of insecure attachment, while male participants reported a higher level of undeserving self-image. Finally, female participants had a higher level of attachment related anxiety than males. Consistent with the findings of the current study, previous studies have also shown that women are more prone to depression and anxiety symptoms (Asher, Asnaani, & Aderka, 2017; Grant & Weissman, 2007) and that they experience more attachment anxiety (Chopik et al., 2013; Del Giudice, 2011).

Significant interaction effects between age and gender on parental rejection, self-criticism, and personality disorders were also observed. First of all, participants evaluated parental rejection from the mother and father separately. While significant results were found for rejection from the mother, no significant results were obtained for rejection from the father. Accordingly, female participants in the emerging adulthood period stated that there was more aggression in their relationships with their mothers during childhood than those in the late adolescence period. In addition, female

participants in the adulthood period reported more aggression and neglect in their relationships with their mothers than those in the late adolescence and emerging adulthood period. Male participants in the late adolescence period also stated that they perceived more aggression from their mothers. Moreover, females in the adulthood period stated that they experienced more aggression and neglect in their relationships with their mothers than males in the same age group. In summary, as the age of female participants increases, so too does their reporting of aggression and neglect in their relationships with their mothers in childhood. Although there is no finding related to the rejection from father in this section where the mother and father are dealt with separately, the findings related to the mother may stem from gender roles on parenting. Given the perception of changing gender roles today, fathers have begun playing a more active role in raising children, although mothers continue to be the primary caregivers. Also, considering that the age group in the findings covers older individuals, it is possible that these individuals spent their childhood with fathers who did not play an active role in childcare and in their upbringing. Thus, the result that these individuals have more recollections related to their mothers may be a foregone conclusion.

In terms of self-criticism, both female and male participants were found to be more self-critical in the late adolescence period than in the adulthood period. In addition, female participants in the emerging adulthood period reported a higher level of self-criticism than those in the adulthood period. Moreover, male participants in the late adolescence period were more self-critical than those in the emerging adulthood period. Finally, female participants in the emerging adulthood period had higher self-criticism scores than male participants in the same period. That is, self-criticism is high in late adolescence in both male and female participants. However, while self-criticism remains stable in emerging adulthood for women, this stability was not observed in men. This finding is supported by the literature. In a longitudinal study by Koestner and colleagues (1991), it was found that self-criticism remained stable from adolescence to young adulthood in female participants.

Regarding personality disorders, the only significant interaction observed involved antisocial personality disorder. More specifically, while the age groups of the female participants did not have an effect, male participants in the late adolescence period had higher antisocial scores compared to those in both the emerging adulthood and adulthood periods. In addition, male participants in both the late adolescence and adulthood periods reported more antisocial personality disorder characteristics than female participants in the same periods. In summary, younger males have higher antisocial personality disorder scores and are also more prone to antisocial personality disorder than females in both early adulthood and adulthood. The finding that antisocial personality disorder is more common in males is supported by the literature (Corbitt & Widiger, 1995; Sher et al., 2015). This can be explained by the greater occurrence of diseases defined by externalizing symptoms in men and internalizing symptoms in women (Holthausen & Habel, 2018) and the fact that antisocial personality disorder is characterized by aggression, which is more common in men (Paris, 2007).

4.2.2. Findings Related to Hierarchical Regression Analyses

In order to determine the factors associated with the measures of the current study, two different sets of hierarchical regression analyses were conducted with psychopathology symptoms (measured by the Brief Symptom Inventory with the Anxiety, Depression, Negative Self, Somatization, and Hostility domains) and personality disorders (measured by the Personality Belief Questionnaire-Short Form with the Avoidant, Dependent, Passive-Aggressive, Obsessive-Compulsive, Antisocial, Narcissistic, Histrionic, Schizoid, Paranoid and Borderline Personality Disorder domains) as the dependent variables.

4.2.2.1. Findings Related to the Factors Associated with Psychopathology Symptoms

The factors associated with psychopathology symptoms were determined through five hierarchical regression analyses with (i) demographic variables, (ii) parental rejection,

(iii) self-defeating interpersonal styles and self-criticism (self-related factors), and (iv) attachment and interpersonal circumplex (interpersonal problems) as four consecutive steps. The results supported the hypotheses of this study.

Results of the regression analyses revealed that age was negatively associated with all domains of psychopathology symptoms, namely; anxiety, depression, negative self, somatization, and hostility. These results showed that all of these symptoms tended to decrease with age. Gender, as the other demographic variable, was found to be associated with anxiety, depression, negative self, and somatization. Specifically, females seem to be more prone to anxiety, depression, negative self, and somatization symptoms.

After controlling for the effects of the demographic variables, maternal and paternal rejection, self-sacrificing nature, the domineering and cold interpersonal problem dimensions, and attachment related anxiety were found to be positively associated with all psychopathology symptoms.

Moreover, insecure attachment and internalized self-criticism were found to be positively associated with psychopathology symptoms, specifically; anxiety, depression, negative self, and hostility; undeserving self-image was found to be associated with anxiety, depression, somatization, and negative self; and comparative self-criticism was found to be positively associated with anxiety, negative self, somatization, and hostility symptoms.

Lastly, while the nonassertive domains of the interpersonal circumplex were found to be positively associated with negative self, the socially inhibited domain was found to be negatively associated with hostility. Accordingly, while participants who reported interpersonal problems from the nonassertive dimension were more prone to negative assessments of themselves, participants who reported interpersonal problems from the socially inhibited dimension were less likely to show hostility symptoms.

In brief, younger and female participants who experienced parental rejection, had a self-sacrificing nature and attachment related anxiety, and who reported interpersonal problems in the domineering and cold dimensions reported a higher level of psychopathology symptoms. In addition, insecure attachment style, undeserving self-image, and both internal and comparative self-criticism features seem to be related to the majority of psychological symptoms.

Consequently, the fact that young individuals rejected by their parents are more prone to symptoms of psychopathology may be due to the fact that their rejection experiences are still new and that they could not replace their negative perceptions with the help of other positive experiences. With the passing of time, the negative consequences that arise from the rejection experience may be decreasing through the newly established relationships and new experiences. In addition, it seems quite normal for individuals who have experienced parental rejection to show negative self and hostility symptoms, considering that they have impaired perceptions about themselves and others (Khaleque & Rohner, 2002). In particular, females being more prone to psychopathology symptoms, and these situations may be related to the obedience and dependence expected from girls in Turkish culture. Indeed, restrictions on girls increase as they get older (Ataca, Sunar, & Kağıtçıbaşı, 1996), and given these expectations, they become more anxious, pessimistic, and nervous (Yanbastı, 1990). As a result, it may be inevitable for females who grow up with more restrictions than males and who are psychologically affected by these restrictions to be more prone to psychological symptoms in adult life.

In summary, individuals who have negative views about themselves and the outside world along with negative experiences in childhood, experience disruptions in attachment, and become more prone to self-criticism. As a result of these processes, they may have difficulties in establishing and maintaining new relationships that will replace their negative experiences in childhood with positive ones, or they may find it

difficult to express themselves social settings. All these troubles may overlap in a domino effect that causes a predisposition to psychopathological symptoms.

4.2.2.2. Findings Related to the Factors Associated with Personality Disorders

The factors associated with personality disorders were determined through ten hierarchical regression analyses with (i) demographic variables, (ii) parental rejection, (iii) self-defeating interpersonal styles, and self-criticism (self-related factors), and (iv) attachment and interpersonal problems circumplex (interpersonal problems) as four sequenced steps. The results obtained are in line with the hypotheses of this study.

More specifically, results of the regression analyses revealed that age was negatively associated with antisocial, histrionic, and borderline personality disorders (PDs), indicating that individuals at young age may be more vulnerable these PDs. This result is supported by previous studies that have found the incidence of PDs to be higher in younger individuals (Coid et al., 2006; Jackson & Burgess, 2000; Quirk, 2017). Moreover, Zanarini and colleagues (2008) stated that Cluster B PDs, which include antisocial, borderline, histrionic, and narcissistic personality disorders, are more common in younger adults and are related to problems with impulsivity and affect regulation (Zanarini et al., 2008). Considering that these problems can be seen in younger individuals and that individuals can become calmer and more balanced as they age, it is perhaps not unusual for the mentioned personality disorders to be associated with younger participants.

Gender was also found to be associated with dependent, passive-aggressive, antisocial, and narcissistic PDs. Specifically, while females are more prone to dependent personality disorder, male participants seem to be more prone to passive-aggressive, antisocial, and narcissistic personality disorders. Corbitt and Widiger (2005) mentioned that some personality disorders have different prevalence rates based on gender, and also stated that borderline, histrionic, and dependent PDs being more

common in females, while antisocial and paranoid PDs are more common in males. Other researchers have also found antisocial PD to be especially common in males (Compton, Conway, Stinson, Colliver, & Grant, 2005; Paris, 2007). Similarly, narcissistic (Brennan & Shaver, 1998; Stinson et al., 2008; American Psychological Association [APA], Diagnostic and Statistical Manual of Mental Disorders [DSM]-V, 2013) and passive-aggressive (Brennan & Shaver, 1998) PDs have been reported to be more common in males than in females, while dependent PD is more common in females (Brennan & Shaver, 1998; American Psychological Association DSM- V, 2013; Grant et al., 2004). Considering that dependent PD is associated with anxiousness, submissiveness, and separation insecurity (McClintock & McCarrick, 2017), the greater prevalence of this personality disorder in women may be related to their upbringing. In Turkish culture, the reality is that girls are raised in an environment in which they are expected to be obedient and submissive, and remain within certain limits (Ataca et al., 1996). In addition, they are allowed fewer areas of freedom than boys (Fişek, 1993), and the areas in which they can develop their autonomy is more limited than males (Kağıtçıbaşı, 1996). All these challenges may create anxiety in females about getting away from the environments or people they are used to, and then they may become susceptible to dependent personality features. Similarly, the greater prevalence of aggression, narcissism, and antisocial behavior in males may be a reflection of the characteristics attributed to males. It seems that males have more opportunities to express their anger or negative feelings outwardly (Ataca et al., 1996). Additionally, the emphasis for males is on power and dominance, especially in rural areas in Turkey (Silay, 1987). This idea was supported by Başaran's study (1974) which found that Turkish parents give boys more freedom to be aggressive and independent, while expecting girls to be obedient and dependent. Such gender-based differences in upbringing may affect the prevalence rates of various personality disorders in females and males. With the establishment of these patterns of behavior from childhood, male individuals may be more susceptible to PDs characterized by impulsiveness or aggression, while females may be more prone to those characterized by submissiveness or dependence.

After controlling for the effects of the demographic variables, the associations between parental rejection and personality disorders were examined separately for both maternal and paternal rejection. Results revealed that both maternal and paternal rejection were positively associated with avoidant, dependent, schizoid, paranoid, borderline, and histrionic personality disorders. Apart from this, paternal rejection was also found to be associated with passive-aggressive, obsessive-compulsive, antisocial, and narcissistic personality disorder. These findings are supported by the literature. For instance, Rohner (2004) stated that individuals with rejection experience are more prone to developing various personality dispositions. Additionally, it has been reported that obsessive-compulsive personality disorder is more common in children rejected by their fathers during childhood (Fowler, 1990). Moreover, a study by Timmermann and colleague (2005) found a relationship between paranoid and schizoid personality disorders and low maternal care, as well as antisocial, histrionic, borderline, and narcissistic personality disorders and low parental care. In addition, another study revealed a relationship between parental rejection and low maternal warmth, and paranoid, schizoid, antisocial, borderline, histrionic, and narcissistic personality disorders (Thimm, 2010). The most important point that stands out here is that the personality disorders associated with male participants (mentioned above) are the same as the personality disorders associated with paternal rejection. Although mothers play a bigger role in raising children given prevailing gender stereotypes, the effect of fathers cannot be ignored. In fact, the effect of paternal rejection is higher than that of maternal rejection when it comes to the development of borderline PD (Fowler, 1990; Rohner & Brothers, 1999). That is, interaction with the same-sex parent may be more impactful in the development of more gender-specific personality traits like being antisocial or aggressiveness. In the literature, it has been stated that paternal warmth is associated with positive improvements in childhood (Flouri, 2007) and a decrease in internalizing and externalizing problems (Keizer, Lucassen, Jaddoe, & Tiemeier, 2014). However, there is no clear consensus in the literature on the role of fathers. Some studies indicate that the father's acceptance has more positive effects on daughters (DelPriore & Hill, 2013; Fletcher & Shaw, 2000), while others state that

there is no such gender difference (Keizer et al., 2014). However, based on the knowledge that fathers are in closer contact with boys than girls (Ali, 2011; Raley & Bianchi, 2006), the link between paternal rejection and adult personality disorders in males can be explained by the fact that males are more affected by the attitudes of their fathers.

The regression analyses also revealed that undeserving self-image was positively associated with avoidant, dependent, and borderline PDs, but negatively associated with antisocial, narcissistic, and paranoid PDs; and self-sacrificing nature was found to be associated with avoidant, dependent, passive-aggressive, antisocial, schizoid, paranoid, and borderline PDs. Moreover, while internalized self-criticism was positively associated with all personality disorders covered in the study, comparative self-criticism was positively associated with all personality disorders except schizoid and obsessive-compulsive PDs. In other words, there is a relationship between self-related discomfort or dissatisfaction and various personality disorders. It may be that individuals with low self-efficacy and self-confidence, those who compare themselves frequently with others, and individuals who compromise in their relationships with others because of feelings of low self-worth are more prone to developing personality disorders. Given that an impaired sense of self is formed from childhood experiences, individuals who have lived with this over the years, and whose established relationships with themselves and others have been affected by their own negative self-perceptions, may become more vulnerable to developing psychological disorders. This conclusion is also supported by the literature. Both low self-esteem and low self-worth have been found to make individuals susceptible to psychological problems (Fennell, 1997). In addition, it has been stated that both internalized self-criticism, which is associated with negative self-perceptions and low self-worth, and comparative self-criticism, which is related to inferiority, create a vulnerability to psychological problems (Thompson & Zuroff, 2004).

In terms of attachment, regression results showed that insecure attachment was positively associated with dependent, histrionic, and schizoid PDs. Moreover, both insecure attachment and attachment-related anxiety were found to be positively associated with borderline PD. These findings are in line with the literature. According to various studies, borderline personality disorder is associated with insecure attachment (Agrawal, Gunderson, Holmes, & Lyons-Ruth, 2004; Barone, 2003; Prunetti et al., 2008), and individuals with borderline PD report more attachment-related stress in their relationships (Sack, Sperling, Fagen, & Foelsch, 1996). In addition, dependent and schizoid personality disorders have also been reported to be related to the preoccupied and dismissing insecure attachment styles (West & Sheldon-Keller, 1994). Similarly, Brennan and Shaver (1998) stated that individuals with avoidant attachment are prone to schizoid personality disorder, while those with preoccupied attachment are more susceptible to dependent personality disorder. In summary, insecure attachment, which is characterized by the fear of close relationships and anxiety about or fear of attachment, causes individuals to have difficulty in establishing close relationships. Individuals who are deprived of the social support, love, and care that come from close relationships seem to be more prone to psychological disorders.

Finally, the results of the regression analyses revealed that (a) the domineering dimension of the interpersonal circumplex was positively associated with dependent, passive-aggressive, obsessive-compulsive, antisocial, narcissistic, histrionic, and paranoid PDs; (b) the vindictive/self-centered dimension was positively associated with avoidant, dependent, obsessive-compulsive, antisocial, narcissistic, histrionic, and paranoid PDs; (c) the cold dimension was positively associated with avoidant, passive-aggressive, antisocial, schizoid, paranoid, borderline PDs, but negatively associated with dependent PD; (d) the socially inhibited dimension was negatively associated with passive-aggressive, antisocial, and histrionic PDs; (e) the nonassertive dimension was negatively associated with schizoid and paranoid PDs; (f) the overly accommodating dimension was positively associated with dependent PD; (g) the self-

sacrificing dimension was positively associated with avoidant, dependent, obsessive-compulsive, and paranoid PDs; and lastly, (h) the intrusive octant was positively associated with narcissistic, histrionic, and borderline PDs, but negatively associated with schizoid PD. The interpersonal problems circumplex model represents areas where individuals have difficulty in interpersonal relationships. The results showed that individuals who have problems in different interpersonal areas are prone to various personality disorders. In a meta-analytic review conducted by Wilson and colleagues (2017), it was determined that there is a relationship between paranoid personality disorder and intrusiveness; schizoid personality disorder and coldness and social inhibition; antisocial personality disorder and vindictiveness and intrusiveness; and histrionic, narcissistic, dependent and obsessive-compulsive PDs and intrusiveness in a non-clinical sample. Accordingly, interpersonal problems experienced by individuals can be seen as a factor that creates a vulnerability to developing personality disorders. Personality disorders have a complex structure that depends on many factors and may be fed from many sources. Individuals who have problems in various interpersonal problem areas may be rejected from social environments in their adult lives. Just as parental rejection creates susceptibility to personality disorders, individuals' experience of rejection in social environments may be one of the reasons that creates tendency to personality disorders.

4.2.3. Findings Related to Multiple Mediation Analyses

In the current study, the mediating role of self-defeating interpersonal style in the relationship between parental rejection and psychological problems was examined. Just as parental rejection was examined separately, as maternal and paternal rejection, psychological problems were also examined separately, as psychopathology symptoms and personality disorders. Accordingly, the total rejection score calculated separately for the mother and father formed the independent variables. Psychopathology symptoms, represented by the Brief Symptom Inventory total score, and personality disorders, represented by the Personality Belief Questionnaire-Short Form total score, constituted two separate dependent variables. The self-defeating

interpersonal style consists of 3 sub-dimensions (namely, insecure attachment, undeserving self-image, and self-sacrificing nature) and these three dimensions were used as mediators. The results obtained are in line with the hypotheses of this study. Self-defeating interpersonal style mediated both the relationship between parental rejection and psychopathology symptoms and the relationship between parental rejection and personality disorders. To investigate the mediating role of self-defeating interpersonal style, four separate parallel multiple mediation analyses were performed. First, the mediator's role in the relationship between maternal rejection and psychopathology symptoms was examined and a significant total indirect effect ($a \times b = .65$, $SE = .09$, 95% CI [.47, .83]) was found. Specifically, insecure attachment ($B = .24$, $SE = .05$, 95% CI [.15, .35]); undeserving self-image ($B = .14$, $SE = .04$, 95% CI [.07, .22]); and self-sacrificing nature ($B = .27$, $SE = .05$, 95% CI [.18, .38]) each had a mediating effect in the relationship between maternal rejection and psychopathology symptoms. Results of the pairwise comparisons between the mediator variables indicated that among all, only the undeserving self-image domain had a significantly weaker indirect effect compared to the self-sacrificing nature domain.

Secondly, the mediating role of the self-defeating interpersonal style domains in the relation between paternal rejection and psychopathology symptoms was investigated and a significant total indirect effect ($a \times b = .54$, $SE = .07$, 95% CI [.40, .69]) was found. Specifically, insecure attachment ($B = .22$, $SE = .04$, 95% CI [.14, .30]); undeserving self-image ($B = .10$, $SE = .03$, 95% CI [.05, .17]); and self-sacrificing nature ($B = .22$, $SE = .04$, 95% CI [.14, .31]) each had a mediating effect in the relationship between paternal rejection and psychopathology symptoms. Moreover, pairwise comparisons of the three indirect effects revealed that insecure attachment seemed to have a more powerful indirect effect than undeserving self-image, which had a significantly weaker indirect effect than the self-sacrificing nature domain.

The mediating role of the self-defeating interpersonal style domains in the relation between maternal rejection and personality disorders was investigated and a

significant total indirect effect ($a \times b = .08$, $SE = .01$, 95% CI [.06, .11]) was found. Results of the third mediation analysis showed that all three domains of the self-defeating interpersonal style scale mediated the relationship between maternal rejection and personality disorders. Specifically, insecure attachment ($B = .03$, $SE = .01$, 95% CI [.02, .05]), undeserving self-image ($B = .01$, $SE = .01$, 95% CI [.00, .02]), and self-sacrificing nature ($B = .04$, $SE = .01$, 95% CI [.02, .06]) each had a mediating effect in the relationship between maternal rejection and personality disorders. Furthermore, three pairwise comparisons of indirect effects revealed that the undeserving self-image domain was a weaker mediator than both the insecure attachment and self-sacrificing nature domains.

Lastly, the mediating role of the self-defeating interpersonal style domains in the relation between paternal rejection and personality disorders was investigated and a significant total indirect effect ($a \times b = .07$, $SE = .01$, 95% CI [.05, .09]) was revealed. Specifically, insecure attachment ($B = .03$, $SE = .01$, 95% CI [.01, .04]), undeserving self-image ($B = .01$, $SE = .00$, 95% CI [.00, .02]), and self-sacrificing nature ($B = .03$, $SE = .01$, 95% CI [.02, .05]) each had a mediating effect in the relationship between paternal rejection and personality disorders. Additionally, according to the results of three pairwise comparisons of indirect effects, the undeserving self-image domain was a weaker mediator than both the insecure attachment and self-sacrificing nature domains.

In summary, the results of the mediation analyses revealed a general view. In particular, the self-defeating interpersonal style domains (namely, insecure attachment, undeserving self-image, and self-sacrificing nature) significantly mediated the relationship between both maternal and paternal rejection and psychopathology symptoms. These domains also mediated the relationship between both maternal and paternal rejection and personality disorders. The models examining the mediating role of self-defeating domains in the relationship between maternal and paternal rejection and psychopathology symptoms explained 53% of the variance, while those regarding

the relationship between maternal and paternal rejection and personality disorders explained 25% and 26% of the variance, respectively. In all cases, results of the pairwise comparisons between the mediator variables indicated that undeserving self-image was the least powerful mediator and that insecure attachment was a stronger mediator than undeserving self-image. On the other hand, there was no significant difference in strength between the self-sacrificing nature and insecure attachment domains.

A significant direct effect was found in the relationship between both maternal and paternal rejection and psychopathology symptoms; and in the relationship between paternal rejection and personality disorders. In addition, this relationship is mediated by the self-defeating interpersonal style domains. Hayes (2017) stated that having a direct effect between the two variables does not pose a problem in terms of mediation, and that another variable can mediate the relationship between them. Therefore, both the direct effect and the mediation effect can be seen in the same model as in the results obtained in current study. On the other hand, no direct effects were found in the relationship between maternal rejection and personality disorders. This means that the relationship between maternal rejection and personality disorders is established through self-defeating interpersonal style domains.

Since both maternal and paternal rejection yield similar results, which indicated that self-defeating interpersonal style domains mediated the relationship between maternal and paternal rejection and psychopathology symptoms and personality disorders, they will collectively be referred to as "parental rejection" in the next section of the discussion.

The results obtained confirmed the hypotheses of the study and are also supported by the literature. Individuals with experience of rejection in their relationship with their parents during childhood are prone to developing self-defeating patterns (Pezzarossa et al., 2002; Rubino et al., 2004). In particular, it can be said that parental rejection

plays a key role in the emergence of self-defeating interpersonal style domains. Indeed, individuals with paternal rejection experience are susceptible to insecure attachment and impairments in their sense of self (Casselman & McKenzie, 2015; Rohner, 2004). Additionally, children who do not feel warmth, care, interest, and love from their parents are forced develop methods to deal with this lack of affection (Teyber, 2005). Insecure attachment may be one of these methods. This attachment style is characterized by fear and anxiety about the possibility of rejection in relationships and discomfort in close relationships (Mikulincer et al., 2003). In studies conducted with individuals with insecure attachment, it was determined that the rejecting attitude of the parents play an important role in the formation of this attachment style. (Hinnen et al., 2009). Undeserving self-image, which is one of the self-defeating interpersonal style domains, can be also fed by parental rejection. Due to their early negative experiences, individuals develop negative opinions about themselves and beliefs that they are not worthy of being loved (Rohner, 1986; Rohner, et al., 2012). A self-sacrificing nature is characterized by a lack of assertiveness in relationships and a focus on keeping one's needs in the background. These individuals also have low self-worth and hold beliefs that they deserve bad things. They usually tolerate poor treatment to feel secure in their relationships and sacrifice their needs and desires to maintain relationships (Atkinson, 2017). Individuals who have experienced rejection by their parents may behave this way in their relationship to avoid experiencing rejection again. In summary, all domains of the self-defeating interpersonal style are fed by parental rejection, consistent with the results obtained in the current study.

Moreover, self-defeating patterns have been associated with psychological difficulties, emotional distress, and depression (Hartzler & Brownson, 2001; Lester & Hoffman, 1992). At the same time, insecure attachment (Easterbrooks, Biesecker, & Lyons-Ruth, 2000) and negative views about the self were also found to be associated with various psychological problems, primarily depression (Wei & Ku, 2007). Briefly, self-defeating patterns that develop from the negative experiences of childhood create a predisposition to psychological problems.

One of the remarkable findings of the current work is that the insecure attachment and self-sacrificing nature domains more strongly mediate the relationship between parental rejection and both psychopathology symptoms and personality disorders, while undeserving self-image was found to be the least effective mediator in all mediation analyses. The reason that insecure attachment and self-sacrificing nature behaved similarly may be because of the insecure attachment effect, especially the attachment anxiety effect, in the development of a self-sacrificing nature (Atkinson, 2017). Self-sacrificing nature is characterized by an unassertive position in relationship with others, tolerance of mistreatments to feel secure in relationships, relegation of one's wishes and needs to a background position, and low self-worth (Atkinson, 2017). Individuals who already have the experience of being rejected by their parents may default to sacrificing themselves to avoid similar rejection in the relationships they establish in their adult lives because of the internalization of the insecure attachment.

Insecure attachment stemming from parental rejection was found to be associated with the self-defeating interpersonal style. Although the insecure attachment domain is generally addressed in the self-defeating interpersonal style, attachment anxiety may play a greater role in the development of a self-defeating interpersonal style. Generally speaking, a hallmark feature of the self-defeating interpersonal style is the preference for obtaining positive responses in the short term despite the harm in the long term that this will bring. Here, anxious attachment style may be more effective for the formation of this style and individuals may continue to maintain disappointing relationships as they are concerned about abandonment. Also, self-sacrificing nature, which is associated with low self-worth, may likewise create motivation to maintain relationships despite negative experiences. Individuals may continue to remain in relationships that can cause problems in the long run, so as not to be abandoned and lose their source of love, care, and assurance. At this point, dependence may also come into play. Dependence, which is also associated with parental rejection, has been defined as a structure where individuals can make many sacrifices to meet their needs

for positive responses (Rohner, 2004). With the combination of all these structures mentioned above, individuals who have experienced parental rejection become insecure, anxious about relationships, and dependent on others. In addition, while they are already prone to psychological problems due to negativities in childhood, they seem to be more susceptible to psychological problems by continuing their ill-treated relationships with a feeling of fear and worthlessness.

Moreover, in this study, while there was no direct link between maternal rejection and personality disorders, a direct link was found in the relationship between paternal rejection and personality disorder. This difference in the relationship of maternal and paternal rejection with personality disorders may be related to the complex structure of personality disorders. Personality disorders are complex conditions that are associated with maladaptive patterns in cognitive, affective, or interpersonal areas (International Classification of Diseases [ICD]-10, 1992). PDs have been defined as stable and inflexible patterns of thinking, feeling, and behavior that are associated with significant distress and/or dysfunction and some combination of symptoms is necessary for a specific diagnosis (American Psychological Association, 2013). In addition to parental rejection, some genetic and neurological effects may also predispose individuals to developing personality disorders. Moreover, Khaleque and Rohner (2002) stated that intensity, duration and form of the rejection are important for the tendency to psychological problems. In this case, differences in the communication of parents with their children, the time spent together and the interaction with different areas can also be effective in the formation of the difference between maternal and paternal rejection. It has been stated that when raising the child, fathers spend less time with children and interact less with them (Lewis & Lamb, 2003; Phares, Fields, & Kamboukos, 2009). Having a more distant relationship between the father and the child may result in the failure to compensate for the perceived rejection from the father. As a result, this situation may cause more permanent and negative effects. The fact that the mother has more communication with the child in many areas may cause the effects of the rejection perceived from the mother to be reduced and

eventually to have no direct effect on the formation of structures such as personality disorders. When all these factors are combined, individuals who have had many negative experiences due to parental rejection in childhood and who continue unfulfilling relationships in their adult life may become more prone to personality disorders.

4.3. Strengths and Limitations of the Present Study and Suggestions for Future Research

A key strength of the current study is the adaptation of the Self-Defeating Interpersonal Style Scale into Turkish. Although self-defeating patterns have been studied in the literature in various ways, there are no studies examining its impact in the interpersonal arena. This measurement tool has only recently been introduced to the literature, and therefore, its relationship with variables included in this study was examined for the first time.

Despite these strengths, some limitations of the current study should also be mentioned. As a limitation of the current study, gender distribution can be mentioned first. The sample of the study mainly consists of female participants. This situation can be considered as a limitation since the low proportion of male participants will affect the representativeness of the population. Similarly, the information obtained through the demographic information form (e.g. education level, socioeconomic status) did not show a balanced distribution. Therefore, it was not possible to examine these demographic factors in the current study. Another limitation of the current study is its dependence on self-report measures, which introduces the possibility of individuals not providing accurate information because of social desirability concerns. Such concerns may have also influenced participants' responses about their childhood experiences with their parents. Finally, the current study examined adult individuals' experiences of rejection that they perceived from their parents during childhood. Although doubts have been raised in the literature about these retrospective studies (Brewin, Andrews, & Gotlib, 1993), some sources have confirmed the validity of such

studies. For example, in a longitudinal study of maternal acceptance-rejection conducted by Cournoyer (1988), the information collected from the participants at seven-year intervals was found to give consistent results. Nevertheless, a longitudinal study has been proposed in the section for future research suggestions in order to address the limitations of a retrospective study.

The limitations of the current study generate certain suggestions for future research that are specified here. First of all, the current study used a non-clinical sample. It is recommended that a clinical sample should be tested in future studies in order to gain a more well-rounded understanding of the relationships examined here. Secondly, as previously mentioned, the number of male and female participants was not balancedly distributed in this study. In future studies, attention should be paid to increasing the number of male participants to a level that is representative of the population. Thirdly, in the current study, parental rejection was examined on the basis of the childhood memories of adult individuals. Considering the opinion that retrospective studies cannot give correct results, a longitudinal study should be conducted. Although this method of study has its own difficulties, it can provide more substantial results. Finally, a suggestion can be made about the insecure attachment dimension of the Self-Defeating Interpersonal Style Scale (SELF-DISS) which was brought into the Turkish literature with this study. A more detailed examination of this dimension would be a fruitful avenue for future studies. Specifically, although this domain yielded good internal consistency, reliability, and validity results, the development of a version of this domain that separately examines attachment related anxiety and attachment related avoidance would provide a more in-depth understanding of the relation between these variables.

4.4. Clinical Implications

The main aim of the current study was to investigate the relationships between parental rejection and self-defeating patterns, self-criticism (i.e., internalized self-criticism and comparative self-criticism), interpersonal problems (i.e., attachment and interpersonal

circumplex) and psychological problems (i.e., psychopathology and personality disorders). Another purpose of the study was to examine the mediating role of self-defeating patterns in the relationship between parental rejection and psychological problems.

First of all, the Self-Defeating Interpersonal Style Scale was adapted into Turkish in the current study. The SELF-DISS basically measures individuals' tolerance to ill-treatment in their relationships with the insecure attachment, undeserving self-image, and self-sacrificing nature domains. There are several studies about self-defeating patterns in the literature. In the current study, the effect of self-defeating patterns in the interpersonal area was examined using the SELF-DISS. This measurement tool has only recently been introduced to the literature and the number of studies in which the interpersonal aspects of self-defeating patterns are handled is very few. Also, to our knowledge, this is the first study that examined the associations between self-defeating interpersonal style and both parental rejection and psychological problems.

Considering the results of the current study, it is clear that parental rejection has an important place in the development of psychological problems, self-criticism, and interpersonal problems. While, as expected, both maternal rejection and paternal rejection are associated with many of the same psychological problems, there are also some psychological problems associated with only paternal rejection. Specifically, paternal rejection is the only predictor of passive-aggressive, obsessive-compulsive, antisocial, and narcissistic personality disorders. It is noteworthy that these personality disorders are also largely the same as those found in male participants. In addition, while attachment-related anxiety, which is one of the two types of insecure attachment presented in the study, is associated with psychological problems, attachment-related avoidance did not show any significant associations. In addition, according to the findings of the study, self-defeating interpersonal style plays a significant mediating role in the relationship between parental rejection and psychopathology symptoms, and in the relationship between paternal rejection and personality disorders.

Moreover, the connection between maternal rejection and personality disorder is established only through self-defeating interpersonal style.

The findings of the current study reiterate the importance of parents' attitudes and behavior towards their children and the effects this has on their adult life. For therapeutic applications, it will be useful to examine the negativities from early childhood and address the problems that these negativities may cause, such as impaired interpersonal functioning and representations of the self and others. Also, it is important to remember that these early negative experiences can form the basis of the psychological problems experienced by individuals. This situation can also be evaluated within the scope of the transdiagnostic model in therapeutic applications. According to the transdiagnostic approach, common points can be found in psychological problems and different pathologies can be fed from the same source, and different pathologies can be improved with similar treatment approaches (Hacıömeroğlu, Keser, & İnözü, 2018; McLaughlin, Colich, Rodman, & Weissman, 2020). A situation experienced by an individual can create a risk factor for different psychological problems in the future. In the current study, individuals have parental rejection experience in childhood, and the relationship between psychological problems in adult life and negative experiences in childhood is emphasized. In this study, in which both psychopathology symptoms and personality disorders characteristics were examined, a relationship was found between parental rejection and many psychopathologies and personality disorders. If evaluated within the scope of the transdiagnostic approach, basically the psychological problems experienced by individuals with parental rejection in their adult life may have common grounds and can be addressed in therapy with a holistic approach. A holistic approach beyond the symptoms of the individual can be achieved by going beyond the diagnostic criteria and addressing the emotions, thoughts and attitudes arising from the underlying traumatic childhood experiences. Although individuals indicate different psychological problem characteristics, it may be useful to address common experiences during the emergence of these problems in terms of addressing

psychological problems from a wider perspective without categorizing them. In addition, careful consideration should be paid to the parental rejection experiences of individuals with a self-defeating interpersonal style, that is, individuals who tend to maintain a relationship despite being abused and mistreated in that relationship. Finally, younger participants came to the forefront in the findings of this study. According to a study conducted by Erkan and colleagues (2012) with university students, volunteering of young people towards professional help was found to be at a moderate level. In this regard, providing psychological support resources in the form of early intervention initiatives that young people can access readily will enable the cut down on problems that may arise later in life.

Taken together, the results of this study provide insight into the reflections of negative childhood experiences in adult life. The problems that individuals experience with their self-perceptions and relationships should not be studied without examining their experiences in childhood. Experts working in the field of clinical psychology should address the problems of adults not only from a behavioral perspective, but also by studying childhood experiences. By addressing negative childhood experiences throughout therapy, negativities affecting adult life can be reduced along with the subsequent susceptibility to psychological problems. In this way, the widespread effect of childhood negativities in adult life can be improved more permanently.

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APPENDICES

APPENDIX A: DEMOGRAPHIC INFORMATION FORM / DEMOGRAFİK BİLGİ FORMU

1. Cinsiyetiniz:

2. Yaşınız:

3. Eğitim Düzeyiniz:

Okur-yazar	☐	İlkokul mezunu	☐	Ortaokul mezunu	☐
Lise mezunu	☐	Yükseköğrenim	☐	Yüksek	☐
Lisans/Doktora					

4. Gelir Düzeyiniz: Düşük ☐ Orta ☐ Yüksek ☐

5. Medeni Haliniz:

Bekar	☐	Birlikte yaşıyor	☐	Evli	☐
Dul	☐	Boşanmış	☐	Ayrı	☐

6. Şu anda kimlerle yaşamaktasınız?

Ailemle	☐	Akrabalarımle	☐
Yurtta	☐	Arkadaşlarımla Evde	☐
		Diğer (belirtiniz)	

7. Anneniz halen hayatta mı? Evet ☐ Hayır ☐

Hayattaysa kaç yaşında?

Anneniz hayattaysa, annenizden ayrı yaşadığınız bir dönem oldu mu?

Evet ☐ Hayır ☐

Cevabınız “evet” ise, ne kadar süre ve hangi sebeple ayrı yaşadığınızı kısaca yazınız;.....

Kaybettiyseniz o sırada siz kaç yaşınızdaydınız?

8. Babanız halen hayatta mı? Evet ☐ Hayır ☐

Hayattaysa kaç yaşında?

Babanız hayattaysa, babanızdan ayrı yaşadığınız bir dönem oldu mu?

Evet ☐ Hayır ☐

Cevabınız “evet” ise, ne kadar süre ve hangi sebeple ayrı yaşadığınızı kısaca yazınız;.....

Kaybettiyseniz o sırada siz kaç yaşınızdaydınız?

9. Şu anda herhangi bir psikolojik sorunuz var mı? Evet ☐ Hayır ☐
Evetse; belirtiniz.....

Yardım/tedavi görüyor musunuz? Evet ☐ Hayır ☐

10. Daha önce herhangi bir psikolojik sorun yaşadınız mı? Evet ☐ Hayır ☐
Evetse; belirtiniz.....

Yardım/tedavi gördünüz mü? Evet ☐ Hayır ☐

11. Herhangi bir fiziksel travma yaşadınız mı (ciddi kafa travmaları gibi)?
Evet ☐ Hayır ☐
Evetse; belirtiniz.....

Yardım/tedavi gördünüz mü? Evet ☐ Hayır ☐

APPENDIX B: BASIC PERSONALITY TRAITS INVENTORY (BPTI)

Aşağıda size uyan ya da uymayan pek çok **kişilik özelliği** bulunmaktadır. Bu özelliklerden her birinin SİZİN İÇİN NE KADAR UYGUN OLDUĞUNU ilgili rakamı işaretleyerek belirtiniz.

Örneğin;

Kendimi.....biri olarak görüyorum.

		Hiç uygun değil 1	Uygun değil 2	Kararsızım 3	Uygun 4	Çok Uygun 5			Hiç uygun değil 1	Uygun değil 2	Kararsızım 3	Uygun 4	Çok Uygun 5
1	Aceleci	1	2	3	4	5	2	Pasif	1	2	3	4	5
2	Yapmacık	1	2	3	4	5	2	Disiplinli	1	2	3	4	5
3	Duyarlı	1	2	3	4	5	2	Açgözlü	1	2	3	4	5
4	Konuşkan	1	2	3	4	5	2	Sinirli	1	2	3	4	5
5	Kendine güvenen	1	2	3	4	5	2	Canayakın	1	2	3	4	5
6	Soğuk	1	2	3	4	5	2	Kızgın	1	2	3	4	5
7	Utangaç	1	2	3	4	5	3	Sabit fikirli	1	2	3	4	5
8	Paylaşımçı	1	2	3	4	5	3	Görgüsüz	1	2	3	4	5

Hiç uygun değil 1 Uygun değil 2 Kararsızım 3 Uygun 4 Çok Uygun 5

9	Geniş-rahat	1	2	3	4	5	3 2	Durgun	1	2	3	4	5
1 0	Cesur	1	2	3	4	5	3 3	Kaygılı	1	2	3	4	5
1 1	Agresif	1	2	3	4	5	3 4	Terbiyesiz	1	2	3	4	5
1 2	Çalışkan	1	2	3	4	5	3 5	Sabırsız	1	2	3	4	5
1 3	İçten pazarlıklı	1	2	3	4	5	3 6	Yaratıcı	1	2	3	4	5
1 4	Girişken	1	2	3	4	5	3 7	Kaprisli	1	2	3	4	5
1 5	İyi niyetli	1	2	3	4	5	3 8	İçine kapanık	1	2	3	4	5
1 6	İçten	1	2	3	4	5	3 9	Çekingen	1	2	3	4	5
1 7	Kendinden emin	1	2	3	4	5	4 0	Alıngan	1	2	3	4	5
1 8	Huysuz	1	2	3	4	5	4 1	Hoşgörülü	1	2	3	4	5
1 9	Yardımsız	1	2	3	4	5	4 2	Düzenli	1	2	3	4	5
2 0	Kabiliyetli	1	2	3	4	5	4 3	Titiz	1	2	3	4	5
2 1	Üşengeç	1	2	3	4	5	4 4	Tedbirli	1	2	3	4	5
2 2	Sorumsuz	1	2	3	4	5	4 5	Azimli	1	2	3	4	5
2 3	Sevecen	1	2	3	4	5							

APPENDIX C: BECK DEPRESSION INVENTORY (BDI)

Aşağıda, kişilerin ruh durumlarını ifade ederken kullandıkları bazı cümleler verilmiştir. Her madde bir çeşit ruh durumunu anlatmaktadır. Her maddede o ruh durumunun derecesini belirleyen 4 seçenek vardır. Lütfen bu seçenekleri dikkatle okuyunuz. Son bir hafta içindeki (şu an dahil) kendi ruh durumunuzu göz önünde bulundurarak, size en uygun olan ifadeyi bulunuz. Daha sonra, o maddenin yanındaki harfin üzerine (X) işareti koyunuz.

- 1) a. Kendimi üzgün hissetmiyorum
b. Kendimi üzgün hissediyorum
c. Her zaman için üzgünüm ve kendimi bu duygudan kurtaramıyorum
d. Öylesine üzgün ve mutsuzum ki dayanamıyorum
- 2) a. Gelecekte umutsuz değilim
b. Gelecek konusunda umutsuzum
c. Gelecekte beklediğim hiç bir şey yok
d. Benim için bir gelecek olmadığı gibi bu durum değişmeyecek
- 3) a. Kendimi başarısız görmüyorum
b. Herkesten daha fazla başarısızlıklarım oldu sayılır
c. Geriye dönüp baktığımda, pek çok başarısızlığımın olduğunu görüyorum
d. Kendimi bir insan olarak tümüyle başarısız görüyorum
- 4) a. Her şeyden eskisi kadar doyum (zevk) alabiliyorum
b. Her şeyden eskisi kadar doyum alamıyorum
c. Artık hiçbir şeyden gerçek bir doyum alamıyorum
d. Bana doyum veren hiçbir şey yok. Her şey çok sıkıcı
- 5) a. Kendimi suçlu hissetmiyorum
b. Arada bir kendimi suçlu hissettiğim oluyor
c. Kendimi çoğunlukla suçlu hissediyorum
d. Kendimi her an için suçlu hissediyorum
- 6) a. Cezalandırılıyormuşum gibi duygular içinde değilim
b. Sanki bazı şeyler için cezalandırılabilmişim gibi duygular içindeyim
c. Cezalandırılacakmışım gibi duygular yaşıyorum
d. Bazı şeyler için cezalandırılıyorum
- 7) a. Kendimi hayal kırıklığına uğratmadım
b. Kendimi hayal kırıklığına uğrattım
c. Kendimden hiç hoşlanmıyorum
d. Kendimden nefret ediyorum

- 8) a. Kendimi diğer insanlardan daha kötü durumda görmüyorum
b. Kendimi zayıflıklarım ve hatalarım için eleştiriyorum
c. Kendimi hatalarım için her zaman suçluyorum
d. Her kötü olayda kendimi suçluyorum
- 9) a. Kendimi öldürmek gibi düşüncelerim yok
b. Bazen kendimi öldürmeyi düşünüyorum ama böyle bir şey yapamam
c. Kendimi öldürebilmeyi çok isterdim
d. Eğer bir fırsatını bulursam kendimi öldürürüm
- 10) a. Herkesten daha fazla ağladığımı sanmıyorum
b. Eskisine göre şimdilerde daha çok ağlıyorum
c. Şimdilerde her an ağlıyorum
d. Eskiden ağlayabilirdim. Şimdilerde istesem de ağlayamıyorum
- 11) a. Eskisine göre daha sinirli veya tedirgin sayılmam
b. Her zamankinden biraz daha fazla tedirginim
c. Çoğu zaman sinirli ve tedirginim
d. Şimdilerde her an için tedirgin ve sinirliyim
- 12) a. Diğer insanlara karşı ilgimi kaybetmedim
b. Eskisine göre insanlarla daha az ilgiliyim
c. Diğer insanlara karşı ilgimin çoğunu kaybettim
d. Diğer insanlara karşı hiç ilgim kalmadı
- 13) a. Eskisi gibi rahat ve kolay kararlar verebiliyorum
b. Eskisine kıyasla şimdilerde karar vermeyi daha çok erteliyorum
c. Eskisine göre karar vermekte oldukça güçlük çekiyorum
d. Artık hiç karar veremiyorum
- 14) a. Eskisinden daha kötü bir dış görünüşüm olduğunu sanmıyorum
b. Sanki yaşlanmış ve çekiciliğimi kaybetmişim gibi düşünüyor ve üzülüyorum
c. Dış görünüşümde artık değiştirilmesi mümkün olmayan ve beni çirkinleştiren değişiklikler olduğunu hissediyorum
d. Çok çirkin olduğumu düşünüyorum
- 15) a. Eskisi kadar iyi çalışabiliyorum
b. Bir işe başlayabilmek için eskisine göre daha çok çaba harcıyorum
c. Ne olursa olsun, yapabilmek için kendimi çok zorluyorum
d. Artık hiç çalışmıyorum
- 16) a. Eskisi kadar kolay ve rahat uyuyabiliyorum
b. Şimdilerde eskisi kadar kolay ve rahat uyuyamıyorum
c. Eskisine göre bir veya iki saat erken uyanıyor, tekrar uyumakta güçlük çekiyorum

d. Eskisine göre çok erken uyanıyor ve tekrar uyuyamıyorum

- 17) a. Eskisine göre daha çabuk yorulduğumu sanmıyorum
b. Eskisinden daha çabuk ve kolay yoruluyorum
c. Şimdilerde neredeyse her şeyden, kolayca ve çabuk yoruluyorum
d. Artık hiçbir şey yapamayacak kadar yorgunum

- 18) a. İştahım eskisinden pek farklı değil
b. İştahım eskisi kadar iyi değil
c. Şimdilerde iştahım epey kötü
d. Artık hiç iştahım yok

- 19) a. Son zamanlarda pek fazla kilo kaybettiğimi/aldığımı sanmıyorum
b. Son zamanlarda istemediğim halde iki buçuk kilodan fazla kaybettim/aldım
c. Son zamanlarda beş kilodan fazla kaybettim/aldım
d. Son zamanlarda yedi buçuk kilodan fazla kaybettim/aldım

- 20) a. Sağlığım beni pek endişelendirmiyor
b. Son zamanlarda ağrı, sızı, mide bozukluğu, kabızlık gibi sıkıntıları var
c. Ağrı sızı gibi bu sıkıntıları beni çok endişelendiriyor
d. Bu tür sıkıntılar beni öylesine endişelendiriyor ki başka bir şey düşünemiyorum

- 21) a. Son zamanlarda cinsel yaşamımda dikkatimi çeken bir şey yok
b. Eskisine göre cinsel konularla daha az ilgileniyorum
c. Şimdilerde cinsellikle pek ilgili değilim

d. Artık cinsellikle hiç bir ilgim kalmadı

**APPENDIX D: POSITIVE AND NEGATIVE AFFECT SCHEDULE
(PANAS)**

Bu ölçek farklı duyguları tanımlayan birtakım sözcükler içermektedir. SON İKİ HAFTA İÇİNDE GENEL ANLAMDA NASIL HİSSETTİĞİNİZİ düşünerek maddeyi okuyun ve sizin duygunuzu en iyi ifade eden rakamı işaretleyin. Rakamların anlamı en üstte ifade edildiği gibidir.

		Çok az veya Hiç	Biraz	Ortalama	Oldukça	Çok fazla
1	İlgili	1	2	3	4	5
2	Sıkıntılı	1	2	3	4	5
3	Heyecanlı	1	2	3	4	5
4	Mutsuz	1	2	3	4	5
5	Güçlü	1	2	3	4	5
6	Suçlu	1	2	3	4	5
7	Ürkmüş	1	2	3	4	5
8	Düşmanca	1	2	3	4	5
9	Hevesli	1	2	3	4	5
10	Gururlu	1	2	3	4	5
11	Asabi	1	2	3	4	5
12	Uyanık	1	2	3	4	5
13	Utanmış	1	2	3	4	5
14	İlhamlı (yaratıcı düşüncelerle dolu)	1	2	3	4	5
15	Sinirli	1	2	3	4	5
16	Kararlı	1	2	3	4	5
17	Dikkatli	1	2	3	4	5
18	Tedirgin	1	2	3	4	5
19	Aktif	1	2	3	4	5
20	Korkmuş	1	2	3	4	5

**APPENDIX E: SELF-DEFEATING INTERPERSONAL STYLE SCALE
(SELF-DISS)**

Lütfen her maddeyi dikkatlice okuyunuz. Maddelerin her biri için size göre en uygun olan ifadeyi (“Hiç Katılmıyorum=1” “Tamamen Katılıyorum=10”) seçiniz.

1 = Hiç Katılmıyorum 5 = Kararsızım 10 = Tamamen Katılıyorum

1. Partnerimin beni terk etmesinden korkarım.
2. İlişkilerimde güçsüz hissedirim.
3. Kendimi değerli hissetmek için başkalarının ilgisine ihtiyaç duyarım.
4. Başkalarıyla ilişkilerim konusunda güvenceye ihtiyaç duyarım.
5. Sık sık partnerimin benden bıktığından/sıkıldığından endişe ederim.
6. İlişkilerimin başarısız olacağından korkarım.
7. Yakınımdaki insanlara sıkıca tutunmazsam, beni terk ederler.
8. İlişkilerimin kötü şekilde sonlanacağını düşünerek endişelenirim.
9. Partnerimi benimle ilgili gerçek hisleri hakkında sorgularım.
10. Hayatımdaki insanların beni terk edeceklerinden endişe ederim.
11. İlişkilerimi sürdürebileceğim konusunda endişelenirim.
12. Eğer başkalarının bana gerçekten yakınlaşmasına izin verirsem, reddedileceğimden korkarım.
13. İlişkilerimde çekingen olduğumu hissedirim.
14. İlişkilerimde güvende hissedirim.
15. İlişkilerimde incitilmeyi hak ederim.

16. Diğer insanlar kadar iyi olduğuma inanmam.
17. Başkalarının beni küçümsemesini hak ettiğimi düşünürüm.
18. İnsanların beni eleştirmelerinde bir sakınca yoktur.
19. Başkalarıyla olan ilişkilerimden keyif almayı hak etmem.
20. Mutlu ilişkileri hak ederim.
21. Yaptığım şeyler için övülmeyi hak etmem.
22. Geçmişte yaşadığım olumsuzlukları hatırlama eğilimim vardır.
23. Hak ettiğimi düşünmediğim için, ilişkilerimden fazlaca keyif alamam.
24. Kötü şeylerin, hak ettiğim için başıma geldiğini düşünürüm.
25. Değerli bir insanım.
26. Başıma olumlu şeyler geldiğinde bunu hak etmediğimi hissederim.
27. Kötü bir durumda olduğumda, başkalarının bana yardım etmesine izin vermem.
28. Hayatımda önemli olan kişilerin beni bir şekilde istismar etmişliği vardır.
29. Yapmadığım şeyler için suçlanmayı kabul etmişliğim vardır.
30. Başkalarının desteğini kabul etmekte güçlük çekerim.
31. Benim ihtiyaçlarımı önemsemeyen insanları hayatımda tutarım.
32. Diğer insanların benden faydalanmışlığı vardır.
33. Diğer insanların bana kötü davranmasına katlanmışlığım vardır.
34. Kötü ilişkileri olması gerektiğinden daha uzun süre sürdürme eğilimim vardır.
35. Sonu hayal kırıklığına gidecek durumları seçme eğilimim vardır.

APPENDIX F: THE LEVELS OF SELF-CRITICISM SCALE (LOSC)

	Hiç	Biraz	Oldukça	İyi	Çok iyi
1-Bir işi başaramadığımda çok sinirli olurum.	1	2	3	4	5
2-Bende kişiliğime zarar veren bir aşağılık duygusu var.	1	2	3	4	5
3-Bir işi her zamanki standartlarım ölçüsünde yapamazsam büyük bir hayal kırıklığına uğrarım.	1	2	3	4	5
4-Ne olup biteceğini bilmediğim sosyal ortamlarda genellikle rahatımdır.	1	2	3	4	5
5-Başarısız olduğum zaman kendime çok kızarım.	1	2	3	4	5
6-Diğer insanların benim hakkımda ne düşündüğü konusunda pek zaman harcamam.	1	2	3	4	5
7-Bir işte başarısız olduğumda çok bozulurum.	1	2	3	4	5
8-İnsanlara kişisel zayıflıklarınız konusunda açık olduğunuzda onlar size hala saygı duymaya devam ederler.	1	2	3	4	5
9-Başarısızlık benim için çok acı bir deneyimdir.	1	2	3	4	5
10-İnsanların benim gerçekte nasıl biri olduğumu anlayıp şaşıracakları düşüncesi beni sık sık endişelendirir.	1	2	3	4	5
11- Bir işteki başarısızlık olasılığı beni genellikle kaygılandırmaz.	1	2	3	4	5
12-Benim için önemli olan insanların beni olduğum gibi kabul edeceklerine inanırım.	1	2	3	4	5
13-Başarısız olduğum zaman değerim konusunda şüpheye düşmeye başlarım.	1	2	3	4	5
14-İnsanlara güçsüz olduğunuz yönlerinizi sergiliyorsanız sizden yararlanmaya çalışırlar.	1	2	3	4	5
15-Bir işi istediğim kadar iyi yapamazsam, kendimi başarısız hissederim.	1	2	3	4	5
16-İnsanlar baba benimle ilgili bir şeyler sorduğu zaman genellikle rahatımdır.	1	2	3	4	5
17-Eğer bir konuda başarısız olursam bu beni olumsuz olarak etkilemez.	1	2	3	4	5
18-İnsanların beni çok iyi tanıdıkları zaman bana saygı duymayacaklarından korkarım.	1	2	3	4	5
19-Kendimi sık sık hedeflerime ve amaçlarıma ne kadar ulaştığım konusunda sorgularım.	1	2	3	4	5
20-Nadiren kendimden utanırım.	1	2	3	4	5
21-Açık ve dürüst olmak diğer insanların bana karşı duyduğu saygıyı korumanın en iyi yoludur.	1	2	3	4	5
22-İstediğinizi elde edebilmek için bazen tamamen dürüst davranmamanız gerekebilir.	1	2	3	4	5

**APPENDIX G: EXPERIENCES IN CLOSE RELATIONSHIPS-REVISED
(ECR-R)**

Aşağıdaki maddeler romantik ilişkilerinizde hissettiğiniz duygularla ilgilidir. Bu araştırmada sizin ilişkinizde yalnızca şu anda değil, genel olarak neler olduğuyla ya da neler yaşadığınızla ilgilenmekteyiz. Maddelerde sözü geçen "birlikte olduğum kişi" ifadesi ile romantik ilişkide bulunduğunuz kişi kastedilmektedir. Eğer halihazırda bir romantik ilişki içerisinde değilseniz, aşağıdaki maddeleri bir ilişki içinde olduğunuzu varsayarak cevaplandırınız. Her bir maddenin ilişkilerinizdeki duygu ve düşüncelerinizi ne oranda yansıttığını karşılarındaki 7 aralıklı ölçek üzerinde, ilgili rakam üzerine çarpı (X) koyarak gösteriniz.

1-----2-----3-----4-----5-----6-----7
Hiç Kararsızım/ Tamamen
katılmıyorum fikrim yok katılıyorum

1. Birlikte olduğum kişinin sevgisini kaybetmekten korkarım.	1	2	3	4	5	6	7
2. Gerçekte ne hissettiğimi birlikte olduğum kişiye göstermemeyi tercih ederim.	1	2	3	4	5	6	7
3. Sıklıkla, birlikte olduğum kişinin artık benimle olmak istemeyeceği korkusuna kapılırım.	1	2	3	4	5	6	7
4. Özel duygu ve düşüncelerimi birlikte olduğum kişiyle paylaşmak konusunda kendimi rahat hissedirim.	1	2	3	4	5	6	7
5. Sıklıkla, birlikte olduğum kişinin beni gerçekten sevmediği kaygısına kapılırım.	1	2	3	4	5	6	7
6. Romantik ilişkide olduğum kişilere güvenip inanmak konusunda kendimi rahat bırakmakta zorlanırım.	1	2	3	4	5	6	7
7. Romantik ilişkide olduğum kişilerin beni, benim onları önemsedığım kadar önemsemeyeceklerinden endişe duyarım.	1	2	3	4	5	6	7
8. Romantik ilişkide olduğum kişilere yakın olma konusunda çok rahatımdır.	1	2	3	4	5	6	7

9. Sıklıkla, birlikte olduğum kişinin bana duyduğu hislerin benim ona duyduğum hisler kadar güçlü olmasını isterim.	1	2	3	4	5	6	7
10. Romantik ilişkide olduğum kişilere açılma konusunda kendimi rahat hissetmem.	1	2	3	4	5	6	7
11. İlişkilerimi kafama çok takarım.	1	2	3	4	5	6	7
12. Romantik ilişkide olduğum kişilere fazla yakın olmamayı tercih ederim.	1	2	3	4	5	6	7
13. Benden uzakta olduğunda, birlikte olduğum kişinin başka birine ilgi duyabileceği korkusuna kapılırım.	1	2	3	4	5	6	7
14. Romantik ilişkide olduğum kişi benimle çok yakın olmak istediğinde rahatsızlık duyarım.	1	2	3	4	5	6	7
15. Romantik ilişkide olduğum kişilere duygularımı gösterdiğimde, onların benim için aynı şeyleri hissetmeyeceğinden korkarım.	1	2	3	4	5	6	7
16. Birlikte olduğum kişiyle kolayca yakınlaşabilirim.	1	2	3	4	5	6	7
17. Birlikte olduğum kişinin beni terk edeceğinden pek endişe duymam.	1	2	3	4	5	6	7
18. Birlikte olduğum kişiyle yakınlaşmak bana zor gelmez.	1	2	3	4	5	6	7
19. Romantik ilişkide olduğum kişi kendimden şüphe etmeme neden olur.	1	2	3	4	5	6	7
20. Genellikle, birlikte olduğum kişiyle sorunlarımı ve kaygılarımı tartışırım.	1	2	3	4	5	6	7
21. Terk edilmekten pek korkmam.	1	2	3	4	5	6	7
22. Zor zamanlarımda, romantik ilişkide olduğum kişiden yardım istemek bana iyi gelir.	1	2	3	4	5	6	7

23. Birlikte olduğum kişinin, bana benim istediğim kadar yakınlaşmak istemediğini düşünürüm.	1	2	3	4	5	6	7
24. Birlikte olduğum kişiye hemen hemen her şeyi anlatırım.	1	2	3	4	5	6	7
25. Romantik ilişkide olduğum kişiler bazen bana olan duygularını sebepsiz yere değiştirirler.	1	2	3	4	5	6	7
26. Başımdan geçenleri birlikte olduğum kişiyle konuşurum.	1	2	3	4	5	6	7
27. Çok yakın olma arzum bazen insanları korkutup uzaklaştırır.	1	2	3	4	5	6	7
28. Birlikte olduğum kişiler benimle çok yakınlaştığında gergin hissederim.	1	2	3	4	5	6	7
29. Romantik ilişkide olduğum bir kişi beni yakından tanıdıkça, "gerçek ben"den hoşlanmayacağından korkarım.	1	2	3	4	5	6	7
30. Romantik ilişkide olduğum kişilere güvenip inanma konusunda rahatımdır.	1	2	3	4	5	6	7
31. Birlikte olduğum kişiden ihtiyaç duyduğum şefkat ve desteği görememek beni öfkeliendirir.	1	2	3	4	5	6	7
32. Romantik ilişkide olduğum kişiye güvenip inanmak benim için kolaydır.	1	2	3	4	5	6	7
33. Başka insanlara denk olamamaktan endişe duyarım	1	2	3	4	5	6	7
34. Birlikte olduğum kişiye şefkat göstermek benim için kolaydır.	1	2	3	4	5	6	7
35. Birlikte olduğum kişi beni sadece kızgın olduğumda önemser.	1	2	3	4	5	6	7
36. Birlikte olduğum kişi beni ve ihtiyaçlarımı gerçekten anlar.	1	2	3	4	5	6	7

**APPENDIX H: PERSONALITY BELIEF QUESTIONNAIRE-SHORT
FORM (PBQ-SF)**

Lütfen aşağıdaki ifadeleri okuyunuz ve HER BİRİNE NE KADAR İNANDIĞINIZI belirtiniz. Her bir ifadeyle ilgili olarak ÇOĞU ZAMAN nasıl hissettiğinize göre karar veriniz.

Tümüyle inanıyorum	Çok fazla inanıyorum	Orta derecede inanıyorum	Biraz inanıyorum	Hiç inanmıyorum
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Örnek NE KADAR İNANIYORSUNUZ?

1. Dünya tehlikeli bir yerdir.	4	3	2	1	0	(Lütfen daire içine alınız.)
	Tümüyle	Çok	Orta	Biraz	Hiç	
		Fazla	Derecede			

NE KADAR İNANIYORSUNUZ?

- | | | | | | |
|--|---|---|---|---|---|
| 1. Aşağılanma veya yetersizlikle karşılaşmak dayanılmaz bir şeydir. | 4 | 3 | 2 | 1 | 0 |
| 2. Ne pahasına olursa olsun rahatsızlık verici durumlardan kaçınmalıyım. | 4 | 3 | 2 | 1 | 0 |
| 3. Eğer insanlar dostça davranıyorlarsa beni kullanmaya ya da sövmeye çalışıyor olabilirler. | 4 | 3 | 2 | 1 | 0 |
| 4. Bir yandan yetkili kişilerin hakimiyetine karşı direnmeli ama aynı zamanda onaylarını ve beni kabullenmelerini de korumalıyım | 4 | 3 | 2 | 1 | 0 |
| 5. Rahatsız edici duygulara katlanamam. | 4 | 3 | 2 | 1 | 0 |
| 6. Kusurlar, eksikler ya da yanlışlar hoş görülemez | 4 | 3 | 2 | 1 | 0 |
| 7. Diğer insanlar sıklıkla çok şey isterler | 4 | 3 | 2 | 1 | 0 |
| 8. İlgi merkezi olmalıyım | 4 | 3 | 2 | 1 | 0 |
| 9. Eğer bir sistemim olmazsa her şey darmadağın olur. | 4 | 3 | 2 | 1 | 0 |
| 10. Hak ettiğim saygının gösterilmemesi veya hakkım olanı alamamak dayanılmaz bir durumdur. | 4 | 3 | 2 | 1 | 0 |
| 11. Her şeyi mükemmel şekilde yapmak önemlidir. | 4 | 3 | 2 | 1 | 0 |
| 12. Diğer insanlarla birlikte bir şeyler yapmaktansa kendi başıma yapmaktan daha çok hoşlanırım | 4 | 3 | 2 | 1 | 0 |
| 13. Eğer dikkat etmezsem başkaları beni kullanmaya ya da yönlendirmeye çalışır. | 4 | 3 | 2 | 1 | 0 |
| 14. Diğer insanların gizli amaçları vardır. | 4 | 3 | 2 | 1 | 0 |
| 15. Olabilecek en kötü şey terk edilmektir. | 4 | 3 | 2 | 1 | 0 |
| 16. Diğer insanlar ne kadar özel biri olduğumu farketmelidirler. | 4 | 3 | 2 | 1 | 0 |
| 17. Diğer insanlar kasıtlı olarak beni aşağılamaya çalışıyorlar-. | 4 | 3 | 2 | 1 | 0 |
| 18. Karar verirken diğer insanların yardımına ya da bana ne yapacağımı söylemelerine ihtiyaç duyarım. | 4 | 3 | 2 | 1 | 0 |
| 19. Ayrıntılar son derece önemlidir. | 4 | 3 | 2 | 1 | 0 |
| 20. Eğer bir insanın bana çok patronluk tasladığını görürsem onun isteklerini yok saymaya hakkım vardır. | 4 | 3 | 2 | 1 | 0 |
| 21. Yetkili kişiler her şeye karışan, dayatmacı, müdahaleci ve kontrol edici olma eğilimindedirler. | 4 | 3 | 2 | 1 | 0 |

22. İstedigimi almanın yolu, insanları etkilemek ya da eğlendirmektir.	4 3 2 1 0
23. Kendimi paçamı kurtarmak için gerekeni yapmalıyım.	4 3 2 1 0
24. Eğer insanlar benimle ilgili bir şeyler bulursa, bunu bana karşı kullanacaklardır.	4 3 2 1 0
25. İnsan ilişkileri karışıktır ve özgürlüğe engeldir.	4 3 2 1 0
26. Beni ancak benim gibi zeki insanlar anlayabilirler.	4 3 2 1 0
27. Çok üstün biri olduğum için özel muamele ve ayrıcalıkları hak ediyorum.	4 3 2 1 0
28. Benim için başkalarından bağımsız ve özgür olmak önemlidir.	4 3 2 1 0
29. Bir çok durumda yalnız bırakıldığımda kendimi daha iyi hissederim.	4 3 2 1 0
30. Her zaman en yüksek standartlara ulaşmaya çalışmak gereklidir yoksa her şey darmadağın olur.	4 3 2 1 0
31. Rahatsız edici duygular giderek artar ve kontrolden çıkar.	4 3 2 1 0
32. Vahşi bir ortamda yaşıyoruz ve güçlü olan hayatta kalır.	4 3 2 1 0
33. Başkalarının dikkatini çektiğim durumlardan kaçınmalı ve mümkün olduğunca göze çarpmamalıyım.	4 3 2 1 0
34. İnsanların bana olan ilgilerini koruyamazsam benden hoşlanmazlar.	4 3 2 1 0
35. Eğer bir şey istiyorsam onu almak için gerekli olan neyse yapmalıyım.	4 3 2 1 0
36. Diğer bir insana “bağlanıp” kalmaktansa yalnız olmak daha iyidir.	4 3 2 1 0
37. İnsanları eğlendirmedikçe ya da etkilemedikçe bir hiçim.	4 3 2 1 0
38. Eğer ilk önce harekete geçip üstünlük kurmazsam karşımdaki bana üstünlük kurar.	4 3 2 1 0
39. İnsanlarla ilişkilerimde herhangi bir gerginlik işareti bu ilişkinin kötüye gideceğini gösterir bu nedenle o ilişkiyi bitirmeliyim.	4 3 2 1 0
40. Eğer en yüksek düzeyde iş yapmıyorsam başarısız olurum.	4 3 2 1 0
41. Zaman sınırlarına uymak, istenenlere itaat etmek ve uyumlu olmak onuruma ve kendi yeterliliğime doğrudan bir darbedir.	4 3 2 1 0
42. Bana haksız davranıldı bu nedenle kendi payımı almak için her şeyi yapmaya hakkım var	4 3 2 1 0
43. Eğer insanlar bana yakınlaşırlarsa benim “gerçekten” ne olduğumu keşfeder ve benden uzaklaşırlar.	4 3 2 1 0
44. Muhtaç ve zayıfım.	4 3 2 1 0
45. Yalnız başıma bırakıldığımda çaresizim.	4 3 2 1 0
46. Diğer insanlar benim ihtiyaçlarımı gidermelidir.	4 3 2 1 0
47. İnsanların beklediği şekilde kurallara uyarsam bu benim davranış özgürlüğüme engel olacaktır.	4 3 2 1 0
48. Eğer fırsat verirsem insanlar beni kullanırlar.	4 3 2 1 0
49. Her zaman tetikte olmalıyım.	4 3 2 1 0
50. Özel hayatım insanlara yakın olmaktan çok daha fazla önemlidir.	4 3 2 1 0
51. Kurallar keyfidir ve beni sıkar.	4 3 2 1 0
52. İnsanların beni görmezden gelmeleri berbat bir durumdur.	4 3 2 1 0
53. İnsanların ne düşündüğünü önemsemem.	4 3 2 1 0
54. Mutlu olabilmek için diğer insanların dikkatini çekmeye ihtiyacım var.	4 3 2 1 0
55. Eğer insanları eğlendirirsem benim güçsüzlüğümü farketmezler.	4 3 2 1 0
56. İşimi yaparken ya da kötü bir durumla karşılaştığımda bana yardım etmesi için her zaman yanımda birilerinin olmasına gereksinim duyarım.	4 3 2 1 0

57. Yaptığım bir işte herhangi bir hata ya da kusur felakete yol açabilir.	4 3 2 1 0
58. Çok yetenekli olduğumdan, insanlar kariyerimde ilerlememi sağlamak için yolumdan çekilmelidir.	4 3 2 1 0
59. Eğer ben sıkıştırmazsam, karşımdaki kişi beni ezer	4 3 2 1 0
60. Diğer insanlara uygulanan kurallara uymak zorunda değilim	4 3 2 1 0
61. Bir şeyi yapmanın en iyi yolu zor kullanmak ve kurnazlıktır.	4 3 2 1 0
62. Bana destek olacak veya yardım edebilecek kişiye her zaman ulaşabilecek durumda olmalıyım.	4 3 2 1 0
63. Daha güçlü bir kişiye bağlanmadığım müddetçe temelde yalnızım	4 3 2 1 0
64. Diğer insanlara güvenemem.	4 3 2 1 0
65. Diğer insanlar kadar mücadele gücüm yok.	4 3 2 1 0



APPENDIX I: BRIEF SYMPTOM INVENTORY (BSI)

Aşağıda insanların bazen yaşadıkları belirtiler ve yakınmaların bir listesi verilmiştir. Listedeki her maddeyi lütfen dikkatle okuyun. Daha sonra o belirtinin sizi bugün dahil, **son bir haftadır** ne kadar rahatsız ettiğini yandaki kutulardan uygun olanın içini **X** işaretleyerek gösterin. Her belirti için sadece bir yeri işaretlemeye ve hiçbir maddeyi atlamamaya özen gösterin. Fikir değiştirirseniz ilk yanıtınızın üstünü karalayın.

	Hiç	Biraz	Orta Derecede	Oldukça Fazla	Ciddi Derecede
1. İçinizdeki sinirlilik ve titreme hali					
2. Baygınlık, baş dönmesi					
3. Bir başka kişinin sizin düşüncelerinizi kontrol edebileceği inancı					
4. Başınıza gelen sıkıntılardan dolayı başkalarının suçlu olduğu düşüncesi					
5. Olayları hatırlamada güçlük					
6. Çok kolayca kızıp öfkelenme					
7. Göğüs (kalp) bölgesinde ağrılar.					
8. Meydanlık (açık) alanlardan korkma duygusu					
9. Yaşamınıza son verme düşünceleri					
10. İnsanların çoğuna güvenilmeyeceği düşüncesi					
11. İştahta bozukluklar					
12. Hiç bir nedeni olmayan ani korkular					
13. Kontrol edemediğiniz duygu patlamaları					
14. Başka insanlarla beraberken bile yalnızlık hissetme					
15. İşleri bitirme konusunda kendini engellenmiş hissetme					
16. Yalnızlık hissetme					
17. Hüzünlü, kederli hissetme					
18. Hiçbir şeye ilgi duymama					
19. Ağlamaklı hissetme					
20. Kolayca incinebilme, kırılma					

	Hiç	Biraz	Orta Derecede	Oldukça Fazla	Ciddi Derecede
21. İnsanların sizi sevmediğine kötü davrandığına inanmak					
22. Kendini diğerlerinden daha aşağı görme					
23. Mide bozukluğu, bulantı					
24. Diğerlerinin sizi gözlediği ya da hakkınızda konuştuğu inancı					
25. Uykuya dalmada güçlük					
26. Yaptığınız şeyleri tekrar tekrar doğru mu diye kontrol etme					
27. Karar vermede güçlükler					
28. Otobüs, tren, metro gibi umumi vasıtalarla seyahat etmekten korkma					
29. Nefes darlığı, nefessiz kalma					
30. Sıcak, soğuk basmaları					
31. Sizi korkuttuğu için bazı eşya, yer, etkinliklerden uzak kalmaya çalışma					
32. Kafanızın birden bomboş kalması					
33. Bedeninizin bazı bölgelerinde uyuşmalar, karıncalanmalar					
34. Günahlarınız için cezalandırılmanız gerektiği düşüncesi					
35. Gelecekle ilgili umutsuzluk duyguları içinde olmak					
36. Konsantrasyonda (dikkati bir şey üzerinde toplamada) güçlük/zorlanma					
37. Bedenin bazı bölgelerinde zayıflık, güçsüzlük hissi					
38. Kendini gergin ve tedirgin hissetme					
39. Ölüm ve ölmek üzerine düşünceler					
40. Birini dövme, ona zarar verme, yaralama isteği					
41. Bir şeyleri kırma/dökme isteği					
42. Diğerlerinin yanındayken kendini çok fazla gözlemek, yanlış bir şeyler yapmamaya çalışmak					
43. Kalabalıklarda rahatsızlık duymak					
44. Bir başka insana hiç yakınlık duymamak					
45. Dehşet ve panik nöbetleri					
46. Sık sık tartışmaya girme					

	Hiç	Biraz	Orta Derecede	Oldukça Fazla	Ciddi Derecede
47. Yalnız bırakıldığında/kalındığında sinirlilik hissetme					
48. Başarılarınız için diğerlerinden yeterince takdir görmediğiniz düşüncesi					
49. Yerde duramayacak kadar gergin ve tedirgin hissetme.					
50. Kendini değersiz görme, değersizlik hissi					
51. İzin verdiğiniz takdirde insanların sizi sömüreceği düşüncesi					
52. Suçluluk duyguları					
53. Aklınızda bir bozukluk olduğu düşünceleri					

APPENDIX J: INVENTORY OF INTERPERSONAL PROBLEMS-32
(IIP-32)

İnsanlar başkalarıyla ilişkilerinde aşağıda belirtilen problemleri yaşadıklarını ifade etmektedirler. Lütfen aşağıdaki ifadeleri okuyun ve her maddeyi hayatınızdaki **HERHANGİ BİR ÖNEMLİ KİŞİYLE** (aile bireyleri, dostlar, iş arkadaşları gibi) **İLİŞKİNİZDE** sizin için problem olup olmadığına göre değerlendirin. Problemin **SİZİN İÇİN NE KADAR RAHATSIZ EDİCİ OLDUĞUNU** numaralandırılmış daireleri yuvarlak içine alarak belirtiniz.

Aşağıdaki ifadeler başkalarıyla ilişkilerinizde yapmakta ZORLANDIĞINIZ şeylerdir. Benim için,	Hiç değil	Biraz	Orta derecede	Oldukça	Fazlasıyla
1. Başkalarına “hayır” demek zordur.	1	2	3	4	5
2. Gruplara katılmak zordur.	1	2	3	4	5
3. Birşeyleri kendime saklamak zordur.	1	2	3	4	5
4. Birine beni rahatsız etmemesini söylemek zordur.	1	2	3	4	5
5. Kendimi yeni insanlara tanıtmak zordur.	1	2	3	4	5
6. İnsanları ortaya çıkan problemlerle yüzleştirmek zordur.	1	2	3	4	5
7. Başkalarına kendimi rahatlıkla ifade etmek zordur.	1	2	3	4	5
8. Başkalarına kızgınlığımı belli etmek zordur.	1	2	3	4	5
9. Başkalarıyla sosyalleşmek zordur.	1	2	3	4	5
10. İnsanlara sıcaklık/ şevkat göstermek zordur.	1	2	3	4	5
11. İnsanlarla anlaşmak/ geçinmek zordur.	1	2	3	4	5
12. Başkalarıyla ilişkimde, gerektiğinde kararlı durabilmek zordur.	1	2	3	4	5
13. Başka birisi için sevgi/ aşk hissetmek zordur.	1	2	3	4	5
14. Başka birinin hayatındaki amaçları için destekleyici olmak zordur.	1	2	3	4	5

15. Başkalarına yakın hissetmek zordur.	1	2	3	4	5
16. Başkalarının problemlerini gerçekten umursamak zordur.	1	2	3	4	5
17. Başkalarının ihtiyaçlarını kendi ihtiyaçlarımdan öne koymak zordur.	1	2	3	4	5
18. Başka birinin mutluluğundan memnun olmak zordur.	1	2	3	4	5
19. Başkalarından benimle sosyal amaçla bir araya gelmesini istemek zordur.	1	2	3	4	5
20. Başkalarının duygularını incitmekten endişe etmeksizin kendimi rahatlıkla ifade etmek zordur.	1	2	3	4	5
Aşağıdaki ifadeler ÇOK FAZLA yaptığınız şeylerdir.	Hiç değil	Biraz	Orta	Oldukça	Fazlasıyla
21. İnsanlara fazlasıyla açılıyorum/ içimi dökerim.	1	2	3	4	5
22. Başkalarına karşı fazlasıyla agresifim/ saldırganım.	1	2	3	4	5
23. Başkalarını memnun etmek için fazlasıyla uğraşırım.	1	2	3	4	5
24. Fark edilmeyi fazlasıyla isterim.	1	2	3	4	5
25. Başkalarını kontrol etmek için fazlasıyla uğraşırım.	1	2	3	4	5
26. Sıklıkla (fazlasıyla) başkalarının ihtiyaçlarını kendi ihtiyaçlarımdan önüne koyarım.	1	2	3	4	5
27. Başkalarına karşı fazlasıyla çömertim	1	2	3	4	5
28. Kendi istediğimi elde edebilmek için başkalarını fazlasıyla yönlendiririm.	1	2	3	4	5
29. Başkalarına kişisel bilgilerimi fazla anlatırım.	1	2	3	4	5
30. Başkalarıyla fazlasıyla tartışırım.	1	2	3	4	5
31. Sıklıkla (fazlasıyla) başkalarının benden faydalanmasına izin veririm.	1	2	3	4	5
32. Başkalarının ızdırıpından/ mağduriyetinden fazlasıyla etkilenirim.	1	2	3	4	5

APPENDIX K: PARENTAL ACCEPTANCE-REJECTION
QUESTIONNAIRE –SHORT FROM-ADULT (PARQ-SF-ADULT)

Bu sayfada anne-çocuk ilişkisini içeren ifadeler bulunmaktadır. Her ifadeyi dikkatlice okuyun ve annenizin siz çocukken, size olan davranışlarını ne derece tanımladığını düşünün. Her ifadeyi okuduktan sonra, o ifadenin annenizin size karşı davranışları konusunda ne kadar uygun olduğunu düşünerek, “Hemen hemen her zaman doğru”, “Bazen doğru”, “Nadiren doğru” veya “Hiçbir zaman doğru değil” şıklarından birini işaretleyiniz.

ANNEM		DOĞRU		DOĞRU DEĞİL	
		<i>Hemen Her Zaman Doğru</i>	<i>Bazen Doğru</i>	<i>Nadiren Doğru</i>	<i>Hiçbir Zaman Doğru Değil</i>
1.	Benim hakkımda güzel şeyler söylerdi.	☐	☐	☐	☐
2.	Bana hiç ilgi göstermezdi.	☐	☐	☐	☐
3.	Benim için önemli olan şeyleri anlatabilmemi kolaylaştırırdı.	☐	☐	☐	☐
4.	Hak etmediğim zaman bile bana vururdu.	☐	☐	☐	☐
5.	Beni büyük bir baş belası olarak görürdü.	☐	☐	☐	☐
6.	Kızdığı zaman beni çok kötü cezalandırırdı.	☐	☐	☐	☐
7.	Sorularımı cevaplayamayacak kadar meşguldü.	☐	☐	☐	☐
8.	Benden hoşlanmıyor gibiydi.	☐	☐	☐	☐
9.	Yaptığım şeylerle gerçekten ilgilenirdi.	☐	☐	☐	☐
10.	Bana bir sürü kırıncı şey söylerdi.	☐	☐	☐	☐

ANNEM		DOĞRU		DOĞRU DEĞİL	
		<i>Hemen Her Zaman Doğru</i>	<i>Bazen Doğru</i>	<i>Nadiren Doğru</i>	<i>Hiçbir Zaman Doğru Değil</i>
11.	Ondan yardım istediğimde beni duymazlıktan gelirdi.	☐	☐	☐	☐
12.	Bana istenilen ve ihtiyaç duyulan biri olduğumu hissettirirdi.	☐	☐	☐	☐
13.	Bana çok ilgi gösterirdi.	☐	☐	☐	☐
14.	Beni kırmak için elinden geleni yapardı.	☐	☐	☐	☐
15.	Hatırlaması gerekir diye düşündüğüm önemli şeyleri unuturdu.	☐	☐	☐	☐
16.	Eğer kötü davranırsam, beni artık sevmediğini hissettirirdi.	☐	☐	☐	☐
17.	Bana yaptığım şeylerin önemli olduğunu hissettirirdi.	☐	☐	☐	☐
18.	Yanlış bir şey yaptığımda beni korkutur veya tehdit ederdi.	☐	☐	☐	☐
19.	Benim ne düşündüğüme önem verir ve düşündüklerim hakkında konuşmamdan hoşlanırdı.	☐	☐	☐	☐
20.	Ne yaparsam yapayım, diğer çocukların benden daha iyi olduğunu düşünürdü.	☐	☐	☐	☐
21.	Bana istenmediğimi belli ederdi.	☐	☐	☐	☐
22.	Beni sevdiğini belli ederdi.	☐	☐	☐	☐
23.	Onu rahatsız etmediğim sürece benimle ilgilenmezdi.	☐	☐	☐	☐
24.	Bana karşı yumuşak ve iyi kalpliydi.	☐	☐	☐	☐

Bu sayfada baba-çocuk ilişkisini içeren ifadeler bulunmaktadır. Her ifadeyi dikkatlice okuyun ve babanızın siz çocukken, size olan davranışlarını ne derece tanımladığını düşünün. Her ifadeyi okuduktan sonra, o ifadenin babanızın size karşı davranışları konusunda ne kadar uygun olduğunu düşünerek, “Hemen hemen her zaman doğru”, “Bazen doğru”, “Nadiren doğru” veya “Hiçbir zaman doğru değil” şıklarından birini işaretleyiniz.

BABAM		DOĞRU		DOĞRU DEĞİL	
		<i>Hemen Her Zaman Doğru</i>	<i>Bazen Doğru</i>	<i>Nadiren Doğru</i>	<i>Hiçbir Zaman Doğru Değil</i>
1.	Benim hakkımda güzel şeyler söylerdi.	☐	☐	☐	☐
2.	Bana hiç ilgi göstermezdi.	☐	☐	☐	☐
3.	Benim için önemli olan şeyleri anlatabilmemi kolaylaştırırdı.	☐	☐	☐	☐
4.	Hak etmediğim zaman bile bana vururdu.	☐	☐	☐	☐
5.	Beni büyük bir baş belası olarak görürdü.	☐	☐	☐	☐
6.	Kızdığı zaman beni çok kötü cezalandırırdı.	☐	☐	☐	☐
7.	Sorularımı cevaplayamayacak kadar meşguldü.	☐	☐	☐	☐
8.	Benden hoşlanmıyor gibiydi.	☐	☐	☐	☐
9.	Yaptığım şeylerle gerçekten ilgilenirdi.	☐	☐	☐	☐
10.	Bana bir sürü kırıncı şey söylerdi.	☐	☐	☐	☐
11.	Ondan yardım istediğimde beni duymazlıktan gelirdi.	☐	☐	☐	☐
12.	Bana istenilen ve ihtiyaç duyulan biri olduğumu hissettirirdi.	☐	☐	☐	☐
13.	Bana çok ilgi gösterirdi.	☐	☐	☐	☐
14.	Beni kırmak için elinden geleni yapardı.	☐	☐	☐	☐
15.	Hatırlaması gerekir diye düşündüğüm önemli şeyleri unuturdu.	☐	☐	☐	☐

BABAM		DOĞRU		DOĞRU DEĞİL	
		<i>Hemen Her Zaman Doğru</i>	<i>Bazen Doğru</i>	<i>Nadiren Doğru</i>	<i>Hiçbir Zaman Doğru Değil</i>
16.	Eğer kötü davranırsam, beni artık sevmediğini hissettirdi.	☐	☐	☐	☐
17.	Bana yaptığım şeylerin önemli olduğunu hissettirdi.	☐	☐	☐	☐
18.	Yanlış bir şey yaptığımda beni korkutur veya tehdit ederdi.	☐	☐	☐	☐
19.	Benim ne düşündüğüme önem verir ve düşündüklerim hakkında konuşmamdan hoşlanırdı.	☐	☐	☐	☐
20.	Ne yaparsam yapayım, diğer çocukların benden daha iyi olduğunu düşünürdü.	☐	☐	☐	☐
21.	Bana istenmediğimi belli ederdi.	☐	☐	☐	☐
22.	Beni sevdiğini belli ederdi.	☐	☐	☐	☐
23.	Onu rahatsız etmediğim sürece benimle ilgilenmezdi.	☐	☐	☐	☐
24.	Bana karşı yumuşak ve iyi kalpliydi.	☐	☐	☐	☐

APPENDIX L: INFORMED CONSENT FORM

Değerli katılımcı,

Bu araştırma, ODTÜ Psikoloji Bölümü öğretim elemanlarından Prof. Dr. Tülin Gençöz danışmanlığında, Klinik Psikoloji doktora öğrencisi Cansu Akyüz Yılmaz'ın doktora tez çalışması kapsamında yürütülen bir çalışmadır. Bu çalışma ile, ebeveyn kabul ve reddinin yetişkin yaşantısına etkileri, kişilerarası problemler, kişilik inançları, öz eleştiri ve kendini yenme davranışları dikkate alınarak incelenecektir. Bu amaçları gerçekleştirebilmek için sizlerin bazı anketler doldurmanıza ihtiyaç duymaktayız. Bu çalışmaya katılım ortalama 30 dakika sürmektedir. Çalışma, genel olarak kişisel rahatsızlık verecek sorular içermemektedir. Ancak, katılım sırasında sorulardan ya da herhangi başka bir nedenden ötürü kendinizi rahatsız hissederseniz cevaplama işini yarıda bırakıp çıkmakta serbestsiniz. Böyle bir durumda çalışmayı uygulayan kişiye, çalışmadan çıkmak istediğinizi söylemek yeterli olacaktır. Ayrıca, sizlerden kimlik belirleyici hiçbir bilgi istenmeyecektir. Vereceğiniz cevaplar kesinlikle gizli tutulacak ve bu cevaplar sadece bilimsel araştırma amacıyla kullanılacaktır. Araştırma sonuçlarının özeti tüm katılımcılardan toplanacak verilerin özeti olacak ve verdiğiniz bilgiler birey bazında değerlendirilmeyecektir. Çalışma sonunda, bu araştırmayla ilgili sorularınız olursa, tarafımızdan cevaplanacaktır.

Bu çalışmaya katıldığınız için şimdiden teşekkür ederiz. Araştırma hakkında daha fazla bilgi almak için Cansu Akyüz Yılmaz (E-posta: cansuakyuzmetu@gmail.com) ile iletişim kurabilirsiniz.

Yukarıdaki bilgileri okudum ve bu çalışmaya tamamen gönüllü olarak katılıyorum. (Formu doldurup imzaladıktan sonra uygulayıcıya geri veriniz).

APPENDIX M: APPROVAL OF METU HUMAN SUBJECTS ETHICS COMMITTEE

UYGULAMALI ETİK ARAŞTIRMA MERKEZİ
APPLIED ETHICS RESEARCH CENTER



ORTA DOĞU TEKNİK ÜNİVERSİTESİ
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11 ARALIK 2018

Konu: Değerlendirme Sonucu

Gönderen: ODTÜ İnsan Araştırmaları Etik Kurulu (İAEK)

İlgi: İnsan Araştırmaları Etik Kurulu Başvurusu

Sayın Prof.Dr. Tülin GENÇÖZ

Danışmanlığını yaptığınız Cansu AKYÜZ YILMAZ'ın "Ebeveyn Kabulü- Reddi ve Bireylerin Hayatına Etkisi: Kişilerarası İlişkiler, Kişilik İnançları, Öz Eleştiri ve Kendini Yenme Davranışları" başlıklı araştırması İnsan Araştırmaları Etik Kurulu tarafından uygun görülerek gerekli onay 2018-SOS-215 protokol numarası ile araştırma yapması onaylanmıştır.

Saygılarımla bilgilerinize sunarım.


Prof. Dr. Tülin GENÇÖZ

Başkan



Prof. Dr. Ayhan SOL

Üye

Prof. Dr. Ayhan Gürbüz DEMİR

Üye


Prof. Dr. Yaşar KONDAKÇI (4.)

Üye


Ali Emre TURGUT

Üye


Doç. Dr. Emre SELÇUK

Üye


Doç. Dr. Üyesi Pınar KAYGAN

Üye

APPENDIX N. CURRICULUM VITAE

CURRICULUM VITAE

PERSONAL INFORMATION

Surname, Name: Akyüz Yılmaz, Cansu

Nationality: Turkish (TC)

Date and Place of Birth: 7 April 1989, Diyarbakır

Marital Status: Married

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EDUCATION

Degree	Institution	Year of Graduation
PhD	METU Clinical Psychology	2020
MS	METU Clinical Psychology	2015
BS	METU Psychology	2013
High School	Mürşide Ermumcu Anadolu Öğretmen Lisesi, Isparta	2007

WORK EXPERIENCE

Year	Place	Enrollment
2014- 2020	METU Department of Psychology	Research Assistant
2015-2020	METU, AYNÄ Clinical Psychology Unit, Ankara	Clinical Psychologist
2011 July – 2011 August	Internship in Psychiatry Department of Ankara Atatürk Hospital, Ankara	Intern / Trainee

FOREIGN LANGUAGES

Advanced English

PUBLICATIONS

1. Bozo, Ö., Akıncı, İ., & Akyüz, C. (2017) The Psychometric Properties of Cancer Behavior Inventory as a Predictor of Quality of Life in Turkish Cancer Patients. *Current Psychology*, 1-10.
2. Akyüz, C. (2018). Nesne İlişkileri Kuramı Çerçevesinden Sınır (Borderline) Kişilik Örüntüsüne Bakış: Vaka Örneği ile Temel Savunma Mekanizmalarının Yorumlanması, *Ayna Klinik Psikoloji Dergisi*, 5,3.

SCHOLARSIPS

Achievement Grant for Graduate Studies (2013– 2020) - The Scientific and Technological Research Council of Turkey (TÜBİTAK)

Achievement Grant for Undergraduate Studies (2008-2013) - The Scientific and Technological Research Council of Turkey (TÜBİTAK)

APPENDIX O: TURKISH SUMMARY / TRKE ZET

1. GİRİŞ

Bu alıřma, ebeveyn reddi ile psikolojik problemler (psikopatoloji semptomları ve kiřilik bozuklukları) arasındaki iliřkileri incelemek ve bu iliřkiler zerine zeleřtiri, kiřilerarası problemler ve kendini engelleme rntlerinin etkilerini arařtırmak amacıyla yapılmıřtır. Ebeveyn reddi, psikopatoloji semptomları ve kiřilik bozuklukları arasındaki iliřkilerde kendi kendini engelleyici rntlerin aracılık rol de arařtırılmıřtır.

Mevcut alıřmanın amacı gz nne alındıęında, alıřmanın sonraki blmleri ebeveyn kabul ve reddi kuramını detaylandırarak bařlamaktadır. Daha sonra, ebeveyn reddi ve ilgili faktrlerden bahsedilecektir. Ardından, psikolojik sorunlar ve bunların ebeveyn reddi ile iliřkileri incelenecektir. Bu incelemenin ardından, kendi kendini engelleyen rntler ve zeleřtiri kavramlarından bahsedilecek ve bunların ebeveyn reddi ve psikolojik problemlerle iliřkisi anlatılacaktır. Son olarak, kiřilerarası iliřki sorunları tartıřılacak ve dięer deęiřkenlerle iliřkisi incelenecektir.

1.1. Ebeveyn Kabul-Red Kuramı (EKRK)

Ebeveyn kabul-red kuramı, ebeveynlerin kabuln ve reddini arařtıran, dnya apında kabul edilmiř, mr boyu sren bir geliřim teorisidir. Bu teoride, ebeveyn kabul ve reddinin kaynakları, sonuları ve etkileřim alanları birok sosyokltrel ve etnik ortamdaki elde edilen veriler kullanılarak incelenmiřtir (Rohner, 1986, 2004; Rohner ve Rohner, 1980). Bu teoriye gre, en temel nokta, ocukların kendilerini ne kadar sevilmiř veya kabul edilmiř olarak algıladıklarıdır, nk bireyin geliřimi iin temel kriterlerden biri, ebeveynlerinden veya birincil temasta bulundukları kiřilerden sevgi ve kabul hissetmeleridir.

Ebeveyn kabul ve reddinin nedenleri ve etkileri incelenirken kişilik alt kuramı, başa çıkma alt kuramı ve sosyokültürel sistemler alt kuramı olmak üzere üç alt kuram oluşturulmuştur. Kişilik alt kuramı, ebeveyn reddinin çocuklar üzerindeki yaşam boyu etkisini inceler ve çocuklukta ve yetişkinlikte algılanan ebeveyn kabul-reddinin kritik kişilik veya psikolojik (öncelikle ruh sağlığı ile ilgili) sonuçlarını açıklamaya çalışır. Bu alt teori, her bireyin sevilmesi ve kabul edilmesi gerektiği gerçeğine dayanmaktadır. Bireyler yetişkin hale geldikçe, bu ihtiyaçların kaynakları başka insanlar olabilir, ancak çocuklar için ebeveynler ve birincil bakıcılar, sevgi, kabul ve bakım ihtiyaçlarını karşılayan kişilerdir. Kişilik alt teorisi, farklı kültürlerde, etnik kökenlerde ve geleneklerde yetişen çocukların ebeveynlerinden veya bağlanma figürlerinden kabul veya red algıladıklarında benzer şekilde tepki verip vermediklerine odaklanır. Aslında, daha önce bahsedilen toplu ihtiyaçların karşılanamaması, tüm dünyada benzer sonuçlara yol açmaktadır, çünkü çocukların duygusal güvenliği, rahatlığı ve esenliği, ebeveynleriyle olan ilişkinin algılanan kalitesine büyük ölçüde bağlıdır (Rohner, 2004; Rohner, Khaleque ve Cournoyer, 2012). Kişilik alt kuramına göre ebeveyn kabul-reddi çocukların kişilik gelişimini yaşam boyu etkilemektedir. Önemli ötekilerden gelen olumlu tepkiler çocuklar için sürekli bir motivasyon kaynağı iken, ihtiyaçları olumlu tepkilerle karşılanmayan çocuklarda duygusal ve davranışsal sorunlar bildirilmiştir. Spesifik olarak, ihtiyaçları ihmal edilen çocukların kendilerini güvensiz ve endişeli hissettikleri ve bazı olumsuz kişilik eğilimlerinin gelişmesine yatkın oldukları bulunmuştur (Rohner ve Khaleque, 2002; Rohner vd., 2012). Rohner ve Khaleque'ye (2002) göre, bunlar arasında düşmanlık, saldırganlık, pasif saldırganlık veya saldırganlığın yönetimi ile ilgili sorunlar; bağımlılık veya savunmacı bağımsızlık; öz saygı ve kendi kendine yeterlilikte bozulma; duygusal tepkisizlik ve istikrarsızlık; ve olumsuz dünya görüşü bulunmaktadır.

1.1.1. Sıcaklık Boyutu

Ebeveyn kabulü ve reddi, ebeveynliğin "sıcaklık boyutunu" oluşturur. Bu, her bireyin çocuklukları boyunca ebeveynleri veya birincil bakıcıları tarafından az ya da çok sevilmesi temelinde oluşturulan genel bir boyuttur. Ebeveyn ile çocuk arasındaki her

türlü duygusal ifade (sözlü, sözlü olmayan, davranışsal) bu boyut kullanılarak değerlendirilebilir. Ek olarak, sıcaklık boyutu kabul ve red olan iki uçlu bir sürekliliktir. Bir uçta, çocuğun sevildiğini ve kabul edildiğini gösteren dikkat, ilgi, güven, sevgi ve rahatlık gibi ebeveynlerin kabulüne işaret eden davranışlar vardır. Çocuklar, oyun oynamak ve eğlenmek, rahat ve güvende hissetmek, ebeveynlerini kucaklamak ve öpmek gibi sözlü veya davranışsal sevgi ifadeleri yoluyla ebeveynlerin kabulünü, sıcaklığını, ilgisini, desteğini ve sevgisini hissederler. Diğer bir deyişle boyutun bu ucu, çocuğun ebeveyniyle olan ilişkisinde kabul edildiğini ve sevildiğini gösteren tüm davranışları kapsamaktadır (Rohner, 2004; Rohner vd., 2012).

Sıcaklık boyutunun diğer ucunda, ebeveynlerin çocuklarına karşı ilgisiz, tepkisiz ve soğuk davranışlarını tanımlayan ve psikolojik veya fiziksel olarak zarar verici ebeveyn davranışlarını kapsayan ebeveyn reddi vardır. Kurama göre ebeveyn reddi, soğuk ve sevgi göstermeyen, düşmanca ve saldırgan, kayıtsız ve ihmal eden ve ayırmamış şekilde reddetme ifadelerinin herhangi bir kombinasyonu yoluyla oluşabilir (Rohner, 2004; Rohner vd., 2012).

Ebeveynleri tarafından reddedilen bireylerde bazı sorunlar ortaya çıkmaktadır ve ortaya çıkan bu sorunlar ırk, dil, cinsiyet, etnik köken, kültür gibi faktörlerden bağımsız olarak ortak bir tablo ortaya koymaktadır. Bunlar arasında öfke kontrol sorunları, saldırganlık, düşmanca tutumların gelişimi, öz saygı ve öz yeterlilikte bozulma, duygusal tepkisizlik ve istikrarsızlık ve alaycı dünya görüşü bulunmaktadır. Diğer bir deyişle, sevgi ve kabullenmeye yönelik temel ihtiyaçları karşılanmayan çocuk, olumsuz psikolojik ve davranışsal eğilimler gösterebilir. Özetle, ebeveyn kabulü bireyler üzerinde olumlu bir etkiye sahipken, ciddi olumsuz etkiler ebeveynin reddinden kaynaklanmaktadır. Bunlar çocukluktan kalma deneyimler olsa da, etkileri bireyin hayatı boyunca görülebilir. Aşağıdaki bölümlerde, ebeveyn reddinin olumsuz etkileri daha ayrıntılı olarak incelenecektir.

1.2. Psikolojik Problemler

Ebeveyn kabul-reddi kuramının kişilik alt teorisi, çocukların ebeveynlerinden veya bağlandıkları diğer figürlerden reddedilmeyle karşılaştıklarında olumsuz kişilik eğilimleri geliştirebileceklerini belirtir (Rohner, 1999). Bu alt teoriye göre, ebeveynlerden ve önemli ötekilerden olumlu tepki alma ihtiyacını karşılamak bireyler için motive edici olmakla birlikte, bu ihtiyaçları karşılayamayanlar bu duruma çeşitli duygusal ve davranışsal tepkiler göstermektedir (Rohner ve Brothers, 1999). Daha önce de belirtildiği gibi, algılanan ebeveyn soğukluğu ve sevgi eksikliği, düşmanlık ve saldırganlık ve kayıtsızlık ve ihmal kültürel geçmişlerine bakılmaksızın çocuklarda psikolojik uyumsuzluk ile ilişkilidir (Khaleque ve Ali, 2017). Aynı zamanda, algılanan ebeveyn soğukluğu ve şefkat eksikliği birçok psikolojik semptom ve rahatsızlıkla ilişkilidir. Buna ek olarak, reddedilen bireyler şu kişilik eğilimlerini geliştirmeye eğilimlidir: öz saygı ve öz-yeterliliğin bozulması, duygusal dengesizlik ve tepkisizlik, düşmanlık veya saldırganlık yönetimi sorunları, bilişsel çarpıtmalar, bağımlılık veya savunmacı bağımsızlık, kaygı, güvensizlik, öfke, saldırganlık ve pasif saldırganlık (Rohner, 2004; Rohner ve Lansford, 2017). Algılanan ebeveyn reddinden kaynaklanan olumsuz ve acı verici duygular, aynı zamanda bireylerin ebeveynleri tarafından sevilip kabul edilenlere göre stresle etkili bir şekilde başa çıkma yeteneklerini azaltır. Dahası, reddedilmenin neden olduğu duygusal istikrarsızlık ve stresle başa çıkma kapasitesinin azalması göz önüne alındığında, reddedilen bireyler stresli durumlara endişe ve öfkeyle yaklaşma eğilimindeyken, reddedilme deneyimleri olmayanlar genellikle bu durumları daha dengeli bir şekilde ele alırlar (Rohner ve Brothers, 1999).

Çocuğa karşı soğuk, düşmanca ve reddeden ebeveyn tutumları ile anksiyete gelişimi arasında bir ilişki vardır (Wood vd., 2003). Algılanan ebeveyn reddi ile bağlantılı olarak, çevrenin tehdit edici olarak algılanması ve reddedilen bireyin olumsuz benlik algısı, kaygıyı artıran bir atmosfer yaratır (Bögels ve Brechman-Toussaint, 2006; Bögels ve Tarrier, 2004). Ek olarak, psikopatolojinin gelişimi üzerine yapılan çalışmalar, çocuklukta duygusal istismar deneyimleri (reddedilme ve düşük duygusal sıcaklık gibi) ile sosyal anksiyete belirtileri arasında güçlü bir ilişki bulmuştur (Lutvak

ve Ferrari, 1997; Spokas ve Heimberg, 2009). Algılanan ebeveyn reddi aynı zamanda davranış bozuklukları, depresyon, suçluluk, dışsallaştırma davranışları ve madde bağımlılığı olarak ortaya çıkan birçok psikolojik problemle de ilişkilidir (Rohner ve Britner, 2002). Araştırmalar, ebeveyn reddinin gelişimsel travma bozukluğu (van der Kolk, 2010) ve travma sonrası stres bozukluğu (Courtois, 2004) ile ilişkili olabileceğini düşündürmektedir. Rohner ve Khaleque (2002), depresyon ile ebeveyn reddi arasındaki ilişkiyi inceleyen boylamsal çalışmada, ebeveyn reddinin hem ergenlik hem de yetişkinlikte depresif belirtileri yordadığını bildirmişlerdir. Ayrıca somatizasyon ile ebeveyn reddi arasında da bir ilişki vardır. Özellikle Naz ve Kausar (2012), annede kayıtsızlık / ihmal ve düşmanlık / saldırganlığın somatizasyon bozukluğunun önemli yordayıcıları olduğunu bulmuştur.

Ayrıca, borderline kişilik bozukluğu tanısı alan kişilerin aile içinde duygusal, fiziksel ve cinsel istismar deneyimlerine sahip olmalarına (Paris ve Zweig-Frank, 1992; Weaver ve Clum, 1993) dayanarak yapılan araştırmalar, borderline kişilik bozukluğu ve ebeveyn reddi arasında bir ilişki olabileceğini göstermiştir (Rohner ve Brother, 1999). Öte yandan, çevrenin kendilerine zarar verebileceği algısı düşünüldüğünde, düşmanca tutumlara sahip ebeveynleri olan çocuklar yetişkin yaşamlarında paranoya belirtileri göstermeye daha yatkındır. Nitekim, bireylerin çocukluklarındaki soğuk, talepkar ve eleştirel ebeveynlik tarzları ile yetişkinlikte paranoyak düşüncenin gelişimi arasında bir ilişki bulunmuştur (Carvalho, Motta, Pinto-Gouveia ve Peixoto, 2016). Buna ek olarak, güvensizlik duygusunu besleyen soğuk ebeveyn tutumları yaşayan ve olası tehditlerin farkında olma ihtiyacı duyan bireyler, güvenin tesis edildiği ve duygusal ihtiyaçların olduğu sıcak bir ebeveyn ilişkisi yaşayanlara göre duygusal bozukluklara daha yatkındır. (Gilbert vd., 2003). Son olarak, çocuklukta kötü muamele aynı zamanda psikoz ve bipolar bozuklukla da ilişkili görünmektedir. Bağlanmanın bozulması, sürekli reddedilme veya kötü muamelenin nörobilişsel gelişim üzerindeki etkisi ve diğer birçok faktör bu ilişkide aracı rol oynar (Cotter, Kaess ve Yung, 2015). Örneğin, bipolar bozukluk için, çocuklukta kötü muamele, hastalığın daha genç yaşlarda (Bücker vd., 2013) ve daha şiddetli semptomlarda (Larsson vd., 2013)

başlayacağını öngörür. Psikotik bozukluk için ise, çocuklukta bağlanma davranışlarının bozulmasının yetişkin psikozunun gelişimine katkıda bulunabileceği belirtilmiştir. (Read ve Gumley, 2010; Harder, 2014).

1.3. Öz Eleştiri

Özeleştir, bireylerin başarmak istediği standartlara ve ideallere ulaşamadığında kişinin kendisinden duyduğu memnuniyetsizlik ve suçluluk duygusuyla karakterizedir (Blatt, D’Afflitti ve Quinlan, 1976). Diğer bir deyişle, özeleştir, sert bir şekilde kendini incelemeyi ve kendini yargılamayı içerir (Shahar vd., 2011). Kendini eleştiren bireyler, başkalarının eleştirisine ve onaylamamasına duyarlıdır ve kendilerine ve başkalarına karşı yargılayıcı bir tutuma sahiptir (Blatt, D’Afflitti & Quinlan, 1976). Ek olarak, Thompson ve Zuroff (2004) tarafından tanımlanan özeleştirin iki farklı boyutu vardır: içselleştirilmiş özeleştir ve karşılaştırmalı özeleştir.

İçselleştirilmiş özeleştiride bireyler, kendi içselleştirilmiş ve idealize edilmiş standartlarıyla kendilerini karşılaştırırlar ve bu karşılaştırmaya dayanarak kendileri hakkında olumsuz görüşler oluştururlar. Kendilerine karşı da sert ve yargılayıcı oldukları için, kendilerine yönelik düşmanlığın ve öfkenin kurbanı olurlar ve bu nedenle iç çatışmalar yaşarlar (Thompson ve Zuroff, 2004). Buradaki odak noktası başkaları ve onların değerlendirmeleri değil, kişinin kendi kendini yetersiz olarak değerlendirmesidir. Öte yandan, karşılaştırmalı özeleştiride bireylerin öz değerlendirmeleri, diğerlerine göre yetersiz oldukları ve kendileriyle ilgili yargılarının başkalarının görüşlerine dayandığı şeklindedir. Diğer bir deyişle, özeleştirin bu boyutu, başkalarıyla yapılan karşılaştırmalar sonucunda olumsuz bir öz-yönelimli bakış açısının oluşması ile tanımlanmaktadır. Karşılaştırmalı özeleştir yapan bireyler, kendileri hakkında olumsuz görüşler oluştururlar ve kendilerini eleştirel, düşmanca veya üstün kabul edilenlere göre daha aşağı görürler.

Özeleştir, soğuk, eleştirel ve reddedici ebeveynlerle erken çocukluk deneyimlerinden kaynaklanır (Thompson ve Zuroff, 1999). Bu tür bir ebeveynlik, çocuklarda güvensiz

bağlanmanın oluşmasına da katkıda bulunur. Ebeveynlerine güvensiz bir şekilde bağlanan bir çocuk, kendini eleştirmeye daha yatkındır (Thompson ve Zuroff, 1999). Pek çok çalışma, ebeveynlerle yaşanan olumsuz deneyimlerin özeleştirinin gelişmesinde önemli bir rol oynadığını bildirmiştir. Blatt ve Homann'ın teorisine (1992) göre, çocukluklarında ebeveynlerinden düşük sıcaklık hissedenden bireyler daha çok özeleştiriyi yapmıştır. Kendini eleştiren yetişkinler, ebeveynlerinin dikkatsiz (Blatt ve Homann, 1992), soğuk ve çocukluk döneminde onlara karşı talepkar olduklarını hatırlarlar (McCranie ve Bass, 1984).

Öz eleştiri ile birçok psikolojik hastalık arasında bir ilişki vardır. Daha önce de belirtildiği gibi, özeleştirinin ebeveynlerin olumsuz tutumlarıyla, özellikle reddediyle ilişkili olduğu bulunmuştur. Sürekli olarak reddedilme ile karşı karşıya kalan çocuklar, başkalarının güçlü, düşmanca ve baskın olduğuna dair bir görüş edinirler ve aynı anda bu tür saldırılara karşı savunmasız oldukları kişilerarası bir şema yaratırlar (Gilbert, Baldwin, Irons, Baccus ve Palmer, 2006). Bu şema hem kendiyle hem de başkalarıyla olan ilişkileri etkiler ve olumsuz duygulara ve psikopatolojiye yol açabilir (Gilbert, 2005). Boylamsal ve kesitsel çalışmalar da özeleştiriyi ile psikopatoloji arasında bir ilişki bulmuştur (Blatt ve Luyten, 2009; Castilho vd., 2014; McIntyre, Smith ve Rimes, 2018), özellikle depresyon ve anksiyete (Blatt, 2004; Luyten & Blatt, 2013) ve duygusal ve sosyal zorluklar özeleştirilelikle ilişkilidir (Gilbert, Clarke, Hempel, Miles ve Irons, 2004).

1.4. Kişilerarası Problemler

1.4.1. Bağlanma Stilleri

Bağlanma kuramına göre, kişilerarası ilişkilerdeki tarzlar erken çocukluk döneminde ebeveynlerle olan ilişkilerden etkilenmektedir. Bowlby (1982), çocuklukta ebeveynlerle yakınlık kurmak için geliştirilen sistemlerin yetişkinlikte başkalarıyla ilişki kurma şekillerini etkilediğine işaret etmiştir. Bağlanma, birçok araştırmacı tarafından çeşitli boyutlarla tanımlanmasına rağmen, temelde iki boyuttan oluşur: güvenli ve güvensiz bağlanma (Hazan ve Shaver, 1987; Ainsworth vd., 1978). Bu iki

güvensiz bağlanma stili, olumsuz modellerin gelişmesine yol açan ve yetişkinlikte de devam eden çocukluk deneyimleri sonucunda ortaya çıkar. Bowlby (1973, 1982) ve Ainsworth ve meslektaşlarının (1978) yaptıkları araştırmalara göre benlik, diğerleri ve çocuklukta kazanılan ilişkilerle ilgili bağlanma stilleri ve zihinsel temsiller, yetişkin ilişkilerini etkilemektedir. Güvenli bağlanma stiline sahip bireyler, çocukluk dönemindeki ebeveynleriyle ilişkilerini sıcak ve arkadaşça olarak tanımlarken (Hazan ve Shaver, 1987), güvensiz bağlanma stillerine sahip bireyler daha az olumlu deneyim bildirmişlerdir. Özellikle kaygılı bağlanma stiline sahip olan bireyler ebeveynlerinin müdahaleci olduğunu hatırlarken, kaçınmacı bağlananlar ebeveynlerinin reddedici olduğunu belirtmişlerdir (Diehl, Elnick, Bourbeau ve Labouvie-Vief, 1998). Benzer şekilde başka bir çalışmada kaygılı ve kaçınmacı bağlanma stiline sahip katılımcılar, güvenli bağlananlara göre ebeveynlerinden daha az sevgi dolu deneyimler yaşadıklarını ve daha fazla reddedildiklerini belirtmişlerdir (Gerlsma, Buunk ve Mutsaers, 1996). Kısacası, ebeveyn reddi yetişkinlikte bile güvensiz bağlanmayı öngörür (Casselman ve Mckenzie, 2015).

Bağlanma stilleri ile psikolojik sorunlar arasında bir ilişki vardır (Brennan ve Shaver, 1998). Çocukluktaki olumsuz deneyimler güvensiz bağlanmaya yol açtığı ve güvensiz bağlanma psikolojik sorunlara yol açtığı için bağlanma, çocukluk çağı sıkıntıları ile yetişkinlik dönemi psikolojik problemler arasında bir bağlantı sağlıyor gibi görünmektedir (Oshri vd., 2015). Güvenli bağlanma psikolojik iyi oluş ile ilişkilendirilirken (Mikulincer ve Shaver, 2007), güvensiz bağlanma, bireyleri depresyon da dahil olmak üzere belirli psikopatolojilere (Easterbrooks, Biesecker ve Lyons-Ruth, 2000) ve psikolojik işlev bozukluklarına (Riggs vd., 2007) yatkın hale getirebilir (Hazan ve Shaver, 1990; Hankin, Kassel ve Abela, 2005). Ayrıca kaçınmacı bağlanma ile şizoid, distimi, sınır kişilik bozukluğu ve şizotipal bozukluklar arasında bir ilişki vardır (Brennan ve Shaver, 1998; Allen, Coyne ve Huntoon, 1998).

1.4.2. Kişilerarası Problemler-Döngüsel Model

Bağlanma stiline yanı sıra bireylerin ilişkilerindeki tutumları da kişilerarası sorunların ortaya çıkmasında öncü rol oynamaktadır. Kişilerarası tarz, bireyin başkalarıyla ilişkilerindeki karakteristik yaklaşımı olarak tanımlanır. İlişkilerle ilgili tutumlar, davranışlar ve bilişler de kişinin kişilerarası tarzını oluşturur (Wilson, Stroud ve Durbin, 2017). Sullivan'a (1953) göre, güven ve öz saygı ihtiyaçları kişilerarası ilişkilerin temelini oluşturur. Ayrıca kişilerarası kuram, tüm kişilerarası ilişkilerin benlik saygısı yaratmak ve kaygıdan kaçınmak için kurulduğuna dikkat çekmektedir (Leary, 1957'den aktaran Horowitz, Alden, Wiggins ve Pincus, 2003). Kişilerarası tarzı kavramsallaştırmak ve kişilerarası ilişkilerdeki işlevselliğini tanımlamak için, kişilerarası döngüsel model, Sullivan'ın kişilerarası teorisine dayanarak Leary tarafından geliştirilmiştir (Horowitz vd., 2003). Buna göre, Sullivan'ın kişilerarası teorisinde belirtilen güven ve öz saygı kavramlarına karşılık gelen "yakınlık" ve "dominantlık" gibi temel boyutlardan oluşan dairesel bir yapı geliştirildi. Tüm kişilerarası davranışlar bu iki boyutun kombinasyonları ile tanımlanır. Yakınlık boyutu düşmanca / soğuk ve arkadaşça / sıcak davranışlardan oluşurken, dominantlık boyutu baskın / kontrol edici ve boyun eğici davranışlardan oluşmaktadır (Horowitz vd., 2003). Bu kişilerarası model, Alden, Wiggins ve Pincus (1990) tarafından geliştirilen bir envanterle ölçülmüştür; burada sekiz kişilerarası zorluk boyutu vardır: baskınlık/kontrolcülük, kinci / ben merkezci, soğuk / mesafeli, sosyal çekinik, kendine güvenmeme/girişken olmama, aşırı uyumlu, kendini feda etme ve sırnaşıklık/muhtaçlık. Bu ölçme aracı, kişilerarası problem boyutlarının belirlenmesine yardımcı olur (Horowitz vd., 2003).

Kişilerarası problemler ile çocukluktaki olumsuz deneyimler arasında bir bağlantı vardır. Çocuklukta yaşanan olumsuz deneyimlerin, kendilik ve başkalarına ilişkin algıları bozarak yetişkin yaşamında kişilerarası sorunlara yol açtığı bildirilmiştir (Young, Klosko ve Weishaar, 2003). Ayrıca Akyunus'un (2017) Türk örnekleme yaptığı bir araştırmaya göre, toplam kişilerarası problem puanı ile depresyon, kaygı, olumsuz benlik görüşü ve düşmanlık arasında bir ilişki bulunmaktadır.

1.5. Kendi Kendini Engelleyen Yapılar

Kendi kendini engelleyen örüntüler, kısa vadede fayda sağlayan ancak uzun vadede olumsuz psikolojik sonuçlara yol açabilen yaygın ve esnek olmayan davranışlar olarak tanımlanabilir (Wei ve Ku, 2007). Freud (1965), kendini engelleme modellerinin bireylerin doğuştan kendine zarar verme içgüdüleriyle ilişkili olabileceğini belirtmiştir. Bu kalıplar aynı zamanda suçluluk duyguları nedeniyle başarısız olma veya acı çekme arzusuyla da tanımlanır (Piers & Singer, 1971). Yıllar içinde kendini engelleyen örüntüler farklı şekillerde tanımlansa da, genellikle temel ihtiyaçları karşılama çabalarının başarısız olmasından kaynaklanan istenmeyen sonuçlar olarak değerlendirilmektedir (Atkinson, 2017). Yaygın kendini engelleme örüntüleri arasında sigara içme, erteleme veya riskli davranışlar bulunur (Twenge, Catanese ve Baumeister, 2002), burada uzun vadede ortaya çıkan zorluklara rağmen kısa süreli zevk ve rahatlık tercihi önceliklidir. Kendi kendini engelleyen örüntüler tipik olarak daha önce bahsedilen davranışlarla ilişkilendirilse de, kişilerarası ilişkilerde de mevcuttur. Kişilerarası alanda kendini yenilgiye uğratan örüntülerin varlığı “kendini engelleyen kişilerarası tarz” olarak isimlendirilmiştir (Atkinson, 2017). Kendini engelleyen kişilerarası tarz, daha acil veya önemli ihtiyaçları (sevgi, rahatlık, ilgi ve sosyal destek alma gibi) karşılamak için ilişkilerin olumsuz sonuçlarını görmezden gelme eğilimiyle karakterizedir. Dahası, başkalarıyla bu tarz ilişki kuran bireyler, finansal, psikolojik veya fiziksel istismara rağmen ilişkilerini sürdürmekte ısrarcıdırlar (Atkinson, 2017).

Kendini engelleyen örüntüler, ebeveyn-çocuk ilişkisi ve yetişkin bağlanması ile ilgilidir. Kendini engelleyici davranışlar sergileyen bireyler, ebeveynlerinden yeterince sevgi, ilgi ve ilgi görmediklerini, ebeveynlerinin tutarsız ve reddedici olduğunu belirtmişlerdir (Zampelli, 2000; Glickhauf-Hughes ve Wells, 1991). Nitekim, konuyla ilgili araştırmalar, ebeveynleri tarafından red algılayan ve desteklemeyen çocukların, kendi kendini engelleyen davranışlar ve düşünceler geliştirmeye yatkın olduklarını göstermektedir (Pezzarossa, Della Rosa ve Rubino, 2002; Rubino, Pezzarossa, Della Rosa ve Siracusano, 2004). Kendini engelleyen

davranışlar, belirli psikopatolojilere yatkınlığı beslemekte ve ilişkileri olumsuz etkilemektedir. Harzler ve Brownson (2001), kendini engelleme örüntülerinin psikolojik problemlerle ilişkili olduğunu ve özellikle kişilerarası problemler ve depresyonu yordadığını belirtmişlerdir (Baumeister ve Scher, 1988; Lester ve Hoffman, 1992). Kendini engelleme örüntüsüne sahip bireyler kendileri hakkında olumsuz görüşlere (Cudney ve Hardy, 1991), düşük benlik değerine ve benlik saygısına sahiptir (Yelsma, 1993; Wei ve Ku, 2007). Ayrıca, kendini engelleyen örüntülere sahip bireyler depresyona ve kişilerarası zorluklara daha yatkındır (Wei & Ku, 2007).

1.6. Ebeveyn Reddi ve Psikolojik Sorunlar İlişkisinde Kendini Engelleme Örüntülerinin Aracı Rolü

Kendini engelleyen örüntüler; güvensiz bağlanma, hak edilmeyen öz imaj ve fedakar yapı ile birlikte oluşur (Millon, 1987; Wei ve Ku, 2007; Atkinson, 2017). Araştırmalar, erken çocukluk döneminde ebeveynleri ile olumsuz deneyimler yaşayan kişilerin kendini engelleme kalıplarına daha yatkın olduğunu göstermiştir (Zampelli, 2000; Rubino, Pezzarossa, Della Rosa ve Siracusano, 2004).

Ayrıca kendini engelleme örüntülerinin başta depresyon olmak üzere psikolojik sorunlarla ilişkili olduğu belirtilmiştir. Örneğin, Wei ve Ku (2007) yaptıkları çalışmada, bağlanma ile ilişkili kaygı ve kaçınmanın, psikolojik sorunlara neden olabilecek, kendini engelleyen örüntülere yol açacağını öngörmüşlerdir. Ayrıca, kendini engelleyen modellerin, yetişkin bağlanma ile depresyon arasındaki ilişkide aracı rolü oynadığını belirtmişlerdir. Aslında, kaçınmacı bağlanma stili ve depresyon arasındaki ilişki, yalnızca kendini engelleyen örüntüler aracılığıyla kurulmuştur (Wei ve Ku, 2007).

Ebeveyn reddi ile kendini engelleme örüntüleri ve psikolojik sorunlar arasındaki ilişki ayrı ayrı incelenmesine rağmen, bu ilişkilerde kendini bozan kişilerarası tarzın rolünü inceleyen bir çalışma bulunmamaktadır. Literatürdeki bu boşluklar ışığında, bu

çalışmada ebeveyn reddi ile psikolojik problemler arasındaki ilişkide kendini yenen kişilerarası tarzın aracılık rolü incelenmiştir. Bunu yaparken, bu çalışma ebeveyn reddinden gelişen kendini engelleyici örüntülerin bireylerin hem kendisiyle hem de başkalarıyla olan ilişkilerini olumsuz etkilediğini ve bunun da onları psikolojik sorunlara daha yatkın hale getirdiğini göstermeyi amaçlamıştır.

1.7. Çalışmanın Amacı

İncelenen literatüre göre, ebeveyn reddinin psikolojik problemlerle (kişilik bozuklukları ve psikopatoloji semptomları) ilişkili olduğu açıktır. Dahası, kendini engelleyen kişilerarası tarz, özeleştirici ve kişilerarası sorunlar ebeveynlerin reddedici tutumlarından kaynaklanmakta ve psikolojik sorunlarla da ilişkili görünmektedir. Ancak, bu değişkenlerin ilişkilerini, kendini engelleyen kişilerarası tarz, özeleştirici ve kişilerarası sorunların etkileri ile birlikte araştıran çalışma bulunmamaktadır. Çalışma psikometrik ve ana çalışma olmak üzere iki aşamadan oluşmaktadır. İlk aşamanın amacı Kendini Engelleyen Kişilerarası Tarz Ölçeğini Türkçeye uyarlamak ve psikometrik çalışmasını yürütmektir. Ana çalışmanın amacı, ebeveyn reddi, psikopatoloji semptomları, kişilik bozuklukları, kendini engelleyen kişilerarası tarz, özeleştirici ve kişilerarası problemler değişkenleri arasındaki ilişkileri ortaya çıkarmaktır. Ayrıca, ebeveyn reddi, kişilik bozuklukları ve psikopatoloji semptomları arasındaki ilişkilerde kendini engelleyen kişilerarası tarzın aracı olup olmadığı araştırılmıştır.

2. YÖNTEM

2.1. Psikometrik Çalışma

2.1.1. Katılımcılar

Psikometrik çalışmanın örneklemini, 200'ü (% 56,5) kadın, 154'ü (% 43,5) erkek olmak üzere toplam 354 katılımcı oluşturmuştur. Katılımcıların yaşları 18 ile 60 (Ort. = 31.36, Standart Sapma = 10.15) arasında değişmektedir. Çalışmaya katılanların

çoğunluğunu üniversite ve üzeri eğitim seviyesine sahip, orta seviyede sosyo-ekonomik düzeye sahip ve psikolojik problemi bulunmayan bireyler oluşturmuştur.

2.1.2. Ölçüm Araçları

Psikometrik çalışma kapsamında, araştırmacı tarafından hazırlanan cinsiyet, yaş, eğitim düzeyi, sosyo-ekonomik, medeni ve ikamet durumu, hem mevcut hem de önceki psikolojik ve / veya psikiyatrik tedavi öyküsü ve fiziksel travma öyküsü hakkında bilgi almak için demografik bilgi formu, Temel Kişilik Özellikler Envanteri (Gençöz & Öncül, 2012), Beck Depresyon Envanteri (Beck vd., 1979), Pozitif ve Negatif Afekt Ölçeği (Watson ve ark., 1988), Öz Eleştiri Ölçeği (Thompson & Zuroff, 2002), ve Yakın İlişkilerde Yaşantılar Envanteri (Brennan vd., 1998) kullanılmıştır.

2.1.3. Prosedür

Çalışmanın ilk aşamasında Kendini Engelleyen Kişilerarası Tarz Ölçeği Türkçe'ye uyarlanmıştır. Bu çalışma yapılırken, adaptasyon prosedürleri yerine getirilmiştir. Katılımcılardan internet aracılığıyla ve elden veri toplanmıştır. Elden veri toplanan katılımcılardan 47 tanesine test-tekrar-test güvenirliği analizleri için 3 hafta aradan sonra tekrar ulaşılmış ve tekrar veri toplanmıştır. Katılımcılara, katılımda bulunmalarından önce bilgilendirilmiş onam formu verilmiştir.

2.2. Ana Çalışma

2.2.1. Katılımcılar

Bu çalışmanın örneklemini 412'si (% 70,9) kadın, 169'u (% 29,1) erkek olmak üzere 581 katılımcı oluşturmuştur. Katılımcıların yaşları 18 ile 62 arasında değişmektedir (Ort. = 28.27, Standart Sapma = 10.30). Katılımcıların 197'si (% 33,9) 18-21 yaş aralığında olup bu yaş aralığı “geç ergenlik dönemi” olarak adlandırılmıştır. Katılımcılardan, 188'i (% 32,4) 22-28 yaşları arasındadır ve bu dönem “gelişen yetişkinlik dönemi” olarak adlandırılmıştır. Son olarak, katılımcıların 196'sı (% 33,7) 29-62 yaşları arasındadır ve bu döneme “yetişkinlik” adı verilmiştir. Çalışmaya

katılanların çoğunluğunu üniversite ve üzeri eğitim seviyesine sahip, orta seviyede sosyo-ekonomik düzeye sahip ve psikolojik problemi bulunmayan bireyler oluşturmıştır.

2.2.2. Ölçüm Araçları

Ana çalışmanın ölçüm araçlarını araştırmacı tarafından hazırlanan demografik bilgi formu ve ilk çalışmada adapte edilen Kendini Engelleyen Kişilerarası Tarz Ölçeği (Atkinson, 2017), Öz Eleştiri Ölçeği, Yakın İlişkilerde Yaşantılar Envanteri, Kişilik İnanç Ölçeği-Kısa Form (Beck & Beck, 1991), Kısa Semptom Envanteri (Derogatis, 1992), Kişilerarası Problemler Envanteri (Horowitz vd., 2003) ve Ebeveyn Kabul - Red Ölçeği - Kısa Form (Rohner, 1978; 2005) oluşturmaktadır.

2.2.3. Prosedür

Mevcut çalışmada uyarlanan ölçeğin psikometrik çalışmasından sonra, demografik bilgi formu ve bahsedilen tüm araçları içeren bir anket kitapçığı hazırlanmıştır. Online tabanlı bir veri toplama yazılımı olan Qualtrics üzerinden online katılım bağlantısı oluşturulmuş, ardından sosyal medya aracılığıyla katılımcılara ulaştırılmıştır. Ölçeklerin uygulanmasından önce katılımcılara bilgilendirilmiş onam formu verildi. Anketlerin tamamlanması her katılımcı için yaklaşık 30 dakika sürmektedir.

3. SONUÇLAR

3.1. Psikometrik Çalışma Sonuçları

Kendini Engelleyen Kişilerarası Tarz Ölçeği'nin ve alt ölçeklerinin test-tekrar test güvenilirliği ve yarı-test güvenilirliği dahil olmak üzere güvenilirlik analizleri yapılmıştır. Spesifik olarak, tüm ölçek iç tutarlılığı .90 olarak bulunurken, alt boyutların güvenilirliği .70 ve .90 arasında değişmektedir. Ayrıca, ölçeğin yarı-test güvenilirliği .92 olarak bulunmuştur. Test-tekrar-test güvenilirliği için katılımcıların 47'sinden 3 hafta arayla veri toplanmıştır ve tüm ölçeğin ve alt boyutların test-tekrar-test güvenilirliği .81 ve .93 arasında değişmektedir.

Ölçeğin eşzamanlı ve ölçüt geçerliliği de incelenmiştir. Eşzamanlı geçerliliği değerlendirmek için, Kendini Engelleyen Kişilerarası Tarz Ölçeği'nin alt boyutları ve tüm ölçek ile Beck Depresyon Envanteri, Temel Kişilik Özellikleri Envanteri, Yakın İlişkilerde Yaşantılar Envanteri, Pozitif ve Negatif Afekt Ölçeği ve Öz Eleştiri Ölçeği arasındaki korelasyon değerleri incelendi. Sonuç olarak, genellikle anlamlı ve orta-yüksek seviyede korelasyon değerleri bulunmuştur.

Ölçüt geçerliliğini incelemek için, Kendini Engelleyen Kişilerarası Tarz Ölçeği yüksek ve düşük olumlu ve olumsuz duygulanım, özeleştir, bağlanma ile ilgili kaygı ve bağlanmaya bağlı kaçınma temelli olarak ayırmadaki etkililiği açısından Yakın İlişkilerde Yaşantılar Envanteri, Pozitif ve Negatif Afekt Ölçeği ve Öz Eleştiri Ölçeği kullanılarak incelenmiştir. Bulgular, Kendini Engelleyen Kişilerarası Tarz Ölçeği'nin tüm alt ölçeklerinin belirtilen ikili grupları (yüksek ve düşük) birbirinden anlamlı olarak ayırabildiği bulunmuştur.

3.2. Yaş ve Cinsiyete Göre Farklılıklara İlişkin Bulgular

Araştırmanın bu bölümünde yaş ve cinsiyetten kaynaklanan ebeveyn reddi, psikopatoloji belirtileri, kişilik bozuklukları, özeleştir, kendini engelleme örüntüleri (kişilerarası alanda), bağlanma ve kişilerarası problem alanlarındaki farklılıklar incelenmiştir.

Öncelikle, çalışma değişkenleri arasındaki yaş farklılıklarına bakıldığında, yaşı psikopatoloji semptomlarını anlamlı şekilde farklılaştırdığı bulunmuştur. Spesifik olarak, geç ergenlik dönemindeki ve gelişen yetişkinlik dönemindeki bireyler, yetişkinlikteki bireylere göre daha yüksek düzeyde semptom bildirmişlerdir. Ayrıca psikopatoloji belirtileri ayrı ayrı incelendiğinde geç ergenlik dönemindeki katılımcıların anksiyete, depresyon, olumsuz benlik ve somatizasyon alanlarından yetişkinlik dönemine göre daha yüksek puanları olduğu görülmüştür. Ayrıca, gelişen

yetişkinlik dönemindeki katılımcılar, yetişkinlik dönemindeki bireylere göre daha yüksek düzeyde anksiyete ve depresyon bildirmişlerdir.

Bu çalışmanın sonuçları da yaşın özeleştirici alanları üzerinde önemli bir ana etkiye işaret etmektedir. Buna göre, geç ergenlik dönemindeki katılımcılar, gelişen yetişkinlik ve yetişkinlik dönemindekilere göre hem içselleştirilmiş hem de karşılaştırmalı özeleştirici bildirmişlerdir. Kendini engelleyen kişilerarası tarzların toplam puanında, geç ergenlik ve gelişen yetişkinlik dönemlerindeki katılımcılar, yetişkinlik dönemindekilere göre anlamlı olarak daha yüksek puanlar almışlardır. Kişilerarası problem alanlarındaki yaş farkları da bu çalışmada incelenmiştir. Başlangıç olarak, geç ergenlik dönemindeki katılımcılar, yetişkinlik dönemindekilere göre daha yüksek düzeyde kişilerarası problem bildirmişlerdir.

Bağlanmaya ilişkin kaygı ve kaçınma açısından, geç ergenlik dönemindeki katılımcılar, yetişkinlere göre daha yüksek düzeyde bağlanma ile ilgili kaygı ve bağlanmaya bağlı kaçınma bildirmişlerdir. Ayrıca, gelişen yetişkinlik dönemindeki katılımcılar daha yüksek düzeyde bağlanma ile ilgili kaçınma belirtmişlerdir. Ek olarak, gelişen yetişkinlik dönemindeki katılımcılar, yetişkinlik dönemindekilere göre anlamlı düzeyde daha yüksek bağlanma ile ilgili kaygı düzeyine sahip olarak bulunmuştur.

Araştırmanın diğer demografik değişkeni cinsiyettir ve araştırmanın çeşitli değişkenleri arasındaki önemli cinsiyet farklılıkları da incelenmiştir. Sonuçlar, cinsiyetin psikopatoloji semptomları, kendini engelleme örüntüleri ve bağlanma ile ilgili kaygı ve kaçınma üzerinde önemli bir ana etkiye işaret ettiğini göstermiştir. Kadın katılımcılar, erkeklerden daha yüksek düzeyde psikopatoloji semptomları bildirmişlerdir. Özellikle, kadınların anksiyete, depresyon ve somatizasyon semptomlarında erkek katılımcılara göre daha yüksek puanları bulunmaktadır. Ek olarak, kendini engelleyen kişilerarası tarz açısından, kadın katılımcılar daha yüksek düzeyde güvensiz bağlanma bildirirken, erkek katılımcılar daha yüksek düzeyde hak

etmeyen kendilik imajı bildirmişlerdir. Son olarak, kadın katılımcılar erkeklerden daha yüksek düzeyde bağlanma ile ilgili kaygıya sahip olarak bulunmuştur.

Ebeveyn reddi, özeleştir ve kişilik bozuklukları üzerinde yaş ve cinsiyet arasında önemli etkileşim etkileri gözlemlendi. İlk olarak, katılımcılar anne ve babadan algılanan ebeveyn reddini ayrı ayrı değerlendirdiler. Anneden algılanan reddedilme konusunda anlamlı sonuçlar bulunurken babadan algılanan reddedilme konusunda anlamlı sonuç alınamamıştır. Buna göre, gelişen yetişkinlik dönemindeki kadın katılımcılar, çocukluk döneminde anneleriyle ilişkilerinde geç ergenlik dönemine göre daha fazla saldırganlık olduğunu belirtmişlerdir. Ayrıca yetişkinlik dönemindeki kadın katılımcılar, anneleriyle ilişkilerinde geç ergenlik ve gelişen yetişkinlik dönemine göre daha fazla saldırganlık ve ihmal bildirmişlerdir. Geç ergenlik dönemindeki erkek katılımcılar da annelerinden daha fazla saldırganlık algıladıklarını belirtmişlerdir. Ayrıca yetişkinlik dönemindeki kadınlar, anneleriyle ilişkilerinde aynı yaş grubundaki erkeklere göre daha fazla saldırganlık ve ihmal yaşadıklarını belirtmişlerdir.

Özeleştir açısından hem kadın hem de erkek katılımcıların geç ergenlik döneminde yetişkinlik dönemine göre daha fazla öz eleştiri yaptıkları bulunmuştur. Ayrıca, gelişen yetişkinlik dönemindeki kadın katılımcılar, yetişkinlik dönemindekilere göre daha yüksek düzeyde özeleştir bildirdiler. Dahası, geç ergenlik dönemindeki erkek katılımcılar, gelişen yetişkinlik dönemindekilere göre daha özeleştiril olarak bulunmuştur. Son olarak, gelişen yetişkinlik dönemindeki kadın katılımcılar aynı dönemdeki erkek katılımcılardan daha yüksek öz eleştiri puanlarına sahip olarak bulunmuştur.

Kişilik bozuklukları ile ilgili olarak, gözlenen tek önemli etkileşim antisosyal kişilik bozukluğunda ortaya çıkmıştır. Daha spesifik olarak, kadın katılımcıların yaş gruplarının bir etkisi olmazken, geç ergenlik dönemindeki erkek katılımcılar hem gelişen yetişkinlik hem de yetişkinlik dönemlerindeki kiyasla daha yüksek antisosyal kişilik bozukluğuna yönelik puanlara sahipti. Ayrıca hem geç ergenlik hem

de yetişkinlik dönemindeki erkek katılımcılar, aynı dönemlerdeki kadın katılımcılara göre daha fazla antisosyal kişilik bozukluğu özelliği bildirmişlerdir.

3.3. Regresyon Analizleri

3.3.1. Psikopatoloji Belirtileri ile İlişkili Faktörlere İlişkin Bulgular

Psikopatoloji belirtileriyle ilişkili faktörleri belirlemek amacıyla beş hiyerarşik regresyon analizi yapılmıştır. Regresyon analizlerinde, (i) yaş ve cinsiyet, (ii) ebeveyn reddi (anne ve baba için ayrı ayrı), (iii) kendini engelleyen kişilerarası tarz ve özeleştirici ve (iv) bağlanma ve kişilerarası problem alanları birbirini izleyen dört adımda kullanılmıştır.

Regresyon analizlerinin sonuçları, yaştan psikopatoloji semptomlarının tüm alanları (kaygı, depresyon, olumsuz benlik, somatizasyon ve düşmanlık) ile negatif ilişkili olduğunu ortaya çıkarmıştır. Bu sonuçlar, tüm bu semptomların yaşla birlikte azalma eğiliminde olduğunu göstermiştir. Cinsiyet diğer demografik değişken olarak anksiyete, depresyon, olumsuz benlik ve somatizasyon ile ilişkili bulunmuştur. Spesifik olarak, kadınlar anksiyete, depresyon, olumsuz benlik ve somatizasyon semptomlarına daha yatkın görünmektedir.

Demografik değişkenlerin etkileri kontrol edildikten sonra, anne ve baba reddi, kendini feda eden yapı, baskınlık ve soğuk/mesafeli kişilerarası problem boyutları, ve bağlanma ile ilgili kaygı tüm psikopatoloji belirtileriyle pozitif yönde ilişkili bulunmuştur.

Ayrıca güvensiz bağlanma ve içselleştirilmiş özeleştirinin özellikle ; kaygı, depresyon, olumsuz benlik ve düşmanlık psikopatoloji semptomları ile pozitif yönde ilişkili olduğu; hak etmeyen kendilik imajı, anksiyete, depresyon, somatizasyon ve olumsuz benlik ile ilişkili bulunmuştur; buna ek olarak, karşılaştırmalı özeleştirinin anksiyete, olumsuz benlik, somatizasyon ve düşmanlık semptomları ile pozitif yönde ilişkili olduğu bulunmuştur.

Son olarak, kişilerarası problem alanlarına bakıldığında, kendine güvenmeme/girişken olmama alanı olumsuz benlikle pozitif olarak ilişkili bulunurken, sosyal çekiniklik alanının düşmanlıkla negatif ilişkili olduğu bulunmuştur.

3.3.2. Kişilik Bozuklukları ile İlişkili Faktörlere İlişkin Bulgular

Kişilik bozuklukları ile ilişkili faktörleri belirlemek amacıyla on hiyerarşik regresyon analizi yapılmıştır. Regresyon analizlerinde, (i) yaş ve cinsiyet, (ii) ebeveyn reddi (anne ve baba için ayrı ayrı), (iii) kendini engelleyen kişilerarası tarz ve özeleştirici ve (iv) bağlanma ve kişilerarası problem alanları birbirini izleyen dört adımda kullanılmıştır.

Daha spesifik olarak, regresyon analizlerinin sonuçları, yaşın antisosyal, histrionik ve sınır kişilik bozuklukları ile negatif ilişkili olduğunu ortaya koymuştur. Cinsiyetin ise, bağımlı, pasif-agresif, antisosyal ve narsistik kişilik bozukluğu özellikleriyle ilişkili olduğu bulunmuştur. Özellikle, kadınlar bağımlı kişilik bozukluğuna daha yatkınken, erkek katılımcılar pasif-agresif, antisosyal ve narsistik kişilik bozukluklarına yönelik özelliklere daha yatkın görünmektedir.

Demografik değişkenlerin etkileri kontrol edildikten sonra, ebeveyn reddi ile kişilik bozuklukları arasındaki ilişkiler hem anneden hem de babadan algılanan red için ayrı ayrı incelenmiştir. Sonuçlar hem anneden hem de babadan algılanan reddin çekingen, bağımlı, şizoid, paranoid, sınır ve histriyonik kişilik bozuklukları ile pozitif ilişkili olduğunu ortaya koymuştur. Bunun dışında, babadan algılanan reddin pasif-agresif, obsesif-kompulsif, antisosyal ve narsistik kişilik bozukluğu ile ilişkili olduğu da bulunmuştur. Regresyon analizleri ayrıca, hak etmeyen kendilik imajı ile kaçınan, bağımlı ve sınırda kişilik bozukluğu özelliklerinin pozitif olarak ilişkili olduğunu, ancak antisosyal, narsistik ve paranoid kişilik bozukluğu özelliklerinin negatif olarak ilişkili olduğunu ortaya koymuştur. Kendini feda eden yapı ile kaçınan, bağımlı, pasif-agresif, antisosyal, şizoid, paranoid ve sınırda kişilik bozukluğu özellikleri ilişkili bulunmuştur.

Ayrıca, içselleştirilmiş özeleştirme çalışmada kapsanan tüm kişilik bozuklukları özellikleri ile pozitif yönde ilişkili bulunurken, karşılaştırmalı özeleştirme şizoid ve obsesif kompulsif kişilik bozuklukları özellikleri dışındaki tüm kişilik bozuklukları ile pozitif yönde ilişkili bulunmuştur. Bağlanma açısından, regresyon sonuçları güvensiz bağlanmanın bağımlı, histrionik ve şizoid kişilik bozuklukları özellikleri ile pozitif ilişkili olduğunu göstermiştir. Ek olarak, hem güvensiz bağlanma hem de bağlanma ile ilgili kaygı, sınır kişilik bozukluğu özellikleri ile pozitif yönde ilişkili bulunmuştur. Son olarak, regresyon analizlerinin sonuçları, kişilerarası problemler- döngüsel modelin (a) baskınlık boyutunun bağımlı, pasif-agresif, obsesif-kompulsif, antisosyal, narsisistik, histrionik ve paranoid kişilik bozuklukları özellikleri ile pozitif yönde; (b) ikinci / benmerkezci boyutunun, kaçınan, bağımlı, obsesif-kompulsif, antisosyal, narsisistik, histrionik ve paranoid kişilik bozuklukları özellikleri ile pozitif yönde; (c) soğuk/ mesafeli boyutun, kaçınan, pasif-agresif, antisosyal, şizoid, paranoid, sınırda kişilik bozuklukları özellikleri ile pozitif yönde, ancak bağımlı kişilik bozukluğu özellikleri ile negatif yönde; (d) sosyal çekinik boyutun, pasif-agresif, antisosyal ve histrionik kişilik bozuklukları özellikleri ile negatif yönde; (e) kendine güvenmeme/girişken olmama boyutunun, şizoid ve paranoid kişilik bozuklukları özellikleri ile negatif yönde; (f) aşırı uyumluluk boyutunun, bağımlı kişilik bozukluğu özellikleriyle ile pozitif yönde; (g) kendini feda etme boyutunun, kaçınan, bağımlı, obsesif-kompulsif ve paranoid kişilik bozuklukları özellikleri ile pozitif yönde; ve son olarak, (h) sırnaşıklık/muhtaçlık boyutunun narsisistik, histrionik ve sınırda kişilik bozuklukları özellikleri ile pozitif yönde, ancak şizoid kişilik bozukluğu özellikleri ile negatif yönde ilişkili olduğunu göstermiştir.

3.3.3. Çoklu Aracı Değişken Analizine İlişkin Bulgular

Bu çalışmada, ebeveyn reddi ile psikolojik problemler arasındaki ilişkide kendini engelleyen kişilerarası tarzın aracılık rolü incelenmiştir. Ebeveyn reddi, anneden ve babadan algılanan red olarak ayrı ayrı incelendiği gibi psikolojik sorunlar da psikopatoloji belirtileri ve kişilik bozuklukları olarak ayrı ayrı incelenmiştir. Buna

göre anne ve baba için ayrı ayrı hesaplanan toplam red puanı bağımsız değişkenleri oluşturmuştur. Kısa Semptom Envanteri toplam puanı ile temsil edilen psikopatoloji belirtileri ve Kişilik İnanç Ölçeği-Kısa Form toplam puanı ile temsil edilen kişilik bozuklukları iki ayrı bağımlı değişkeni oluşturmuştur. Kendini engelleyen kişilerarası tarz 3 alt boyuttan (güvensiz bağlanma, hak etmeyen kendilik imajı ve kendini feda eden yapı) oluşmaktadır ve bu üç boyut aracı olarak kullanılmıştır. Kendini engelleyen kişilerarası tarzın aracılık rolünü araştırmak için dört ayrı paralel çoklu aracılık analizi yapılmıştır. Elde edilen sonuçlara göre, kendini engelleyen kişilerarası tarz, hem ebeveyn reddi ve psikopatoloji semptomları arasındaki ilişkiye hem de ebeveyn reddi ile kişilik bozuklukları arasındaki ilişkiye aracılık etmiştir.

4. TARTIŞMA

4.1. Psikometrik Çalışmaya İlişkin Bulgular

Türkçe'ye adapte edilen Kendini Engelleyen Kişilerarası Tarz Ölçeği'nin güvenilirlik ve geçerlilik çalışmalarına göre, iyi iç tutarlılığa, yarı-test güvenilirliğine ve test-tekrar-test güvenilirliğine, eşzamanlı ve ölçüt geçerliliğine sahip olduğu görülmüştür. Elde edilen sonuçlar, bu ölçeğin bir Türk örnekleme ile kullanılabileceğini göstermiştir.

4.2. Yaş ve Cinsiyete Göre Farklılıklara İlişkin Bulgular

Çalışma kapsamında elde edilen sonuçlara göre, genç katılımcılar psikopatoloji semptomlarına, özellikle anksiyete ve depresyona daha yatkın olarak bulunmuştur ve bu bulgular, literatür ile uyumludur. Ayrıca, öz eleştirinin genç yaşta daha yoğun yaşandığına yönelik bulgu, literatürle uyumludur. Kopala-Sibley ve arkadaşları (2013), özeleştirisinin hem erkeklerde hem de kadınlarda yaşlandıkça azalan bir eğilim gösterdiğini belirtmişlerdir. Kişilerarası ilişkilerdeki problem alanlarına bakıldığında, geç ergenlik dönemindeki bireyler, yetişkinlik dönemindekilere kıyasla kişilerarası ilişkilerinde daha yüksek düzeyde benmerkezci, soğuk/mesafeli ve sosyal çekingenlik özelliklerine sahip olarak bulunmuştur. Ayrıca, gelişen yetişkinlik dönemindeki

katılımcılara kıyasla ilişkilerinde daha yüksek düzeyde soğuk/mesafeli özellikler belirtmişlerdir. Bu arada, gelişen yetişkinlik dönemindekilerin ilişkilerinde yetişkinlik dönemindekilere göre daha benmerkezci bir tarza sahip oldukları görülmüştür. Diğer bir deyişle, gençlerin kişilerarası sorunlara daha yatkın oldukları söylenebilir ve bu bulgunun literatür tarafından desteklenmektedir. Bağlanma ile ilişkin sonuçlara bakıldığında, daha genç bireyler güvensiz bağlar kurmaya daha yatkın olarak bulunmuştur. Bu bulgu, literatür tarafından da desteklenmektedir. Ebeveynlerden algılanan red sonuçlarına bakıldığında, kadın katılımcıların yaşı arttıkça, çocukluk çağındaki anneleriyle ilişkilerinde saldırganlık ve ihmal bildirmeleri de artmaktadır. Babadan algılanan red ile alakalı sonuç elde edilememiştir. Bu durumun, çocukluk dönemlerinin babaların çocuk bakımında aktif rol üstlenmediği dönemde geçmiş olabileceği ve bu yüzden anne ile alakalı deneyimlerin daha fazla hatırlanması ile ilişkili olabileceği düşünülmüştür. Öz eleştiri ile alakalı sonuçlarda, hem erkek hem de kadın katılımcılarda geç ergenlik döneminde özeleştiri yüksek olarak bulunmuştur. Ancak kadınlar için gelişen yetişkinlikte özeleştiri yaş ilerledikçe sabit kalırken, erkeklerde bu istikrar gözlenmedi. Bu bulgu literatür tarafından desteklenmektedir. Koestner ve arkadaşları (1991) tarafından yapılan boylamsal bir çalışmada, kadın katılımcılarda öz eleştirinin ergenlik döneminden genç yetişkinliğe kadar sabit kaldığı bulunmuştur. Kişilik bozukluğuna dair özelliklere ilişkin sonuçla ise, genç erkekler daha yüksek antisosyal kişilik bozukluğu puanlarına sahip olduğunu ve ayrıca hem erken yetişkinlik hem de yetişkinlikte kadınlara göre antisosyal kişilik bozukluğuna daha yatkın olduklarını göstermiştir. Antisosyal kişilik bozukluğunun erkeklerde daha yaygın olduğu bulgusu literatür tarafından desteklenmektedir (Corbitt ve Widiger, 1995; Sher vd., 2015).

4.3. Regresyon Analizleri

4.3.1. Psikopatoloji Belirtileri ile İlişkili Faktörlere İlişkin Bulgular

Psikopatoloji belirtilerine dair regresyon sonuçlarına göre, özetle, ebeveyn reddi deneyimi olan, kendini feda eden yapıya ve bağlanmaya bağlı kaygıya sahip olan, dominant ve soğuk/mesafeli boyutlarda kişilerarası problemler bildiren daha genç ve

kadın katılımcılar daha yüksek düzeyde psikopatoloji semptomları bildirmişlerdir. Ek olarak, güvensiz bağlanma stili, hak etmeyen kendilik imajı ve hem içsel hem de karşılaştırmalı özeleştirici özellikleri, psikolojik belirtilerin çoğuyla ilişkili görünmektedir. Ayrıca, çocuklukta yaşadığı olumsuz deneyimlerle birlikte kendileri ve dış dünya hakkında olumsuz görüşleri olan, bağlanmada problemler yaşayan ve özeleştiriciye daha yatkın bireyler bu süreçlerin bir sonucu olarak, çocuklukta yaşadıkları olumsuz deneyimleri olumlu olanlarla değiştirecek yeni ilişkiler kurmakta ve sürdürmekte zorlanabilirler veya kendilerini sosyal ortamları ifade etmekte zorlanabilirler. Tüm bu sorunlar, psikopatolojik semptomlara yatkınlığa neden olmaktadır.

4.3.2. Kişilik Bozuklukları ile İlişkili Faktörlere İlişkin Bulgular

Kişilik bozukluklarına dair regresyon sonuçlarına göre, ebeveyn reddi deneyimi olan, kendini feda eden yapıya ve bağlanmaya bağlı kaygıya sahip olan, çeşitli boyutlarda kişilerarası problemler bildiren daha genç katılımcılar daha yüksek düzeyde kişilik bozuklukları özellikleri bildirmişlerdir. Ek olarak, güvensiz bağlanma stili, hak etmeyen kendilik imajı ve hem içsel hem de karşılaştırmalı özeleştirici özellikleri, bireylerin kişilik bozukluğu özellikleri göstermelerine yatkınlık kazandırıyor gibi görünmektedir.

4.3.3. Çoklu Aracı Değişken Analizine İlişkin Bulgular

Elde edilen sonuçlar genel bir sonuç ortaya koymuştur. Özellikle, kendini engelleyen kişilerarası stil alanları (güvensiz bağlanma, hak etmeyen kendilik imajı ve kendini feda eden yapı) hem anne hem de baba tarafından reddedilme ve psikopatoloji semptomları arasındaki ilişkiye önemli ölçüde aracılık etmiştir. Bu alanlar aynı zamanda hem anne hem de baba reddi ve kişilik bozuklukları arasındaki ilişkiye aracılık etmiştir. Ayrıca, aracı değişkenler arasındaki ikili karşılaştırmaların sonuçları, hak etmeyen kendilik imajının en güçsüz aracı olduğunu ve güvensiz bağlanmanın da hak etmeyen öz imajdan daha güçlü bir aracı olduğunu göstermiştir. Öte yandan, kendini feda eden yapı ile güvensiz bağlanma alanları arasında güç açısından anlamlı

bir fark bulunmamıştır. Mevcut çalışmanın dikkat çekici bulgularından biri, güvensiz bağlanma ve kendini feda eden doğa alanlarının ebeveyn reddi ile hem psikopatoloji semptomları hem de kişilik bozuklukları arasındaki ilişkiye daha güçlü bir şekilde aracılık ederken, hak etmeyen kendilik imajının en az etkili aracı olduğu bulunmuştur. Güvensiz bağlanma ile kendini feda eden yapının benzer şekilde davranmasının nedeni, kendini feda eden yapının gelişiminde güvensiz bağlanma etkisinden, özellikle bağlanma kaygısı etkisinden kaynaklanıyor olabilir. Kendini feda eden yapı, başkalarıyla ilişkilerde iddiasız bir konum, ilişkilerde güvende hissetmek için kötü muamelelere tolerans, kişinin istek ve ihtiyaçlarının arka plana düşmesi ve düşük benlik değeri ile karakterizedir (Atkinson, 2017). Ebeveynleri tarafından reddedilme deneyimine sahip olan bireyler, güvensiz bağlanmanın içselleştirilmesi nedeniyle yetişkin yaşamlarında kurdukları ilişkilerde benzer bir reddedilmekten kaçınmak için kendilerini feda eden bir tutuma sahip oluyor olabilirler.

4.4. Çalışmanın Güçlü Yönleri ve Sınırlılıkları ve Gelecekteki Araştırmalar için Öneriler

Bu çalışmanın kuvvetli yanlarından biri, Kendini Engelleyen Kişilerarası Tarz Ölçeği'nin Türkçeye uyarlanmasıdır. Literatürde kendini engelleyen örüntüler çeşitli şekillerde incelenmiş olsa da kişilerarası alanda etkisini inceleyen herhangi bir çalışma bulunmamaktadır. Bu ölçme aracı yakın zamanda literatüre girmiştir ve bu nedenle, bu çalışmaya dahil edilen değişkenlerle ilişkisi ilk kez incelenmiştir.

Bu güçlü yönlerine rağmen, mevcut çalışmanın bazı sınırlılıklarına da değinmek gerekir. Mevcut çalışmanın bir sınırlaması olarak öncelikle cinsiyet dağılımından söz edilebilir. Araştırmanın örneklemi ağırlıklı olarak kadın katılımcılardan oluşmaktadır. Erkek katılımcı oranının düşük olması nüfusun temsiliyetini etkileyeceği için bu durum bir sınırlama olarak değerlendirilebilir. Benzer şekilde, demografik bilgi formu aracılığıyla elde edilen bilgiler dengeli bir dağılım göstermemiştir. Dolayısıyla bu demografik faktörleri mevcut çalışmada incelemek mümkün olmamıştır. Mevcut çalışmanın bir başka sınırlaması, sosyal istenirlik endişeleri nedeniyle bireylerin doğru

bilgi vermemesi olasılığını ortaya çıkaran öz bildirim ölçülerine bağımlı olmasıdır. Bu tür endişeler, katılımcıların ebeveynleriyle çocukluk deneyimleri hakkındaki cevaplarını de etkilemiş olabilir. Son olarak, bu çalışma yetişkin bireylerin çocukluk döneminde ebeveynlerinden algıladıkları reddedilme deneyimlerini incelemiştir. Literatürde bu retrospektif çalışmalar hakkında şüpheler belirtilse de, bu tür çalışmaların geçerliliğini doğrulayan çalışmalar da bulunmaktadır.

Gelecekte yapılacak çalışmalar için önerilerden bahsedilecek olursa, mevcut çalışmada klinik olmayan bir örnek kullanılmıştır. Burada incelenen ilişkilerin daha kapsamlı bir şekilde anlaşılması için gelecekteki çalışmalarda bir klinik örneklemin test edilmesi önerilmektedir. İkinci olarak, daha önce de belirtildiği gibi, bu çalışmada erkek ve kadın katılımcı sayısı dengeli bir şekilde dağıtılmamıştır. İleride yapılacak çalışmalarda, erkek katılımcı sayısının popülasyonu temsil edecek bir düzeye çıkarılmasına dikkat edilmesi önerilmektedir. Üçüncü olarak, mevcut çalışmada ebeveyn reddi, yetişkin bireylerin çocukluk anıları temel alınarak incelenmiştir. Retrospektif çalışmaların doğru sonuç veremeyeceği düşüncesi de dikkate alınarak boylamsal bir çalışma yapılmalıdır.

4.5. Çalışmanın Teorik ve Klinik Katkıları

Mevcut araştırmanın sonuçlarına bakıldığında, psikolojik sorunların, özeleştirinin ve kişilerarası sorunların gelişiminde ebeveyn reddinin önemli bir yeri olduğu açıktır. Hipotezlerde beklendiği gibi, hem anneden hem de babadan algılanan red aynı psikolojik problemlerin birçoğuyla ilişkilendirilirken, sadece babadan algılanan red ile pasif-agresif, obsesif-kompulsif, antisosyal ve narsisistik kişilik bozuklukları özellikleri ilişkili bulunmuştur. Bu kişilik bozukluklarının da erkek katılımcılarda bulunanlarla büyük ölçüde aynı olması dikkat çekicidir. Ayrıca araştırmada sunulan iki tür güvensiz bağlanmadan biri olan bağlanmaya ilişkin kaygı, psikolojik sorunlarla ilişkilendirilirken, bağlanmaya bağlı kaçınma anlamlı bir ilişki göstermemiştir. Ayrıca araştırmanın bulgularına göre ebeveyn reddi ile psikopatoloji belirtileri arasındaki ilişkide ve babadan algılanan red ile kişilik bozuklukları arasındaki ilişkide kendini

engelleyen kişilerarası tarz önemli aracı rol oynamaktadır. Dahası, anneden algılanan red ile kişilik bozukluğu arasındaki bağlantı, ancak kendini engelleyen kişilerarası tarz aracılığıyla kurulmaktadır.

Bu çalışmanın bulguları, ebeveynlerin çocuklarına yönelik tutum ve davranışlarının önemini ve bunun yetişkin yaşamları üzerindeki etkilerini vurgulamaktadır. Terapötik uygulamalar için, bu erken olumsuz deneyimlerin bireylerin yaşadığı psikolojik sorunların temelini oluşturabileceğini unutmamak önemlidir. Bu durum, terapötik uygulamalarda tanılar üstü model kapsamında da değerlendirilebilir. Tanılar üstü yaklaşıma göre psikolojik problemlerde ortak noktalar bulunabilmekte ve aynı kaynaktan farklı patolojiler beslenebilmekte, benzer tedavi yaklaşımları ile farklı patolojiler iyileştirilebilmektedir. Bireyin yaşadığı bir durum, ileride farklı psikolojik sorunlar için bir risk faktörü oluşturabilir (Hacıömeroğlu, Keser ve İnöz, 2018; McLaughlin, Colich, Rodman ve Weissman, 2020). Bu çalışmada, bireylerin çocukluk döneminde ebeveyn reddi deneyimi yaşamış ve yetişkin yaşamındaki psikolojik sorunlar ile çocukluktaki olumsuz deneyimler arasındaki ilişki vurgulanmıştır. Hem psikopatoloji belirtilerinin hem de kişilik bozuklukları özelliklerinin incelendiği bu çalışmada, ebeveyn reddi ile birçok psikopatoloji ve kişilik bozuklukları arasında ilişki bulunmuştur. Transdiagnostik yaklaşım kapsamında değerlendirilirse, temelde ebeveyn reddi olan bireylerin yetişkin yaşamlarında yaşadıkları psikolojik sorunlar ortak zeminlere sahip olabilir ve terapide bütüncül bir yaklaşımla ele alınabilir. Tanı ölçütlerinin ötesine geçilerek ve altta yatan travmatik çocukluk deneyimlerinden kaynaklanan duygu, düşünce ve tutumlara değinilerek bireyin belirtilerinin ötesinde bütüncül bir yaklaşım sağlanabilir. Bireyler farklı psikolojik sorun özellikleri gösterse de, bu sorunların ortaya çıkması sırasında ortak deneyimlere değinmek, psikolojik sorunların arkasındaki nedenleri kategorize etmeden daha geniş bir perspektiften ele almak açısından faydalı olabilir. Buna ek olarak, kendini engelleyen kişilerarası tarzı olan, yani ilişkilerinde istismara uğramasına veya kötü muameleye maruz kalmasına rağmen bir ilişkiyi sürdürme eğiliminde olan bireylerin ebeveyn reddi deneyimleri dikkatlice düşünülmelidir. Son olarak, bu çalışmanın bulgularında daha genç

katılımcılar öne çıkmıştır. Bu bağlamda, gençlerin kolaylıkla erişebilecekleri psikolojik destek kaynakları sağlanması, yaşamın ilerleyen dönemlerinde ortaya çıkabilecek sorunların azaltılmasını sağlayacaktır.

Bütünüyle ele alındığında, bu çalışmanın sonuçları, çocukluktaki olumsuz deneyimlerin yetişkin yaşamındaki yansımaları hakkında fikir vermektedir. Bireylerin kendilik algıları ve ilişkileriyle yaşadıkları sorunlar, çocukluktaki deneyimleri incelenmeden çalışılmamalıdır. Klinik psikoloji alanında çalışan uzmanlar, yetişkinlerin sorunlarını sadece davranışsal açıdan değil, aynı zamanda çocukluk deneyimlerini inceleyerek de ele almalıdır. Klinik görüşme süreci boyunca olumsuz çocukluk deneyimleri ele alınarak, öncelikle yetişkin yaşamını etkileyen olumsuzluklar, daha sonra da psikolojik sorunlara yatkınlık azaltılabilir. Böylelikle çocukluktaki olumsuzlukların yetişkin yaşamındaki yaygın etkisi daha kalıcı olarak iyileştirilebilir.

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