



**THE MEDIATING ROLE OF INTERPERSONAL
EMOTION REGULATION AND EMOTIONAL
EXPRESSION IN THE RELATIONSHIP BETWEEN
PERCEIVED PARENTAL ACCEPTANCE-REJECTION
AND MENTAL HEALTH**

GÜLÇİN KAÇMAZ

Thesis for the Master's Program in Clinical Psychology

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GÜLÇİN KAÇMAZ

THESIS ADVISOR: Asst. Prof. Dr. Yasemin MERAL ÖĞÜTÇÜ

Master's Exam Jury Members

Assoc. Prof. Dr. Ceren GÖKDAĞ

Assoc. Prof. Dr. Ezgi TUNA KAYKUSUZ

Asst. Prof. Dr. Yasemin MERAL ÖĞÜTÇÜ

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Approval of the Graduate School

Prof. Dr. Mehmet Efe  BİRESSELİOĞLU

I certify that this thesis satisfies all the requirements as a thesis for a Master's degree.

. Assoc. Prof. Dr. Ezgi  TUNA KAYKUSUZ

This is to certify that we have read this thesis and that in our opinion it is fully adequate, in scope and quality, as a thesis for a Master's degree.

. Asst. Prof. Dr. Yasemin  MERAL ÖĞÜTÇÜ

Master's Exam Jury Members

Assoc. Prof. Dr. Ceren GÖKDAĞ

Manisa Celal Bayar University

Assoc. Prof. Dr. Ezgi TUNA KAYKUSUZ

Izmir University of Economics

Asst. Prof. Dr. Yasemin MERAL ÖĞÜTÇÜ

Izmir University of Economics

ETHICAL DECLARATION

I hereby declare that I am the sole author of this thesis and that I have conducted my work in accordance with academic rules and ethical behaviour at every stage from the planning of the thesis to its defence. I confirm that I have cited all ideas, information and findings that are not specific to my study, as required by the code of ethical behaviour, and that all statements not cited are my own.

Name, Surname: Gülçin Kaçmaz

Date: 20.06.2025

Signature:

ABSTRACT

THE MEDIATING ROLE OF INTERPERSONAL EMOTION REGULATION AND EMOTIONAL EXPRESSION IN THE RELATIONSHIP BETWEEN PERCEIVED PARENTAL ACCEPTANCE-REJECTION AND MENTAL HEALTH

Kaçmaz, Gülçin

Master's Program in Clinical Psychology

Advisor: Asst. Prof. Dr. Yasemin Meral Ögütçü

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Perceived parental rejection has consistently been linked to a range of psychological symptoms, including depression, anxiety, and interpersonal difficulties. Despite the well-established connection between early relational adversity and mental health, there remains a gap in the literature regarding the emotional mechanisms that may mediate this relationship. Drawing on Interpersonal Acceptance-Rejection Theory (IPARTheory), the present study aimed to investigate whether emotional expression and interpersonal emotion regulation (IER) mediate the relationship between perceived parental rejection and psychological symptomatology. The sample consisted of 384 Turkish adults aged between 18 to 75 years. They completed self-report measures including the Parental Acceptance-Rejection Questionnaire, Brief Symptom Inventory, Berkeley Expressivity Questionnaire, and Interpersonal Emotion Regulation Scale. Correlational analyses revealed that both maternal and

paternal rejection were positively associated with psychological symptoms and negatively associated with positive emotional expression. Mediation analyses showed that positive emotional expression significantly mediated the relationship between both maternal and paternal rejection and psychological symptoms. Additionally, the perspective taking subdimension of IER mediated the link between parental rejection and psychological symptoms. These findings underscore the importance of considering both emotional and interpersonal processes when understanding the psychological effects of early parental rejection. By highlighting the distinct roles of emotional expression and IER, particularly in the context of paternal rejection, the results offer valuable insights for clinical interventions aimed at improving emotional functioning in adults with histories of early relational adversity.

Keywords: perceived parental rejection, emotional expression, interpersonal emotion regulation, psychological symptoms, IPARTheory.

ÖZET

ALGILANAN EBEVEYN KABUL-REDDİNİN RUH SAĞLIĞI ÜZERİNDEKİ ETKİSİNDE DUYGU DIŞAVURUM VE KİŞİLERARASI DUYGU DÜZENLEMENİN ARACILIK ROLÜ

Kaçmaz, Gülçin

Klinik Psikoloji Yüksek Lisans Programı

Tez Danışmanı: Dr. Öğr. Üyesi Yasemin Meral Ögütçü

Haziran, 2025

Çocukluk döneminde yaşanan ebeveyn reddi deneyimleri, bireyin ruh sağlığı üzerinde uzun süreli ve derin etkiler bırakabilmektedir. Erken dönem ilişkisel olumsuzlukların ruh sağlığı üzerindeki etkisi literatürde kapsamlı biçimde ele alınmış olsa da, bu ilişkiyi açıklayabilecek duygusal mekanizmalar yeterince araştırılmamıştır. Bu çalışmada, Kişilerarası Kabul-Ret Kuramı'ndan (IPARTheory) yola çıkılarak, algılanan ebeveyn reddi ile psikolojik belirti düzeyi arasındaki ilişkide duygu dışavurum ve kişilerarası duygu düzenleme (IER) süreçlerinin olası aracılık rolleri incelenmiştir. Araştırmaya 18-75 yaş aralığında, Türkiye genelinden 384 kişi katılmıştır. Katılımcılar, çevrimiçi anket aracılığıyla Algılanan Ebeveyn Kabul-Ret Ölçeği, Kısa Semptom Envanteri, Berkeley Dışavurumculuk Ölçeği ve Kişilerarası Duygu Düzenleme Ölçeği'ni doldurmuştur. Bulgular, algılanan ebeveyn reddi ile psikolojik belirtiler arasında pozitif yönde anlamlı bir ilişki olduğunu göstermiştir. Ayrıca, pozitif duygu dışavurumun her iki ebeveyn modelinde de kısmi aracılık rolü

olduđu görölmüştür. Kişilerarası duygu düzenleme açısından ise yalnızca perspektif kazanımı alt boyutu, anne ve baba reddi modelinde anlamlı bir dolaylı etki göstermiştir. Sonuçlar, erken ebeveynlik deneyimlerinin ruh sağlığı üzerindeki etkilerini anlamada duygu dışavurum ve kişilerarası duygu düzenleme süreçlerinin önemine işaret etmektedir. Bu bulguların özellikle duygusal ifade güçlüğü yaşayan bireylerle çalışan ruh sağlığı çalışanları için yol gösterici olabileceğı düşünülmektedir.

Anahtar Kelimeler: algılanan ebeveyn reddi, ruh sağlığı, duygu dışavurum, kişilerarası duygu düzenleme



Dedicated to my sister, Güllü Kaçmaz, for being by my side, always.



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LIST OF ABBREVIATIONS

APA: American Psychological Association

BEQ: Berkeley Expressivity Questionnaire

BSI: Brief Symptom Inventory

CI: Confidence Interval

DSM-IV: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition

IER: Interpersonal Emotion Regulation

IPARTheory: Interpersonal Acceptance-Rejection Theory

M: Mean

p: p-value (probability value)

PARQ-SF: Parental Acceptance-Rejection Questionnaire – Short Form

SD: Standard Deviation

SPSS: Statistical Package for the Social Sciences

WHO: World Health Organization

α : Cronbach's Alpha (internal consistency coefficient)

CHAPTER 1: INTRODUCTION

Since the earliest stages of life, individuals are born into close relationships and develop within these relationships. Among these first interactions, the relationships that may have the most impact on the lives of people are those they establish with their primary caregivers. In particular, perceptions of how much they are accepted and rejected by their parents within these relationships shape individuals' perspectives on themselves and the world (Rohner, 2004). These perceptions can also be interpreted as a factor affecting the psychological and emotional development of individuals. If a child's emotional needs are seen and recognized by his or her parents, that individual can develop the ability to treat his or her own emotions with the same sensitivity as an adult (Rohner, 2005).

Parental rejection is a core construct of Interpersonal Acceptance-Rejection Theory (IPARTheory) which is described as the absence or withdrawal of parental warmth and affection, often experienced as neglect, hostility, or undifferentiated rejection (Rohner, 2005). Some studies have shown that perceived parental rejection during childhood is linked to a variety of emotional difficulties and psychological symptoms in adulthood, including anxiety, depression, and interpersonal problems (Kahya, and Akbaş, 2025; Yıldız and Dağ, 2017). On the other hand, parental acceptance refers to the presence of warmth, affection, care, and emotional support from parental figures (Rohner, Khaleque and Cournoyer, 2012). Rohner (2004) described parental acceptance as a factor which fosters a sense of security and psychological well-being. One of the main goals of the current study is to examine possible pathways in the impact of parental acceptance-rejection on mental health.

One potential pathway in which parental rejection affects mental health is through emotional expression. Emotional expression refers to the outward display of internal emotional states, such as smiling when happy or crying when distressed (Gross and John, 1995). Previous research suggests that individuals who grow up in invalidating or emotionally neglectful environments may develop difficulties in expressing their emotions openly or adaptively. These difficulties may, in turn, contribute to increased psychological distress (Haslam et al., 2012). In the current study, it was thought that the mechanism which causes the inability of individuals to express their

emotions may also affect the emotional sharing they can achieve in a social environment. Therefore, interpersonal emotion regulation (IER) was included in the study as another possible pathway.

IER refers to the use of social interactions to manage emotional states (Hofmann, Carpenter and Curtiss, 2016). Research increasingly emphasizes that emotion regulation is not only an internal skill but also shaped by the relational environment in which individuals develop (Zaki and Williams, 2013). When caregivers are emotionally responsive, children tend to form secure internal working models that support the use of adaptive interpersonal strategies later in life (Barthel et al., 2018). In contrast, early experiences of parental rejection may foster emotional distrust or avoidance, making it harder for individuals to benefit from social regulation (Messina, Calvo and Grecucci, 2024). For that reason, IER was included in the current study as a key mediating variable to examine how early caregiving experiences might influence later emotional coping within social contexts and psychological functioning.

Although the effects of the variables mentioned above on mental health have been studied separately in previous research, they have not been studied together. This study aims to examine these variables in combination. Thus, the aim was to fill the gap in understanding how these emotional processes may jointly explain the link between early rejection experiences and current psychological symptoms. Therefore, examining emotional expression and interpersonal emotion regulation as mediators may offer a more comprehensive view of the emotional pathways through which perceived parental acceptance-rejection affects adult mental health.

In the next sections, the concepts of psychological well-being, parental rejection, emotional expression, and interpersonal emotion regulation will be discussed in detail, along with their theoretical background and interrelations.

1.1. Mental Health

The term mental health is generally understood as a multidimensional concept that reflects psychological, emotional, and interpersonal well-being (Galderisi et al., 2015). Mental health is an important component of overall well-being and plays a key role in affecting how people think, feel, and behave in daily life. According to

the World Health Organization (2001), mental health involves not only realizing one's capabilities and handling everyday stressors but also engaging in productive work and participating actively in community life. Due to the strong emphasis on productivity and functioning in WHO's definition of mental health, some researchers have chosen to propose alternative definitions. Galderisi et al. (2015) conceptualized mental health as an evolving state of internal harmony that enables individuals to act in alignment with their personal strengths and social values. According to this view, certain mechanisms are emphasized that individuals need to adapt to life's challenges and their social roles. These include basic cognitive and social skills, the ability to express and regulate emotions, and psychological flexibility (Galderisi et al., 2015). Bhugra, Till, and Sartorius (2013) highlighted that these individual capacities do not function in isolation. The relationship between individuals and their social environment also plays an important role. Contributing to collective well-being has been associated with improvements in an individual's mental health. Although mental health is recognized as a multidimensional concept that encompasses both positive and negative indicators of well-being, the current study focuses specifically on its negative manifestations—such as depression, anxiety, and interpersonal distress. This decision was guided by the fact that these symptoms represent some of the most prevalent and burdensome aspects of mental health difficulties in both global and national contexts, particularly among young adults and individuals with early relational adversity. Therefore, in line with previous literature on mental health risks and predictors, the study adopts a symptom-focused operationalization of mental health in order to investigate the psychological effects of perceived parental rejection.

The World Health Organization (2022) has indicated that mental health conditions currently affect roughly one out of every eight individuals worldwide. Steel et al. (2014) reported the heightened prevalence of mental disorders: 17.6% of individuals met the diagnostic criteria for a mental disorder within one year, and this rate increased to 29.2% over their lifetime. In 2012, Graaf et al. reported that the Netherlands Mental Health Survey showed national-level prevalence rates of 20.2% for mood disorders, 19.6% for anxiety disorders, and 19.1% for substance use disorders. More recent evidence from the same national survey (NEMESIS-3) reveals that between 2007–2009, the 12-month prevalence of DSM-IV disorders was

17.4%, and by 2019–2022, it had risen to 26.1%. They drew attention to the increase, which was more noticeable among young adults and people living in cities. Interestingly, this rise did not seem to be related to the worldwide spread of COVID-19. Prevalence rates before and throughout the pandemic period were found to be similar (Ten Have et al., 2023). In contrast, a study from Türkiye during the second wave of the COVID-19 pandemic reported high levels of psychological symptoms among university students. In that study, 84.2% of participants reported high stress. In addition, 55.0% showed signs of depression, and 61.2% showed symptoms of PTSD (Aslan, and Çınar, 2023). Although there are studies examining the prevalence of mental disorders worldwide, diagnostic-based prevalence research in Türkiye remains limited. Still, several community-based studies have examined mental health problems and their prevalence in different parts of the population. A large study conducted in İzmir by Topuzoğlu et al. (2015) reports that 8.2% of people had major depression over a 12-month period. The rates were higher among women and individuals with lower income levels. A more recent national survey in Türkiye estimated that 10% of adults experienced depressive symptoms within a year. This rate was 13.2% for women and 6.1% for men. The point prevalence was 6.3% overall (Aydın et al., 2024). To sum up, mental health is a multifaceted concept shaped by emotional, cognitive, and social dynamics. Moreover, recent findings underline its widespread prevalence across both global and national contexts. Given the increasing burden of mental health problems observed across different populations, it is important to examine the underlying mechanisms that contribute to these difficulties. This is especially relevant for groups such as young adults, women, and individuals with low socioeconomic status, who appear to be disproportionately affected. Rather than being caused by a single factor, mental health difficulties often emerge from a combination of biological, psychological, and social influences that interact over time. In this regard, the next chapter will provide an overview of the main determinants of mental health, with particular emphasis on social conditions and early familial experiences that may contribute to psychological well-being or vulnerability.

1.1.1. Determinants of Mental Health

Identifying the factors linked to mental health issues is at the heart of designing effective strategies for prevention and intervention. Therefore, this section will focus

on different determinants of psychological difficulties. Factors found to influence mental health problems are often the result of a mix of genetic, environmental, and social risks. Therefore, it is difficult to identify the exact causes of psychological issues because these factors may overlap and affect each other over time (Arango et al., 2018). In the literature, there are several models that try to explain the multidimensional structure of mental health determinants. One of the well-known multidimensional frameworks is the biopsychosocial model (Engel, 1977). This model has demonstrated how biological, psychological, and social factors affect mental health. The biopsychosocial model draws our attention to both individual and structural factors that play an important role in psychological well-being (Compton and Shim, 2015). Especially non-genetic social and environmental contributors are reflected in the nature of mental disorders. Much of the available literature on mental health examines which social determinants are relevant to this issue (Allen et al., 2014; Kirkbride et al., 2024; World Health Organization, and Calouste Gulbenkian Foundation, 2014).

Silva, Loureiro and Cardoso (2016) highlights the need to examine different social conditions that affect people in many areas of their lives and, in turn, their mental health. These include factors such as income inequality, unemployment, poor access to education and healthcare, unsafe neighborhoods, and lack of strong social ties. The authors suggest that such challenges not only increase the risk of mental health problems but may also cause them to persist and become more severe over time. In the same vein, Baumeister and Härter (2007) reported that international epidemiological studies have shown that social factors such as gender, unemployment, and low socioeconomic status are key underlying causes of mental health difficulties. In a study on social factors affecting mental health in Turkey, Topuzoğlu et al. (2015) examined variables such as low education, low income and lack of health insurance. Their findings suggested that these variables were significantly linked to heightened depressive symptoms. Likewise, İşlek et al. (2015) found that being female, having low academic achievement, being unemployed, and having a low income were significant predictors of mental disorders. Overall, these studies suggest that mental health is a concept that can be shaped and affected by social variables.

While previous studies have emphasized the importance of structural factors in mental health, the literature has also identified early relationships as another key factor influencing psychological well-being (Chen and Harris, 2019). Traditionally, it has been argued that the family is usually the initial environment where people begin to learn how to understand, express, and manage their emotions (Lissa et al., 2019). Morris et al. (2007) pointed to the early caregiver's important role in shaping emotional development and self-perception, which may result in different effects on psychological well-being. Therefore, it is important to investigate the role of parents in the mental health outcomes of individuals.

Several studies have investigated the link between emotionally supportive and cohesive family relationships and better mental health across the lifespan. For instance, Chen and Harris (2019) reported that teens who had closer family bonds and fewer arguments with their parents showed fewer signs of depression. This pattern continued from adolescence into midlife, showing how warmth and stability in families can protect mental health over time. More recent evidence from Ye et al. (2023) demonstrated that low family conflict and high emotional responsiveness serve as protective factors against PTSD symptoms in children and adolescents. These findings suggest that when family conflict decreases and parents offer more emotional support and warmth to their children, mental health tends to improve. In line with these findings, Stocker et al. (2017) found that teens with higher genetic sensitivity were more likely to show symptoms like depression, anxiety, and hostility when they grew up in harsh or emotionally distant families. In contrast, those raised in warm and caring homes adjusted better.

All these studies provide important insights into how parenting style and family environment may serve as protective factors even when there is a biological or event-based risk of mental disorders. Taken together, these findings highlight the need for theoretical frameworks that can explain how individuals internalize early parenting experiences and how these experiences shape long-term psychological outcomes. Although various frameworks such as attachment theory, Baumrind's model of parenting styles, and family systems theory have explored the influence of parenting on children's emotional development, this thesis adopts the Interpersonal Acceptance-Rejection Theory (IPARTheory) as its central framework. The first factor that influenced this choice is the broad and flexible framework offered by

IPARTheory. It highlights how perceived acceptance or rejection from parents can shape emotional development throughout life. Secondly, IPARTheory also considers culture and social environment as factors influencing parenting and emotional experiences. Lastly, rather than categorizing individuals into fixed attachment styles, the theory centers on people's subjective perceptions of acceptance or rejection within close relationships (Ripoll-Núñez, and Carrillo, 2016). This makes it a useful model for understanding how early rejection can affect how we express emotions and use others for support later in life. Therefore, this thesis draws on IPARTheory to explore how perceived parental rejection may contribute to psychological difficulties through its impact on emotional and relational processes. The following section will introduce IPARTheory in greater detail, including its core assumptions, subdimensions, and relevance to emotional and psychological outcomes.

1.2. Interpersonal Acceptance-Rejection Theory (IPARTheory)

Interpersonal Parental Acceptance–Rejection Theory (IPARTheory) is an evidence-based theory that focuses on socialization and human development across the lifespan (Rohner, 2004). The founder of the theory, Ronald Rohner (1986, 2004) aimed to explain primary causes, outcomes, and correlations of interpersonal acceptance and rejection. The theory was first introduced as the Parental Acceptance-Rejection. However, as it became clear that acceptance and rejection could also occur in other important relationships, the theory was expanded and the name revised. Even with the broadened perspective, the central emphasis of the theory and most related research remains on the perceptions of parental acceptance and rejection during childhood and how these memories shape later development (Rohner, 2021).

The theory is established on the idea that all individuals have a basic emotional need to feel accepted by the people who are most important to them. This need is considered universal and not influenced by differences in culture, ethnicity, physical traits, social class, or language. Fundamentally, IPARTheory seeks to explain the need for parental acceptance through a culturally generalizable and cross-societal perspective (Rohner, 2004). In this theory, parents refer not only to biological parents but also to any primary caregiver who plays an important role in the child's life (Rohner, Khaleque and Cournoyer, 2007). Therefore, the theory emphasizes that the

emotional climate provided by primary caregivers, not the biological bond, has a profound impact on socio-emotional development and psychological well-being.

In IPARTheory, acceptance is described as the perception of warmth, affection, support, and care provided by primary caregivers. Rejection, on the other hand, is defined as the absence or withdrawal of these positive experiences. Messages of acceptance or rejection can be communicated through direct behaviors such as verbal or physical hostility, as well as more subtle forms like emotional neglect, indifference, or coldness for instance, when a parent shows genuine interest in the child's thoughts and feelings, the child perceives acceptance. These accepting caregivers may offer comfort during distress and provide consistent affection. In contrast, a child may feel rejected if the parent is emotionally distant, frequently critical, or unresponsive to the child's emotional needs (Rohner, 2021).

There are three key sub-theories of the IPARTheory: 1) personality sub-theory, 2) coping sub-theory, and 3) sociocultural systems sub-theory (Rohner, Khaleque and Cournoyer, 2012). The personality sub-theory investigates the lifetime psychological consequences of perceived acceptance or rejection from early caregivers. The personality sub-theory aims to answer two fundamental questions. The first is whether all children are affected in similar ways when they perceive acceptance or rejection from their parents. The second is to what extent the effects of perceived rejection in childhood continue into adulthood and old age. According to this sub-theory, individuals who do not receive the emotional care, support, and comfort they need from their attachment figures are more likely to develop negative psychological dispositions, such as hostility, aggression, low self-esteem, emotional instability, and a negative worldview (Khaleque and Rohner, 2012).

On the other hand, coping sub-theory points out why some individuals are more resilient than others even though they are exposed to rejection. The coping sub-theory suggests that individuals who believe they have control over what happens to them, and who do not internalize or personalize the rejection they experienced during childhood, are more likely to cope with it in healthier ways. As a result, this sub-theory highlights certain social-cognitive skills such as having a sense of self-determination and the ability to depersonalize negative experiences as key protective

factors. Lastly, sociocultural systems sub-theory addresses societal factors which influence the patterns of parental attitudes (Rohner, 2004).

According to the sociocultural systems sub-theory, two key questions are addressed: (1) Why do parenting styles differ so drastically, with some parents showing love and care and others responding with emotional distance or hostility? and (2) How do these general parental patterns influence the broader social norms, belief systems, and interpersonal behaviors within a given culture (Khaleque and Rohner, 2012)?

To answer these core questions regarding how acceptance and rejection function in the parent–child relationship, researchers introduced the concept of the warmth dimension as a central construct of IPARTheory, rather than as a separate sub-theory. This dimension represents a continuum ranging from parental acceptance to rejection and serves as the primary framework for understanding emotional expressions within interpersonal caregiving relationships.

1.2.1. The Warmth Dimension of Parenting

According to Rohner, Khaleque and Cournoyer (2012), IPARTheory conceptualizes a continuum ranging from acceptance to rejection. Because every individual receives some degree of love from their attachment figures, they can all be located somewhere along this continuum. The warmth dimension is described as the quality of the parent-child relationship especially which focuses on children's perception of verbal, symbolic, or physical expressions of affection by their parents. Experiences of warmth, comfort, and emotional security from primary caregivers form a sense of parental acceptance for the child.

In contrast, the parental rejection dimension is defined as the absence of these positive parental experiences and the presence of physically and psychologically abusive behaviors from the parents. In IPARTheory, cross-cultural research has described four principal expressions of parental rejection: (1) cold and unaffectionate, (2) hostile and aggressive, (3) indifferent and neglecting, and (4) undifferentiated rejection. These expressions are not separate sub-theories but rather descriptive categories that fall under the warmth dimension of IPARTheory. Each reflects different ways in which the lack of parental warmth can be experienced and perceived by children (Rohner, Khaleque, and Cournoyer, 2012).

Firstly, cold and unaffectionate refers to situations where parents fail to show love or emotional closeness. For example, children may not receive physical affection such as hugs or verbal affirmations like praise or comfort. Hostile and aggressive behaviors involve verbal or physical hostility, such as yelling, name-calling, or hitting, that are often perceived as intentionally hurtful. Indifference and neglect are marked by a general lack of involvement and responsiveness, where parents may ignore the child's emotional or physical needs, leading to feelings of abandonment. Finally, undifferentiated rejection is described as a situation in which a child feels unloved and unwanted without any clear behavioral indicator from the parent (Rohner, Khaleque and Cournoyer, 2005).

According to IPARTheory, these four behavioral patterns are seen as outward manifestations of the internal emotional and psychological states of caregivers (Rohner, Khaleque and Cournoyer, 2012). When parents act on feelings of love, they can become more affectionate and nurturing, expressed through verbal, physical, or symbolic behavior. In contrast, when caregivers act on anger or hostility, their actions may manifest as aggressive behavior, such as hitting, pushing, or using sarcasm or hurtful language (Rohner, Khaleque and Cournoyer, 2005). In some cases, neglect, often interpreted as indifference, may stem not only from emotional unavailability but also from unregulated anger or emotional disengagement.

Importantly, perceived rejection does not always align with observable behaviors. A child may feel rejected even when no overt hostility or neglect is present. Therefore, a child's subjective understanding of rejection can offer more meaningful insights than external evaluations alone. Since expressions of parental warmth or rejection are symbolically mediated, they may be perceived differently across cultural settings. IPARTheory thus emphasizes that interpretations of acceptance and rejection are shaped not only by behavior but also by cultural and individual lenses (Rohner, Khaleque and Cournoyer, 2012).

While the warmth dimension helps conceptualize how parental acceptance and rejection are experienced and expressed in the parent-child relationship, the personality sub-theory of IPARTheory focuses on how individuals respond to these experiences across the lifespan. According to this sub-theory, there are seven to ten universal patterns through which both children and adults typically react to perceived

acceptance or rejection (Rohner, Khaleque and Cournoyer, 2012). The next section will explore these response patterns in more detail.



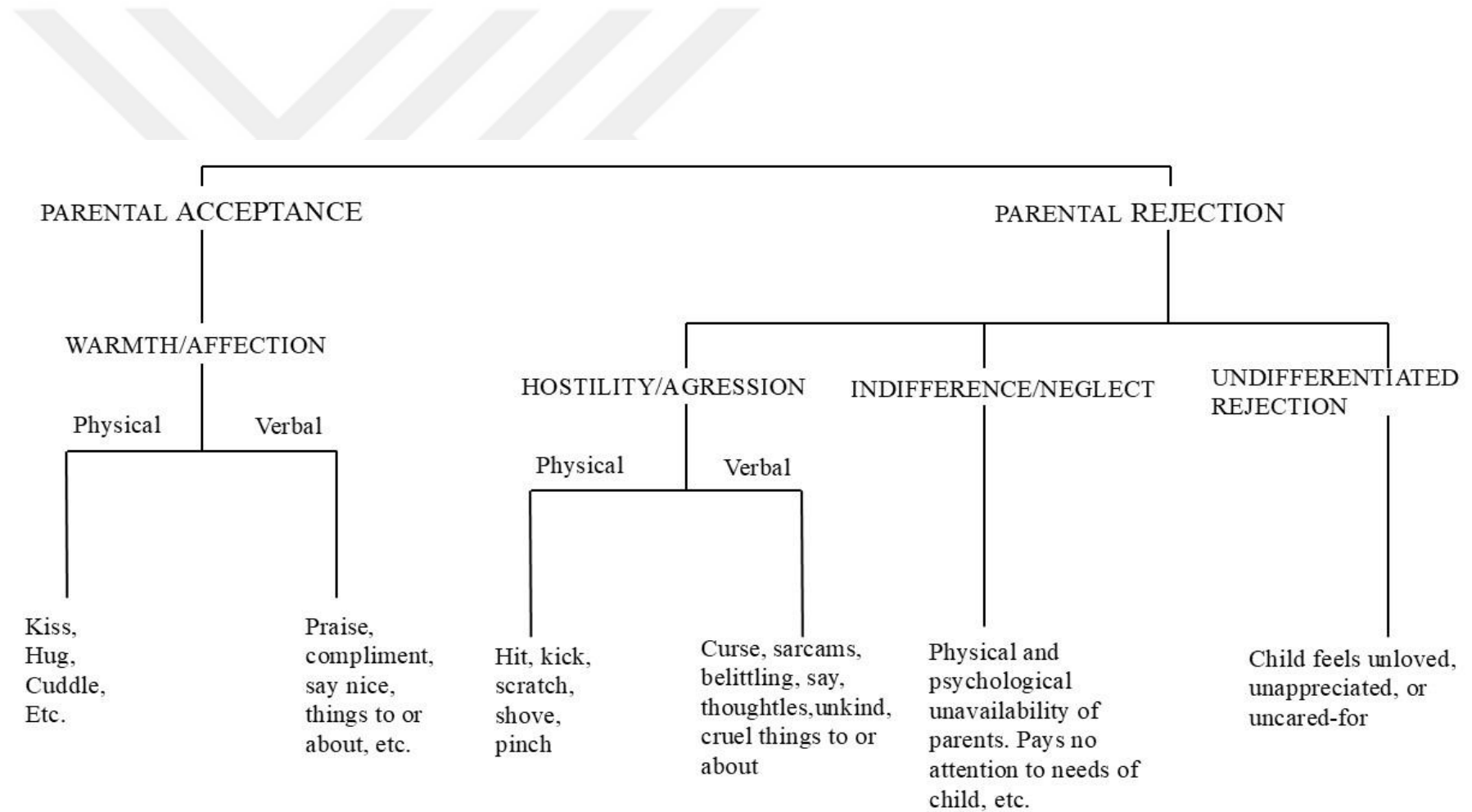


Figure 1: The warmth dimension of parenting (Source: Rohner, Khaleque and Cournoyer, 2005)

1.2.2. Personality Subtheory of IPARTheory

The Personality Subtheory within IPARTheory explains the psychological outcomes of perceived parental acceptance and rejection. The assumption behind the Personality Subtheory is that, through evolution, humans have developed an emotional need for positive responses from significant others. These needs include comfort, support, care, nurturance, and affection. Within this framework, the fulfillment or frustration of this emotional need largely depends on primary caregivers in childhood. If parents fail to meet these needs, perceived parental rejection may lead to a set of negative personality dispositions, such as dependency, defensive independence, hostility and aggression, emotional unresponsiveness, impaired self-esteem and self-adequacy, emotional instability, and a negative worldview (Rohner and Khaleque, 2002).

In the theory, dependence refers to the desire or yearning for emotional support, care, comfort, and other similar behaviors from attachment figures. It may also involve behavioral bids individuals make to elicit such responses. For children, these bids may manifest as clinging to their parents or crying during separation. This need continues into adulthood, becoming a more complex desire for positive regard from those with whom one shares an affectional bond. While these significant figures are often parents in childhood, they may also include non-parental attachment figures in adulthood. In adulthood, such behaviors may take more symbolic forms, such as seeking reassurance, approval, or comfort from significant others during times of distress. Over time, if these needs remain unmet, some individuals tend to develop defensive independence, appearing emotionally distant or self-sufficient while still longing for affection deep down (Rohner, 2016).

IPARTheory argues that perceived rejection also affects how individuals believe they are seen by significant others. Those who perceive themselves as rejected may develop negative self-evaluations, which can lead to low self-esteem and feelings of incompetence. As a result, they may come to see themselves as unlovable or unworthy of affection (Rohner, 2005). Supporting this, studies have shown that adolescents who perceive low parental acceptance report lower self-esteem (Kagwe, 2015), while university students in Ukraine who felt accepted by their parents

reported more positive self-concepts (Cournoyer, Sethi and Cordero, 2005). These negative self-beliefs can, in turn, increase emotional vulnerability and reduce one's capacity to cope with stress. Verschueren and Marcoen (2002) found that children's perceived paternal rejection was associated with low self-worth and emotional insecurity, particularly among non-aggressive rejected groups. This highlights how perceived parental rejection can quietly alter the foundations of self-worth, often with long-term emotional consequences.

With respect to IPARTheory, anger, negative self-perceptions, and other emotional consequences of perceived rejection may significantly reduce an individual's ability to cope with stress (Rohner and Khaleque, 2002; Rohner, Khaleque and Cournoyer, 2005). Rejected children and adults are often less emotionally stable compared to those who feel accepted. As a result, they may become easily overwhelmed and display anger or emotional distress in situations that accepted individuals are able to manage with greater emotional balance. These painful emotional reactions may contribute to the development of a negative worldview, as individuals begin to perceive interpersonal relationships as unpredictable, unsafe, or hostile. From this perspective, the world itself may also be seen as threatening, unfriendly, or emotionally dangerous. Moreover, such distorted views of the self, others, and the world are conceptualized within IPARTheory as mental representations, which are shaped by emotionally significant past and present experiences. These representations influence how individuals interpret and respond to events in their environment. Once these schemas are formed, they may lead rejected individuals to misinterpret others' intentions, perceive rejection where none exists, or question their self-worth even when receiving positive feedback (Rohner and Khaleque, 2002).

These personality dispositions, shaped by early experiences of perceived acceptance or rejection, may in turn increase individuals' vulnerability to psychological distress. To better understand how these traits are linked to broader mental health outcomes, the following section examines the relationship between perceived parental rejection and psychological symptoms in both clinical and non-clinical populations.

1.2.3. Perceived Parental Acceptance-Rejection and Mental Health

Rohner's (2002) Interpersonal Acceptance-Rejection Theory (IPARTheory) suggests that how people perceive acceptance or rejection from their parents can have lasting

effects on their mental health (Rohner and Khaleque, 2002). Even more, this influence appears to be consistent across different cultural backgrounds and between genders. The personality dispositions shaped by early acceptance or rejection experiences such as emotional instability, low self-esteem, and a negative worldview are thought to play a critical role in the development of psychological symptoms (Rohner and Khaleque, 2002). IPARTheory emphasizes that perceived parental rejection not only affects personality functioning but also contributes to a wide range of emotional and behavioral difficulties across the lifespan. This section therefore focuses on how perceived parental acceptance or rejection is associated with mental health outcomes. These associations will be discussed in both clinical and non-clinical populations.

It is believed that when emotional pain of rejection becomes overwhelming, which can interfere with the ability to manage negative emotions (Rohner and Khaleque, 2002). This may help explain why perceived parental rejection has consistently been associated with psychological symptoms across different developmental stages. Supporting this, parental rejection has been associated with emotional instability during adolescence (Mendo-Lázaro et al., 2019), as well as difficulties in self-regulation and internalizing symptoms such as anxiety and depression in early adulthood (Baker and Hoerger, 2012). These theoretical connections are further supported by research that examines the psychological consequences of perceived parental rejection, particularly during adolescence (Zeng et al., 2025; Giunta et al., 2022; Vogiatzis, 2019). Magaro and Weisz (2006) investigated which aspects of parenting were linked to depressive symptoms in adolescents. Their findings showed that among the variables examined, only parental rejection, not parental control, was significantly associated with higher levels of depressive symptoms. In a large-scale study with Dutch adolescents, Hale et al. (2005) showed that adolescent depression mediated the relationship between perceived parental rejection and aggressive behavior. Their model showed improved fit when direct pathways from parental rejection to both aggression and withdrawal were taken into account. This finding also supports the idea that parental rejection may be an underlying factor influencing both aggression and withdrawal, encouraging further examination of its potential role in these outcomes. Evidence from cross-cultural research suggests that the relationship between perceived parental rejection and psychological symptoms can

be observed across diverse populations. In a large-scale study involving 1,199 adolescent–caregiver pairs from nine different countries, perceived parental rejection was found to be positively associated with externalizing symptoms such as aggression and behavioral problems. Notably, only paternal rejection was significantly linked to internalizing symptoms like anxiety and depression. The study also emphasized that fluctuations in perceived acceptance and rejection over time may negatively affect adolescents’ mental health (Folker et al., 2024).

The relationship between perceived parental rejection and mental health, which has been widely observed in adolescence, has also been the focus of studies conducted with individuals in emerging adulthood. Saleem et al. (2019) conducted a study to explore the factors that may affect the mental health of university students, including both risk and protective factors. They collected data from 321 students in Pakistan. The results showed that interpersonal difficulties helped explain how perceived parental rejection was related to psychological symptoms. Maternal rejection appeared to be the strongest predictor of both emotional distress and interpersonal problems. These findings led the researchers to suggest that disruptions in the mother–child relationship may have especially significant effects on mental well-being. Khan et al. (2011) also found that maternal rejection was more strongly associated with negative psychological outcomes than paternal rejection. This pattern was especially evident in lower self-concept, reduced self-efficacy, and decreased satisfaction with life among young adults. Most of these studies have primarily focused on adolescents and emerging adults. Therefore, there is still a gap in the literature regarding how these dynamics operate in broader adult populations, and this study aims to contribute to that area.

Lastly, the impact of parental rejection is studied with non-clinical populations. Akün (2017) examined recollections of parental acceptance-rejection memories in individuals diagnosed with schizophrenia and social anxiety. They reported that those in clinical groups reported significantly more experiences of parental rejection during childhood. Complementing these findings, Smeijers et al. (2018) found that adults receiving treatment for aggression problems reported higher levels of perceived rejection, which were not only associated with their aggressive behaviors but also with cognitive distortions such as oppositional attitudes toward rules and authority. These studies highlight how early experiences of parental rejection can

increase the risk of both emotional and behavioral problems, in part by shaping individuals' mental representations and their interpretations of social situations.

In summary, a broad range of research has shown that perceived parental rejection is a significant risk factor for psychological symptoms across both clinical and non-clinical populations. These associations have been observed across different cultures and developmental periods such as adolescence to emerging adulthood. Early experiences of rejection from caregivers appear to shape emotional development and increase vulnerability to mental health difficulties such as depression, anxiety, aggression, and interpersonal problems. These findings underline the importance of exploring the psychological mechanisms through which perceived rejection leads to these outcomes. Although IPARTheory includes both acceptance and rejection, the present study focuses specifically on perceived parental rejection. This choice reflects the theory's stronger emphasis on the negative consequences of rejection, which has also been more extensively examined in the literature. To stay theoretically consistent and aligned with existing research on psychological symptoms, the acceptance dimension was conceptually acknowledged but excluded from the analyses.

While IPARTheory offers a broad framework for understanding the long-term psychological consequences of perceived parental rejection, it is also important to consider the psychological processes that may explain how these effects develop. One such process is emotion regulation, which can play a central role in how individuals manage the emotional impact of early relational experiences (Gee, 2016; Thompson, 1991). The following section focuses on this concept in more detail.

1.3. Emotion Regulation

Emotions arise as psychological responses when individuals evaluate internal or external events as significant to their well-being (Gross, 1999). The specific quality of the emotional experience depends on the meaning attributed to the event such as interpreting it as a threat, a loss, or a success while the intensity of that meaning shapes the strength and urgency of the emotional reaction. Functionally, such emotions help individuals monitor and respond to changes in their environment, guiding attention, shaping decision-making, and preparing the body for action (Gross, 2015). These are examples of intrapersonal functions of emotion, as they

involve regulating one's internal states. In addition to these internal regulatory roles, emotions carry important social meanings. They signal intentions, convey interpersonal information, and help coordinate relational dynamics (Kleef, 2010). These are considered interpersonal functions, as they contribute to the regulation of social behavior and communication. Taken together, both intrapersonal and interpersonal functions of emotion can support adaptation or, when disrupted, lead to dysfunction. Depending on their intensity, duration, and contextual appropriateness, emotional responses can be either adaptive or maladaptive. When well-regulated and contextually aligned, emotions enhance decision-making, motivate goal-directed behavior, and foster social bonds. Conversely, when dysregulated or disproportionate to the situation, they may contribute to psychological distress and interpersonal difficulties (Rottenberg and Gross, 2007).

Although several emotion regulation models have been proposed, such as those by Gratz, Roemer (2004) and Koole (2009), the present study adopts Gross's model due to its structured, goal-directed design and its strong empirical foundation. Gross (1999) explained emotion regulation as the ways people try to manage their emotional experiences, for example, which emotions they feel, when those emotions happen, and how they show or control them. Because emotions can be complex and change over time and across different situations, researchers have worked to understand how emotion regulation works and what steps are involved. One well-known explanation is Gross's Extended Process Model (EPM; 2015), which describes emotion regulation as a four-step cycle. These steps include noticing a difference between how a person feels and how they want to feel, selecting a suitable strategy, using that strategy, and checking how well it works. This model also shows that people regulate their emotions in ways that help them reach personal goals, adjusting their responses based on feedback from the situation.

In addition to this step-by-step process, the EPM also explains that emotion regulation strategies can be grouped into five types depending on when they are used during the emotion process (Gross, 2015). These are: choosing a situation, changing the situation, focusing attention, changing how one thinks about the situation, and controlling how one expresses emotions. Grouping strategies this way helps researchers understand not only when people try to regulate emotions, but also how they do it by shifting their attention, changing their thoughts, or adjusting their

emotional responses. Among the various strategies described in the model, reappraisal and suppression have received particular attention in the literature because they are both conceptually prominent and operationalized through widely used self-report measures, such as the Emotion Regulation Questionnaire (Gross and John, 2003).

Reappraisal means changing how someone thinks about a situation to feel differently about it. Suppression, on the other hand, means trying to hide or hold back emotional expressions after the emotion has already been felt. According to the EPM, whether a strategy works well depends on how it fits with the person's goals and the situation they are in (Gross, 2015). Reappraisal is usually linked to better emotional well-being and stronger relationships, while suppression is often related to more emotional problems and difficulties with others (Dryman and Heimberg, 2018; Kalokerinos, Greenaway and Denson, 2014; Gross and John, 2003). Since suppression involves holding back emotional expression, it creates a natural link between emotion regulation and how emotions are expressed. Because of this connection, the next section focuses on emotional expression more specifically.

In fact, Gross and John (1995) point out that even though emotions are biologically designed to help us respond to important situations, they do not force us to act in a certain way. People can choose to express some emotions or hold them back, depending on their personality and the situation. Differences in how people express emotions are important because they affect both how they feel inside and how they relate to others. In line with this view, Gross and John (1997) developed the Berkeley Expressivity Questionnaire (BEQ), a widely used self-report measure designed to assess individual differences in emotional expressivity. This study uses the BEQ to examine how emotional expression is related to mental health. That is why this study moves from general emotion regulation strategies to emotional expression as a related but separate concept, to better understand how people's ways of expressing emotions are linked to their psychological well-being.

1.3.1. Emotional Expression

Several scholars have attempted to define emotional expression. Keltner et al. (2003) explained Darwin's view on emotional expression as a multimodal phenomenon involving not only facial and vocal signals but also various bodily and physiological

responses. These include autonomic reactions such as blushing and pupil dilation, body movements like clapping or jumping, postural shifts, and gestures. In 1997, Gross, and John defined emotional expression as observable behavioral responses which include facial expressions, postures and gestures that accompany emotional experiences. It has been suggested that if an individual outwardly displays emotional impulses through behavior regardless of specific channel or the type of emotion that person is considered emotionally expressive (Gross and John, 1997). Emotional expressions are characterized by two main adaptive functions: physiological regulation and social communication. These evolutionary functions help prepare the body to respond to environmental stimuli and allow individuals to nonverbally convey emotional messages to others (Shariff and Tracy, 2011). In other words, emotional expression appears to serve not only as an internal reflection but also an important tool for social interaction and adaptive functioning.

As shown in Figure 2, emotions are understood to arise when internal or external stimuli are evaluated in a manner that activates an emotion program such as anger and sadness. Once this process is initiated, the individual becomes prepared to engage in a range of response tendencies, including subjective feelings, physiological reactions, and behavioral inclinations. As well as these emotional responses may or may not be outwardly expressed and observable (Gross and John, 1995).

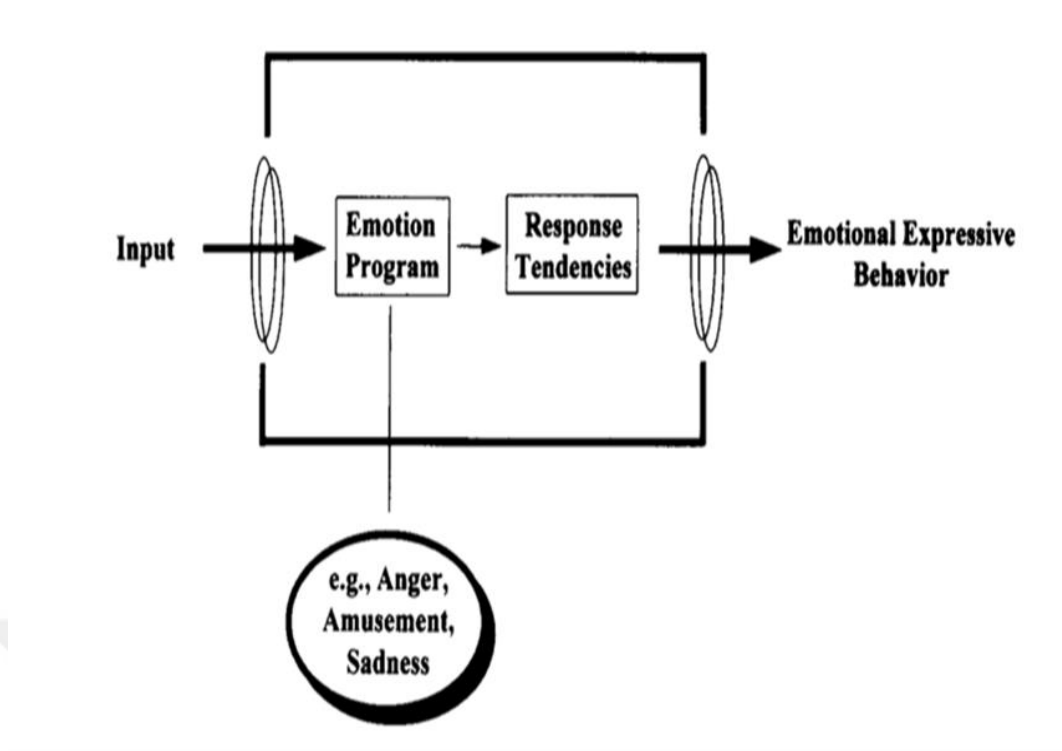


Figure 2: Gross, and John's General Model of Emotion Generation and Expression

According to Gross and John (1995), emotional expressivity is a multifaceted construct comprising three key dimensions: 1) the expression of positive emotions, 2) the expression of negative emotions 3) the intensity of emotional impulses (impulse strength). Mostly, these three dimensions have been found to predict observable emotional behaviors in experimental settings (Gross and John, 1995; Gross and John, 1997; Kupper, Duijndam and Karreman, 2020). Specifically, positive expressivity is defined with the presence of amusement-related behaviors, while negative expressivity is connected to behaviors reflecting anger, fear, and sadness. The impulse strength can be described in terms of intensity of emotional drives regardless of their valence. In this way, it enhances our understanding of how strongly individuals experience emotions before they are regulated or expressed.

It has been argued that individual differences in emotional expression may emerge at multiple stages of the emotion-generative process (Gross and John, 1995). These differences can be influenced by the types of emotional situations that people experience, how they interpret those situations, and how easily their emotions are triggered. It has been suggested that people may differ in how strongly they express or hide their emotional reactions. Gross and John (1997) claim that these differences reflect stable personality traits that affect how intense and visible emotional

expressions are in daily life. Among the various factors that shape these individual tendencies, gender has received particular attention in the literature. In a meta-analytic study, Chaplin and Aldao (2013) reported that girls are more likely to express positive internalizing emotions such as sadness and shame, whereas boys tend to express more externalizing emotions such as anger.

Another significant factor that can influence emotional expressivity is culture. Research indicates that cultural norms shape how emotions are both expressed and interpreted, even though some emotional expressions are considered universal. For instance, Jack, Caldara and Schyns (2012) reported that East Asians interpret facial expressions primarily through the eyes, whereas Westerners rely more on the mouth region, suggesting culturally distinct internal representations. As Cordaro (2017) argues, while many expressions appear to be universal cultures, subtle cultural "accents" influence how emotions are behaviorally displayed in different societies. Emotion expression is widely assumed to support psychological health, however, cultural attitudes toward expressing emotions may be contradictory. King and Emmons (1990) draw our attention to expressing emotions that can be seen as a natural and healthy release in one culture and may be viewed as a sign of weakness or lack of control in another. These mixed cultural messages can lead individuals to feel conflicted about whether to express or suppress their emotions.

1.3.2. Emotional Expression and Mental Health

Although emotional expression is often discussed within the broader framework of emotion regulation, it represents a distinct construct. According to Gross (1999), emotion regulation involves efforts to change what we feel, when we feel it, and how we express it. One commonly studied strategy is suppression, which refers to the attempt to hide emotional expressions even though the emotion is still present internally (Gross and Levenson, 1993). In this sense, suppression targets the expression of emotion rather than the emotion itself. This suggests that emotional expression is not only a result of regulation, but also a separate process influenced by individual dispositions and context. Based on this distinction, the current study focuses specifically on emotional expression and its implications for mental health.

While emotions are universal, the ways in which they are expressed vary across individuals and contexts. Gonzalez-Escamilla et al. (2022) noted that when the

frequency, intensity, or form of emotional expression does not align with situational demands, emotions may become maladaptive and interfere with psychological well-being. Detailed examination of difficulties in emotion regulation by McLaughlin et al. (2011) showed that adolescents with limited emotional awareness and inappropriate expression were more likely to develop both internalizing and externalizing symptoms over time. It can be shown that emotion dysregulation serves as a broad transdiagnostic risk factor for psychopathology (Beauchaine, 2015; Beauchaine and Cicchetti, 2019; McLaughlin et al., 2011). It can be assumed that in such cases, the ability to regulate both emotional experiences and their expression may become essential.

Social-functional perspective suggests that emotional expressions do more than simply reflect internal states; they have fundamental roles in interactions with others such as eliciting empathy, influencing actions and strengthening social connections which highlights their importance for psychological well-being throughout life (Keltner, 2006). From this perspective, the ability to adaptively express and regulate emotions according to situational demands is a crucial component of mental health. Although emotional inhibition is sometimes helpful for social functioning, chronic, rigid or context-insensitive suppression of emotions may lead to a range of difficulties. It has been shown that suppressing emotional expression without a corresponding decrease in emotional experience can increase distress, impair cognitive performance, and disrupt interpersonal communication. This disruption may prevent individuals from receiving appropriate social feedback or support, which in turn may reinforce the cycle of psychological distress (Chervonsky and Hunt, 2017).

Much of the current literature on emotional expression pays particular attention to their interaction with mental health problems. Emotional expression difficulties are one of the central factors to many psychological conditions such as depression, anxiety, and personality disorders (Sloan et al., 2017). Previous research has indicated that individuals with various psychiatric conditions often exhibited altered emotional expression (Keltner and Kring, 1998). It has been argued that emotional expression may not only reflect underlying pathology but also contribute to social withdrawal and impaired interpersonal functioning in return. In 1999, Kring and Bachorowski reported that schizophrenia is frequently associated with a decrease in

observable emotional expression despite the presence of intact emotional experiences. Together, these studies provide important insight into the disruptions in emotional expressions that may contribute to difficulties in social communication and support-seeking behaviors. From this perspective, emotional under expression may be considered a consequence or symptom of psychological disorders, particularly those involving social and interpersonal impairments (Tull et al., 2007; Watson and Naragon-Gainey, 2014).

On the other hand, some research suggests that reduced emotional expression can also contribute to the development or worsening of psychological symptoms. This view is supported by Koç et al. (2019) who found that lower levels of emotional expression significantly predicted higher psychological symptoms such as increased somatization and phobic anxiety. It has been argued that difficulties in expressing emotions may play a contributory role in psychopathology. A broader perspective has been adopted by Kahn and Garrison (2009) who demonstrated that individuals with elevated depression and anxiety symptoms reported reduced emotional self-disclosure which is explained by avoidance of emotional expression. These findings suggest that reduced emotional expression may limit individuals' ability to express their emotional needs effectively. As a result, this may increase their vulnerability to psychological distress.

While much of the literature has focused on observable aspects of emotional expression, recent research has been argued that internal beliefs and attitudes toward emotions are equally important in influencing psychological health. Meyer et al. (2010) found that young women who view emotional expression as a sign of weakness or expressing emotions could lead to rejection reported higher levels of eating psychopathology. Similarly, Veilleux et al. (2021) showed that beliefs such as viewing emotions as negative were significantly linked with increased psychological distress and emotional dysregulation. Altogether, these findings highlight that emotional expression is shaped not only by outward behaviors but also by internal attitudes and beliefs. Considering this, the next section will turn to early family experiences as a possible source of these beliefs and expression patterns.

1.3.3. Emotional Expression and Parental Acceptance-Rejection

Asiegbu (2024) suggests that the emotional climate within the family plays a crucial role in shaping how children express and regulate their emotions. This view is supported by Strayer and Roberts (2004), who found that parental warmth was associated with children's greater expressiveness of both positive and negative emotions. Their findings also showed that emotionally harsh parenting practices have been linked to increased anger and emotional incongruence in children.

Although these associations are well documented in childhood, emerging evidence suggests that early relational dynamics continue to shape emotional functioning well into adulthood. In a study with emerging adults, Gardner and Zimmer-Gembeck (2018) found that rejecting, coercive, and psychologically controlling parenting practices were associated with increased rejection sensitivity (RS), which in turn predicted greater emotion dysregulation and suppression in response to rejection experiences. These findings suggest that not only do early experiences shape the intensity of emotional responses but also influence the strategies individuals adopt in expressing those emotions.

A similar pattern was observed by Krause et al. (2003), who found that adults retrospectively reporting high levels of emotional invalidation during childhood, such as parental minimization or dismissal of emotional expression, were more likely to develop chronic emotional inhibition. This inhibition, reflected in behaviors like thought suppression and avoidance, fully mediated the relationship between early invalidation and later symptoms of depression and anxiety.

Liu and Yin (2025) emphasized the broader family emotional environment, showing that exposure to interparental conflict was associated with difficulties in emotional expression during emerging adulthood, particularly through increased reactive aggression. Interestingly, while emotional dysregulation did not directly mediate this link, maternal warmth served as a protective factor, buffering against maladaptive forms of emotional expression. The studies presented thus far provide evidence that early relational experiences not only shape children's immediate emotional behaviors but also how individuals experience, express, and manage their emotions later in life.

Extending these findings to culturally diverse populations, Saw and Okazaki (2010) highlighted that Asian American college students who were socialized to suppress

emotional expression reported significantly lower levels of emotional expressiveness, alongside heightened social anxiety and reduced psychosocial functioning. Their study underscores how emotion socialization practices, especially those promoting suppression, may have adverse psychological consequences in cultural contexts where open expression is less normative.

Taken together, the research we have discussed above shows that early parenting experiences and the emotional climate within the family have a lasting impact on emotional expression. These influences not only shape the intensity and visibility of emotional expression but also influence individuals toward or away from expressing their emotions openly. In some contexts, parental rejection or invalidation may encourage suppression or inhibition, while warmth and acceptance can foster emotional openness. These findings emphasize that emotional expression is not solely an individual trait but also socially shaped, particularly by early caregiving dynamics. Building on this idea, the next section explores how individuals use others to regulate their emotional states focusing on interpersonal emotion regulation as another key dimension of emotional functioning.

1.3.4. Interpersonal Emotion Regulation

Emotion regulation begins to form through early attachment patterns between children and their caregivers (Messina, Calvo and Grecucci, 2024). Infants' emotional expressions may serve as important cues which help parents to become aware of their child's needs. Parents' explanations and reactions to their child's emotions form the foundation for the emotion regulation abilities of the child. When children learn, they can turn to their primary caregivers in stressful times, they begin to perceive the world as a safe place to develop secure attachments in return (Barthel et al., 2018). These early memories and experiences of the children may influence the emotion regulation strategies that are later employed within interpersonal relationships in social contexts (Gökdağ, 2021). Individuals with secure attachment styles adopt healthier interpersonal emotion regulation strategies later in life, while insecure attachment may cause difficulties in expressing and regulating emotions in social contexts (Barthel et al., 2018). This development is supported by observing and modeling the emotional expressions of primary caregivers. In time, individuals can become more advanced in consciously regulating their emotions with the help of others.

Much of the current literature on emotion regulation pays particular attention to interpersonal dynamics behind these regulation processes of emotions. It has been suggested that emotion regulation is not only an internal skill but also a social process which appears in the presence of others (Hofmann, Carpenter and Curtis, 2016). In 2013, Zaki and Williams proposed a model to conceptualize interpersonal emotion regulation and its relation to psychological difficulties. This model focuses on how emotion regulation can be a form of communication within social contexts. This framework outlines two main dimensions to categorize interpersonal emotion regulation processes which can be summarized as: intrinsic versus extrinsic and response-dependent versus response-independent. When individuals look for social interaction to regulate their emotional state, intrinsic regulation occurs. However, extrinsic regulation involves efforts to affect another person's emotional state. These processes may rely on a certain reaction from the other person, and it can be called as response dependent, or it may occur regardless of any specific response which is named as response independent. Williams et al. (2018) drew our attention to two key dimensions of intrinsic emotional regulation: tendency and efficacy. Tendency is described as how often individuals search for support from others and efficacy was explained as belief in how effective these strategies are. These dimensions are conceptually distinct from intrapersonal strategies such as reappraisal and personality traits like extraversion. While extraverts may enjoy social interaction in general, individuals who perceive IER as effective tend to benefit emotionally when using it to achieve specific emotional goals. They also indicate that both higher interpersonal emotion regulation (IER) tendency and perceived efficacy are positively associated with emotional well-being and relationship satisfaction (Williams et al, 2018).

Hofmann, Carpenter and Curtiss (2016) introduced a new model of interpersonal emotion regulation that includes four distinct subdimensions: enhancement of positive affect, perspective taking, soothing, and social modeling. These subdimensions reflect the specific strategies individuals use to regulate their emotions through the support or influence of others.

- 1) Enhancing positive affect is described as searching for others to increase one's feelings of happiness and enjoyment, such as calling a friend to cheer up after a difficult day or engaging in a fun activity with someone to lift one's mood.

- 2) Perspective taking on the other hand, involves relying on others to broaden one's view of one's own situation; this can often happen by reminding others that they face even more difficult circumstances. For example, someone might feel less distressed after a conversation in which a friend helps reframe the problem from a more hopeful or normalized perspective.
- 3) Soothing describes turning to others for emotional comfort and support during stressful times. This may include seeking empathy, validation, or reassurance from a loved one when feeling overwhelmed.
- 4) Lastly, social modeling refers to observing how others cope with similar situations to guide one's own emotional responses. For instance, seeing a peer manage rejection calmly may encourage someone to respond similarly in their own experience.

The present study adopts Hofmann, Carpenter and Curtiss's (2016) model of interpersonal emotion regulation because it offers a structured and empirically supported framework that aligns well with the study's aim to examine how individuals regulate their emotions through social interactions. Building upon Hofmann, Carpenter and Curtiss's (2016) model, it is important to examine how different interpersonal strategies may be associated with psychological functioning. Recent research highlights meaningful links between specific IER subdimensions and various indicators of mental health.

1.3.5. Interpersonal Emotion Regulation and Mental Health

The connection between IER strategies and psychological well-being has received considerable attention in the literature. Psychological conditions are often discussed in relation to various IER strategies. Among the subdimensions, soothing has consistently drawn attention due to its complex associations with mental health. Several studies have reported that soothing is often linked to psychological difficulties such as symptoms of depression and social anxiety (Gökdağ, 2021; Ray-Yol and Altan-Atalay, 2022; Akkuş and Peker, 2022). Conversely, strategies like enhancing positive affect and perspective taking are found to be associated with lower levels of depression and higher levels of mental well-being, and better relationship quality (Seong et al., 2024; Chan and Rawana, 2021)

Moreover, recent studies underline the significant role of IER by showing that its usefulness may depend on both situational and relational contexts. For instance, Wang and Su (2024) demonstrated that IER can reduce the impact of negative interpretation patterns on depressive symptoms in adolescents, especially when these patterns occur in relationships with parents or peers. Similarly, Onorato et al. (2025) reported that IER functioned as a partial mediator in the relationship between social anxiousness and well-being among emerging adults. This study was carried out during the pandemic, when in-person interactions were limited. These findings suggest that interpersonal strategies like IER may help protect emotional well-being under social stress. Furthermore, Rizzi et al. (2024) showed that greater use of IER strategies within students' social networks was related to reduced stress levels. They also found that IER use was linked to stronger interpersonal ties during the transition to university life, highlighting its role in social adjustment. Altogether, these findings suggest that IER may function as a protective factor in the face of emotionally stressful experiences. Especially in contexts marked by social challenges or relational stress such as adolescence, transitions in young adulthood, or pandemic-related disruptions. IER appears to support emotional well-being and help strengthen social bonds.

Previous findings also support the idea that the adaptiveness of IER strategies may vary depending on personal factors. Ray-Yol et al. (2022) found that soothing predicted lower depression levels only in individuals who did not frequently use maladaptive intrapersonal regulation strategies. Additionally, individuals' beliefs about their ability to manage difficult emotions have been shown to mediate the relationship between IER strategies and psychological distress (Ray-Yol and Altan-Atalay, 2022; Akkuş and Peker, 2022). Together these studies provide important insight into the nuanced role of IER in mental health and underline the importance of considering both the type of strategy and individual differences when evaluating its psychological effects.

Building on this literature, recent studies have also begun to explore the potential downsides of specific IER strategies, suggesting that their impact on mental health may depend not only on the strategy type but also on how and in what context they are used. For instance, some IER strategies, such as reassurance seeking, have been associated with higher levels of eating disorder symptoms and emotional distress

(Denning et al., 2024). This suggests that certain interpersonal strategies, when used excessively or rigidly, may reflect underlying emotional vulnerabilities rather than effective regulation. In line with these findings, Abe and Nakashima (2022) found that people who often seek reassurance tend to have fewer supportive emotional relationships. This was especially true when their close relationships were not perceived as accepting. Having fewer of these supportive “emotionships” was linked to lower well-being. These findings show that the success of interpersonal emotion regulation depends not only on the strategy used, but also on how supportive the other person is.

Finally, neurobiological studies have begun to reveal how interpersonal strategies operate at both psychological and physiological levels. For example, Wang and Shi (2024) found that using strategies like cognitive reappraisal and expressive suppression during IER increased body-level connection (physiological synchrony) between people. This suggests that IER might help people feel more emotionally in tune with each other. Similarly, Liu et al. (2023) found that different IER strategies activated different brain areas. These brain areas were related to thinking, empathy, and emotional processing. This gives new support to the idea that IER is not only a mental process but also involves the body.

Overall, these studies highlight that the effectiveness of IER on various factors. Some strategies can support emotional well-being and strengthen relationships. However, others, especially when used rigidly or in unsupportive contexts, may contribute to psychological difficulties. Therefore, understanding IER requires approach that considers not only the type of strategy used but also the social environment in which it occurs. As research continues to expand, recognizing the developmental and contextual roots of IER may offer valuable insights for both prevention and intervention efforts aimed at promoting emotional and relational health. To fully understand the origins of interpersonal emotion regulation patterns, it is also essential to consider early caregiving experiences and parenting behaviors, which may serve as the foundation for how individuals learn to regulate emotions through others.

1.3.6. Interpersonal Emotion Regulation in the Context of Early Caregiving Experiences

Beyond individual tendencies, interpersonal dynamics of emotion regulation are deeply related to early experiences of parent-child interactions. Messina, Calvo and Grecucci (2024) point out that individuals who are raised in emotionally responsive environments tend to choose healthier emotion regulation strategies in social context, whereas those with insecure attachment patterns may rely on others excessively or conversely withdraw emotionally. Building on this idea, several studies have emphasized the lasting impact of parental behaviors on the development of IER skills. For instance, Newman and Davis (2023) reported that when parents showed high emotional responsiveness and cognitive support, emerging adults perceived their IER efforts as more successful. Supporting this line of research, Wilson, Szwedlo and Allen (2024) demonstrated that interparental cohesion during late adolescence significantly predicted the use of IER strategies in young adulthood. These findings suggest that not only direct parent-child interactions, but also the emotional climate between parents may play a role in the development of individuals' interpersonal regulatory capacities. Complementing these findings, Naor-Ziv, Shamay-Tsoory and Levy-Gigi (2023) found that IER was more effective than self-regulation in reducing emotional distress among highly anxious adolescents. This effect was stronger when parents had low anxiety levels, showing that the emotional profile of both parent and child can influence how well interpersonal strategies work. Overall, these findings emphasize that the capacity to engage in effective IER is not only shaped by individual traits, but also by early relational experiences and the emotional patterns modeled within the family.

Recent research increasingly highlights that attachment patterns, which are rooted in early relational experiences, have a significant influence on how individuals develop and engage in IER strategies. For example, Altan-Atalay (2019) found that both attachment anxiety and avoidance were positively associated with greater use of interpersonal strategies such as soothing and social modeling. This suggests that individuals with insecure attachment orientations may depend on others to manage their emotional experiences, possibly due to lower self-regulation efficacy. Supporting this, Gökdağ (2021) reported that individuals with anxious attachment showed higher use of the soothing strategy, and that this contributed to psychological

distress, mediated by lower perceived social support. In line with these findings, Springstein et al. (2022) demonstrated that anxiously attached individuals tend to engage in hyperactivating IER strategies, such as excessive reassurance seeking and affect worsening. In contrast, avoidantly attached individuals were found to rely less on others and exhibited more dismissive patterns in their IER efforts. Similarly, Thompson and Meyer (2022) emphasized that secure attachment was associated with more empathic concern and greater effectiveness in IER, especially in emotionally supportive relationships. Altogether, these studies highlight that attachment-related schemas and relational expectations significantly shape how individuals use others to regulate their emotions. While secure attachment tends to promote flexible and effective interpersonal strategies, insecure attachment may lead to either overreliance or underutilization of social regulation depending on one's anxiety or avoidance orientation.

Taken together, the literature highlights a dynamic interplay between parenting behaviors, IER strategies, and mental health outcomes, particularly in contexts of emotional stress. These findings suggest that disruptions in early parent–child relationships may compromise the development of adaptive IER abilities, potentially increasing vulnerability to psychological difficulties later in life.

1.4. The aim of the study

The present study aims to investigate the mediating roles of emotional expression and interpersonal emotion regulation (IER) in the relationship between perceived parental rejection and mental health. This model is grounded in Interpersonal Acceptance-Rejection Theory (IPARTheory), which emphasizes that perceived rejection by caregivers can leave long-lasting emotional scars that shape psychological adjustment across the lifespan (Rohner, 2004; Rohner, and Khaleque, 2002). According to IPARTheory, early experiences of rejection may foster persistent emotional vulnerabilities, including emotional instability, difficulties with emotional expression, and a diminished capacity to form trusting interpersonal bonds (Khaleque, and Rohner, 2012).

Emotional expression and interpersonal emotion regulation were selected as mediators based on both their theoretical significance and identified gaps in the existing literature. Emotional expression refers to the outward communication of

internal emotional states (Gross, and John, 1995). In emotionally invalidating or rejecting caregiving environments, children may come to view emotional expression as dangerous, shameful, or unacceptable (Haslam et al., 2012; Krause et al., 2003). As a result, they may suppress or distort their emotional expressions, a pattern that can persist into adulthood and increase vulnerability to psychological distress (Koç et al., 2019; Kahn and Garrison, 2009).

Similarly, interpersonal emotion regulation encompasses the strategies individuals use to manage their emotions through social interaction (Zaki and Williams, 2013; Williams et al., 2018). When early caregivers are emotionally unresponsive or rejecting, individuals may struggle to rely on others for emotional support (Altan-Atalay, 2019). This can lead to underdeveloped or maladaptive IER tendencies, such as excessive reassurance seeking or emotional withdrawal (Springstein et al., 2022; Thompson and Meyer, 2022).

By including these two constructs as mediators, the current study seeks to offer a more nuanced understanding of how early relational dynamics affect later emotional functioning and psychological well-being. Although these two mechanisms, emotional expression and interpersonal emotion regulation, have each been studied independently in relation to mental health, their combined mediating role in the context of perceived parental rejection remains underexplored. By examining both in a single model, this study seeks to offer a more integrative understanding of how early caregiving experiences shape the emotional processes that contribute to mental health.

The findings of this study may contribute to the literature by highlighting the importance of addressing both personal and social emotion regulation capacities in individuals with a history of perceived parental rejection. Such insights could also inform prevention and intervention efforts aimed at improving mental health outcomes in populations vulnerable to early relational adversity.

1.5. Hypotheses and Research Questions

The hypotheses to be addressed in the present study are presented below:

H1: A positive correlation is expected between perceived parental rejection and psychological symptomatology.

H2: A negative correlation is expected between perceived parental rejection and emotional expression.

H3: A negative correlation is expected between emotional expression and psychological symptomatology.

As both variables are multidimensional, mediation analyses were conducted using their subdimensions instead of total scores.

H4: Subscales of emotional expression are expected to mediate the relationship between perceived maternal rejection and psychological symptoms.

H5: Subscales of emotional expression are expected to mediate the relationship between perceived paternal rejection and psychological symptoms.

H6: Subscales of interpersonal emotion regulation are expected to mediate the relationship between perceived maternal rejection and psychological symptoms.

H7: Subscales of interpersonal emotion regulation are expected to mediate the relationship between perceived paternal rejection and psychological symptoms.

Given that interpersonal emotion regulation is a multidimensional construct, and total scale scores were not included in the analyses, the current study also explored the role of its subdimensions in relation to perceived parental rejection. Accordingly, the following research question was formulated.

RQ1: Based on previous research, to what extent are the subdimensions of interpersonal emotion regulation (enhancing positive affect, perspective taking, soothing, and social modeling) associated with perceived parental rejection?

CHAPTER 2: METHOD

This chapter provides an overview of the participants' demographic characteristics, details the instruments used in the study, and outlines the study procedure along with the statistical analyses conducted.

2.1. Participants

In this research, data was collected through online means, using Qualtrics. Participants were selected using a convenience sampling method, with a total of 384 individuals aged 18 and above. Participants' ages varied between 18 and 75 years, with a mean of 33.05 (SD = 12.57). The dataset includes 292 female participants (76%) and 89 male participants (23.2%). The mean age of female participants was 33.92 years (SD = 12.96), and for male participants, it was 30.56 years (SD = 10.92). Regarding participants' education level, 4 individuals (1%) completed elementary school, 8 individuals (2.1%) completed middle school, 76 individuals (19.8%) completed high school, 229 individuals (59.6%) completed a bachelor's degree, 57 individuals (14.8%) completed a master's degree, and 10 individuals (2.6%) completed a Ph.D. program. In terms of income levels, 44 individuals (11.5%) reported low income, 74 individuals (19.3%) reported lower-middle income, 206 individuals (53.6%) reported middle income, 56 individuals (14.6%) reported higher-middle income, and 4 individuals (1%) reported high income. Regarding marital status, 151 individuals (39.3%) were single, 75 individuals (19.5%) were in a relationship but not married, 127 individuals (33.1%) were married, 19 individuals (4.9%) were divorced, and 6 individuals (1.6%) had lost their spouse. In terms of employment status, 118 individuals (30.7%) worked in the public sector, 85 individuals (22.1%) worked in the private sector, 13 individuals (3.4%) were self-employed, 97 individuals (25.3%) were students, 40 individuals (10.4%) were unemployed, and 31 individuals (8.1%) were retired. 81 participants (21.1%) reported having a chronic disorder, 62 participants (16.1%) reported a psychiatric diagnosis, and 48 participants (12.5%) stated that they had used psychiatric medication within the last three months. Additionally, a total of 84 participants (21.9%) reported having a family history of psychiatric disorders. Demographic information about the participants, including age, gender, education level, income level, marital status, psychiatric and psychological diagnoses is presented in Table 1.

Table 1. Demographic Information of Participants

Variables	Levels	<i>N</i>	%
Gender	Female	292	76
	Male	89	23.2
Education Level	Elementary School	4	1
	Middle School	8	2.1
	High School	76	19.8
	Bachelor's Degree	229	59.6
	Master's Degree	57	14.8
	Doctorate Degree	10	2.6
Relationship Status	Single	151	39.3
	In a relationship	75	19.5
	Married	127	33.1
	Widow	6	1.6
	Divorced	19	4.9
Employment Status	Public Sector	118	30.7
	Private Sector	85	22.1
	Self-employed	13	3.4
	Students	97	25.3
	Unemployed	40	10.4
	Retired	31	8.1

Table 2. (Continued) Demographic Information of Participants

Income Level	Low	44	11.5
	Lower-middle	74	19.3
	Middle	206	53.6
	Higher-middle	56	14.6
	High	4	1
Psychiatric Diagnosis	Yes	62	16.1
	No	322	83.9
Chronic Disorder	Yes	81	21.1
	No	303	78.9

2.2. Instruments

Prior to data collection, participants received an Informed Consent Form (Appendix B). A Sociodemographic Information Form (Appendix C) was also designed by the researcher to obtain basic details about the participants. The Brief Symptom Inventory (Appendix E) was used to assess psychological symptoms. Participants' childhood perceptions of being accepted or rejected by their parents were assessed using the Parental Acceptance-Rejection Questionnaire (Appendix G-H). The Emotional Expression Questionnaire (Appendix D) was administered. Finally, the Interpersonal Emotion Regulation Scale (Appendix F) was administered to examine how individuals make use of others in managing their emotional experiences. Details of the data collection instruments will be provided in the following sections.

2.2.1. Informed Consent and Sociodemographic Questionnaire

The research team developed both the informed consent and the demographic information form. A demographic form was prepared to collect participants' background information, such as their gender, age, education, income, marital status, current or past health issues, and medication history. The informed consent form is provided in Appendix B, while the sociodemographic questionnaire is included in Appendix C.

2.2.2. Brief Symptom Inventory

The scale, created by Derogatis, is based on the 90-item Symptom Checklist (SCL-90) and is designed to evaluate adults' psychological symptoms. There are 53 items in the scale, each rated on a 4-point Likert-type scale from 0 (Not at all) to 4 (Extremely). The scale consists of 9 subscales: somatization, obsessive-compulsive disorder, interpersonal sensitivity, depression, anxiety disorder, hostility, phobic anxiety, paranoid thoughts, and psychoticism. The Brief Symptom Inventory also includes three scales used to assess global distress: the Global Severity Index, the Positive Symptom Total, and the Positive Symptom Distress Index. Each subscale score is obtained by averaging the total points of that subscale based on the number of items it includes. The overall score on the scale can vary from 0 to 212, with higher scores on both the subscales and the overall scale indicating greater levels of psychological symptomatology. In previous research, Cronbach's alpha values for the scale were reported to fall between .71 and .85 (Derogatis, 1992).

Şahin and Durak (1994) adapted the scale into Turkish and conducted their study with a sample of university students. As part of the Turkish adaptation study, factor analysis was conducted to examine the scale's construct validity. The Turkish adaptation of the scale consists of five sub-dimensions: anxiety, depression, negative self, somatization, and hostility. The scale's Cronbach's alpha reliability coefficient is .96. In various studies, the Cronbach's alpha values for the full scale have been reported to vary between .63 and .86 (Şahin and Durak, 1994). Şahin and Durak (1994) concluded that the scale is a reliable and valid instrument for use with Turkish participants. In the present study, the scale showed a high level of internal consistency, with Cronbach's alpha of .97 for all items.

2.2.3. Parental Acceptance Rejection Questionnaire (PARQ-Short Form)

The scale was developed by Rohner (1978) to assess individuals' perceptions of how much they were accepted or rejected by their parents during childhood. While general permissions were obtained for the other scales used in this study, specific authorization was required and obtained from the Rohner Research Center for this scale. It is a short version of the Adult Parent Acceptance-Rejection Scale. The scale originally contained 60 items. The short form consists of 48 items in total, divided equally between the mother and father forms, each containing 24 items. Responses are recorded on a four-point Likert scale, ranging from 1 ("Never true") to 4

("Almost always true"). It includes 4 subscales: warmth/affection, hostility/aggression, indifference/neglect, and undifferentiated rejection. In the original version of the PARQ, both the mother and father forms showed strong internal consistency, with Cronbach's alpha values ranging from .86 to .99. To calculate the total rejection score, the warmth/affection scale score is reversed, and all scores are summed. Parental rejection is measured by averaging the maternal and paternal rejection scores. Higher scores on the scale reflect a greater level of perceived parental rejection. Scores can range from 24, which reflects extreme perceived acceptance, to 96, indicating extreme rejection. According to Rohner (2005), the original PARQ showed strong internal consistency for both the mother and father forms, with Cronbach's alpha values between .86 and .99.

The short form of the scale was translated and culturally adapted for Turkish use by Dedeler et al. (2017). Although the original scale included four dimensions—Warmth/Affection, Hostility/Aggression, Indifference/Neglect, and Undifferentiated Rejection—the Turkish adaptation study identified a different factor structure. Specifically, exploratory factor analysis identified two factors (Acceptance and Rejection) for the mother form and three factors (Acceptance, Rejection, and Neglect) for the father form. Confirmatory factor analysis supported this revised structure, indicating a good model fit. The internal consistency values were between .75 and .88 for the mother form, and between .85 and .95 for the father form. The total scale showed a Cronbach's alpha of .92. The test-retest reliability scores were .78 for the mother form and .95 for the father form. In this study, Cronbach's alpha for both forms were calculated as .94, indicating strong overall internal consistency. For the mother form, the reliability coefficients of the subscales were .81 for Hostility/Aggression, .79 for Indifference/Neglect, .83 for Undifferentiated Rejection, and .89 for Warmth/Affection. Likewise, the father form showed coefficients of .85 for Hostility/Aggression, Indifference/Neglect, and Undifferentiated Rejection, and .90 for Warmth/Affection.

2.2.4. Berkeley Expressivity Questionnaire

The Berkeley Expressivity Questionnaire (BEQ) was originally created by Gross and John (1995) and later adjusted for use in Turkish samples by Akin (2011). It has been found to be reliable and valid. The scale consists of 16 items and assesses participants' expression of emotions, including positive expressivity, negative

expressivity, and impulse strength. The BEQ includes 3 subscales and uses a 7-point Likert format, ranging from 1 (strongly disagree) to 7 (strongly agree). The positive expressivity subdimension refers to expressing emotions such as joy and happiness, whereas the negative expressivity subdimension relates to expressing emotions like sadness, fear, and anger. The impulse strength subscale captures emotional reactions that are difficult to control or conceal, often accompanied by behavioral and physical changes. Items 3, 8, and 9 of the scale are reverse scored. Participants can score between 16 and 112 on the scale, with the lower end suggesting reduced emotional expressivity and the upper end suggesting enhanced expressivity. Higher scores on each subscale indicate the presence of the relevant characteristic at that level. The original scale's internal consistency coefficients were as follows: total score had a reliability of .86, and the subscales showed values of .70, .70, and .80 respectively. (Gross and John, 1995).

The Turkish adaptation of the Berkeley Expressivity Questionnaire (BEQ) was conducted by Ahmet Akın (2011). The scale retained its original three-factor structure—positive expressivity, negative expressivity, and impulse strength—with all 16 items included. In the Turkish adaptation, the scale accounted for 58% of the total variance. Its internal consistency coefficients were between .74 and .88, and test-retest reliability values ranged between .66 and .85. In the present study, the Berkeley Expressivity Questionnaire showed an internal consistency coefficient of .79.

2.2.5. Interpersonal Emotion Regulation Scale

The scale, designed by Hoffmann, Carpenter, and Curtiss (2016) is used to evaluate how individuals benefit from others while regulating their own emotions. The scale uses a 5-point Likert format (ranging from 1 = not true for me at all to 5 = extremely true for me) and consists of 20 items categorized into four dimensions: social modeling, soothing, enhancing positive affect, and perspective taking. Higher scores in each dimension reflect greater use of those specific types of interpersonal emotion regulation (IER) strategies. Previous research reported Cronbach's alpha values for the scale between .89 and .94 (Gökdağ et al., 2019).

The scale was adapted to Turkish by Gökdağ, Kıran, Ger and Sorias (2019). The Turkish adaptation retained the original four-factor structure, confirming the

equivalence of the scale across cultures. The factor structure was validated through exploratory and confirmatory factor analyses, and the total variance explained by the Turkish version was similar to the original. Internal consistency reliability coefficients for the Turkish version ranged from .81 to .89, while test-retest reliability coefficients ranged from .63 to .88, demonstrating satisfactory psychometric properties (Gökdağ et al., 2019).

2.3. Procedure

Ethical approval was confirmed by the IEU Ethics Committee prior to data collection (Appendix A.). All data collection processes were conducted online using Qualtrics. The aim was to reach participants from the Turkish population using convenience sampling. Participants were recruited via various social media platforms, including WhatsApp, Instagram, Twitter, and Facebook, as well as specific professional and academic networks. The recruitment process involved sharing invitations on university-affiliated social media pages, psychology-related academic groups, and professional mailing lists. Examples of these include postgraduate and doctoral study groups (e.g., *yukseklisans_ve_doktora*), research-focused accounts, and networks where individuals interested in psychological or social science studies are active. Only individuals aged eighteen and above were included in the study. At the start of the research, participants were informed about the study through a consent form. Participants were informed that their involvement was voluntary and that they could leave the study at any time without facing any consequences. Once participants provided informed consent, they completed the questionnaires in the following sequence: Interpersonal Emotion Regulation Questionnaire, Emotional Expression Questionnaire, Brief Symptom Inventory, and the Parental Acceptance-Rejection Questionnaire (Mother and Father forms). All scales were provided in Turkish. The completion of the scales took approximately 15 minutes.

2.4. Statistical Analysis

IBM SPSS Statistics version 24 and PROCESS macro version 4.2 (Hayes, 2022) were used for data analysis. The data was screened to check for any missing values. Preliminary analyses were carried out to examine descriptive statistics, test the normality of continuous variables, and assess the internal consistency of the scales before the main analyses. For continuous variables, descriptive statistics such as means, standard deviations, frequencies, and percentages were examined.

Additionally, normality was assessed using skewness and kurtosis values, which were within the acceptable range of ± 1.5 (Tabachnick and Fidell, 2007). Cronbach's alpha values were compared to those reported in the original studies, showing that all scales maintained similar reliability scores as indicated in the original research.

After testing the assumptions, Pearson correlation analysis was conducted to examine the relationships between perceived parental acceptance-rejection, psychological symptoms, interpersonal emotion regulation, and emotional expression. These analyses were conducted separately for the mother and father forms. Subsequently, mediation analyses were conducted using PROCESS macro (Model 4) to investigate whether emotional expression and interpersonal emotion regulation, including their subdimensions, mediated the relationship between perceived parental rejection and psychological symptoms. Gender was included as a covariate in all models to control for its potential confounding effect due to unequal gender distribution. To evaluate the significance of indirect effects, a bootstrapping method with 5000 samples and 95% bias-corrected confidence intervals was applied. Effects were regarded as statistically significant when the confidence interval excluded zero.

CHAPTER 3: RESULTS

In this section, the findings of the current study will be presented. First, the outcomes of normality and reliability tests, along with the descriptive characteristics of the variables, will be outlined. Then, the main analysis will include the results of the Pearson correlation analysis and mediation analysis.

3.1. Preliminary Analyses

3.1.1. Normality Testing

Skewness and kurtosis values were examined to assess the normality of the study variables. The results indicated that all normality assumptions were met, allowing for the main analyses to proceed (Tabachnick and Fidell, 2007). The skewness and kurtosis values are presented in Table 2.

Table 3. Skewness and Kurtosis Values of the Study Variables

<i>Variables</i>	<i>Skewness</i>	<i>Kurtosis</i>
Emotional Expression	-.29	-.03
Psychological Symptoms	.77	.12
Perceived Maternal Rejection	1.11	.92
Perceived Paternal Rejection	.79	.06

3.1.2. Reliability Testing

To assess the reliability of the scales utilized in this study, a reliability analysis was performed. All scales exhibited high Cronbach's alpha values, indicating strong internal consistency. The Cronbach's alpha coefficients for each scale are presented in Table 3.

Table 4. Cronbach's Alpha Values of the Scales

<i>Scales</i>	<i>α</i>
Emotional Expression	.79
Psychological Symptoms	.97
Perceived Maternal Rejection	.95

Table 5. (Continued) Cronbach's Alpha Values of the Scales

Perceived Paternal Rejection	.95
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(Note. Emotional Expression = measured by BEQ; Psychological Symptoms = measured by BSI; Perceived Maternal/Paternal Rejection = measured by PARQ-SF)

3.1.3. Descriptive Statistics

Descriptive statistics for the variables in this study were examined. The mean, standard deviation, as well as the minimum and maximum scores for each scale are displayed in Table 4.

Table 6. Descriptive Statistics

<i>Variables</i>	<i>M</i>	<i>SD</i>	<i>Min</i>	<i>Max</i>
Emotional Expression	79.14	12.06	42	112
Psychological Symptoms	60.40	38.45	0	3.42
Perceived Parental Rejection (Father)	41.15	15.25	24	94
Perceived Parental Rejection (Mother)	44.21	16.37	24	93

3.2. Main Analyses

3.2.1. Correlation Analysis

Pearson correlation coefficients were calculated to examine the associations between perceived parental rejection, interpersonal emotion regulation, emotional expression, and psychological symptoms.

Psychological symptoms showed a weak positive correlation with perceived maternal rejection ($r = .26, p < .05$) and a moderate positive correlation with perceived paternal rejection ($r = .33, p < .05$). These results suggest that higher perceptions of parental rejection are linked to increased psychological distress.

When the subdimensions of interpersonal emotion regulation were considered, both maternal and paternal rejection showed weak negative correlations with enhancing positive affect (maternal: $r = -.14, p < .05$; paternal: $r = -.10, p < .05$) and perspective taking (maternal: $r = -.10, p < .05$; paternal: $r = -.16, p < .05$). Additionally, a weak positive correlation was observed between the soothing

subscale and psychological symptoms ($r = .22, p < .05$), suggesting that individuals who used more soothing strategies reported higher psychological symptom levels.

In terms of emotional expression, results indicated a weak negative correlation between perceived paternal rejection and total emotional expression ($r = -.16, p < .05$), as well as between maternal rejection and emotional expression ($r = -.10, p < .05$). When subdimensions were examined, paternal rejection was weakly negatively correlated with both positive emotional expression ($r = -.18, p < .05$) and negative emotional expression ($r = -.17, p < .05$), whereas maternal rejection was only negatively associated with positive emotional expression ($r = -.18, p < .05$). The correlation between maternal rejection and negative emotional expression was not significant ($r = -.09, p > .05$).

Finally, psychological symptoms were weakly negatively correlated with both positive emotional expression ($r = -.18, p < .05$) and negative emotional expression ($r = -.17, p < .05$), but there was no significant correlation with the total emotional expression score ($r = -.02, p > .05$).

Table 7. Pearson's Correlation Analysis Results for Psychological Symptoms, Perceived Parental Acceptance-Rejection (Mother and Father), Emotional Expression and Its Sub-dimensions, and Interpersonal Emotion Regulation and Its Sub-dimensions

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1.Perceived Maternal Rejection	1																	
2.Maternal Hostility	.86**	1																
3.Maternal Neglect	.90**	.69**	1															
4.Maternal Undifferentiated Rejection	.87**	.81**	.75**	1														
5.Maternal Warmth	-.90**	-.61**	-.75**	-.63**	1													
6.Perceived Paternal Rejection	.56**	.44**	.55**	.45**	-.53**	1												
7.Paternal Hostility	.42**	.39**	.43**	.35**	-.32**	.76**	1											
8.Paternal Neglect	.51**	.39**	.54**	.42**	-.46**	.89**	.51**	1										
9.Paternal Undifferentiated Rejection	.45**	.39**	.46**	.44**	-.33**	.81**	.78**	.64**	1									
10.Paternal Warmth	-.51**	-.34**	-.44**	-.34**	.57**	-.90**	-.47**	-.79**	-.56**	1								
11.Enhancing Positive Affect	-.14**	-.06	-.15**	-.11*	.16**	-.10*	-.05	-.10	-.07	.11	1							
12.Perspective Taking	-.10*	-.02	-.08	-.13*	.13*	-.16**	-.05	-.14**	-.11*	-.16**	.19**	1						
13.Soothing	.03	.05	.05	.07	.03	.04	.04	.08	.03	.00	.37**	.38**	1					
14.Social Modeling	-.01	.06	-.03	.03	.05	-.05	.02	-.03	.01	.10	.44**	.47**	.53	1				
15.Emotional Expression	-.10*	-.06	-.08	-.06	.13*	-.16**	-.16**	-.08	-.16**	.15**	.33**	.05	.27**	.22**	1			
16.Positive Emotional Expression	-.18**	-.13**	-.14**	-.15**	.20**	-.18**	-.15**	-.10*	-.12*	.19**	.41**	-.01	.14**	.26**	.72**	1		
17.Negative Emotional Expression	-.09	-.04	-.06	-.06	.12*	-.17**	-.12*	-.13*	-.16**	.16**	.13**	.05	.16**	.06	.77**	.37**	1	
18.Psychological Symptoms	.26**	.22**	.25**	.29**	-.20**	.33**	.20**	.34**	.24**	-.31**	.04	-.06	.22**	.07	-.02	-.19**	-.17**	1

3.2.2. Mediation Analysis

To examine whether emotional expression and interpersonal emotion regulation served as mediators in the link between perceived parental rejection and psychological symptoms, mediation analyses were performed. The analyses were carried out using Model 4 of the PROCESS macro for SPSS, developed by Hayes (2013), to test simple mediation. In these analyses, perceived maternal and paternal rejection were entered as the predictor variables, psychological symptoms as the outcome variable, and the total scores and sub-dimensions of emotional expression and interpersonal emotion regulation were specified as mediators. Gender was included as a covariate in all models to control its potential effect due to unequal gender distribution in the sample. A total of four separate mediation analyses were conducted: emotional expression and interpersonal emotion regulation were each tested as mediators in the relationship between (1) perceived maternal rejection and psychological symptoms, and (2) perceived paternal rejection and psychological symptoms. This design allowed for the investigation of distinct mediation effects for each parental figure and each mediating variable.

To assess the significance of the mediation effects, a bootstrapping procedure with 5000 resamples and 95% confidence intervals was applied.

3.2.3.1. The Mediating Role of Emotional Expression Subdimensions in the Relationship Between Perceived Maternal Rejection and Psychological Symptoms

In the first model, mediation analysis was used to determine whether emotional expression subdimensions served as mediators in the relationship between perceived maternal rejection and psychological symptoms. This mediation model was analyzed through Hayes' (2013) PROCESS macro in SPSS (Model 4), with positive emotional expression, negative emotional expression, and impulsivity included as mediators. Gender was included as a covariate in the analysis due to the unequal distribution of male and female participants.

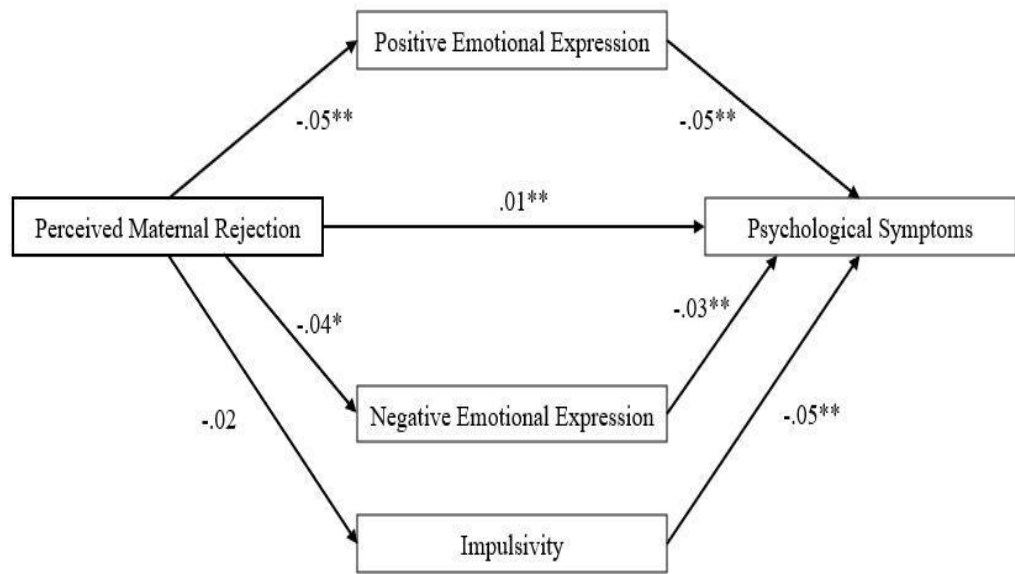
The results showed that perceived maternal rejection significantly predicted positive emotional expression ($b = -0.05$, $p < .001$) and negative emotional expression ($b = -0.04$, $p = .019$), but not impulsivity ($b = -0.02$, $p = .348$). These findings suggest that higher levels of perceived maternal rejection are associated with lower levels of both positive and negative emotional expression. Perceived maternal rejection also significantly predicted psychological symptoms when mediators were included in the

model ($b = 0.01$, $p < .001$, indicating a continuing direct effect on psychological distress even after accounting for emotional expression.

Among the mediators, both positive emotional expression ($b = -0.05$, $p < .001$) and negative emotional expression ($b = -0.03$, $p < .001$) significantly and negatively predicted psychological symptoms, whereas impulsivity showed a positive and significant relationship ($b = 0.05$, $p < .001$). Here, it is suggested that lower levels of emotional expression (both positive and negative) are linked to higher psychological symptoms, while greater impulsivity corresponds to increased psychological distress.

The overall model accounted for approximately 24% of the variance in psychological symptoms. The total indirect effect of perceived maternal rejection on psychological symptoms through the mediators was statistically significant ($b = 0.0026$, 95% CI [0.0002, 0.0051]), with positive emotional expression ($b = 0.0025$, 95% CI [0.0010, 0.0045]) emerging as the only significant indirect path. The indirect effects through negative emotional expression and impulsivity were not significant, as their confidence intervals include zero.

These results suggest that positive emotional expression partially mediates the relationship between perceived maternal rejection and psychological symptoms, indicating that lower levels of positive expression may link maternal rejection to greater psychological distress. To further clarify whether these patterns hold for paternal rejection, a second mediation model was conducted with perceived paternal rejection as the independent variable.



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

Direct effect, $b = 0.01$, $p < .001$

Indirect effect through positive emotional expression, $b = 0.0025$, 95% BCa CI [0.0010, 0.0045].

Indirect effect through negative emotional expression, $b = 0.0011$, 95% BCa CI [-0.0001, 0.0027].

Indirect effect through impulsivity, $b = -0.0010$, 95% BCa CI [-0.0031, 0.0010].

Figure 3: Multiple Mediation Analysis Model for Emotional Expression with 3 Sub-Dimensions.

3.2.3.2. The Mediating Role of Emotional Expression in the Relationship Between Perceived Paternal Rejection and Psychological Symptoms

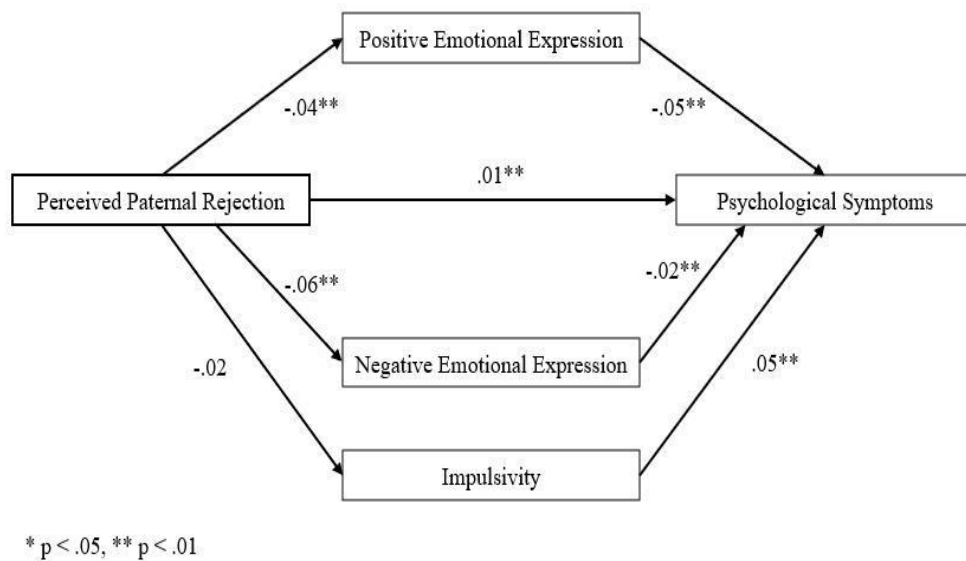
The second analysis was a multiple mediation model designed to explore whether positive emotional expression, negative emotional expression, and impulsivity mediated the relationship between perceived paternal rejection and psychological symptoms. This model is visually presented in Figure X.

The results revealed that perceived paternal rejection significantly predicted both positive emotional expression ($b = -0.0418$, $p < .01$) and negative emotional expression ($b = -0.0593$, $p < .01$), while the path to impulsivity was not significant ($b = -0.0206$, $p > .05$). These results suggest that higher levels of perceived paternal rejection are associated with lower levels of both positive and negative emotional expression. In the presence of the mediators, paternal rejection remained a significant predictor of psychological symptoms ($b = 0.0123$, $p < .01$). This indicates that

paternal rejection continues to have a direct effect on psychological symptoms, even after accounting for emotional expression.

As for the mediators, all three dimensions were significantly related to psychological symptoms: positive emotional expression ($b = -0.0488, p < .01$), negative emotional expression ($b = -0.0217, p < .01$), and impulsivity ($b = 0.0543, p < .01$). The results indicate that lower levels of emotional expression—regardless of valence—were associated with higher psychological distress, while greater impulsivity was also linked to elevated symptom levels.

Bootstrapping analysis (5000 samples, 95% CI) indicated significant indirect effects of paternal rejection on psychological symptoms through positive emotional expression ($b = 0.0020$, 95% CI [0.0008, 0.0037]) and negative emotional expression ($b = 0.0013$, 95% CI [0.0003, 0.0027]). However, the indirect effect through impulsivity was not significant ($b = -0.0011$, 95% CI [-0.0029, 0.0007]). Specifically, decreased levels of both positive and negative emotional expression, as well as increased impulsivity, were associated with heightened psychological symptoms. This model explained 27% of the variance in psychological symptoms. Taken together, both maternal and paternal rejection appear to influence psychological symptoms through disruptions in emotional expression, particularly through reduced positive affect expression.



Direct effect, $b = 0.0123$, $p < .001$

Indirect effect positive emotional expression, $b = 0.0020$, 95% BCa CI [.0008, .0037].

Indirect effect negative emotional expression, $b = 0.0013$, 95% BCa CI [.0003, .0027].

Indirect effect impulsivity, $b = -0.0011$, 95% BCa CI [-.0029, .0007].

Figure 4: Multiple Mediation Analysis Model for Emotional Expression with 3 Sub-Dimensions.

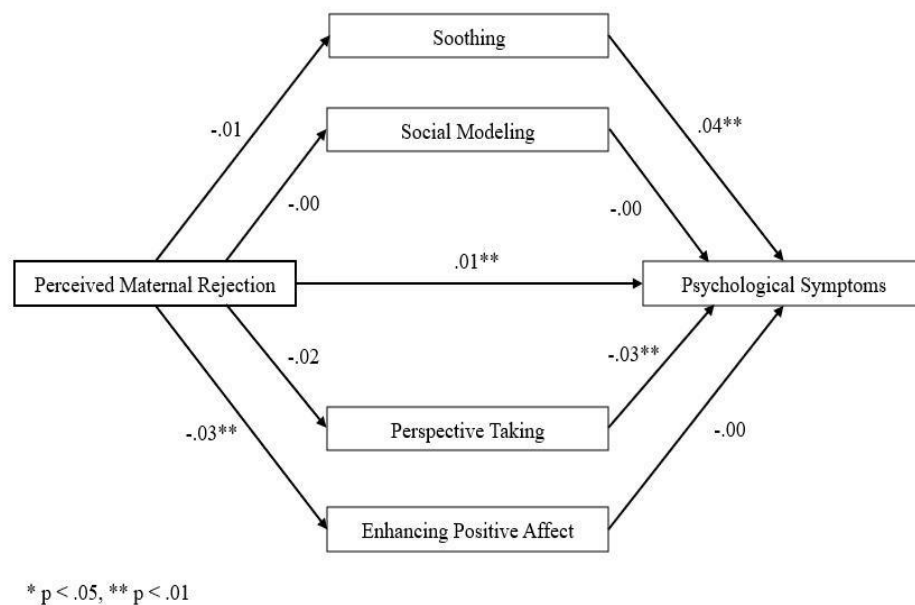
3.2.2.3. The Mediating Role of Interpersonal Emotion Regulation Subdimensions in the Relationship Between Perceived Maternal Rejection and Psychological Symptoms

The third analysis involved a multiple mediation model designed to examine whether social modeling, soothing, enhancing positive affect, and perspective taking mediated the link between perceived maternal rejection and psychological symptoms. Figure X displays the mediation model. Due to the unequal gender distribution in the sample, gender was added as a covariate to account for its possible influence on the results.

The results revealed that perceived maternal rejection significantly predicted psychological symptoms ($b = 0.0117$, $p < .001$). Among the mediators, soothing ($b = 0.0446$, $p < .001$) and perspective taking ($b = -0.0302$, $p < .05$) significantly predicted psychological symptoms. Greater use of soothing strategies was associated with higher symptom levels, while greater perspective taking was related to lower

symptoms. However, maternal rejection did not significantly predict any of the mediators, except for enhancing positive affect ($b = -0.0309, p < .01$). This suggests that maternal rejection is linked to reduced ability to enhance positive affect, but not to other interpersonal emotion regulation strategies.

The total indirect effect of perceived maternal rejection on psychological symptoms through the mediators was not statistically significant ($b = 0.0009, 95\% \text{ CI } [-0.0008, 0.0025]$). Among the indirect paths, only perspective taking demonstrated a significant indirect effect ($b = 0.0006, 95\% \text{ CI } [0.0000, 0.0017]$). This indicates that reduced perspective taking may partially explain how maternal rejection is related to increased psychological distress. The other indirect effects were not significant as their bootstrapped confidence intervals included zero.



Direct effect, $b = 0.0123, p < .001$

Indirect effect through Positive Emotion Enhancement, $b = 0.00, 95\% \text{ BCa CI } [-.0010, .0008]$.

Indirect effect through Soothing, $b = 0.0003, 95\% \text{ BCa CI } [-.0011, .0017]$.

Indirect effect through Social Modeling, $b = 0.00, 95\% \text{ BCa CI } [-.0010, .0008]$.

Indirect effect through Perspective Taking, $b = 0.0006, 95\% \text{ BCa CI } [0.0000, .0017]$.

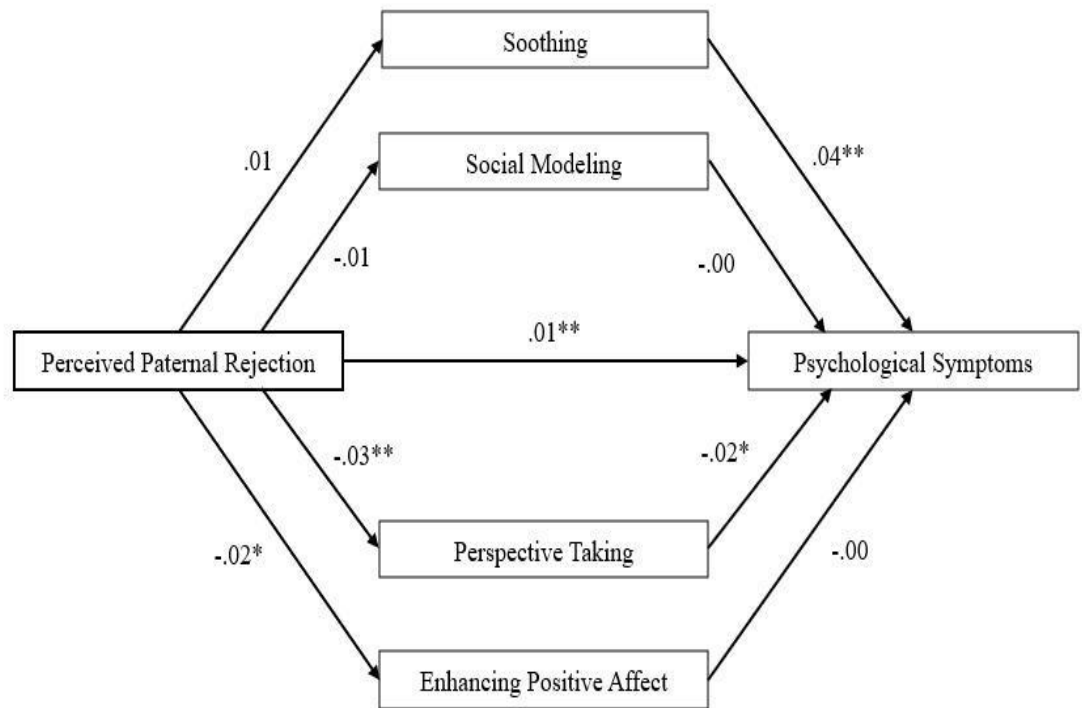
Figure 5: Multiple Mediation Analysis Model for Interpersonal Emotion Regulation with 4 Sub-Dimensions.

3.2.3.3. The Mediating Role of Interpersonal Emotion Regulation Subdimensions in the Relationship Between Perceived Paternal Rejection and Psychological Symptoms

The third analysis utilized a multiple mediation model to examine whether social modeling, soothing, enhancing positive affect, and perspective taking served as mediators in the relationship between perceived paternal rejection and psychological symptoms. This model is illustrated in Figure 6. Given the unequal distribution of gender in the sample, gender was included as a covariate to account for its potential influence on the outcomes.

The results revealed that perceived paternal rejection significantly predicted psychological symptoms ($b = 0.0133, p < .01$). Among the mediators, soothing ($b = 0.0411, p < .001$) significantly predicted psychological symptoms, while perspective taking ($b = -0.0236, p = .0527$) showed a marginal effect. Social modeling ($b = -0.0001, p = .9936$) and enhancing positive affect ($b = -0.0010, p = .9359$) were not significant predictors. Additionally, paternal rejection significantly predicted only one of the mediators: enhancing positive affect ($b = -0.0327, p < .01$), suggesting that greater rejection was linked to a reduced tendency to engage in this strategy.

The total indirect effect of perceived paternal rejection on psychological symptoms through the four mediators was not statistically significant ($b = 0.0012, 95\% \text{ CI } [-0.0001, 0.0028]$). Among the specific indirect paths, only perspective taking demonstrated a marginally significant effect ($b = 0.0008, 95\% \text{ CI } [0.0000, 0.0019]$), indicating that reduced perspective taking may serve as a potential explanatory mechanism in the relationship between paternal rejection and psychological distress. The other indirect effects were not significant, as their bootstrapped confidence intervals included zero.



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

Direct effect, $b = 0.0123$, $p < .001$

Indirect effect through Positive Emotion Enhancement, $b = 0.0000$, 95% BCa CI $[-.0004, .0005]$.

Indirect effect through Soothing, $b = 0.0004$, 95% BCa CI $[-.0007, .0017]$.

Indirect effect through Social Modeling, $b = 0.0000$, 95% BCa CI $[-.0006, .0006]$.

Indirect effect through Perspective Taking, $b = 0.0008$, 95% BCa CI $[0.0000, .0019]$.

Figure 6: Multiple Mediation Analysis Model for Interpersonal Emotion Regulation with 4 Sub-Dimensions.

CHAPTER 4: DISCUSSION

This study primarily aimed to explore how interpersonal emotion regulation and emotional expression function as mediators in the relationship between perceived maternal and paternal rejection and mental health.

The results of the correlation analysis revealed that a significant positive relationship was found between total score of maternal and paternal rejection and psychological symptomatology. Similarly, there was a significant positive correlation between psychological symptomatology and the subscales of maternal and paternal rejection. Also, both paternal and maternal warmth were negatively correlated with psychological symptomatology.

Moreover, a significant negative correlation was observed between all subscales of paternal and maternal rejection and positive emotional expression, showing that individuals who perceive their parents as more rejecting tend to express fewer positive emotions. Finally, it was demonstrated that there is a negative correlation between all subscales of emotional expression and psychological symptomatology. Participants with higher emotional expression reported lower psychological symptoms. Regarding the results of mediation analyses, a significant indirect effect of parental rejection on psychological symptomatology through positive emotional expression was found for both maternal and paternal rejection. Notably, the perspective taking subscale of interpersonal emotion regulation showed a marginally significant mediation effect in both the maternal and paternal rejection models. Although the indirect effects were relatively weak, the lower bound of the confidence intervals approached zero, indicating borderline significance.

The findings of this study will be discussed by considering the hypotheses of the research and existing literature. First, the correlation between parental rejection, psychological symptoms, emotional expression and interpersonal emotion regulation will be focused. Then, the results of the mediation analyses focusing on emotional expression and interpersonal emotion regulation will be presented. Finally, the study's limitations and possible directions for future research will be highlighted.

4.1. Discussion of Relationships Between, Perceived Parental-Acceptance Rejection, Psychological Symptomatology, Emotional Expression, Interpersonal Emotion Regulation Scales

In this study, the relationship between perceived maternal and parental rejection and psychological symptomatology was explored. Supporting the first hypothesis (H1), the results revealed a weak positive correlation between perceived maternal and paternal rejection and psychological symptomatology. In other words, as perceived parental rejection increased, psychological symptomatology did too. The findings of the current study are consistent with those of Kâhya and Akbaş (2025) who involved 411 Turkish young adults demonstrating that paternal rejection was directly associated with depression and anxiety symptoms. Similarly, Yıldız and Dağ (2017) reported that parental rejection significantly predicted depressive symptoms, with paternal rejection emerging as a particularly strong predictor. Taken together, these findings highlight the importance of the paternal role in an individual's lifelong psychological well-being. Furthermore, Baker and Hoerger (2012) investigated a total of 286 undergraduate students and explored how young adults' retrospective perceptions of their parents' child-rearing strategies are associated with individual differences in self-regulation, socio-emotional adjustment, and psychopathology in early adulthood. They reported that parental rejection was related to internalizing clinical presentations such as somatization, depression, and anxiety. These findings add more evidence to the fact that perceived rejection during early caregiving years can set the stage for long-lasting psychological vulnerabilities. To determine the effects of parental acceptance-rejection on adolescents' maladjustment, Miranda et al. (2015) conducted a study with 2624 adolescents who aged between 10 to 16 years. The findings revealed that parental rejection was associated with adolescent maladjustment. In support of the findings of the present study, Meng et al. (2024) identified that the subgroup of adolescents who perceived high parental rejection and low acceptance accounted for the smallest portion of the sample. However, this group showed the lowest levels of adaptive mental health. It is fair to say that even though they represent a minority within the sample, these individuals are vulnerable to psychological difficulties. Although the present sample had a higher mean age compared to these prior studies focusing on adolescents or undergraduate students, the consistency of findings suggests that the impact of perceived parental rejection on psychological symptoms may carry on across different developmental stages.

For the second hypothesis, a significant negative correlation was observed between all subscales of maternal and paternal rejection and positive emotional expression. This finding suggests that individuals who perceive their parents as rejecting tend to show lower levels of outward positive emotionality. Although this association appears theoretically reasonable, studies directly examining the effects of early rejection on later positive emotional expression remain limited. Halberstadt and Eaton (2002) conducted a meta-analysis examining the link between family expressiveness and children's emotional development. Their findings indicated that positive emotional expressiveness within the family was associated with higher levels of positive emotional expression in children across different age groups. This supports the idea that when children are exposed to warm, accepting, and emotionally expressive environments, they are more likely to develop the ability to outwardly express positive emotions themselves. Surprisingly, Halberstadt and Eaton (2002) found that negative family expressiveness exhibited weaker and more inconsistent associations with children's emotional expressiveness. These findings provide important evidence for understanding the development of children's positive emotional expression, especially highlighting the role of positive emotional expression within the family. Gentzler, Ramsey and Black (2015) reported that avoidant mothers showed lower levels of encouragement of children's positive affect expression. Mothers who were more avoidant were less likely to support or validate their children's positive emotional experiences, which may hinder the development of healthy positive emotion regulation. Moreover, Nelson et al. (2012) argues that mothers who showed high levels of positive and low levels of negative emotional expressiveness affected their children's usage of more positive emotion words. This finding underlines the role of the family environment which is characterized by positive emotional expression in supporting children's ability to express emotions positively. In the present study, both maternal and paternal rejection were significantly and negatively correlated with positive emotional expression. While previous studies have predominantly focused on maternal influences in the development of positive emotional expression, the role of paternal emotional expressiveness remains underexplored. The strength of these associations was nearly identical ($r = -.18$ for both), suggesting that perceived rejection from either parent may similarly hinder individuals' capacity to express positive emotions. Interestingly,

only paternal rejection showed a significant negative correlation with negative emotional expression, suggesting that paternal behaviors may play a distinct role in shaping both the suppression and expression of emotional experiences.

Additionally, the subdimensions of interpersonal emotion regulation, not the total score, showed significant correlations between perceived parental rejection. The subdimensions of enhancing positive affect and perspective taking showed weak negative correlations with perceived maternal and paternal rejection. Although there is a lack of direct research specifically addressing the link between parental rejection and interpersonal emotion regulation, evidence from studies based on attachment theory offers valuable perspectives on this relationship. Coan and Maresh (2014) present Social Baseline Theory, which proposes that the presence of supportive social resources is essential for the development and maintenance of adaptive interpersonal emotion regulation strategies. It is fair to say that the absence of such resources, as may occur in cases of perceived parental rejection, can lead to a reduced use of these strategies. In a cross-sectional study, Messina, Calvo and Grecucci (2024) included 630 Italian adults to investigate the associations between attachment styles and interpersonal emotion regulation strategies. Partially supporting the present findings, they found that higher attachment anxiety demonstrated greater reliance on interpersonal strategies such as soothing and enhancing positive affect, while exhibiting lower levels of perspective taking. Conversely, individuals with higher attachment avoidance were less likely to use interpersonal strategies like soothing and enhancing positive affect but showed a greater tendency toward perspective taking. These findings differ from the current study, in which we found that both enhancing positive affect and perspective taking were negatively associated with perceived parental rejection. Therefore, while Messina et al.'s (2024) results highlight complex patterns of interpersonal regulation linked to attachment styles, they only partially align with the pattern of associations observed in the present research. Furthermore, Altan-Atalay (2019) carried out a study with 412 Turkish adults. Their findings indicated that enhancing positive affect was positively correlated to attachment avoidance and to heightened reward sensitivity and fun-seeking behaviors. However, perspective taking was not significantly related to attachment anxiety or avoidance. The difference between the literature and the results of the current study can be explained by the difference in

how parental acceptance-rejection and attachment styles are explained and measured. While attachment anxiety and avoidance capture general relational tendencies, perceived parental rejection refers specifically to early negative experiences with caregivers, which may have a more general inhibitory effect on the use of adaptive interpersonal strategies. It is possible that individuals with high attachment anxiety may still engage in efforts to increase positive emotional exchange despite relational insecurity. However, individuals with a strong sense of parental rejection may experience deeper emotional withdrawal, resulting in reduced engagement in both strategies.

The results also revealed that the soothing strategy was positively associated with psychological symptoms. In other words, individuals who used more soothing strategies with the support of others reported higher levels of psychological symptomatology. This finding is supported by previous studies in the literature. For instance, Ray-Yol et al. (2020) reported that those who frequently used the strategy of soothing showed higher levels of depression. In their study, these depression levels were higher in participants who also relied on maladaptive intrapersonal emotion regulation strategies such as rumination and catastrophizing. Similarly, Seong et al. (2024) conducted a longitudinal study with Korean emerging adults. It was found that soothing strategies directly predicted increased depressive symptoms while other IER strategies had no significant effects. Additionally, Akkuş and Peker (2022) carried out two studies with a student sample and a community sample. It has shown that soothing was positively associated with social anxiety symptoms. This relationship was partially mediated by negative mood regulation expectancies which described as individuals' beliefs about their ability to regulate unpleasant emotions. Lastly, Chan, and Rawana (2021) conducted a large-scale cross-sectional study with 790 emerging adults and found that greater engagement in soothing was significantly associated with higher internalizing symptoms and lower well-being. Overall, these findings have been shown that excessive reliance on soothing strategies may increase the vulnerability to psychological difficulties across diverse populations and developmental stages.

In sum, the correlation findings of the present study suggest that perceived parental rejection is associated with greater psychological symptomatology, lower levels of positive emotional expression, and diminished use of adaptive interpersonal emotion

regulation strategies such as enhancing positive affect and perspective taking. This pattern may reflect a general withdrawal from emotional engagement in individuals who have experienced early relational rejection, making both internal and external emotional processes more difficult to access or sustain. Interestingly, only paternal warmth was found to be positively linked with interpersonal regulation, while the frequent use of soothing strategies was associated with elevated psychological symptoms. This may indicate that not all interpersonal strategies serve a protective function; in certain contexts, they may even reflect a heightened dependency or a compensatory effort to manage distress. These results collectively underscore the enduring emotional and interpersonal consequences of early relational experiences.

4.2. The findings about the mediating role of emotional expression in the relationship between perceived parental rejection and psychological symptomatology

A parallel mediation analysis was used to investigate the mediating roles of interpersonal emotion regulation and emotional expression in the relationship between perceived maternal and paternal rejection and psychological symptomatology. The study hypothesized that the relationship between psychological symptomatology and perceived parental rejection would be mediated by both emotional expression and interpersonal emotion regulation. The results revealed that positive emotional expression significantly mediated the relationship between both maternal and paternal rejection and psychological symptoms. For paternal rejection, negative emotional expression also emerged as a significant mediator. In contrast, while negative emotional expression and impulsivity were significant predictors of psychological symptoms in the maternal rejection model, their indirect effects were not statistically significant. These findings highlight the central role of emotional expression capacities, particularly positive expression, in psychological adjustment following parental rejection, with differing mediation patterns for maternal and paternal influences. In line with the study design and relevant literature, maternal and paternal rejection were examined separately, allowing for a more nuanced understanding of their distinct emotional correlates.

In accordance with the present results, previous studies have demonstrated that there is a relationship between emotional expression difficulties and mental health. Previous research has highlighted that when parents respond to their children's

positive emotion with invalidation, they are more likely to experience difficulties in regulating positive affect and report greater psychological symptoms. For instance, maternal invalidation of positive affect was linked to maladaptive emotion regulation and higher depressive symptoms (Yap et al., 2008), while both mothers and fathers of depressed adolescent were found to be less accepting and more likely to diminish their children's positive emotions (Katz et al., 2014; Shortt et al., 2016). Furthermore, maternal active and constructive responses appeared to promote adolescents' ability to regulate positive affect and reduce depressive symptoms (Fredrick et al., 2019). Altogether, these findings concur with the idea that early invalidating and emotionally unresponsive caregiving may limit children's ability to express positive emotions later in life. In this regard, the present study adds to the literature by showing that diminished positive emotional expression may be one of the emotional pathways through which perceived parental rejection leads to psychological symptoms in later life.

Supporting the findings, a naturalistic observational study of Bai et al. (2016) involved 31 families with children aged 8 to 12 years. It was found that children were more likely to sustain spontaneous expressions of positive emotions were better to be sustained when parents responded with positive emotions, physical touch, or shared leisure activities. In other words, this study emphasizes that everyday family behaviors play a crucial role in supporting children's positive emotional expressions. One study by Luebbe and Bell (2013) involved 134 adolescents and their mothers. Based on findings, the role of positive family emotional climate, reflected in frequent expressions of warmth and positive emotions, contributed to greater positive affect among youth. This increased positive affect was associated with fewer depressive symptoms, highlighting the protective role of positive emotional expressivity within the family context.

In a longitudinal study, Coffey et al. (2023) examined the long-term effect of positive emotional expressivity at age 11 and predicted psychological and social well-being at age 50. Results showed that greater positive emotional expression in childhood was associated with higher levels of optimism, life satisfaction, meaning in life, and social well-being in adulthood. Similarly, Bronstein et al. (1996) conducted a longitudinal study tracking children from middle childhood to late adolescence to examine how family support for emotional expression influenced later emotional

expressiveness and psychosocial adjustment. The findings showed that family environments characterized by emotional openness and support contributed to higher emotional expressivity in adolescents, which in turn predicted greater psychological adjustment, including higher self-esteem and social acceptance. Finally, Schwartz et al. (2012) reviewed observational studies and suggested that parental responses to adolescents' emotional expressions, particularly the reinforcement of dysphoric behaviors, reciprocation of anger, and failure to support positive emotional expressions, are linked to the development and maintenance of depression during adolescence. These findings underscore the developmental significance of emotionally expressive and supportive family climate in fostering children's ability to express positive emotions across the lifespan. While the majority of these studies were conducted with children and adolescents, the present study focused on an adult sample. Still, the developmental perspective remains relevant, as early emotional experiences may leave enduring effects on later emotional functioning. However, it is important to note that the present study employed a cross-sectional design, which limits the ability to draw causal inferences about the long-term impact of early parental rejection. Therefore, the observed associations should be interpreted with caution and understood as correlational rather than causal.

The current study expands on this literature by revealing that diminished positive emotional expression serves as a key pathway linking perceived parental rejection to psychological symptoms in emerging adulthood. This can be argued as the early absence of emotionally validating experiences may not only impair emotional expressivity but also increase vulnerability to psychological difficulties later in life.

4.3. The findings about the mediating role of interpersonal emotion regulation in the relationship between perceived parental rejection and psychological symptomatology

A parallel mediation analysis was conducted to examine the mediating roles of interpersonal emotion regulation and emotional expression in the relationship between perceived maternal and paternal rejection and psychological symptomatology, respectively. It was hypothesized that the relationship between perceived parental rejection and psychological symptoms would be mediated by interpersonal emotion regulation strategies. The results of the mediation analyses

revealed that the perspective taking subscale of interpersonal emotion regulation significantly mediated the relationship in the maternal and paternal rejection model.

Although the existing literature has not directly investigated the mediating role of perspective taking between parental rejection and psychological symptoms, several studies provide indirect support for the current findings by emphasizing the link between perspective taking and psychological well-being. Hofmann, Carpenter and Curtiss (2016) reported that higher levels of perspective taking strategy were positively associated with depression, anxiety, and social anxiety symptoms. They argued that these individuals who regularly use perspective taking strategies may experience higher levels of emotional distress and depend on others as a means of regulating their negative affect. In addition, perspective taking was also associated with maladaptive coping strategies such as denial which may explain that this interpersonal strategy might coexist with less adaptive emotion regulation patterns. In contrast to Hofmann et al.'s (2016) findings, Chan and Rawana (2021) revealed that higher levels of perspective taking were significantly associated with lower internalizing symptoms, higher well-being, and better relationship quality among emerging adults. Remarkably, perspective taking appeared as the only IER strategy that was positively linked to relationship quality in their model. Similarly, Altan-Atalay and Sarıtaş-Atalar (2019) showed that the association between perspective taking, and depressive symptoms differed depending on individuals' beliefs about their ability to regulate negative emotions. They reported that perspective taking was linked to lower depression levels only among those with negative mood regulation expectancies. This finding suggests that using perspective taking may be more helpful for individuals who do not feel confident in their ability to cope with negative emotions on their own. Previous studies have shown mixed findings regarding the role of perspective taking in mental health. While some studies linked it to greater well-being and lower internalizing symptoms, others reported associations with emotional distress, especially when used alongside maladaptive coping strategies. In the present study, perspective taking significantly mediated the link between parental rejection and psychological symptoms. This suggests that maternal rejection may more strongly influence the development of interpersonal strategies like perspective taking, which in turn relate to mental health outcomes.

Yet, some research highlights the interaction between attachment orientations and perspective taking strategy. Messina, Calvo and Grecucci (2024) found that perspective taking was positively associated with avoidant attachment and negatively associated with anxious attachment. In other words, individuals with higher levels of avoidant attachment reported using perspective taking more often, while those with higher anxious attachment showed lower use of this strategy. The authors suggested that avoidantly attached individuals may rely on cognitive and distancing strategies such as perspective taking as a form of defensive regulation, rather than actual emotional connection. In contrast, those with anxious attachment who tend to hyperactivate emotional needs may use such cognitively oriented strategies less. These results emphasize that perspective taking may not always reflect adaptive interpersonal functioning and may serve different regulatory functions depending on attachment orientation. Yet, the current study suggests that the absence of this strategy may contribute to psychological distress, particularly in individuals who experienced parental rejection. In other words, those who perceive parental rejection may lack both emotional closeness and the ability to engage in cognitively compensatory regulation through others, leaving them more vulnerable to psychological distress.

Although interpersonal emotion regulation strategies have been theorized to support psychological functioning in some contexts, empirical findings remain mixed. In the current study, no significant mediating role was found for most interpersonal strategies. Although perspective taking showed a statistically significant indirect effect in the maternal and paternal rejection model, the effect size was notably small, and other subdimensions such as soothing, enhancing positive affect, and social modeling did not show significant mediation effects.

These findings are in line with recent evidence suggesting that the effectiveness of interpersonal strategies may depend on individuals' access to and interaction with other psychological resources. For example, Liu et al. (2021) found that among individuals with adverse childhood experiences, emotional support alone was not sufficient to protect against severe mental disorders. Instead, the protective effect of interpersonal resources emerged only when combined with intrapersonal strengths such as general affect and coping capacity. Their results suggest that interpersonal strategies like emotional support may not exert direct benefits unless supported by

internal emotional and cognitive regulation capacities. This interpretation is further supported by Avnor and Shamay-Tsoory (2025), who showed that individuals with higher exposure to childhood adversity reported lower use of interpersonal strategies such as perspective taking and enhancing positive affect. Moreover, these individuals exhibited abnormal interbrain coupling patterns during social sharing, indicating that even when others attempt to offer support, those with early adversity may struggle to benefit from it due to disrupted social processing mechanisms. Similarly, Tan et al. (2025) found that in adults with affective disorders, the impact of childhood maltreatment on depressive symptoms was mediated through both lower perceived social support and emotion dysregulation. Their results suggest that early relational trauma may impair both the availability and internalization of social support, which in turn compromises the development of effective emotion regulation. Taken together, these findings offer a possible explanation for the limited mediating role of interpersonal strategies in the present study, indicating that individuals with a history of parental rejection may be less likely to use, trust, or benefit from such strategies in regulating psychological distress.

Contrary to theoretical expectations and cultural norms in collectivist societies such as Turkey, the present study did not find significant mediating effects for most interpersonal emotion regulation (IER) strategies. Even perspective taking, which showed a statistically significant indirect effect, did so with a minimal effect size, raising questions about the practical relevance of this strategy in the context of early relational adversity. Although collectivist cultures are thought to encourage other-oriented regulation strategies like reappraisal and emotional support (Liu et al., 2024), these strategies may remain underutilized by individuals who have experienced parental rejection. As highlighted by Pruessner and Altan-Atalay (2024), early adversity can impair individuals' ability to benefit from social closeness and hinder the use of interpersonal strategies such as enhancing positive affect or perspective taking. From this perspective, the absence of meaningful effects for IER in the current study may reflect a disconnection between cultural ideals and lived emotional capacities. In other words, while the broader culture may promote interpersonal connection, individuals with disrupted early attachment experiences may lack the internal trust and relational security needed to engage in such regulation

effectively. This could explain why interpersonal strategies did not mediate the link between perceived parental rejection and psychological symptoms.

Taken together, these findings suggest that while interpersonal emotion regulation, particularly perspective taking, may mediate the link between perceived parental rejection and psychological symptoms, its overall impact appears limited and context dependent. This highlights the importance of considering both interpersonal and intrapersonal factors, along with specific parental influences, when understanding the emotional consequences of early relational experiences.

4.4.4.5. Limitations and Strengths of the Study, and Future Suggestions

This study has several strengths. First of all, to the best of our knowledge, this is the first study to investigate the interaction of perceived maternal and parental acceptance-rejection, mental health, interpersonal emotion regulation (IER) and emotional expression in a single framework. It is estimated that findings make an important contribution to the exploration of the complex pathways through which early parental experiences may influence later emotional and psychological functioning. Secondly, the examination of IER and emotional expression in the context of perceived maternal and paternal acceptance-rejection remains fairly underexplored in the literature. The current study's findings contribute to this gap by offering new perspectives into the emotional and interpersonal processes that may connect early parental experiences to later psychological symptoms.

Despite the strengths of the present study, there are some limitations that should be noted. The majority of the participants were women, which may make it harder to generalize the results to the population. Even though gender was included as a control variable in the analysis, future research should aim to include a more balanced gender distribution to explore possible differences in emotional processes and psychological symptoms. Secondly, the study included only self-report questionnaires. Therefore, it may have resulted in some bias such as giving socially desirable answers or not being fully accurate when reporting triggering experiences like severe parental rejection. Moreover, the cross-sectional nature of the study does not allow making claims about the relationships between variables. Longitudinal or experimental studies would help to better understand how perceived parental rejection can affect emotional and psychological outcomes over time. Finally, the

study did not include a clinical sample. For that reason, the results may not apply to individuals who have been diagnosed with psychological disorders. Still, studying non-clinical samples is also important because many people experience emotional difficulties without receiving a diagnosis. Future studies could include clinical participants and use different types of data collection methods to better understand the connections between parental rejection, emotional processes, and mental health. Additionally, considering the small effect size, which is observed for some interpersonal emotion regulation strategies, future research might also consider possible moderating factors. For example, perceived social support or cognitive regulation capacities can also be considered for the effectiveness of these strategies.

In conclusion, although this study offers valuable insights into mental health within the framework of perceived parental acceptance-rejection, further research is needed to extend these results and overcome identified limitations.

CHAPTER 5: CONCLUSION

To our knowledge, the present study was the first to simultaneously examine the mediating roles of both emotional expression and interpersonal emotion regulation in the relationship between perceived maternal and paternal rejection and psychological symptoms in an adult sample. By doing so, it addressed a notable gap in the literature. Previous research has largely focused on intrapersonal mechanisms or treated parental rejection as a unified construct rather than exploring maternal and paternal influences separately.

The most striking finding of this study was that positive emotional expression emerged as a robust mediator in the link between both maternal and paternal rejection and psychological symptoms. This suggests that the capacity to express positive emotions may serve as a protective emotional resource. However, this ability appears to be significantly compromised in individuals who have experienced parental rejection.

Furthermore, although interpersonal emotion regulation as a whole did not show a significant mediating effect, the subdimension of perspective taking demonstrated a small indirect effect, which was statistically significant in the maternal and paternal rejection model. This suggests that early relational adversity may influence how individuals cognitively relate to others' emotions. While the overall effect appears limited, these findings point to the potential value of examining specific interpersonal strategies, rather than relying solely on total scores, when exploring the emotional correlates of perceived parental rejection.

These findings support the idea that psychological symptoms may not emerge in isolation. Rather, they are shaped by the cumulative impact of emotional vulnerabilities rooted in early caregiving experiences. By combining both emotional expression and interpersonal regulation in a single model, the present study offers a more integrated understanding of how perceived parental rejection may disrupt emotional development and contribute to psychological distress in adulthood.

5.1. Clinical Implications

The findings of this study may offer helpful insights for clinical work, especially when considering how early relationships affect emotional functioning. It is reported

that emotional expression plays an important role in the link between perceived parental rejection and mental health. This suggests that therapeutic interventions should include more focus on emotions, such as expressing, identifying, and tolerating them. Moreover, in the present study, it was found that emotional expression was often reduced in individuals who had experienced emotional rejection from their parents. Therefore, it is essential to create a safe space for emotional expression during therapy sessions. As rejected individuals begin to make room for their emotions with the support of a therapist, they may also gain the strength to create that emotional space for themselves in the future. In line with these findings, prior studies emphasize that emotional expression during therapy is associated with better outcomes, particularly when supported by a strong therapeutic alliance (Peluso and Freund, 2018; Iwakabe et al., 2000). In the literature, practice-based recommendations suggest that facilitating and not avoiding emotional expression may be viewed as a key therapeutic task. In other words, emotions need to be acknowledged, validated, and engaged during sessions. This requires a skill for the therapist which can be described as encouraging clients to express affect but also being a role model for appropriate emotional responses in a safe, attuned manner. As this type of modeling, lacking in childhood, is gradually experienced within the therapy process, individuals may begin to believe that relationships can be a safe space to express emotions. This belief, in turn, may support the development of healthier emotional processing skills. The supportive nature of the therapy process may help clients to internalize these experiences as tools for emotion regulation. Therefore, interventions that focus on fostering meaningful, corrective emotional experiences rather than addressing cognition alone may be particularly useful for individuals with a history of emotional rejection (Peluso and Freund, 2018).

Although interpersonal emotion regulation did not show a strong mediating effect overall, perspective taking showed a small but meaningful role. This may indicate that some clients are better able to regulate emotions through interpersonal means, but this capacity might vary depending on the severity of their early relational experiences. This may suggest that some individuals find it hard to use others while regulating their emotions due to early attachment difficulties with their primary caregivers. Therefore, it should be considered whether clients are able to connect with others emotionally and seek social support when needed. Investigating the early

relational roots to understand these difficulties may be understood as an important tool in the clinical environment. To better understand the relational dynamics in emotion regulation, therapists may use tools such as interpersonal schema assessments, emotion regulation diaries, or relational exercises conducted during sessions. Furthermore, therapeutic approaches that target interpersonal functioning, such as group therapy models incorporating co-regulation practices, have been recommended as promising interventions for enhancing adaptive interpersonal strategies (Messina et al., 2021). These may help clients internalize more constructive emotion regulation processes and shift their maladaptive relational patterns by time. Also, therapy methods that focus on interpersonal functioning may be beneficial. Approaches such as schema therapy give clients a chance to explore their early relationship patterns and emotional blocks. These methods also support the development of more balanced emotional and social skills. For example, in schema therapy, therapists may work with schemas related to emotional deprivation or mistrust, which are commonly shaped by perceived parental rejection. In summary, the difficulties that individuals experience in utilizing other people due to the effects of the rejection they perceived in childhood should be tested with different tools during the therapy process.

As a final point, when working with a client who reports a history of parental rejection and current psychological distress, a therapist might begin by strengthening emotional awareness, then assess interpersonal patterns, and finally introduce relational interventions that are customized to the client's needs and capacities. Understanding the emotional effects of early parental relationships can help therapists create more effective and personalized treatment plans for people who are struggling emotionally and psychologically.

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APPENDICES

Appendix A. Ethics Committee Approval

T.C.

Sosyal ve Beşeri Bilimler Etik Kurulu

Sayı : E-97429853-050.04- 87387
Konu : Etik Kurul Kararı

03.12.2024

SAYIN DR.ÖĞR.ÜYESİ YASEMİN MERAL ÖĞÜTÇÜ

The Mediating Role of Interpersonal Emotion Regulation Skills and Emotional Expression in the Relationship Between Perceived Parental Acceptance-Rejection and Psychological Symptoms başlıklı projenizin etik uygunluğu konusundaki başvurunuz sonuçlanmıştır.

Etik Kurulumuz 28.11.2024 tarihinde sizin başvurunuzun da içinde bulunduğu bir gündemle toplanmış ve Etik Kurul üyeleri projeleri incelemiştir.

Sonuçta 28.11.2024 tarihinde " **The Mediating Role of Interpersonal Emotion Regulation Skills and Emotional Expression in the Relationship Between Perceived Parental Acceptance- Rejection and Psychological Symptoms** " konulu projenizin etik açıdan uygun olduğuna oy birliğiyle karar verilmiştir.

Gereği için bilgilerinize sunarım.

Prof. Dr. Murat BENGİSU
Kurul Başkanı

Appendix B. Informed Consent Form

Bu araştırma, İzmir Ekonomi Üniversitesi Klinik Psikoloji yüksek lisans programı öğrencisi Psikolog Gülçin Kaçmaz'ın, Dr. Öğr. Üyesi Yasemin Meral Öğütçü danışmanlığında yürüttüğü yüksek lisans tezi kapsamında yürütülmektedir. Bu araştırma, ebeveynlerimizle olan ilişkimizin, duygularımız ve ruh sağlığımız üzerindeki etkilerini incelemeyi amaçlamaktadır. Bu çalışmaya katılmak tamamen gönüllülük esasına dayanmaktadır. Çalışmaya katılmama veya katıldıktan sonra herhangi bir anda çalışmadan çıkma hakkında sahipsiniz. Çalışma yürütülürken sizden hiçbir kimlik bilgisi talep edilmeyecektir. Cevaplarınız gizli tutulacak, yalnızca araştırma görevlisi tarafından değerlendirilecektir. Çalışma başında size bir katılımcı numarası verilecek ve isminiz araştırma raporunda yer almayacaktır. Ölçeklerden elde edilen sonuçlar, yalnızca bilimsel amaçlar doğrultusunda kullanılacaktır. Ölçeklerde bulunan sorulara vereceğiniz yanıtların doğruluğu, araştırmanın niteliği açısından oldukça önemlidir. Lütfen her bir ölçeğin yönergesini dikkatli okuyunuz ve sorulara sizi en iyi ifade eden cevabı vermeye çalışınız. Bu projeye katılarak, sizden toplanan verilerin bu proje kapsamında ve bilimsel amaçlarla kullanılmasına izin verdiğinizi ve katılımınızın gönüllülük esasına dayalı olduğunu kabul etmiş olmaktadır. Katılımınız için teşekkür ederiz. Araştırma ile ilgili herhangi bir bilgi edinmek ya da sorun bildirmek isterseniz adresi üzerinden araştırmacı

ile iletişime geçebilirsiniz.

Yukarıda yer alan ve araştırmadan önce katılımcıya/gönüllüye verilmesi gereken bilgileri okudum ve katılmam istenen çalışmanın kapsamını ve amacını, gönüllü olarak üzerime düşen sorumlulukları tamamen anladım. Çalışma hakkında yazılı açıklama yukarıda adı belirtilen araştırmacı tarafından yapıldı. Bu çalışmayı istediğim zaman ve herhangi bir neden belirtmek zorunda kalmadan bırakabileceğimi ve bıraktığım takdirde herhangi bir olumsuzluk ile karşılaşmayacağımı anladım. Bu koşullarda söz konusu araştırmaya kendi isteğimle, hiçbir baskı ve zorlama olmaksızın katılmayı kabul ediyorum.

Appendix C. Personal Information Form

1. Yaş: _____

2. Cinsiyet:

Kadın ()

Erkek ()

Diğer ()

3. Eğitim Durumunuz (en son mezun olduğunuz okulu düşünerek):

İlkokul ()

Ortaokul ()

Lise ()

Üniversite ()

Yüksek Lisans ()

Doktora ()

4. Çalışma Durumunuz:

Kamuda çalışıyor ()

Özel Sektörde Çalışıyor ()

Serbest Meslek ()

Öğrenci ()

İşsiz ()

Emekli ()

5. Algılanan Gelir Düzeyi

Düşük ()

Düşük-orta ()

Orta ()

Orta- yüksek ()

Yüksek ()

6. Medeni Durum:

Bekar ()

İlişkisi Var ()

Evli ()

Dul ()

Boşanmış ()

Diğer ()

7. **Herhangi bir kronik rahatsızlığınız var mı? : Evet () Hayır ()**

8. **Bir önceki soruya “Evet” şeklinde yanıt verdiyseniz lütfen belirtiniz :**

9. **Herhangi bir psikiyatrik tanı aldınız mı? : Evet () Hayır ()**

10. **Bir önceki soruya “Evet” şeklinde yanıt verdiyseniz lütfen belirtiniz**

11. **Ailenizde psikiyatrik hastalık öyküsü var mı? : Evet () Hayır ()**

12. **Bir önceki soruya “Evet” şeklinde yanıt verdiyseniz lütfen belirtiniz**

13. **Son 3 ayda herhangi bir psikiyatrik ilaç kullandınız mı? :Evet()Hayır()**

14. **Bir önceki soruya “Evet” şeklinde yanıt verdiyseniz lütfen belirtiniz :**

Appendix D. Berkeley Expressivity Scale

Lütfen aşağıdaki ifadeleri okuduktan sonra kendinizi değerlendirip sizin için en uygun seçeneğin karşısına çarpı (X) işareti koyunuz.		Kesinlikle Katılmıyorum	Katılmıyorum	Bazen Katılmıyorum	Kararsızım	Bazen Katılıyorum	Katılıyorum	Kesinlikle Katılıyorum
1	Olumlu bir duygu yaşadığımda insanlar tam olarak ne hissettiğimi rahatlıkla anlayabilir.	1	2	3	4	5	6	7
2	Bazı zamanlar acıklı filmleri izlerken ağlarım.	1	2	3	4	5	6	7
3	İnsanlar sıklıkla hissettiklerimi anlayamaz.	1	2	3	4	5	6	7
4	Birisi bana komik gelen bir fıkra anlattığında kahkahayla gülerim.	1	2	3	4	5	6	7
5	Benim için korkumu gizlemek zordur.	1	2	3	4	5	6	7
6	Mutlu olduğumda duygularım bunu gösterir.	1	2	3	4	5	6	7
7	Bedenim duygusal durumlara güçlü tepkiler verir.	1	2	3	4	5	6	7
8	Öfkemi açığa vurmaktansa gizlemenin daha iyi olduğunu öğrendim.	1	2	3	4	5	6	7
9	Ne kadar gergin veya üzgün olsam da dışarıya rahat görünmeye çalışırım.	1	2	3	4	5	6	7
10	Duygularımı ifade eden birisiyim.	1	2	3	4	5	6	7
11	Güçlü duygularım vardır.	1	2	3	4	5	6	7
12	İstesem de bazı zamanlar duygularımı gizleyemem.	1	2	3	4	5	6	7
13	Olumsuz bir duygu yaşadığımda insanlar tam olarak ne hissettiğimi rahatlıkla anlayabilir.	1	2	3	4	5	6	7
14	Ne kadar denesem de ağlamamı durduramadığım zamanlar olmuştur.	1	2	3	4	5	6	7
15	Duygularımı çok yoğun yaşarım.	1	2	3	4	5	6	7
16	Yüzüm duygularımı yansıtır.	1	2	3	4	5	6	7

Appendix E. Brief Symptom Inventory

Aşağıda zaman zaman herkeste olabilecek yakınma ve sorunların bir listesi vardır. Lütfen her birini dikkatlice okuyunuz. Sonra bu durumun bugün de dahil olmak üzere son bir ay içinde sizi ne ölçüde huzursuz ve tedirgin ettiğini göz önüne alarak aşağıda belirtilen tanımlamalardan size uygun olanı işaretleyiniz. Bu testte yer alan maddelerin doğru ya da yanlış cevapları yoktur.

Lütfen her soruyu yanıtlayınız.

		0 Hiç	1 Çok az	2 Orta derece de	3 Oldukça fazla	4 İleri derece cede
1	İçinizdeki sinirlilik ve titreme hali					
2	Baygınlık, baş dönmesi					
3	Bir başka kişinin sizin düşüncelerinizi kontrol edeceği fikri					
4	Başınıza gelen sıkıntılardan dolayı başkalarının suçlu olduğu duygusu					
5	Olayları hatırlamada güçlük					
6	Çok kolayca kızıp öfkelenme					
7	Göğüs (kalp bölgesinde ağrılar					
8	Meydanlık(açık) yerlerden korkma duygusu.					
9	Yaşamınıza son verme düşüncesi.					
10	İnsanların çoğuna güvenilemeyeceği hissi.					
11	İştahta bozukluklar.					
12	Hiçbir 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 duymamak.					
19	Kendini ağlamaklı hissetme.					

20	Kolayca incinebilme , kınılma.					
21	İnsanların sizi sevmediğini, size kötü davrandığına inanma.					
22	Kendini diğer insanlardan daha aşağı görmek.					
23	Mide bozukluğu,bulantı.					
24	Diğer insanların sizi gözlediği ya da hakkınızda konuştuğu duygusu.					
25	Uykuya dalmada güçlük.					
26	Yaptığınız şeyleri tekrar tekrar doğru mu diye kontrol etmek.					
27	Karar vermede güçlükler.					
28	Otobüs,tren, metro gibi umumi vasıtalarla seyahatlerden korkma.					
29	Nefes darlığı, nefessiz kalma.					
30	Sıcak,soğuk basmaları.					
31	Sizi korkuttuğu için bazı eşya yer ya da etkinliklerden uzak kalmaya çalışmak.					
32	Kafanızın bomboş kalması.					
33	Bedeninizin bazı bölgelerinde uyuşmalar,karıncalanmalar.					
34	Hatalarınız için cezalandırılmanız gerektiği düşüncesi.					
35	Gelecekle ilgili umutsuzluk duyguları.					
36	Dikkati bir şey üzerine toplamada güçlük.					
37	Bedenin bazı bölgelerinde ,zayıflık, güçsüzlük hissi.					
38	Kendini gergin ve tedirgin hissetme.					
39	Ölme ve ölüm üzerine düşünceler.					
40	Birini dövme, ona zarar verme yaralama isteği.					
41	Birşeyleri kırma, dökme isteği.					
42	Diğer insanların yanında iken yanlış bir şey yapmamaya çalışmak.					
43	Kalabalıklardan rahatsızlık duymak.					
44	Başka insanlara hiç yakınlık duymamak.					
45	Dehşet ve panik nöbetleri.					
46	Sık sık tartışmaya girmek.					
47	Yalnız kaldığında sinirlilik hissetme.					
48	Başarılarınıza rağmen diğer insanlardan yeterince takdir görmemek.					

49	Kendini yerinde duramayacak kadar tedirginlik hissetmek.					
50	Kendini değersiz görme duygusu.					
51	Eğer izin verirsiniz insanların sizi sömüreceği duygusu.					
52	Suçluluk duyguları.					
53	Aklınızda bir bozukluk olduğu fikri.					



Appendix F. Interpersonal Emotion Regulation Scale

KDDÖ

Aşağıda bazı ifadeler verilmiştir. Her ifade, insanların duygularını düzenlemek için etrafındaki diğer kişileri nasıl kullandığını belirtmektedir.

Lütfen her ifadeyi okuyunuz ve ardından bu ifade sizin için ne düzeyde geçerliyse ve ne kadar doğruysa 1'den (*benim için hiç doğru değil*) 5'e (*benim için tümüyle doğru*) kadar bir puan veriniz.

Lütfen bunu her ifade için yapınız. Bu ifadelerin yanlış ya da doğru cevabı yoktur, kendi duygu ve davranışlarınızı düşünerek içtenlikle ve hiçbirini atlamadan yanıt veriniz.

1. Başka insanların duygularıyla nasıl baş ettiklerini öğrenmek, bana daha iyi hissettirir.

1-----2-----3-----4-----5
hiç doğru değil çok az doğru orta düzeyde doğru oldukça doğru tümüyle doğru

2. Başka insanların, olayların görüldüğü kadar kötü olmadığını göstermeleri üzüntümü hafifletir.

1-----2-----3-----4-----5
hiç doğru değil çok az doğru orta düzeyde doğru oldukça doğru tümüyle doğru

3. Sevincimi paylaşmak için heyecanlandığımda başka insanların çevremde olması hoşuma gider.

1-----2-----3-----4-----5
hiç doğru değil çok az doğru orta düzeyde doğru oldukça doğru tümüyle doğru

4. Mutsuz olduğumda, bana şefkat gösterecek insanlar ararım.

1-----2-----3-----4-----5
hiç doğru değil çok az doğru orta düzeyde doğru oldukça doğru tümüyle doğru

5. Bir sorun nedeniyle endişeye kapıldığımda, diğer insanların o sorunla nasıl başa çıktıklarını duymak bana yardımcı olur.

1-----2-----3-----4-----5
hiç doğru değil çok az doğru orta düzeyde doğru oldukça doğru tümüyle doğru

6. Mutluyken, belli insanların yanımda olması bana iyi gelir.

1-----2-----3-----4-----5
hiç doğru değil çok az doğru orta düzeyde doğru oldukça doğru tümüyle doğru

7. Üzgün olduğumda, daha kötü durumdakileri hatırlatan birilerinin olması bana iyi gelir.

1-----2-----3-----4-----5
hiç doğru değil çok az doğru orta düzeyde doğru oldukça doğru tümüyle doğru

8. İyi hissettiğimde, başka insanlarla birlikte olmayı severim; çünkü birlikte olmak olumlu duyguları artırır.

1-----2-----3-----4-----5
hiç doğru değil çok az doğru orta düzeyde doğru oldukça doğru tümüyle doğru

9. Üzgün hissetmek, genellikle bana anlayış gösterecek birilerini aramama neden olur.

1-----2-----3-----4-----5
hiç doğru değil çok az doğru orta düzeyde doğru oldukça doğru tümüyle doğru

10. Mutsuz olduğumda, başka insanlar, daha kötülerinin olabileceğini fark ettirerek, bana daha iyi hissettirir.

1-----2-----3-----4-----5
hiç doğru değil çok az doğru orta düzeyde doğru oldukça doğru tümüyle doğru

11. Hayal kırıklığına uğradığımda, başka insanların aynı durumla nasıl başa çıktığını görmek bana yardımcı olur.

1-----2-----3-----4-----5
hiç doğru değil çok az doğru orta düzeyde doğru oldukça doğru tümüyle doğru

12. Moralem bozulduğunda, rahatlamak için başka insanlara ihtiyaç duyarım.

1-----2-----3-----4-----5
hiç doğru değil çok az doğru orta düzeyde doğru oldukça doğru tümüyle doğru

13. Mutlu olduğumda başka insanların yanımda olmasını isterim, çünkü mutluluk bulaşıcıdır.

1-----2-----3-----4-----5
hiç doğru değil çok az doğru orta düzeyde doğru oldukça doğru tümüyle doğru

14. Sinirlendiğimde, başka insanlar “dert etme” diyerek beni sakinleştirebilir.

1-----2-----3-----4-----5
hiç doğru değil çok az doğru orta düzeyde doğru oldukça doğru tümüyle doğru

15. Üzgün olduğumda, başka insanların benzer duygularla nasıl baş ettiğini duymak bana yardımcı olur.

1-----2-----3-----4-----5
hiç doğru değil çok az doğru orta düzeyde doğru oldukça doğru tümüyle doğru

16. Kendimi üzgün hissettiğimde, sırf sevilen biri olduğumu bilmek için başkalarına ihtiyaç duyarım.

1-----2-----3-----4-----5
hiç doğru değil çok az doğru orta düzeyde doğru oldukça doğru tümüyle doğru

17. Kaygılandığımda, insanların, endişelenecek bir şey olmadığını söylemeleri beni rahatlatır.

1-----2-----3-----4-----5
hiç doğru değil çok az doğru orta düzeyde doğru oldukça doğru tümüyle doğru

18. Sevinçli olduğumda, başkalarıyla birlikte olarak, onları da mutlu etmek isterim.

1-----2-----3-----4-----5
hiç doğru değil çok az doğru orta düzeyde doğru oldukça doğru tümüyle doğru

19. Üzgün hissettiğimde teselli için başka insanları ararım.

1-----2-----3-----4-----5
hiç doğru değil çok az doğru orta düzeyde doğru oldukça doğru tümüyle doğru

20. Keyifsizsem, diğer insanlar benim durumumda olsa ne yaparlardı, bilmek isterim.

1-----2-----3-----4-----5
hiç doğru değil çok az doğru orta düzeyde doğru oldukça doğru tümüyle doğru